

Appendixes

Study Request and Approval

The Office of Technology Assessment (OTA) was first asked to examine Oregon's Medicaid proposal in March 1990, in a letter from Representative John D. Dingell (Chairman, House Committee on Energy and Commerce) and Representative Henry A. Waxman (Chairman, House Subcommittee on Health and the Environment). Senator Al Gore (Chairman, Senate Subcommittee on Science, Technology, and Space) sent a supporting letter requesting the OTA study in March 1990. These letters asked that OTA study the proposal, placing special emphasis on the method used to develop the prioritized list, an assessment of the list itself, and an analysis of some of its likely effects on costs, utilization, and the services available to current Medicaid beneficiaries.

The prioritized list that was being developed and considered by the Oregon Health Services Commission (HSC) at the time the OTA study was requested was subsequently rejected by the HSC. A new list, upon which many of OTA's analyses would be based, was developed over the following year. With the expectation that the OTA study could thus realistically begin, OTA's congressional Technology Assessment Board approved the proposed assessment of Oregon's Medicaid proposal in March 1991.

A third congressional letter regarding the OTA study was received in May 1991 from members of the U.S. Congress representing Oregon. This letter expressed concern that the OTA study should not be focused too narrowly and asked that the study consider the effects of Oregon's proposal on uninsured persons in the State and on other aspects of the health care system as well. Signatories included Senator Bob Packwood (ranking minority member, Senate Committee on Finance); Senator Mark O. Hatfield (ranking minority member, Senate Committee on Appropriations); Representative Les AuCoin; Representative Peter A. DeFazio; Representative Michael J. Kopetski; Representative Robert F. (Bob) Smith; and Representative Ron Wyden.

Information Sources and Conduct of the Study

The fundamental information sources for this study were documents produced by or for the State of Oregon. These included the HSC's prioritized list (and supporting documents), submitted to the State legislature on May 1, 1991; the accompanying program cost estimate provided by the private firm Coopers & Lybrand, also submitted to the State legislature on May 1, 1991; and Oregon's waiver proposal, submitted to the U.S. Health Care Financing

Administration on August 16, 1991. Staff from the State Office of Medical Assistance Programs, other State offices, the HSC, Coopers & Lybrand, and Lewin/ICF, Inc. (which performed some of the background analyses for the waiver proposal under contract to the State) spent a considerable amount of time, on the telephone and in person, responding to OTA questions and clarifying the details and status of the proposed program.

The HSC provided OTA with databases relating to the prioritized list, which OTA used to perform its detailed analyses of the ranking process and the list. OTA also obtained some detailed data relating to Oregon's current and proposed Medicaid program under contract from Coopers & Lybrand.

OTA staff made two site visits to the State, in January and August 1991, during which they conducted informal personal interviews with numerous individuals in Oregon involved in the development of the proposal, or potentially affected by it. These included commissioners; State representatives; representatives of hospital, physician, and other provider groups; consumer representatives; and researchers.

Several individuals provided clinical and legal background information assessing aspects of Oregon's proposal under contract to OTA. This information included:

- A memorandum regarding outcomes and usual treatment in Oregon of infants with intraventricular hemorrhage, anencephaly, and less than 500 grams birth weight and less than 23 weeks gestation. (Provided under contract by Pony M. Ehrenhaft, Lake Oswego, OR.)
- Detailed clinical opinions regarding ambiguities or internal conflicts in the list and the effectiveness of treatments for paired conditions below line 587. The purpose of these papers was not to identify whether individual clinicians disagreed with particular rankings of the list, since it would be reasonable to expect that any given clinician would disagree with at least some rankings. Rather, the purpose was to identify any obvious inconsistencies in the list and the clinical input to its development, and to examine whether there was any potential for conflict (and, if so, the source of that conflict) between the prioritized list and clinical practice. Clinical contractors included David A. Asch, University of Pennsylvania, Philadelphia, PA; James Patton, Philadelphia, PA; Angelo Giardino, Robert Wood Johnson Clinical Scholars Program, Philadelphia, PA; and Mark Schuster, University of California, Los Angeles, CA.

- Memoranda regarding whether Oregon's proposal might be in legal conflict with the U.S. Constitution or existing major Federal statutes (not including the Medicaid statutes). (Provided under contract by Kenneth R. Wing, School of Law, University of Puget Sound, Tacoma, WA.)

In addition to the information sources above, OTA staff consulted the published literature on such topics as health preferences and life quality measures, health care for Medicaid beneficiaries and the uninsured, and the effectiveness and safety of specific health care treatments and services. OTA also consulted with outside experts in various subjects (e.g., Medicaid, health preference surveys) during the course of the study.

Role of the Advisory Panel

OTA assessments include the selection of a panel of outside experts who provide OTA staff with valuable advice regarding the scope, direction, and substance of the study. These experts do not write any portion of the OTA report itself, nor do they have the opportunity to require or prohibit the inclusion of any specific viewpoints or information in the report. They are chosen for their expertise and for the varied perspectives they represent. They are not expected to reach consensus on specific issues.

Nonetheless, the expertise of these individuals is extremely important to OTA's studies. They help ensure that all important views have been considered by OTA, and they provide guidance and detailed review of OTA's work. Because they have no final authority over the

contents of the report, their representation on the panel does not mean that they necessarily agree with (or disagree with) the findings of the OTA report.

The advisory panel to the OTA evaluation of Oregon's Medicaid proposal included individuals with interests and expertise in such areas as law, medicine, ethics, health care administration, children's issues, State policy and program administration, and the Medicaid program. The State of Oregon was not represented on the panel itself, although staff from the Oregon Office of Medical Assistance Programs and the HSC received panel briefing materials and attended all panel meetings. A list of advisory panel members is included at the front of this report.

Review Process

An initial draft report of OTA's evaluation was reviewed by advisory panel members in January 1992. A revised draft was sent for review to the advisory panel and to approximately 80 additional outside experts for comment the following month. These experts included Federal and State officials, statisticians, ethicists, public health experts, clinicians, other health care providers, beneficiary and consumer advocates, and others with relevant expertise or important perspectives. Approximately one-third of outside reviewers were from the State of Oregon.

A final draft, revised after considering all reviewer comments, was submitted to the Technology Assessment Board at the end of March 1992.