Past, Present and Future

ICARE Meeting

April 13, 2015

BlueCross BlueShield Association

Blue Cross Blue Shield Association is an Association of independent Blue Cross and Blue Shield companies.

Agenda

I. Center for Clinical Effectiveness

II. Past: Proprietary

III. Present: Efficiency and Transparency

IV. Future: Evidence Exchange

I. CCE | CENTER FOR CLINICAL EFFECTIVENESS

- Who are we?
- What do we do?
- Why do we do it?

II. PAST | PROPRIETARY

- Historically we have been proprietary to the Blues
  - MPRM
  - TEC Assessments
  - SP Reports

- Minimal information
  - Policy Statements
  - Limited interaction

I. CCE | CENTER FOR CLINICAL EFFECTIVENESS

Why do you care?

II. PAST | GENETIC TESTING FOR EPILEPSY

Genetic Testing for Epilepsy is Investigational

III. PRESENT | EFFICIENCY AND TRANSPARENCY

- Evidence Reviews and Supporting Research $$$$
- Transition toward higher
  - Efficiency
  - Transparency
- Why do you care?

III. PRESENT | GENETIC TESTING FOR EPILEPSY

- Genetic Testing for Epilepsy is Investigational
- Genetic Testing for Epilepsy is Medically Necessary

III. PRESENT | GENETIC TESTING FOR EPILEPSY

- **Rare Epilepsy Syndromes**
  - Present in infancy or early childhood, in which epilepsy is the core clinical symptom (Dravet syndrome, early infantile epileptic encephalopathy, generalized epilepsy with febrile seizures plus, epilepsy and mental retardation limited to females, Nocturnal frontal lobe epilepsy, and others). Other clinical manifestations may be present in these syndromes, but are generally secondary to the epilepsy itself.

- **Common Epilepsies (Idiopathic)**
  - These are defined as epilepsy syndromes that present in childhood, adolescence, or early adulthood, in which epilepsy is the only clinical manifestation and for which there is not a structural or metabolic defect predisposing to epilepsy

III. PRESENT | GENETIC TESTING FOR EPILEPSY

- **Rare Epilepsy Syndromes**
  - **Genetic testing of individuals with infantile and early-childhood onset epilepsy syndromes in which epilepsy is the core clinical symptom may be considered medically necessary if positive test results may:**
    - Lead to changes in medication management and/or
    - Lead to changes in diagnostic testing such that alternative potentially invasive tests are avoided and/or
    - Lead to changes in reproductive decision making.

Genetic testing for epilepsy is considered investigational for all other situations.

III. PRESENT | GENETIC TESTING FOR EPILEPSY

– **Rare Epilepsy Syndromes**

1. **Onset of seizures in early childhood (ie before age 5); AND**
2. **Clinically severe seizures that affect daily functioning and or interictal EEG abnormalities; AND**
3. **No other clinical syndrome that would potentially better explain the patient's symptoms.**

III. PRESENT | GENETIC TESTING FOR EPILEPSY

- Common Epilepsies (Idiopathic)
  - Mutations that are consistently associated with various syndromes
  - Evidence that linking a specific genetic diagnosis to some kind of change in management.

Genetic testing for epilepsy is considered investigational for all other situations.

IV. FUTURE | EVIDENCE EXCHANGE

- Development of a platform for the exchange of evidence between stakeholders
- Pilot phase to run through May 2016
- Pilot between BCBSA, Blue Plans, Industry Subscribers

IV. FUTURE | EVIDENCE EXCHANGE

- **Pilot**
  - **Evidence Submission Efficiency**
  - **Policy Comparison Efficiency**
  - **Policy Creation Efficiency**

- **Evidence Submission Efficiency**
  - **Transparency of timelines and evidence reviews**
  - **Efficiency through submission format and standards**
  - **Efficiency through BCBSA feedback to submitters**

IV. FUTURE | GENETIC TESTING FOR EPILEPSY

- Pharmacogenomics
- Investigation into the genes linked to the common epilepsies
- Studies showing changes in management following the information that a genetic condition exists.
- Multigene panel for early onset (clinically actionable)

THANK YOU

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