

## Health Policy Analyses

Do you need help preparing a health policy analysis or responding to someone else's analysis? We perform careful, documented analyses and clearly articulate the strengths and weaknesses of our findings, in the format that suits your needs. Potential formats include: an article ready for submission to an academic journal, a white paper, a PowerPoint deck, a memorandum, or an annotated spreadsheet.

We can be responsible for the full analysis, a portion of the analysis, or the review someone else's analysis. While our work and reviews are often technical, we do not lose sight of the big picture and are always concerned about potential public health and social justice impacts. We have a HIPAA-secure environment for protected and sensitive data. We particularly enjoy working with clients who have in-house policy experts, but need additional research and analytic expertise. We have helped several patient advocacy groups to proactively advise and respond to Institute for Clinical and Economic Review (ICER) cost-effectiveness assessments.

### ***Case Study: Frameworks are not sacrosanct***

We were recently engaged to help an advocacy group review a third-party's planned health policy analysis. We saw that the proposed analysis was not valuing substantial unpaid caregiving labor – labor disproportionately provided by women and people of color. Our client initially felt that because unpaid labor was not included within the third party's valuation framework, nothing could be done.

On behalf of our client, we ghostwrote analysis plan feedback that made clear economic and moral arguments for the inclusion of unpaid labor in the primary analysis. The third-party revised their plan.

### ***Case Study: Sub-population conclusions may be premature***

We recently reviewed a draft analysis that concluded that the cost of providing a certain treatment to Black patients was 60% higher than the cost of providing the treatment to non-Black patients. We dug deep into the data supporting the conclusion and found that it rested upon the outcomes of a single randomized control study where the number of Black patients was so small that there would have been no substantial outcome difference by race if just one more Black patient had responded to treatment.

We pointed out the weakness of the conclusion to the report's authors and they redacted the conclusion. The non-redacted conclusion could have led to reluctance to prescribe the treatment to Black patients.

Dr. Sawhney is a fully credentialed actuary and a doctor of public health – as far as she knows the only person in the US with these dual credentials. She teaches Health Claims Data Analysis at New York University's School of Global Public Health. She has led research projects on behalf of state agencies, large healthcare systems, patient advocacy groups, healthcare policy organizations, professional associations, and private capital firms.