



Patients, Health Care Professionals, and Payers Need Reliable, Independent Studies Comparing the Effectiveness of New and Existing Medical Interventions

Issue: For many new health care interventions and treatments in the United States, clinical researchers evaluate them for effectiveness solely against a placebo before doctors and other health care professionals prescribe and use them to treat patients. Moreover, many existing treatments have undergone little if any study of their effectiveness. As a result, patients and even physicians know little about the effectiveness of many treatments relative to other treatment options available.

The American Recovery and Reinvestment Act of 2009 (stimulus) contained \$1.1 billion for research that compares the effectiveness of different medical options. The Agency for Healthcare Research and Quality (AHRQ) received \$300 million, the National Institutes of Health received \$400 million, and the Office of the Secretary of Health and Human Services (HHS) received \$400 million. AHRQ has agreed to manage the HHS Secretary's \$400 million.

The Patient Protection and Affordable Care Act (Affordable Care Act) created a Patient-Centered Outcomes Research Institute, with a 15-member Advisory Board, to identify and compare interventions with alternative research priorities funded with \$10 million in 2010 and steadily increasing each year until it reaches a cap of \$150 million in the first 5 years. In 2013, the federal government will pay \$1 per Medicare beneficiary and \$2 in 2014 (adjusted annually by medical inflation) and an annual assessment on private plans until 2019. While such research is beginning to fill the information gap, it represents a very small percentage of the over \$2.5 trillion spent on health care each year in this country.

Position: The National Business Group on Health, representing approximately 300 large employers who provide coverage for 55 million Americans, believes that the United States needs a much larger effort to produce and make readily available, reliable, independent information about how well health care interventions work compared to other treatment options. As much as 1/3 of our health care dollars is wasted on unnecessary or ineffective care. Our current spending on comparative effectiveness research is woefully inadequate to begin to generate better clinical information on the value of health care procedures, services, and technologies. Such information is vital to private and public efforts to redesign our health system to control costs, achieve improved quality, and enhance access.

The National Business Group on Health supports the following principles for comparative effectiveness research (CER):

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- Significant and stable investment is needed in CER—in the development of research methods and researchers, the design and conduct of studies, the scientific review of research, and the dissemination and communication of results—for it to reach its full potential.
- The scope of CER should address the full spectrum of health care treatments, including pharmaceuticals, devices, medical and surgical procedures, and other interventions.
- Scientific integrity and independence are paramount.
- CER should be based on scientific evidence employing an array of appropriate methods, such as randomized clinical control trials, observational studies, meta-analyses, and systematic technology assessment reviews.
- The processes for identifying research priorities, conducting research, validating the science, and disseminating results should be transparent.
- Any entity that commissions or conducts CER should involve stakeholders, including employers, in setting research priorities and disseminating research.
- Governance should assure accountability in the conduct and dissemination of CER..
- CER should aid physicians and patients in identifying if medical interventions work better in specific populations or if they work differently on an individual level in clinical trials so that they can select the right treatment regardless of their race, ethnicity, age, gender, disability or health status.

CER Will Improve Quality and Lead to Better Patient Outcomes

Independent, trusted information that compares the outcomes associated with different therapies for the same condition has the potential to vastly improve the quality of care and improve health outcomes as providers and patients opt for more effective treatments over less effective treatments for their conditions. It will also lead to safer care as better information about which alternative is most appropriate for a patient's specific condition becomes available.

Patients Will Be More Engaged and Make More Informed Decisions about Their Health Care

John Wennberg's seminal work on variations in health care indicated that giving consumers information on the relative cost and outcomes of treatment options results in higher patient satisfaction and more efficient and appropriate health care choices. Independent and reliable comparative effectiveness studies will give people better tools to make informed decisions about their health care.

Physicians and Other Health Professionals Will Have Better Information to Consider Treatment Options

With the pace of medical innovation and the multitude of treatment options available for many conditions, physicians and health care professionals are often also faced with little or no available, reliable information comparing the effectiveness of various courses of treatment. Physicians often lack information to compare the results of prescription drugs for the same purpose. For example, information on the relative effectiveness of new medications to treat macular degeneration are not available, nor is quality information on various radiation therapies, nor is it available for the many new genetic therapies for various common conditions. The complexity of clinical decisions is compounding while the information gap is growing.

CER Will Reduce Unnecessary and Duplicative Care and Lead to More Efficient Care

As noted above, estimates of the amount of unnecessary, duplicative, and inefficient care run as high as one-third of total annual health care spending. More and better information about how well health care interventions work will promote more rational adoption of innovations and disuse of existing, ineffective and duplicative options.

CER Will Help Eliminate Disparities

Studies comparing medical interventions can identify relative effectiveness for the general population, for specific subpopulations including children, adults, the elderly, women, minorities, people with co-morbid conditions, etc. and ultimately for individuals. AHRQ has funded comparative effectiveness studies to identify disparities and effective treatments for diabetes, kidney and cardiovascular diseases.