



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

### ***Congress Should Pass Legislation that Significantly Expands the Ability to Conduct Comparative Effectiveness Research***

**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. Currently, the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health, and the Office of the U.S. Secretary of Health and Human Services (HHS) conduct a limited amount of independent, reliable studies of the comparative effectiveness of medical treatments, using \$50 million in federal funding annually with an additional \$1.1 billion from the economic recovery law passed earlier this year. 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 (the Business Group), 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 Business Group supports the following principles for comparative effectiveness research (CER):

- 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 comparative effectiveness research.
- 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.

### **Why the Business Group Believes A Major Increase in Comparative Effectiveness Research Is Necessary**

#### **It 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.

**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.

**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.