

Comparative Effectiveness Research

The pressure points

The Arguments for Health Care Reform in the US

- The moral perspective
 - Cover the uninsured
- The self-interested individual perspective
 - Fix private insurance: no pre-existing conditions
 - Make employer-based care more affordable
- The national economic perspective
 - Medicare headed into bankruptcy
 - Medicaid sinking state budgets

Background

- Lessons learned from international efforts
 - Emphasis on assessment
 - Drugs as the primary focus
 - Inclusion of cost-effectiveness
 - Transparency as important as the science
 - Hard to estimate impact on innovation, costs
 - Politically sensitive but durable
 - Different models for different countries

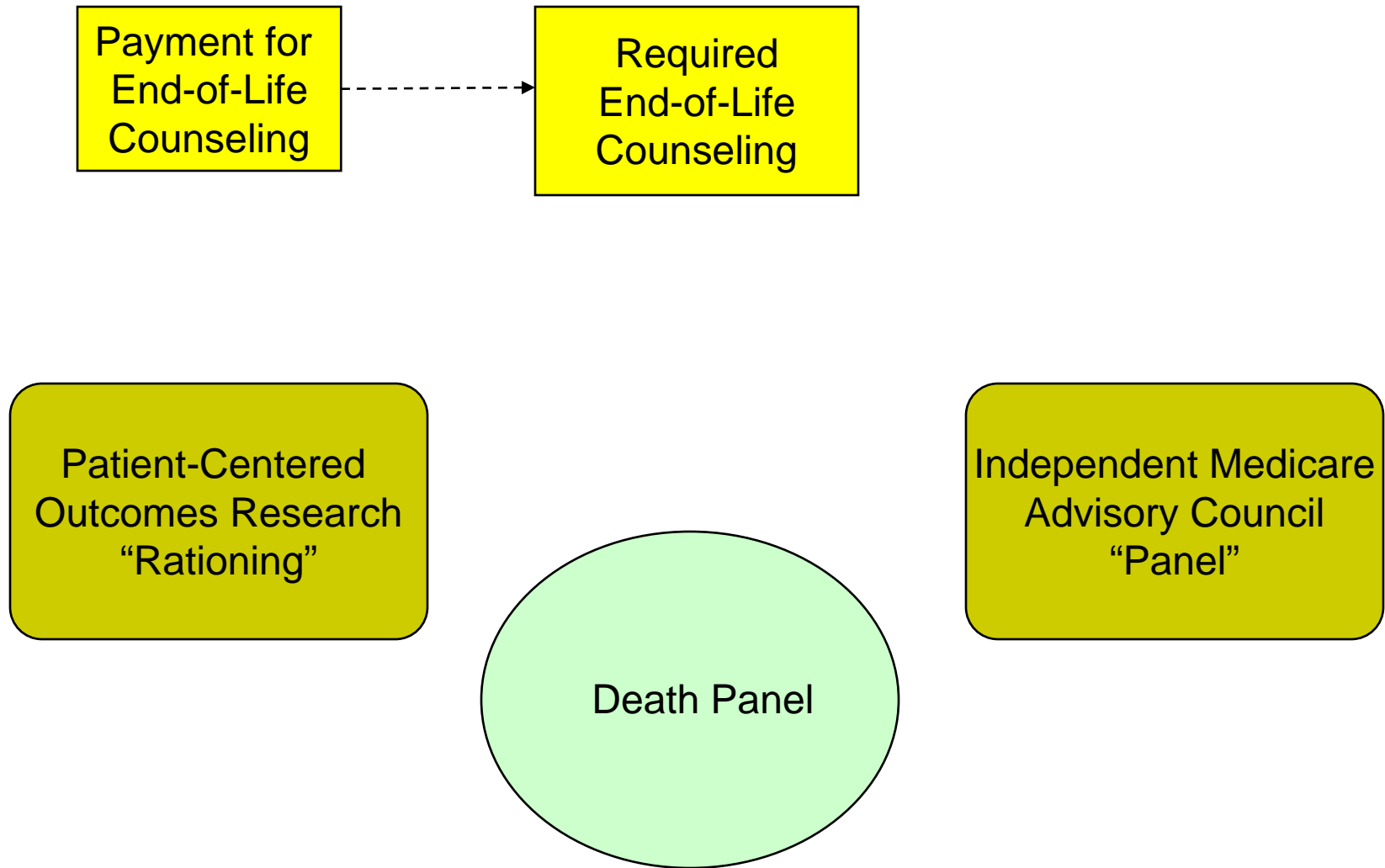
Current context

- Democratic Congress in November 2006
 - “Comparative Effectiveness” = assessment + new research
- \$1.1 billion economic stimulus funding
- House bill
 - Inside government (AHRQ)
 - Advisory “Commission” with stakeholders
- Senate bill
 - Outside government (independent non-profit)
 - Stakeholder-dominated governing board
 - More specific “limitations on use”

Arguments against CER

- Concerns
 - Limit access to life-saving treatments
 - “One-size-fits-all”
 - Cost-effectiveness will lead to rationing of care
 - Cost-effectiveness devalues older, sicker patients
 - Stifle innovation
 - Won't save money anyway

The Origin of the “Death Panel”



What is the Purpose of Comparative Effectiveness Research?

- Generate new evidence
 - Head-to-head clinical trials
 - Registries and other observational databases
- Synthesize existing evidence
 - Disseminate information
 - Provide guidance
 - Make recommendations or decisions

Providing Guidance #1

- Convey judgments through grading or rating systems.
 - Highlight clinical differences that help predict which patients will benefit most from alternative interventions

Providing Guidance #2

- Give a leadership role to clinician and patient organizations.
 - Formal process for rapid integration into professional guidelines and appropriateness criteria
 - Co-branded evidence reviews with patient organizations

Providing Guidance #3

- Apply results through payer policies that foster generation of further evidence and prudent use of costly interventions.
 - Not just “cover/no cover”
 - Coverage with evidence development
 - Value-based benefit designs
 - Payment for results, not “reimbursement”



Thank you