

ABHC

Alliance for Better Health Care

January 27, 2009

The Honorable Daniel Inouye
Chairman
United States Senate Committee on
Appropriations
Washington, D.C. 20510

The Honorable Thad Cochran
Ranking Member
United States Senate Committee on
Appropriations
Washington, D.C. 20510

The Honorable Max Baucus
Chairman
Senate Finance Committee
Washington, D.C. 20510

The Honorable Charles Grassley
Ranking Member
Senate Finance Committee
Washington, D.C. 20510

Dear Senators Inouye, Cochran, Baucus, and Grassley:

The Alliance for Better Health Care (ABHC) commends you for including \$1.1 billion for comparative effectiveness research in the American Recovery and Reinvestment Act of 2009. ABHC – a broad coalition of over 30 organizations representing consumers, employers, health care providers, health plans, pharmacists, researchers, unions, pharmaceutical benefit managers, and other interested stakeholders – has been a long time supporter of the Agency for Health Care Research and Quality (AHRQ's) work conducted pursuant to section 1013 of the Medicare Modernization Act.

According to some estimates, less than half of all medical care is based on or supported by adequate evidence on its effectiveness and a third of all health care delivered in the U.S. is unnecessary or, worse, harmful to patients. These are alarming figures under ordinary circumstances but are simply unacceptable in a health care crisis in the midst of an economic crisis.

Independent, objective comparative effectiveness research (CER) is urgently needed to improve health care quality and patient outcomes by ensuring consumers always receive the best care. This research aids in health care decision-making and helps to ensure that scarce patient, payer and public resources result in the delivery of quality, evidence-based and high value healthcare that is appropriate for the individual patient.

In addition, well-designed comparative effectiveness research can identify the most appropriate treatment for specific subpopulations of patients, thereby addressing certain aspects of racial and ethnic disparities that have proven to be far too persistent. As a result, such studies often enable physicians to make better decisions based on specific patient characteristics, applying the scientific information elicited in evaluating various treatment options. This alone could have a significant effect on reducing disparities in health care that are so often experienced by racial and ethnic minority populations.

We commend you for providing for a significant amount of short-term funding and look forward to working with you on a longer term strategy for comparative effectiveness. As you may know, the ABHC developed the following principles for prioritizing, conducting, validating, disseminating, and using CER to inform ongoing policy discussions.

- CER has the potential to benefit the health of all Americans and is a true public good.
- 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 in setting research priorities and disseminating research.
- Board governance should assure accountability in the conduct and dissemination of comparative effectiveness research.

CER holds the promise of improving health care quality and outcomes for all patients, but this can only be achieved if it is sound and trusted. We thank you again for recognizing the importance of comparative effectiveness research. ABHC looks forward to working with you on this issue. If you have any questions, please contact Anna Schwamlein Howard at AARP by phone at 202.434.3793 or by e-mail at ashoward@aarp.org.

Sincerely,

AARP • Academy of Managed Care Pharmacy • Aetna • AFL-CIO
Alliance of Community Health Plans • America's Health Insurance Plans
American Academy of Family Physicians • American Osteopathic Association
American Pharmacists Association • American Society of Health-System Pharmacists
Blue Cross Blue Shield Association • Blue Shield of California
Coalition for Health Services Research • CVS Caremark • DaimlerChrysler
Corporation Ford Motor Company • General Motors Corporation
Group Health Cooperative • Honeywell • Kaiser Permanente • Marshfield Clinic •
National Business Group on Health • National Partnership for Women and Families
Prime Therapeutics • Service Employees International Union
The Dow Chemical Company • The Joint Commission
UnitedHealth Group • WellPoint, Inc.

Joined by,

Consumers Union