



**Alliance for Better Health Care**

**ABHC Statement for the Record on  
The Right Care at the Right Time: Leveraging Innovation to Improve Health Care  
Quality for All Americans  
Submitted to the Senate Finance Committee  
July 17, 2008**

The ABHC Coalition thanks the Committee for holding this hearing on innovations that can improve the quality of care. We are a coalition of consumers, employers, unions, health care providers, pharmaceutical benefit managers, health plans, pharmacists, researchers, and other stakeholders who believe that high quality health care requires good evidence to support sound medical decision-making.

Independent, objective comparative effectiveness research (CER) has the potential to improve greatly health care quality and patient outcomes by helping to ensure that consumers receive the best care at the best value. With adequate funding, this research can aid in health care decision-making to ensure that the resources expended by patients and payers (including government health programs) result in the delivery of quality, evidence-based and high value healthcare that is appropriate for the individual patient. Well-designed comparative effectiveness research will seek to identify specific subpopulations of patients for whom one intervention might be more appropriate than another intervention. 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.

Currently, under authority granted by section 1013 of the Medicare Modernization Act (MMA), the Agency for Healthcare Research and Quality (AHRQ) conducts CER studies

examining the outcomes, comparative clinical effectiveness and appropriateness of different treatments, and the ways that those treatments can be provided in a more effective and efficient manner. From FY2005 to FY 2007, AHRQ received \$15 million per year for CER, and received \$30 million for this research in FY 2008. This modest initial investment has already produced valuable results. AHRQ has released thirteen reports on treatment options for a variety of conditions, including reports on breast cancer, gastroesophageal reflux disease (GERD), cancer-related anemia, low-bone density, and depression.

We believe that the findings released by AHRQ have just begun to show the significant value of CER for patients, providers, and health care payers. However, we are also concerned that, under current levels of funding, AHRQ can only conduct a few CER studies each year, and the agency is limited in the types of studies it can conduct. Due to the lack of sufficient funding, AHRQ's research efforts have not reached their full potential, in terms of improving care and saving significant federal dollars. That potential can only be realized fully if Congress acts to increase its investment substantially.

As Congress moves forward in this debate, ABHC has developed the following principles for prioritizing, conducting, disseminating, and using CER:

- 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 CER.

Comparative effectiveness research has the potential to improve health care delivery and ultimately benefit the health of all Americans by reducing inappropriate and ineffective care. A significant and stable investment is needed for this research to reach its full potential. We urge you to consider a long-term, fully-funded approach to comparative effectiveness research as an essential element of your examination of innovations to improve health care.

**ABHC Coalition members include:**

AARP • Academy of Managed Care Pharmacy • Aetna Inc. • 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 • Caterpillar, Inc.  
 Coalition for Health Services Research • CVS Caremark, Inc.  
*DaimlerChrysler Corporation* • Ford Motor Company • Express Scripts, Inc. General  
 Motors Corporation • Group Health Cooperative • Honeywell  
 Kaiser Permanente • Marshfield Clinic • Medco Health Solutions, Inc.  
 National Business Group on Health • National Partnership for Women and Families  
 Service Employees International Union • The Dow Chemical Company  
 The Joint Commission • UnitedHealth Group • WellPoint, Inc.

Joined by,

Consumers Union

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