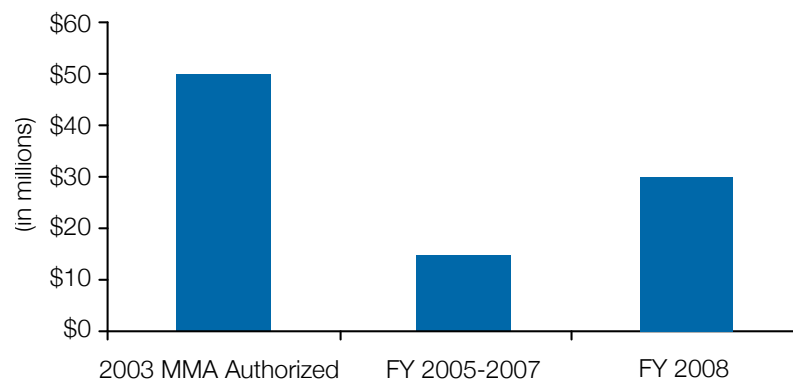


\$50 Million for Comparative Effectiveness Research in FY 2009

Comparative effectiveness research—where pharmaceuticals, medical devices and medical procedures used to treat the same conditions are evaluated for their relative safety, efficacy, and cost—has great potential to improve health care quality and patient outcomes while ensuring that consumers receive the best care at the best value. Under Section 1013 of the Medicare Modernization Act (MMA), the Agency for Healthcare Research and Quality (AHRQ) conducts systematic reviews of existing literature to identify what treatments work best, for whom, and under what circumstances.

Funding for AHRQ's Effective Health Care Program



Back on Track

The ABHC is grateful to Congress for recognizing the value of comparative effectiveness—doubling AHRQ's budget to conduct this research in FY 2008.

With a \$20 million increase in FY 2009, this program will be on the path to reaching its full potential, getting back to the \$50 million level originally authorized in MMA.

\$20 Million in New Money Needed

We request a funding increase of at least \$20 million dollars—just .001 percent of the \$2 trillion we spend on health care annually—to help AHRQ help Americans spend our health care dollars more wisely. By increasing AHRQ's comparative effectiveness budget to \$50 million, AHRQ will be able to expand its efforts to improve patient safety and evaluate the relative value of alternative technologies (see below).

Comparative Effectiveness Helps Get Biggest Bang for the Health Buck

When optimally funded, comparative effectiveness research has the promise to inform health care decisions that are...

- **Patient-specific:** In the face of competing medical options, these studies enable doctors to make individualized treatment decisions according to patient characteristics (sex, age, and race/ethnicity).
- **Evidence-based:** These studies provide consumers and providers with the timely, scientific information they need to evaluate which treatment options will help them achieve the desired therapeutic outcome.
- **Value-driven:** With health care costs rising and consumers empowered to make informed decisions, comparative effectiveness studies will be the cornerstone of transparent decision-making.

Last year, AHRQ saw its first increase for comparative effectiveness research in three fiscal years, but the program has yet to reach its potential. We recommend \$50 million for comparative effectiveness research; the funding level originally authorized in the MMA.

ABHC
Alliance for Better Health Care

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The Promise of Comparative Effectiveness Research

AHRQ's Effective Health Care Program

www.effectivehealthcare.ahrq.gov

Osteoporosis (Dec. 2007) Research has found that various agents are effective at preventing bone fractures in men and women, but evidence suggests that there is no difference between calcium alone and placebo in preventing fractures in postmenopausal women. Evidence suggests that there is poor adherence to medications that prevent osteoporosis due to side effects (including serious cardiac events), absence of symptoms, co-morbid conditions, ethnicity, socioeconomic status, and dosing regimens.

Arthritis (Nov. 2007) Rheumatoid arthritis and psoriatic arthritis treatments aim to control inflammation and slow the progression of joint destruction and disability. Efficacy was generally similar when comparing most therapies to each other, but there was a lack of evidence to draw firm conclusions. Studies were often too small to assess reliable differences, and there were no head-to-head comparisons of the drugs used to treat psoriatic arthritis.

Hypertension (Nov. 2007) Research has found that both ACE inhibitors and ARBs are equally effective at relaxing blood vessels and lowering blood pressure. There is no significant difference between ACEIs and ARBs in terms of their impact on quality of life, and the costs of these treatments are similar.

Type 2 Diabetes (July 2007) While most oral medications prescribed for adults with type 2 diabetes are similarly effective for reducing blood glucose, research shows that the drug metformin is less likely to cause weight gain and may be more likely than other treatments to decrease so-called bad cholesterol. Research has also found that among the ten drugs studied, most oral medications will lower hemoglobin A1c (HbA1c) levels by up to one percentage point, but the combination of several diabetes medications is likely to achieve even greater reductions in HbA1c.

Heart Disease (June 2006) Statins were found to reduce major coronary events by 48 per 1,000 in coronary heart disease patients. Recent trials indicate that compared with conventional doses of statins, intensive statin therapy can reduce the risk of serious cardiovascular events even more. There is strong evidence that in certain high-risk groups, treatment with statins can reduce mortality and serious cardiovascular events.

Depression (Jan. 2007) Research shows that today's most commonly prescribed antidepressants are similar in effectiveness to each other but differ when it comes to possible side effects. Studies showed that about six in ten adult patients get some relief from these drugs, while similarly 60 percent of patients also experience at least one side effect, ranging from nausea to sexual dysfunction. For patients who do not respond to one of the drugs they often try another medication within the same drug class, where about one in four patients recover.

Psychiatric Disorders (Jan. 2007) Some newer antipsychotic medications approved to treat schizophrenia and bipolar disorder are being prescribed to millions of Americans for depression, dementia, and other psychiatric disorders without strong evidence that such off-label uses are effective. While some studies suggest that atypical

antipsychotics may help patients with mental health conditions for which there are no FDA-approved alternatives, the review also identified several medications' potential for serious side effects, including, increased risk of stroke, tremors, significant weight gain, sedation, and gastrointestinal problems.

Renal Artery Stenosis (Oct. 2006) Increasing numbers of patients with narrowed kidney arteries are undergoing vessel-widening angioplasty and placement of a tubular stent, but the latest scientific evidence does not show a clear advantage of that treatment over prescription drug therapy. Since no studies have directly compared the use of stents versus medications researchers found inadequate support for angioplasty, with or without a stent, over drug therapy.

Osteoarthritis (Sept. 2006) Research has found that two classes of drugs commonly used to treat osteoarthritis—non-steroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors (a newer generation of NSAIDs)—present similar, increased risks of heart attacks while offering about the same level of pain relief. The study concluded that the sole exception is the drug naproxen, commonly sold as Aleve® or Naprosyn®, a medication that scientific evidence suggests presents a lower risk of heart attack for some patients than other NSAIDs or COX-2 inhibitors.

Anemia (May 2006) Research has found no clinically significant difference in the medical effectiveness of the two drugs commonly used for managing anemia in cancer patients who are undergoing chemotherapy or radiation treatment. The two drugs, epoetin and darbepoetin, showed no clinically significant difference in improving hemoglobin concentration and reducing the need for transfusion. The review suggests that while both drugs do reduce the need for transfusion, there is no evidence that the drugs, when added to cancer treatment, improve survival.

Breast Cancer (Feb. 2006) Four common noninvasive tests for breast cancer are not accurate enough to routinely replace biopsies for women who receive abnormal findings from a mammogram or physical examination. Researchers found that each of the four tests—magnetic resonance imaging (MRI), ultrasonography, positron emission tomography (PET) scanning, and scintimammography—would miss a significant number of cases of cancer, compared with immediate biopsy for women at high-enough risk to warrant evaluation for breast cancer. The report concluded that women who wish to have a noninvasive procedure should discuss their individual risk of cancer with their health provider.

Gastroesophageal Reflux Disease (Dec. 2005) The latest research suggests that drugs can be as effective as surgery for management of GERD (when stomach acid enters the esophagus, causing heartburn and potential damage to the esophagus), which is one of the most common health conditions among older Americans and results in \$10 billion annually in direct health care costs. The study compared treatment approaches for chronic uncomplicated GERD and found that, for the majority of patients, proton pump inhibitors (PPI) can be as effective as surgery in relieving the symptoms and improving quality of life.