

Building Comparative Effectiveness Research into Health Care Reform

As the economy withers under the weight of burgeoning health care costs, debate over how to build Comparative Effectiveness Research (CER) into the national health care reform has increased. Defined by the Congressional Budget Office as "...a rigorous evaluation of the impact of different options that are available for treating a given medical condition for a particular set of patients"¹, CER is a key tool that has been around for some time in one form or another. Still, many issues continue to be considered as part of the ongoing CER debate including:²

- Should expanded research be done through a federal agency such as the Agency for Health Care Research and Quality or the National Institute of Health, or through a new public-private agency?
- How should the research be funded? Options include federal appropriations, the Medicare Trust Fund, and a tax on insurance premiums.
- How will the research agenda be set, and how will research be revisited as new advances are made and as long-term results of treatments are learned?
- How will research results be disseminated and/or implemented in order to bring about behavioral changes in providers and patients that will improve the quality of care and reduce costs?

The CER debate

CER proponents support the efforts to increase research funding. They argue that improving the quality of information available on clinical treatments will improve treatment outcomes and decrease costs. Jerry Steffl, Vice President of Government Affairs at Prime Therapeutics supports this argument by stating, "Independent, objective comparative effectiveness research has the potential to greatly improve health care quality and patient outcomes by helping ensure consumers receive the most appropriate care for their individual circumstances."

Those more wary of this most recent push for CER, cite various concerns about this type of research. Top on the list is concern that CER has the potential to exclude some clinical treatments and lower costs at the expense of patient's health.³ Minority and disability groups have also said that some past comparative effectiveness studies have not used broad enough population samples which does not allow the results to effectively address differences among patients.³

To allay the fears of CER critics, groups such as the American Academy of Family Physicians and the American Society of Health-system Pharmacists have advised that CER needs to include all aspects of different populations and should be done in rural, urban and suburban areas. CER should also look at interdisciplinary systems of care as well as individual medications and treatments.^{4,5}

Current CER support

A variety of legislation around CER was debated in past legislative sessions and accelerated when President Obama and Congressional leaders included CER provisions in health reform proposals. Earlier this year, the Obama administration and the 111th Congress agreed to spend \$1.1 billion in federal funding on comparative effectiveness

research as part of the \$787 billion economic stimulus package known as the American Recovery and Reinvestment Act. Discussion continues on the appropriate use of comparative effectiveness data.

The pharmacy industry has indicated widespread support of CER. Of particular concern to pharmacists is for legislators to understand the important role pharmacists play in health care. In order to truly make the most impact, CER must consider how patients access medications and why they decide to take or not take their medications.⁶

Accordingly, pharmacy benefit managers (PBMs) also support recent CER efforts. In fact, PBMs have long been at the forefront of efforts to bring more measurement, accountability and real-time information to the health care system. Along with pharmacy and therapeutics (P&T) committees, other proven PBM utilization tools, including multi-tier formularies and step therapy, ensure patients have access to cost-effective and clinically proven prescription drugs.⁷

Prime Therapeutics views the investment of health care dollars into the research of the effectiveness of health care treatments as an important way to constrain health care costs without adversely affecting patients. Prime supports a significant and stable investment in CER through the organization of a public-private entity that will address the full spectrum of health care treatments, including pharmaceuticals.

The future

In early May, House Speaker Nancy Pelosi pledged that health care reform legislation would be passed by July 31—before its August recess. That date has slipped. Congress is now expected to take up health reform legislation when it returns in September. If Congress is able to ultimately pass health reform legislation, it is anticipated that it will include a provision for the creation of some sort of entity to direct comparative effectiveness research.

For more information on comparative effectiveness research and its progress in Congress, contact Jerry Steffl, Vice President of Government Affairs at jsteffl@primetherapeutics.com. ■

¹Congressional Budget Office, "Research on the Comparative Effectiveness of Medical Treatments," December, 2007. <http://www.cbo.gov/ftpdocs/88xx/doc8891/12-18-ComparativeEffectiveness.pdf>

² "What is Comparative Effectiveness Research and Why is It Important," accessed May 29, 2009. http://www.ncpssm.org/news/archive/vp_comparative_effectiveness/

³Yoest, Patrick, "Stimulus Funds Will Boost 'Comparative' Health Research", The Wall Street Journal, 19 March, 2009.

⁴Arvantes, James. "Comparative Effectiveness Research Crucial to Improving Patient Care", AAFP News Now, 25 March, 2009. <http://www.aafp.org/online>

⁵American Society of Health-System Physicians, "ASHP Advises on Comparative Effectiveness Research," accessed May 29, 2009. <http://www.ashp.org/import/news/NewsCapsules/article.aspx?id=280>

⁶American Society of Consultant Pharmacists, ASCP Participates in Coordinating Council for Comparative Effectiveness Research Public Discussion, 14, April, 2009. <http://www.ascp.com/advocacy/federal/CER.cfm>

⁷Pharmaceutical Care Management Association, It's Time for Comparative Effectiveness, 10 February, 2009. <http://www.pcmnet.org/pcma-its-time-for-comparative-effectiveness>