Comparative Clinical Effectiveness Research - Is it Rational or Rationing?

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Is It Application of Evidence or Rationing of Care?

- **Arizona**
  - Transplants
  - Decreased Coverage Population
- **Oregon**
  - Oregon Health Plan
- **Washington**
  - Health Board
Background Data

- Of $2.4 trillion annual investment in health care, less than 0.1 percent is devoted to evaluating the relative effectiveness of diagnostics, procedures, devices, pharmaceuticals, and other interventions in clinical practice.

- As much as 5% of the nation’s GDP—$700 billion per year—is spent on tests and procedures that do not improve health outcomes. (CBO)
What is CCER?

• The Institute of Medicine defines comparative effectiveness research as the study of methods, including alternative approaches, to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care.
The Federal Role in CCER: Defining Effectiveness

- Effectiveness: Healthcare that combines best research evidence with best clinical outcomes, while remaining consistent with patient values.
- Federal Agencies
Stakeholders

• Physician Groups
  ▫ Generally support the concept of effectiveness research for determination of best therapies
  ▫ Do NOT support for payment methodology
  ▫ Issues regarding research quality
Stakeholders

• Trade Groups
  ▫ American College of Healthcare Executives Tom Dolan, CEO “I think it would be naïve not to realize that eventually effectiveness research will impact on reimbursements.”
  ▫ American College of Physician Executives
  ▫ PhRMA: Initial opposition but some flexing, if they can get research money
Stakeholders

- **Consumer Groups**
  - Friends of Cancer Research
  - AARP
  - Consumers Union
  - AFL-CIO
Policy Alternatives

Healthcare Cost per Capita 2007

Quality: Life Expectancy 2010

http://www.infoplease.com/ipa/A0934556.html

CCER and Autonomy: The Death Panel Argument

- Will CCER result in more deaths or more autonomy surrounding the dying process?
CCER and the Lack of Evidence

• How do we do comparative studies for all possible treatments and treatment combinations?
Recommendations

- Accept that rationing exists now.
- Realize that we must consider population health as a society and personal health must be the responsibility of the individual.
- Require a strong scientific component to support the art of medicine providers currently emphasize.
“Rationing is an inescapable part of economic life. It is the process of allocating scarce resources. The choice isn’t between rationing and not rationing. . . it’s between rationing well and rationing badly.”

David Leonhardt, The New York Times

References

References

• Clark C. The Road to Regulation: Perdition or Salvation? Health Leaders 2011: 21-4.