COMPARATIVE EFFECTIVENESS RESEARCH

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INTRODUCTION

- $765 billion wasted in healthcare in 2009
  - Misuse, overuse, lack of evidence

- Are we providing quality or quantity?
- Are we limiting access by overuse?
- Are current practices cost effective?

- Limitations by the Patient Protection and Affordable Care Act and other legislation
HISTORY AND BACKGROUND

- Overuse
  - 42% of primary care providers
  - Less than half of care provided based on evidence

OECD Health Data 2013
INFANT MORTALITY RATES 2005-2009

WHAT IS COMPARATIVE EFFECTIVENESS RESEARCH?

- CER is “the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care” with the objective to “assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.”

OVERUSE

- Coronary Artery Bypass Grafting
- Carotid Endarterectomy
- Coronary Angiography
- Antibiotic use in Upper Respiratory Infection
CURRENT USE OF CER

- Agency for Healthcare Research and Quality
- Department of Veteran’s Affairs
- National Institutes of Health
- United States Preventive Services Task Force
- National Institute for Health and Clinical Excellence
CURRENT LAW EFFECTING CER

- Medicare
  - National Coverage Determination

- ACA
  - Patient Centered Outcomes Research Institute
    - review of existing and future research
    - recommendations for legislation and administrative actions
  - Patient Centered Outcomes Research Trust Fund
    - $150 million/ year
SUPPORT

- American Academy of Orthopaedic Surgeons
- American Association of Orthopaedic Surgeons
- American College of Rheumatology
- American Medical Association
- American Osteopathic Association
- Association for Healthcare Resource and Materials Management
- Biotechnology Industry Organization
- Medical Imaging and Technology Alliance
- North American Spine Society
- Pacific Business Group on Health
  - Over 50 business and medical organizations
- PhRMA
- Society for Vascular Surgeons
OPPOSITION

- Some congressional opposition
- Concerns from supporting groups
  - Accuracy of research
  - Transparency
  - Ability to individualize care or provide care outside of guidelines
  - Shift to cost containment as primary goal
UNINTENDED CONSEQUENCES

- Rationing
- Limiting currently available options
- Higher costs
CURRENT LEGISLATION

Would limit CER

- *Patients Act of 2013* / S. 133
- *Four Rationers Repeal Act of 2014* / S. 2064

Would promote CER

- *Prostate Research, Outreach, Screening, Testing, Access, and Treatment Effectiveness Act of 2013* / S. 516
RECOMMENDATIONS

- Allow the application of CER into practice
- Cost transparency
- Tiered payment system based on effectiveness
- Appeals process
- Provider protection
“We need to recognize when care is futile or unsupported by evidence and that giving such care is not only wasteful but unethical as well.”

REFERENCES


REFERENCES (CONT.)


20. PROSTATE Act, S. 516, 113th Cong. (2103).


