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**ACP SUPPORTS IMPROVED ACCESS to INFORMATION on
RELATIVE STRENGTHS and WEAKNESSES of CLINICAL
PRODUCTS, PROCEDURES and SERVICES**

Testimony to House Ways and Means Subcommittee by American College of Physicians
Supports Congressional Efforts

(Washington) – “The American College of Physicians (ACP) strongly supports Congressional efforts to provide Medicare and all stakeholders within the health care community with improved access to information about the relative strengths and weaknesses of various clinical products, procedures and services,” David C. Dale, MD, FACP, president of the ACP, told the House Committee on Ways and Means Subcommittee on Health today. Dr. Dale testified at a subcommittee hearing, *Strategies to Increase Research and Information on Comparative Clinical Effectiveness*.

“In order to reach the goal,” Dr. Dale told the subcommittee, “ACP recommends that the Congress take efforts, including the allocation of secure and sustained funding, to create or support a trusted entity that systematically develops evidence on the relative effectiveness of various alternative healthcare services.”

That entity, he said, should have the following characteristics:

- it should be an unbiased independent entity protected from both governmental and private sector influence to encourage trust in its findings.
- its proceedings should be transparent.
- it should involve stakeholders, including payers, providers and beneficiaries, at all levels of the evidence development process.
- it should have a prioritization process, informed by input from the stakeholder groups, that ensures that the comparative effective evidence developed will have the greatest impact in improving the quality and efficiency of care provided.
- it should support the development of all levels of evidence including formal review and synthesis of evidence already available in the clinical literature and the initiation of new research in priority areas where such evidence does not already exist.

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- it should have established processes that ensures that the comparative effectiveness findings developed are accessible in a comprehensive form to all stake holders.

Dr. Dale also pointed out that:

- The entity that currently best matches this list of characteristics is the Agency for HealthCare Research and Quality. Through its Effective Health Initiative, this agency has established itself as a trusted source of comparative effectiveness data.
- ACP believes that the greatest value of developed comparative effectiveness data at this time is to help clinicians and patients answer the question of what works best for each patient and for clinicians to partner with patients in an informed and shared decision-making process when considering alternative treatment options, a key element of the Patient-Centered Medical Home (PCMH).
- ACP recognizes the potential savings obtainable through comparative effectiveness research, but recommends that Congress walk down the path of using comparative effectiveness data in the Medicare benefit design slowly and cautiously so that more experience is gained first in the impact of such research and its credibility with clinicians and patients. As confidence and trust in the process increases, steps could then be taken by Congress to create a method for incorporating such comparative effectiveness research into benefit design issues.
- Congress should recognize that inclusion of “cost effectiveness” as an element of the comparative evaluation process will introduce complex and controversial issues of how individual patients, purchasers, clinicians, and society assign a relative value to clinical effectiveness and cost. Such value judgments need to be made in an open, transparent, and methodologically sound basis that takes into account the different value systems that each stakeholder brings to the table. For these reasons, the College suggests that federally-funded comparative effectiveness research should, at least in its early stages, focus on relative clinical efficacy rather than cost-effectiveness. At the same time, however, we support further discussion of how cost-effectiveness comparisons might be introduced into the evaluation process at a later stage and used, at least in part, to influence benefit design by Medicare and other programs.

“Finally,” Dr. Dale emphasized, “ACP asks Congress to recognize that the value to the healthcare system of a systemized approach to developing comparative effectiveness evidence can be leveraged through:

- The establishment of mechanisms to facilitate the implementation of health information technology (HIT) throughout the system
- The implementation of the Patient-Centered Medical Home care model.”

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 123,000 internal medicine physicians (internists), related subspecialists, and medical students. Internists specialize in the prevention, detection and treatment of illness in adults.

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