

Improved Availability of Comparative Effectiveness Information: An Essential Feature for a High-Quality and Efficient United States Health Care System

Summary of Position Paper Approved by the ACP Board of Regents, January 2008

What is Comparative Effectiveness?

Comparative effectiveness analysis evaluates the relative (clinical) effectiveness, safety, and cost of two or more medical services, drugs, devices, therapies, or procedures used to treat the same condition. Although the use of the term comparative effectiveness broadly refers to the evaluation of both the relative clinical and cost differences among different medical interventions, it is notable that most comparative effectiveness research engaged in and used by stakeholders in this country focuses solely on evaluated relative clinical differences to the exclusion of cost factors.

Why is it Important to Make Comparative Effectiveness Research Available?

Information about the comparative effectiveness of currently available health care interventions should be readily available to physicians, health care payers, and patients to help them make informed decisions about the relative value of different medical services. Currently, the United States expends insufficient funds to develop comparative effectiveness data, and there is no coordination or prioritization of current efforts in either the public or private sector to help produce comparative effectiveness information that would provide the greatest health care impact.

The absence of readily available, essential comparative effectiveness information interferes with the ability of physicians and their patients to make effective, informed treatment choices that meet the unique needs and preferences of the patient and the ability of payers to optimize the value received for their health care expenditures. Consequently, ACP calls for an adequately funded, trusted national entity to prioritize, sponsor and/or produce this comparative information.*

Key Findings and Recommendations from the Paper

ACP takes the following policy positions:

- ACP strongly supports efforts to improve access to information comparing clinical management strategies.
- Specifically, ACP strongly supports the establishment of an adequately-funded, independent entity to sponsor and/or produce trusted research on the comparative effectiveness of health care services.
 - The federal government should have a significant role in the funding, implementing, and maintaining of this comparative effectiveness entity.

- The newly proposed comparative effectiveness entity should:
 - Have a structure and adopt operating procedures that encourage trust in its impartiality and adherence to the strictest scientific standards;
 - Be responsible for the development of evidence concerning comparative effectiveness necessary for clinical practice; conduct all proceedings and present results in a transparent manner;
 - Involve all relevant stakeholders;
 - Implement a prioritization process that ensures that the evidence developed will have the greatest positive impact on improving the quality and efficiency of health care;
 - Support the development of evidence at all levels, include relevant clinical information available from federal agencies as well as private and academic settings in its analyses; and
 - Ensure that the comparative effectiveness findings developed are accessible in a timely manner and in a comprehensible form to all stakeholders.
- The proposed comparative effectiveness entity should be charged with systematically developing both comparative clinical and cost-effectiveness evidence for competing clinical management strategies.
- A panel of stakeholders and additional scientific experts should be formed and charged with updating cost effectiveness procedures, developing a framework to reconcile disparate estimates, and developing recommendations both for the general public and for stakeholders who plan to use the cost effectiveness research for clinical and coverage decisions.
- All health care payers should employ both comparative clinical and cost-effective information as factors to be explicitly considered in their evaluation of a clinical intervention. However, cost should never be used as the sole criterion for evaluating a clinical intervention.

* The Patient Centered Outcomes Research Institute (PCORI) was instituted as a part of the Affordable Care Act of 2010 and serves this purpose. However, it is notable that PCORI is prohibited from conducting cost-effective evaluations.

For More Information

This issue brief is a summary of *Improved Availability of Comparative Effectiveness Information: An Essential Feature for a High-Quality and Efficient United States Health Care System*. The full paper is available at http://www.acponline.org/advocacy/where_we_stand/policy/healthcare_system.pdf.