



HTA in Comparative Effectiveness Research and Health Care Reform in the U.S.

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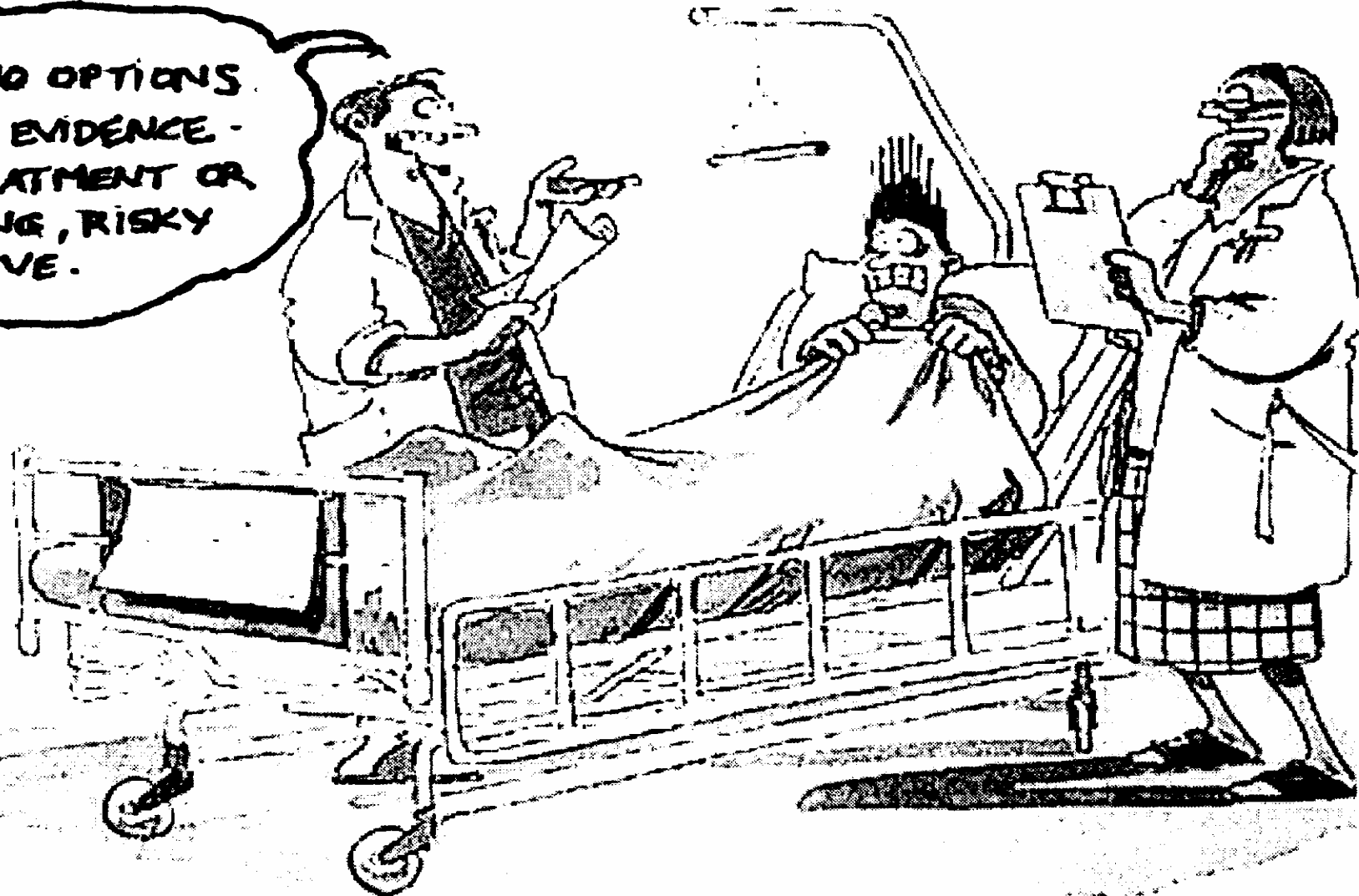
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Singapore

Can We Do Better Than This?

WE HAVE TWO OPTIONS.
EITHER AN EVIDENCE-
BASED TREATMENT OR
AN EXCITING, RISKY
ALTERNATIVE.





Framing Decision Making and Hard Choices

- Public policy
 - *Do we fund heart transplants?*
- Systems policy
 - *Where do we “locate” heart transplant services?*
- Clinical policy
 - *Who should receive heart transplants?*



The Policy Window for Health Care Reform in the U.S.

- Growing concerns about health spending – about \$2.3 trillion per year in the U.S. - and the causes of increased spending
- Increased unemployment and loss of health care coverage for the middle class
- Large variations in clinical care
- A lot of uncertainty about best practices involving treatments, procedures, and technologies
- Pervasive problems with the quality of care that people receive – perceived lack of value
- Living longer with chronic conditions

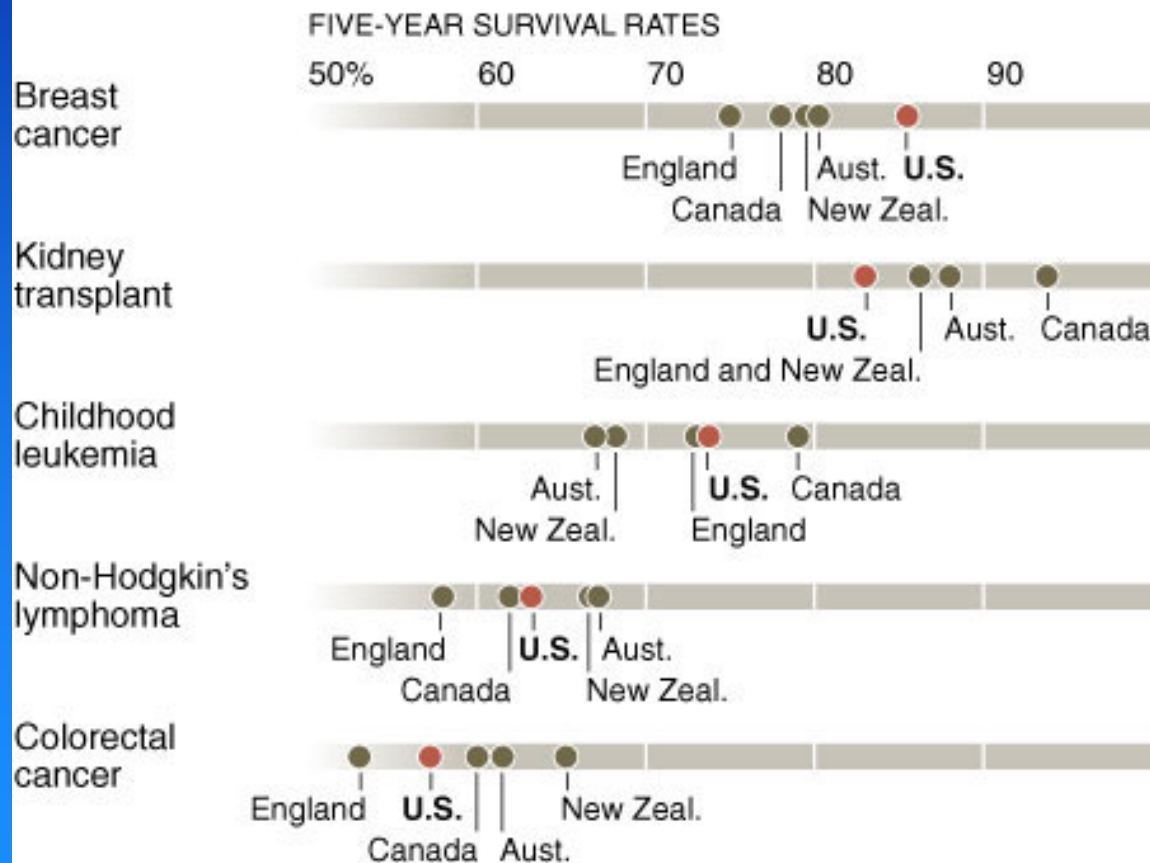


More Money, Worse Results

The United States spends more on health care than other countries, but the survival rates for American patients are not always better than elsewhere.

SPENDING ON HEALTH CARE
AS SHARE OF G.D.P., 2006
(Except as noted)

| Country | Spending as % of GDP |
|--------------------|----------------------|
| United States | 15.2% |
| Canada | 10.0 |
| Australia | 8.7 |
| Britain (England) | 8.2 |
| New Zealand (2003) | 8.0 |



Sources: Organization for Economic Cooperation and Development (spending); Commonwealth Fund (survival rates)



A Drive to Learn from Our Investments

Perhaps a more salient question is what we can do now, within the current infrastructure, to move effectiveness research forward so that everyone can reap the benefits of the most unprecedented bounty of biomedical research findings in our lifetime.

Clancy C and Slutsky J. JOURNAL OF INVESTIGATIVE MEDICINE • volume 53 number 2 • February 2005

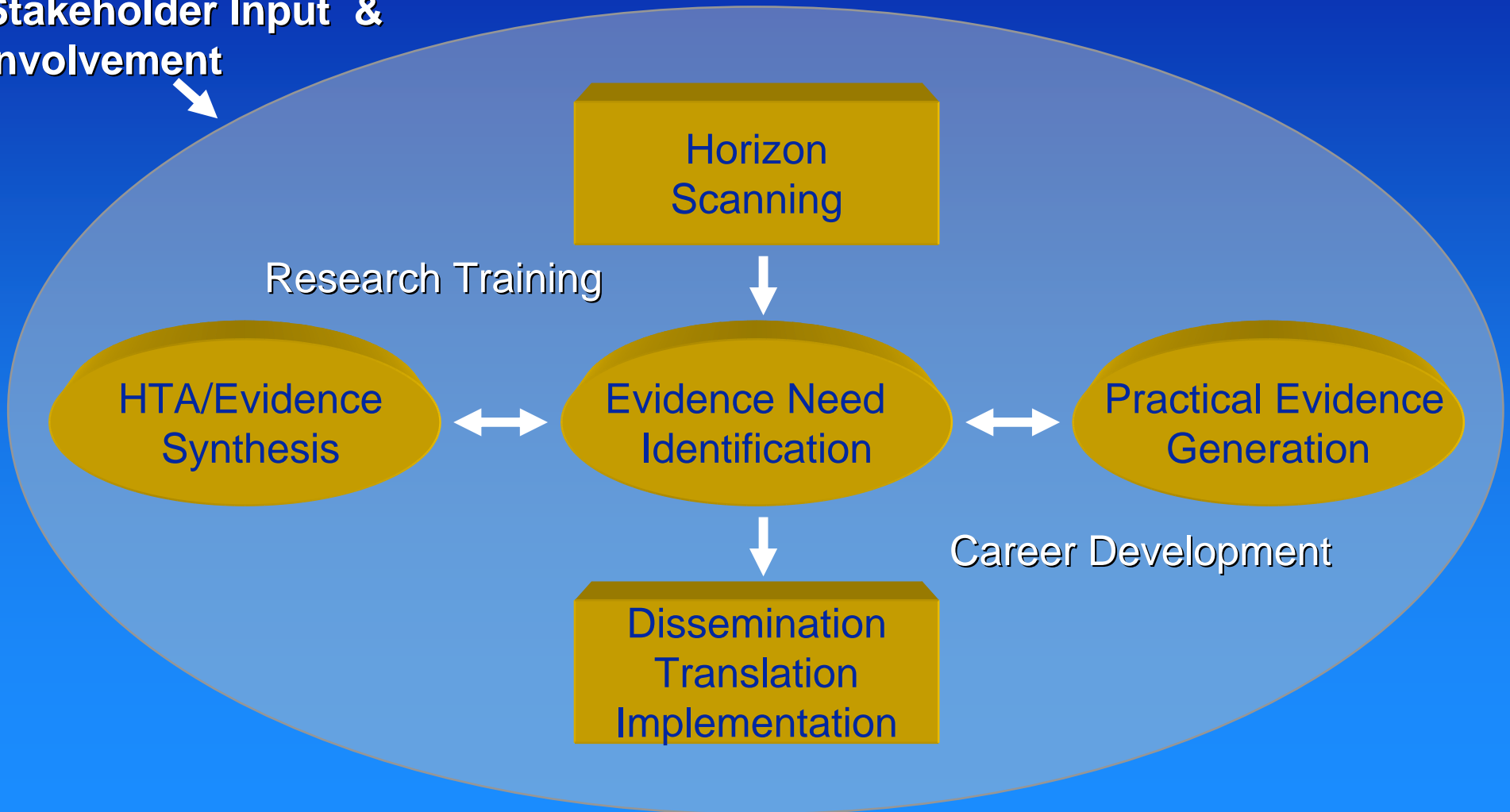


Comparative Effectiveness Research at AHRQ

- Created in 2005, authorized by Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003
- AHRQ shall conduct and support research on:
 - “the outcomes, comparative clinical effectiveness, and appropriateness of health care items and services (including prescription drugs)”
- Goal: to provide patients, clinicians and policy makers with reliable, evidence-based healthcare information

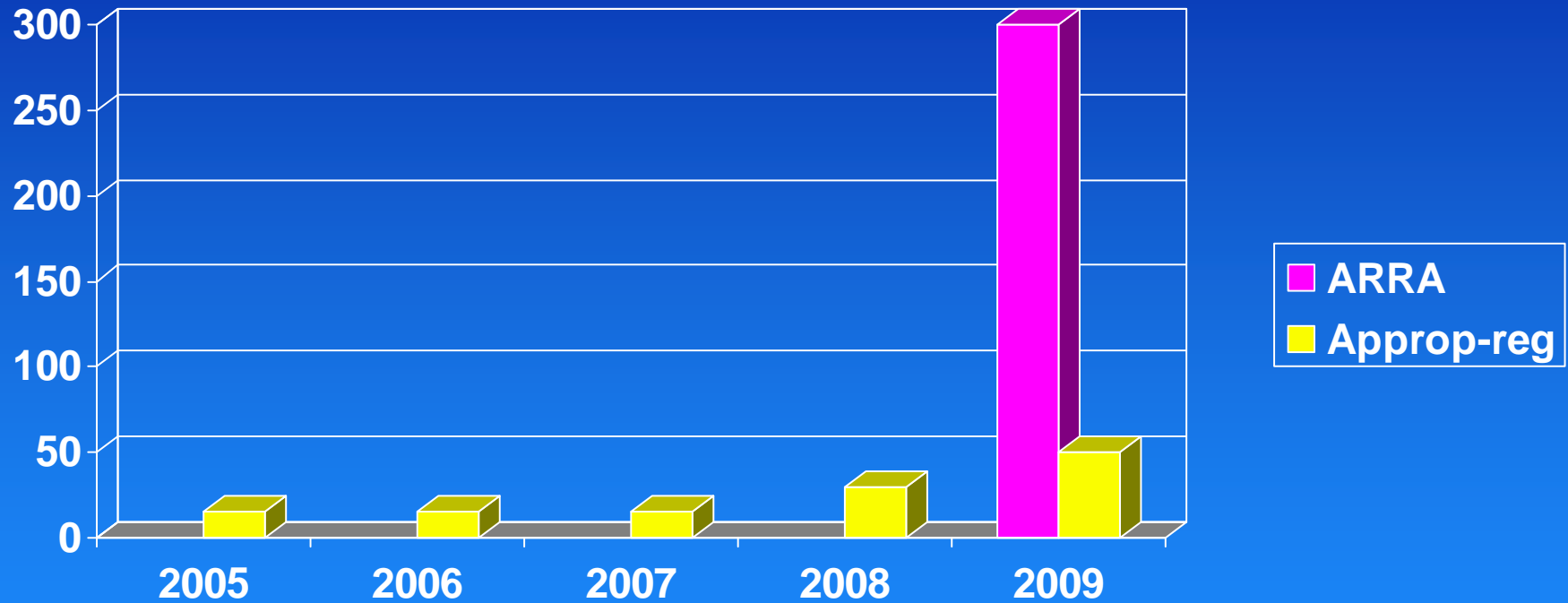
Conceptual Framework

Stakeholder Input & Involvement





Targeted Money (Millions) for Comparative Effectiveness Research - AHRQ





American Recovery and Reinvestment Act and CER

- \$1.1 B for comparative effectiveness research:
 - AHRQ: \$300M
 - NIH : \$400M (appropriated to AHRQ and transferred to NIH)
 - Office of the Secretary : \$400M (allocated at the Secretary's discretion)
 - Funds must be **obligated** September 30, 2010

Interest Level High – Rhetoric, Too



Something's Got to Give in Medicare Spending

--New York Times

Healthcare reform puts a price on quality of life

--Los Angeles Times

Health Care Rationing Rhetoric Overlooks Reality

--New York Times

CER is Necessary but Not Sufficient to Change Practice and Policy



“Evidence may be necessary, but it is certainly not sufficient. The findings of research need to be translated into information that is useful for each health care decision maker.”

Eisenberg JAMA 1999; 282:1865-9.



Translation of Complex Information is Important

In a study requiring interpretation of mammography outcomes, almost all physicians confused the sensitivity of the test (the proportion of positive test results among people with the disease) with its positive predictive value (the proportion of people with the disease among those who receive a positive test result).

Science, Vol 290, Issue 5500, 2261-2262 , 22 December 2000



Meeting the Needs of Decision Makers is Messy but Critical

- “In the varied topography of professional practice, there is a high, hard ground, where practitioners can make effective use of research-based theory and techniques, and there is a swampy lowland where the situations are confusing ‘messes’ incapable of technical solution. **The difficulty is that the problems of the high ground, however, great their technical interest, are often relatively unimportant to clients or the larger society while in the swamp are the problems of greatest human concern.**”

--Donald Schön, 1983



The Future of CER?

- Need to address misperceptions
- Mitigate unintended consequences
- More effort to get more relevant and responsive research
- Methods, methods, methods
- Need to tackle important issues
 - Ethical
 - When to know when the evidence is sufficient
 - Transparency
 - Setting priorities and for whom
 - Patient-centered, what is good for the public may not be good for the individual



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