

## Comparative Effectiveness Research

### *Overview*

By definition, comparative effectiveness research (CER) is the conduct and synthesis of systematic research comparing different interventions and strategies to prevent, diagnose, treat or monitor health conditions. Its purpose is to inform patients, physicians and other decision-makers, about which interventions are most effective under specific circumstances.

Researchers and policymakers agree there often is not enough information to determine clearly which medical treatments work best. Both physicians and patients often must make important decisions without knowing how different treatments compare. The absence of good evidence can result in inappropriate, ineffective and even harmful care. In addition, without evidence of which are the most appropriate interventions, the health care system is hindered in offering incentives to encourage the adoption of best practices.

The end result: patients pay more for sub-optimal care. One study estimates up to 30 percent of health care spending pays for ineffective, inappropriate or redundant care. Another study estimates that only 54 percent of acute care and 56 percent of chronic care provided by physicians conforms to medical literature.

### *HCSC Position*

Health Care Service Corporation (HCSC) is committed to ensuring that physicians are provided with better information and new research so that their patients receive the right care at the right time. HCSC currently uses comparative information in the development of medical policy. These policies are based on information from a number of sources including the Agency for Health Care Research and Quality (AHRQ), the Blue Cross and Blue Shield Association Technical Evaluation Center and peer review literature.

HCSC applauds Congress for including \$1.1 billion for comparative effectiveness research in the *American Recovery and Reinvestment Act*. HCSC strongly recommends that Congress pass legislation creating a new, permanent institute for comparative effectiveness research based on four key principles.

#### **1. Funding should be broad-based and stable**

- The most significant challenge in creating a new Institute is ensuring a broad-based, stable and significant funding source. Broad-based funding makes sense because new comparative effectiveness research likely will provide benefits to our health care system as a whole.
- HCSC suggests that the CER Institute could be funded by assessments on private and public health care coverage.

#### **2. The CER Institute should support a wide range of research, especially clinical trials**

- The CER Institute should prioritize and fund a variety of research – including clinical trials, observational studies, literature reviews and other studies – evaluating the comparative clinical effectiveness of different procedures, drugs, devices and biologics.
  - The CER Institute should seek to include women, minorities, people of diverse age groups and persons with co-morbidities in its research and collaborate with institutions that receive comparative research contracts to identify best practices to maximize research dollars.
- 3. Dissemination efforts and incentives should be included to encourage use of the research**
- Experts estimate that medical research currently takes 17 years to be incorporated into practice and it is especially important that new comparative information is disseminated to physicians, hospitals, patients and others in easy-to-use formats.
  - The CER Institute should assist medical societies in understanding its research in their efforts to develop consensus practice guidelines.
  - Electronic health records should be required to incorporate these guidelines into clinical decision support systems.
  - Additionally, HCSC feels it is important that standards should create rebuttable presumptions concerning the standards of care that physicians are expected to meet in medical malpractice cases. Providers that reasonably rely on the guidelines should be given safe harbors for noneconomic (i.e.: pain and suffering) and punitive damages, even if their use of guidelines is later deemed to be mistaken. Similar protections should apply to insurers in adjudicating claims.
  - In addition to private insurers, Medicare and other public programs should be required to consider the CER Institute’s research in developing pay-for-performance, coverage, reimbursement and other policies.
- 4. The new CER Institute should be governed by a public-private board**
- The CER Institute should be structured as an independent, not-for-profit entity and be governed by a board of experts who bring the perspectives of a wide range of stakeholders (i.e.: providers, consumers, government, health insurers, employers and manufacturers).
  - The CER Institute should be accountable to the public and should be protected from political pressures so it can establish and maintain a reputation as an independent and credible source for information on evidence-based medicine.

***About Health Care Service Corporation***

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