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## IMPROVED AVAILABILITY OF COMPARATIVE EFFECTIVENESS INFORMATION: AN ESSENTIAL FEATURE FOR A HIGH-QUALITY AND EFFICIENT UNITED STATES HEALTH CARE SYSTEM

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American College of Physicians

A Policy Paper

2008

# **IMPROVED AVAILABILITY OF COMPARATIVE EFFECTIVENESS INFORMATION: AN ESSENTIAL FEATURE FOR A HIGH-QUALITY AND EFFICIENT UNITED STATES HEALTH CARE SYSTEM**

A Policy Paper of the  
American College of Physicians

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## Executive Summary

This policy paper highlights the need for increased efforts to develop and distribute information to physicians, health care payers, and patients regarding the comparative effectiveness of currently available health care interventions. Comparative effectiveness refers to the evaluation of the relative (clinical) effectiveness, safety, and cost of two or more medical services, drugs, devices, therapies, or procedures used to treat the same condition. Following a review of comparative effectiveness efforts in this country and internationally, the paper calls for the establishment of an adequately funded, trusted national entity to prioritize, sponsor, and/or produce this comparative information. It defines several recommended attributes for this entity that include protection from undue government and private sector influence, transparent proceedings and reports, extensive stakeholder involvement, and implementation of processes to ensure the general distribution of findings to all interested parties. This policy paper further recommends that the entity produce both comparative clinical and cost-effectiveness data. It examines the current arguments against the use of cost-effectiveness data in health care decision-making processes and concludes that the availability of these data in an explicit and transparent form is vital to the obtaining of value for health care expenditures by all payers, including the individual consumer.

This policy paper contains the following position statements:

**Position 1: The American College of Physicians (ACP) strongly supports efforts to improve access to information comparing clinical management strategies.**

**Position 2: The College 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.**

**Position 3: The College believes that the federal government should have a significant role in the funding, implementing, and maintaining of this comparative effectiveness entity, but takes no formal position on its organizational structure (e.g., government or joint public-private)**

**Position 4: The College recommends that 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, by ensuring its independence from undue governmental and private sector influence.
- Be responsible for the development of evidence concerning comparative effectiveness necessary for clinical practice, coverage, or pricing decisions, but have no direct involvement in the making of these health care decisions.
- Conduct proceedings and present results in a transparent manner.
- Involve all relevant stakeholders, including beneficiaries, payers, scientists, providers, and industry representatives, at all levels of the evidence development process.
- Implement a prioritization process, informed by input from the stakeholder groups, that ensures that the comparative effectiveness evidence developed will have the greatest positive effect on improving the quality and efficiency of the overall health care provided in the country.

- Support the development of evidence at all levels from review and synthesis of existing evidence to initiation of new research in priority areas in which essential evidence does not already exist.
- Include relevant clinical information available from federal agencies as well as private and academic settings in its analyses.
- Ensure that the comparative effectiveness findings developed are accessible in a timely manner and in a comprehensible form to all stakeholders.

**Position 5: The College recommends that the proposed comparative effectiveness entity be charged with systematically developing both comparative clinical and cost-effectiveness evidence for competing clinical management strategies.**

**Position 6: The College recommends that as part of the implementation of the proposed comparative effectiveness entity, a panel of stakeholders and additional scientific experts, including specifically experts in the area of cost-effectiveness analyses, be formed and charged with:**

- Updating and expanding upon the recommendations of the 1993 Panel on Cost-Effectiveness and Health<sup>1</sup> and developing related procedures to ensure that the proposed entity produces high-quality cost-effectiveness information.
- Developing a framework and related procedures to reconcile apparently disparate estimates of cost effectiveness regarding specific clinical management comparisons.
- Developing recommendations, including suggested model procedures for potential use by stakeholders who plan to consider this cost-effectiveness information in clinical, coverage, purchasing, and pricing decisions. These recommendations should:
  - Recognize that cost-effectiveness analysis is only a tool to be used in coverage and pricing decisions and cannot be the sole basis for making resource allocation decisions.
  - Help to ensure that the use of cost-effectiveness information as part of the decision-making process within the doctor-patient relationship takes into account the unique needs and values of each patient (is patient-centered) and the clinical opinion of the treating physician, while also recognizing the limited nature of health care resources available to society in general (the Medical Commons<sup>2</sup>).
- Developing recommendations to establish a mechanism to educate the general public and promote discussion on the use of comparative clinical and cost-effectiveness information to both meet the needs of the individual and help ensure the equitable distribution of finite health care resources throughout society.

**Position 7a: The College recommends that all health care payers, including Medicare, other government programs, private sector entities, and the individual health care consumer, employ both comparative clinical and cost-effectiveness information as factors to be explicitly considered in their evaluation of a clinical intervention.**

**Position 7b: The College recommends that cost should never be used as the sole criterion for evaluating a clinical intervention. Cost should only be considered along with the explicit, transparent consideration of the comparative effectiveness of the intervention.**

The Institute of Medicine (IOM) recently released a paper describing an evidence gap in the U.S. health care system—the system has failed to produce an adequate supply of reliable and practical information regarding what health care works best for whom in a given clinical situation<sup>3</sup>. This evidence gap directly contributes to the following problems within the health care system:

- The unsustainable growth in health care costs that adversely affects both payers and beneficiaries<sup>4</sup>
- The presence of significant quality gaps, particularly when compared with other industrialized nations that spend much less on health care<sup>5</sup>
- The presence of significant variation in health care practices and costs throughout this country, without any evidence that increased costs result in improved care<sup>6</sup>.

It is in the best interest of those who pay for, deliver, and receive health care that our system provide the services that are most effective and affordable. The members of the American College of Physicians (ACP), the nation's largest medical specialty organization representing 124,000 physicians and medical students in internal medicine, are dedicated to providing the best possible medical care to their patients, and this goal is not possible without good comparative clinical effectiveness and cost information. From the perspective of practicing physicians and their patients, the insufficient availability of data about what works best for whom creates critically important limitations for the clinical decision-making process. Each day, in the privacy of the examination room, patients are treated for conditions for which there are numerous treatment options. This includes treatment for common conditions, such as intermittent heartburn, more serious chronic conditions, such as high blood pressure or diabetes, and immediate life-and-death issues, such as choosing the best approach for the treatment of acute coronary syndrome or an aortic dissection. The limited availability of valid data to supplement the physician's clinical experience and professional knowledge, data that compare the clinical effectiveness and cost of different treatments for the same condition, makes it difficult to ensure that an effective treatment choice is made—one that meets the unique needs and preferences of the patient.

The lack of available information on the relative clinical effectiveness and costs of different treatments for the same condition limits the ability of primary health care payers, including the federal and state governments through Medicare and Medicaid, private employers or insurers, and the individual consumer, to ensure that the highest value is obtained for health care dollars spent and that their health care expenditures are being used effectively to provide high-quality care and achieve the best possible patient outcomes. The harmful effects of this evidence deficiency increase each year, as new advances in medical procedures, medical devices, biologics, and pharmaceuticals are introduced into the health care system. Absent increased investment to develop this important evidence about comparative effectiveness, the nation is at serious risk of producing more and more innovations without an effective and efficient means of incorporating them into a health care system with limited resources.