Developing a Center for Comparative Effectiveness Information

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Comparative Effectiveness Information
A Basic Building Block...

Information on...

“What works when, for whom, provided by…”

also...

Recognition that “technology” is rarely
always effective or never effective
Other Countries…

- Mostly centralized process of CCE and economic assessments; literature review focus
- Agencies are usually part of government
  Not surprising – use centralized payer systems

*but*…

- *Differ* on mandatory nature of recommendations
- *Differ* on transparency of process
U.S. Needs Something Different

“Center for Comparative Clinical Effectiveness”

♦ Elemental building block to “spending smarter”

♦ Focus on *conditions* rather than *interventions/therapeutics*; *procedures*, not just Rx and devices

♦ Invest in what is not yet known

*Dynamic Process...*
Center Would Include Data from a Variety of Sources

♦ “Gold Standard” - - double-blinded RCT
♦ “Real World” RCT (Sean Tunis)
♦ Epidemiological studies
♦ Medical record analyses
♦ Administrative data
Different Views on Placing the Center

♦ In HHS?
  Separate agency; FFRDC, AHRQ

♦ Free standing agency in Exec. Branch
  like FTC, FRB

♦ Quasi-Gov’t
  IOM/NRC

“Close to Gov’t…but not too close”
Advantages/Disadvantages

Trade-offs with all placements

♦ If use *existing* bureaucracy, don’t need to create new one

♦ *Vulnerability* of existing institutions to political pressures

♦ *Credibility* – stronger inside or outside gov’t?

♦ *Accountability* – harder the further from gov’t
Governance Issues are also Important

♦ Governing body needs to reflect major stakeholders
  -- part of center or freestanding

♦ Appointments by Executive branch with confirmation by Senate?

♦ Specialized scientific advisory boards, created for specific issues

♦ Should include both intramural and extramural activities
Funding of Center

♦ **Preferred** Strategy:
  direct appropriation
  information is a “*Public Good*”

♦ **Realistic** Strategy:
  direct appropriations
  contribution from Medicare trust fund
  Small “user fee” on all privately insured
What the Center is \textit{NOT}

♦ \textit{Not} providing a new coverage requirement used for practice decisions/reimbursement

♦ \textit{Not} a decision-making center

♦ \textit{Not} a cost-effectiveness center

C/E and C/B important, but… should be dealt with separately