



Health Policy Snapshot

Health Care Quality

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ISSUE BRIEF

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How can comparative effectiveness research improve the quality of U.S. health care?

Three Takeaways:

- Health care providers and patients often lack information about which treatments are most effective.
- Much of the health care delivered today is not based on rigorous scientific evidence.
- The field of comparative effectiveness research (CER) explores which treatment options are most likely to work. Congress recently expanded funding for CER.

Overview

When deciding between one treatment option and another, doctors and patients often lack proven information about what works and what doesn't. Research has suggested that as much as 30 percent of health care spending may be wasted on care that does not improve health.¹

CER aims to address this situation by developing and disseminating research findings about how one treatment compares with others. While the field enjoys broad support, some fear that this research could be used as justification for cuts in health coverage.

HEALTH CARE LACKS EVIDENCE

In a 2007 report, the Institute of Medicine (IOM) estimated that less than half of medical care provided was supported by clear evidence of effectiveness.

For example:

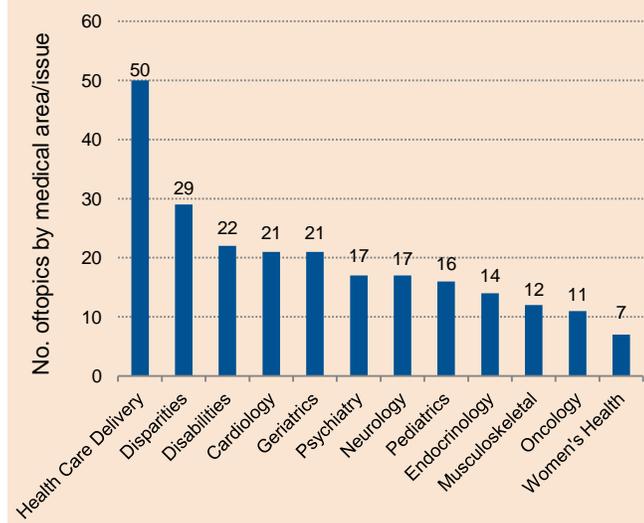
- A review of practice guidelines from the American College of Cardiology and the American Heart Association found that relatively few recommendations were based on high-quality evidence—randomized controlled trials, for instance—and many were based on lower levels of evidence (individual case studies or standards of care) or expert opinion.²
- A similar study analyzing guidelines issued by the American College of Chest Physicians for treating lung cancer revealed that more than two-thirds of recommendations were not evidence-based.³

CER EXPLORES TREATMENT OPTIONS

Simply put, comparative effectiveness research is the study of what works and what doesn't work in preventing, diagnosing, treating and monitoring a clinical condition or improving the delivery of care. The hope is that greater use of its data and studies will help shift the health care system toward proven treatment options and lead to higher-quality patient care.

The IOM recently released a list of 100 recommended topics in CER, suggesting that researchers focus on such issues as the best ways to treat atrial fibrillation or the best strategies to prevent falls in older adults. The following chart sorts these research topics into specific medical areas and issues; many are included in multiple categories.

IOM Recommendations for CER Research



Source: <http://healthpolicyandreform.nejm.org/?p=691>

CONGRESS BOOSTS FUNDING FOR CER

The federal government has funded CER through the Department of Health and Human Services and its divisions—especially the National Institutes of Health and Agency for Healthcare Research and Quality—and the Department of Veterans Affairs. In the broadest context, less than 0.1 percent of the more than \$2 trillion in annual U.S. health spending was directed toward comparative effectiveness.⁴

The 2009 American Recovery and Reinvestment Act (ARRA) and the 2010 Affordable Care Act (ACA) dramatically expanded funding for the field, appropriating up to \$1.7 billion in support.

The ACA established a new, permanent funding stream for CER through health plan taxes and Medicare that will generate an estimated \$600 million annually when fully implemented. It also created the Patient-Centered Outcomes Research Institute, which emphasizes the importance of patient-centered medicine as a primary purpose of this research.

CER MAY REDUCE COSTS

By one estimate, as much as \$700 billion a year goes to health care spending that cannot be shown to improve health outcomes.⁵

In many instances, providers and patients opt for the most expensive treatment even if it is not always necessary or better. For example, from 1992 to 2003, spending for lumbar fusion, a type of back surgery, rose 500 percent—from \$75 million to \$482 million—despite lack of evidence supporting its effectiveness.⁶

Policymakers are hopeful that CER will reduce costs by showing which treatments will truly improve health. However, some policymakers worry that this research could be used to limit care should the government or insurers cite CER findings to justify denying coverage for a particular procedure or test.

CER CONCEPT EVOKES MUCH INTEREST

While many questions remain about the best ways to use CER, the concept itself evokes much interest. Such organizations as the American Medical Association, American Nurses Association, Mayo Clinic, Pharmaceutical Research and Manufacturers of America and AARP support funding for CER.

WANT TO KNOW MORE?

- [How Comparative Effectiveness Research Could Affect the Quality of Health Care \(RWJF\)](#)
- [Health Policy Brief: Comparative Effectiveness Research \(Health Affairs and RWJF\)](#)
- [Learning What Works Best \(Institute of Medicine\)](#)

¹ <http://nihcm.org/pdf/ExpertV7.pdf>

² <http://jama.ama-assn.org/content/301/8/831.full>

³ http://chestjournal.chestpubs.org/content/123/1_suppl/7S.full.pdf

⁴ <http://www.iom.edu/~media/Files/Activity%20Files/Quality/VSR/ComparativeEffectivenessWhitePaperESF.pdf>

⁵ <http://www.cbo.gov/ftpdocs/95xx/doc9563/07-16-HealthReform.pdf>

⁶ <http://www.ncbi.nlm.nih.gov/pubmed/17077740>