# Comparative Effectiveness Research: Large Employers' Perspective

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# About the National Business Group on Health

- Representing about 300 mostly large employers
  - 63 of the Fortune 100
- NBGH is the nation's only non-profit organization devoted exclusively to:
  - Finding innovative and forward-thinking solutions to large employers most important health care and related benefits issues
  - Speaking for large employers on national and state health Issues
- Members provide health care coverage to over 50 million U.S. workers, retirees and their families



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# Perspective

- 8 years as President of National Business Group on Health working many large employers.
- 8 years purchasing health care for 55,000 US employees, plus retirees and their dependents.
- 12 years as the purchaser/consumer representative on the Medical Advisory Panel, Technology Evaluation Center, an Evidence-Based Practice Center, BCBSA.
- Founder of the National Committee on Evidence-Based Benefit Design, operational for 6 years.
- Member of the IOM's Roundtable on Evidence-Based Medicine, now on Science and Value-Driven Health Care.



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# Comparative Effectiveness Research

- Provides evidence for what works in health care, for which people, under what circumstances, delivered in what way and even by whom.
- Should include drugs, devices, other treatments and interventions, including how care is delivered and by whom.
- Should focus on many aspects of health care, not just narrow questions although they are important too.
- Should focus on studies unlikely to be done because no economic imperative.



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# What Else Do We Need

- Ensure that new interventions are designed, tested, disseminated and evaluated in a comparative way with conventional interventions from the very beginning.
- Ensure that developers know that, at the end of their development process, they will have to demonstrate that there will be improved health outcomes on a net basis, weighing benefits and harms for relevant groups and individuals in comparison with effects of alternative interventions.



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# What Else Do We Need (continued)

- Develop and maintain a “learning health care system,” promoted by the IOM’s Roundtable on Value and Science-driven Health Care, as the most effective and cost-effective way of doing research to continuously improve health outcomes and equity.
- Invest in training for specialists in the relevant research methods and statistics to do the analysis and interpret results. It is harder than many think.
- Train Board members and staff to assess evidence, following agreed upon rigorous technology assessment tools and appropriate criteria.



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# Patient-Centered Outcomes Research Institute (PCORI)

- Must be governed by Board of public and private stakeholders, representing broad range of perspectives collectively with scientific expertise in clinical health sciences research, including epidemiology, decisions sciences, health services research, methods and statistics.
- Must operate independently.
- Must be transparent.
- Must be free of conflicts.
- Must have a very strong, experienced Methodology Committee, appointed ASAP.



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# PCORI

- Must have processes for ensuring open process, opportunities for submission of new evidence, use only peer reviewed evidence of highest quality.
- Must have people engaged who are protected from undue influences or pressure to be less than rigorous in their use of evidence.
- Must have numerous ways for stakeholders to express views, provide evidence, without slowing process down too much.



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# Timeliness Is Important

- Process is important.
- Cycle time and speed of implementation are really important. (HRT, Bone Marrow Transplantation for Breast Cancer, Vioxx)
- We have had instances where we easily accepted new treatments or new drugs were overused, resulting in harm.
- We have a huge amount of unmet information needs at the point of care. While we would all like perfect evidence, we can do better.
- “We need evidence that is good enough to be better than what I am currently using to direct patient care.” ( Dr. Gillespie)
- Having learning health care system and mechanisms in place to answer critical research questions (FDA sentinel network) will help balance the conflicting needs.



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# Conclusions

- Comparative effectiveness research of all kinds, not just what is encouraged or supported under these new authorities, has great potential to ensure that we get much more *health* for all people and for each individual not just more health care.
- The reason to do CER is not to control costs but to improve the effectiveness, safety and efficiency of health care. Achieving these objectives would save or redirect 100's of billions of dollars. Some of those redirected dollars would help us achieve health equity and coverage of science-driven health care for all residents.
- Controlling the costs of health care is essential for all people, for working families, the economy and businesses to grow. CER's mission is to improve what we get for our $2.7 trillion dollar investment and eliminate interventions that are inappropriate, less than appropriate or harmful, and not adding any health benefits to patients.



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# Conclusions (continued)

- Payers – private and public – will want to have the best possible, scientifically rigorous evidence of effectiveness and technology assessments to decide what interventions they should pay for.
- They can decide as payers what to cover, for which patients, under what circumstances, but they will be served best if financial considerations are weighed in separate analyses by different analysts.
- By doing what is *best – truly based on hard scientific evidence of what works for each patient* – and what treatments and actions actually make a meaningful positive difference in health outcomes, we will have the best health care for all Americans and we will neither overuse services nor drive up costs and waste.



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