

# Comparative Effectiveness Research and Policy Development

Health Industry Forum: CER Symposium  
June 24, 2010

Douglas Hadley, MD  
Medical Officer  
CIGNA



# CIGNA's Public Position on Comparative Effectiveness

- We strongly support the Federal programs to develop comparative effectiveness research on important health care topics
- We believe that comparative effectiveness research should focus research on high impact areas where the effectiveness of various treatments for common chronic condition is not established, e.g., cardiovascular diseases, cancer, obesity, and arthritic conditions
- Costs should not be considered as the initial goal of comparative effectiveness research. Costs should only be considered in limited circumstances after the comparative effectiveness research shows that two alternatives are clinically equivalent.
- We should first fund “shovel ready” projects



# Patient Oriented Evidence that Matters

- **Does the research focus on an outcome that matters to patients?**
  - **Mortality**
  - **Morbidity (significant side effects from treatment)**
  - **Quality of life**
- **We should be careful that CER primarily focuses on these outcome measures rather than on intermediate, laboratory or disease process measurements to assess and compare similar treatments**

# Example of CER and Policy Development for a New and Emerging Health Care Technology

- Ventricular assist devices (VADs) function to reduce myocardial work by reducing ventricular preload while maintaining system circulation.
- Acutely used for support in myocardial infarction with cardiogenic shock which has very high 30 day mortality rate
- How do newer percutaneous ventricular assist devices (pVAD) compare with intra-aortic balloon pumps (IABP) for cardiogenic shock?
- Three comparative effectiveness randomized controlled studies are available with small numbers of patients
  - Thiele, et. al. (2005) – 41 patients
  - Burkhoff, et. al., (2006) – 42 patients
  - Seyfarth, et. al. (2008) – 26 patients
- In all three studies, the 30 day mortality and complication rate for pVADs and IABPs were not statistically different
- Costs to the private payer for the pVAD devices are significantly higher than those for the intra-aortic balloon pump

# QUESTIONS

