Comparative Effectiveness
The Basics

Sean Tunis MD, MSc
Center for Medical Technology Policy

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Assignment

- Provide background and framework for a discussion of expanded capacity for comparative effectiveness research
- Per usual ground rules – no editorials, opinions or marketing pitches
  - (for promising, exciting, private non-profit entities that might be working on these issues)
- Try to say something new

Proposal

- Improve efficient production of systematic reviews
- Conduct more, and more efficient clinical trials that yield comparative information on health technologies currently in use
- Link insurance coverage of new technologies with…evaluation
- Increase sponsorship of policy relevant CEA

Identifying Health Technologies That Work

- Office of Technology Assessment
- September 1994 (closed Jan 1995)
- Elaine Power, Sean Tunis
- Barbara McNeil, Jack Wennberg, David Eddy, Bob Brook, Richard Peto, Ian Chalmers, Diana Jost (GHAA)

House SCHIP Proposal

- Introduced last night, 900 pages
- $50B SCHIP expansion paid by tobacco tax and reduced health plan payments
- Physician pay increase 0.5%
- Eliminate co-pays for preventive benefits
- Reduce mental health co-pays from 50% to 20%
- Total cost $90B over 5 years.
- Will include comp effectiveness language

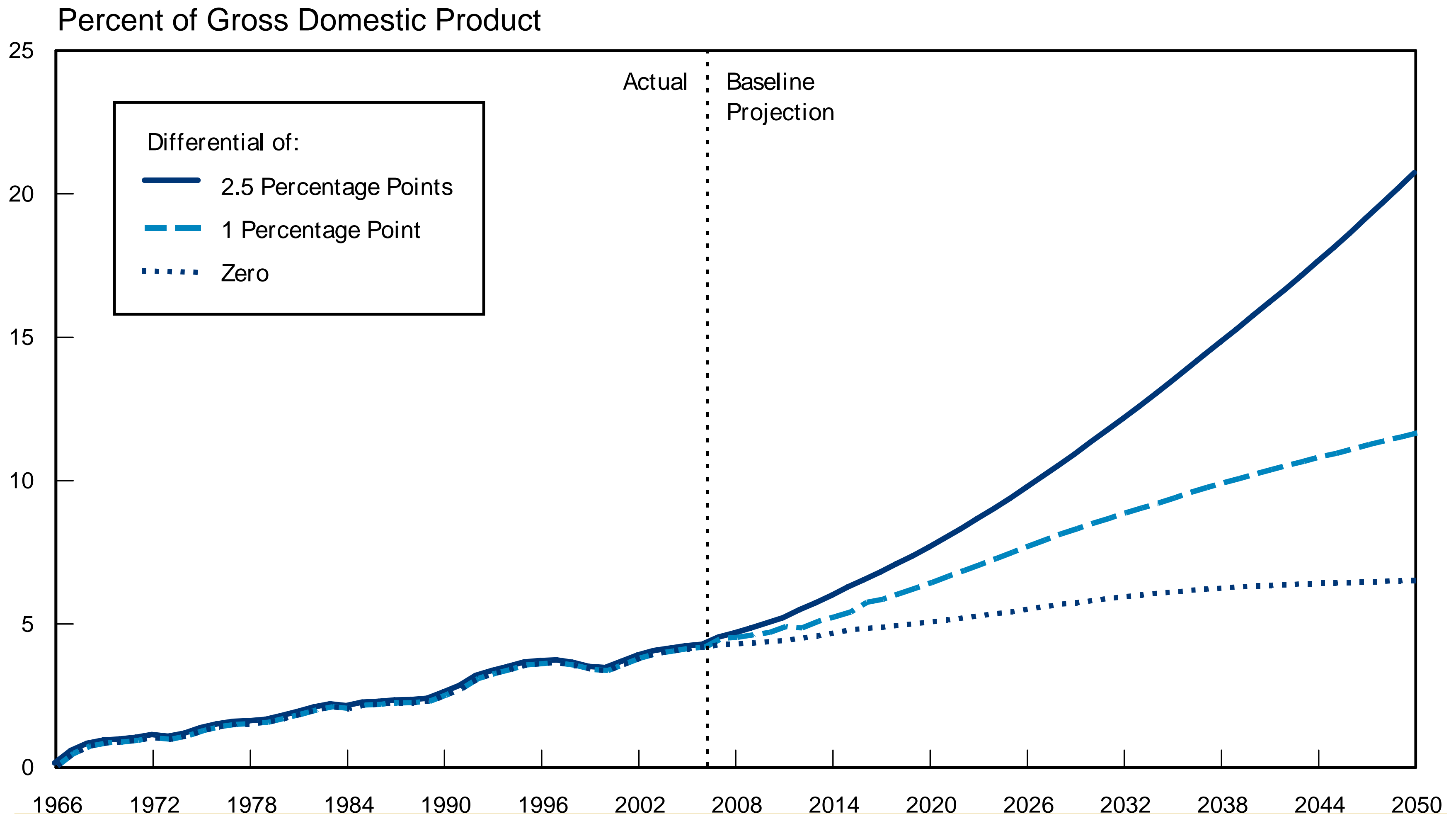
Definition

- Comparative Effectiveness Research compares the benefits, risks (and costs) of alternative strategies to manage a specific health condition
- Focus on drugs, devices, procedures, or diagnostics.
- May include studies of QI/DSM and interventions to increase use of EBM

Does not include

- Comparing providers on quality/cost
- Geographic variations and other HSR
- Clinical guidelines

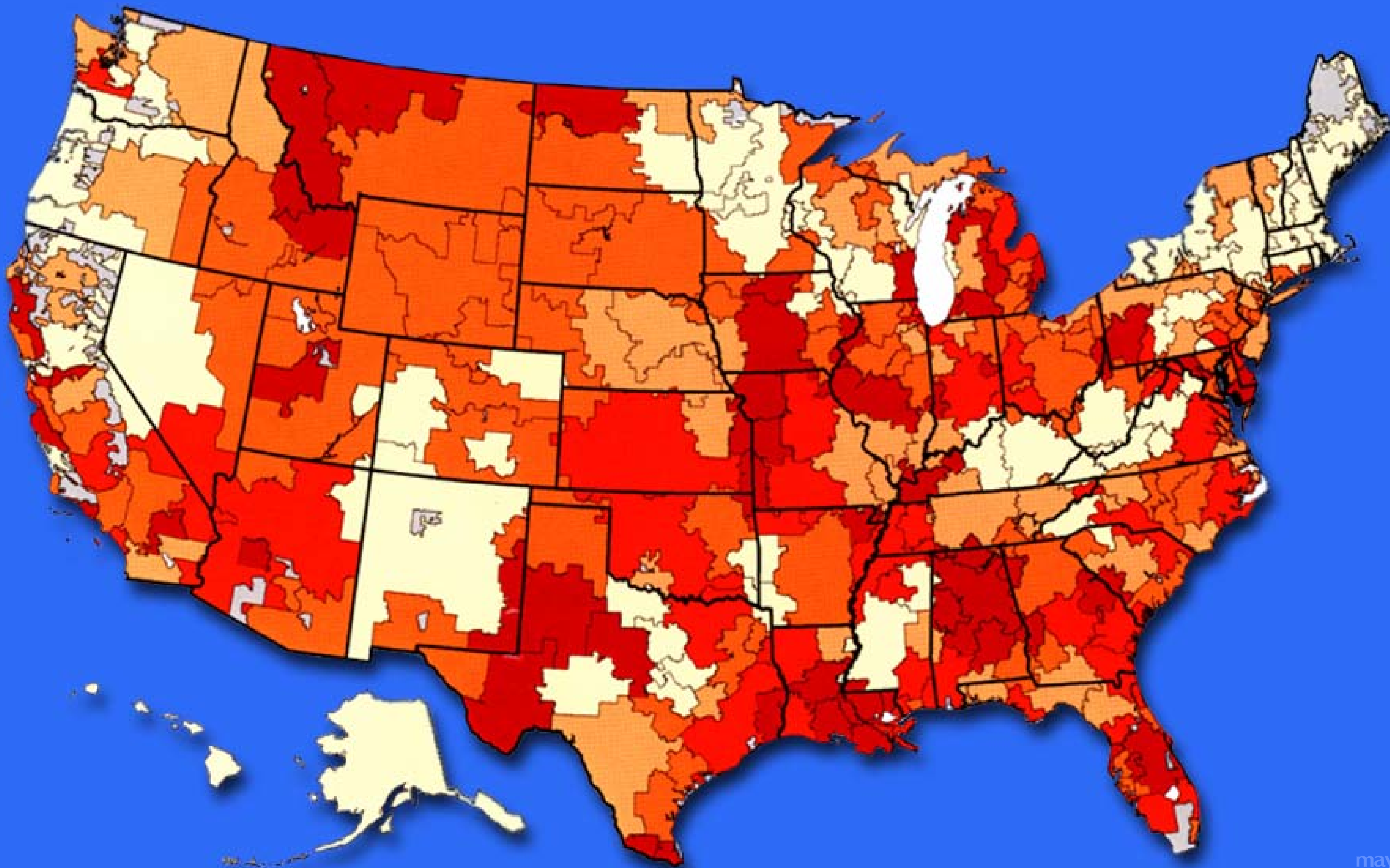
Total Federal Spending for Medicare and Medicaid Under Assumptions About the Health Cost Growth Differential



Technology and Spending

- BCBSA report: 18%
- Project Hope: 25-33%
- David Cutler: 50%
- Vic Fuchs: 81% of economists identify technology as primary cost driver in health care

Percutaneous Coronary Interventions



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Critical Knowledge Gaps

- $20 billion spent on care of chronic wounds
- Is NPWT better than standard wound care for treating chronic wounds?
- HTA excludes all retrospective/uncontrolled
- 6 RCTs, all low quality, 5 with N<25
- No better for HBO, e-stim, PDGF, NNWT
- Highlights need for robust capacity for trials or consensus on reliability of other methods

Other potential reasons

- Help patients and clinicians become informed decision makers?
- Improve value for money
- Improve quality and safety
- Sustain innovation

Methods

- Systematic reviews / HTA
- Retrospective studies with claims and/or EMR data
- Prospective observational or experimental studies (incl PCTs)
- Modeling (+/- cost data)

Recent trends in PCI

- COURAGE showed no difference in MACE between medical tx and BMS
- Registry and other studies suggested thrombosis rates higher than bare metal
- PCI rates decreased by 13% in Q2 2007
- DES use dropped from 84% to 65% of total stent usage
- Global PCI market – ~$4 billion
- COURAGE trial cost $33 million / 8 yrs
  - VA, Canadian gov, rx companies

Lessons from the past

- National Center for Healthcare Tech
- Office of Technology Assessment
- AHCPR reborn as AHRQ
- Technology Advisory Cmte to MCAC

Existing Capacity

- AHRQ (Effective Health Care / MMA 1013)
  - EPCs
  - DeCIDE
- NIH (mega-trials, databases, etc)
- Life sciences industry
- CMS (through CED)
- BCBSA, DERP, ECRI, Hayes, Cochrane
- Tufts-NEMC database of CEA

Different Environment

- More concern about spending trends
- More concern about underuse and overuse
- More support from life sciences industry and providers
- More consensus that comparative effectiveness information can help
- More access to EMR and linked claims data

Why might it succeed?

- Enough money to do the job
- Independent board – political insulation
- All stakeholders invited to participate
- Full transparency
- Technical excellence and credibility
- Priority setting by decision makers
- Emphasis on pragmatic trials and registries
- Include work on comparative value
- Ability / incentives to use the information

Road Testing Collaboration: Tx of Localized Prostate Cancer

- Brachytherapy, surgery, radiation
- FIDM brochure - …
- AHRQ 2007 systematic review recommended head to head trials
- IMRT replacing 3D-CRT: ICER
- Proton beam emerging: CMTP

Prostate Cancer Workgroup

- Fred Gersh
- Gene Kazmierczak
- Peter Yu
- Nora Janjan
- Jeffrey DeMaines
- Andre Koski
- Bhadrasain Vikram
- Alan Rosenberg
- Fiona Wilmot
- Robert McDonough
- Cal Huntzinger
- Kulin Hemani
- Scott Ramsey
- Tim Wilt
- Steve Pearson
- Wade Aubry

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Contact Info

- sean.tunis@cmtpnet.org
- 410-963-8876