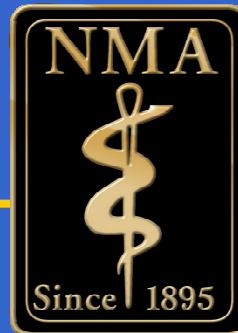

“THE ROLE OF COMPARATIVE EFFECTIVENESS IN HEALTH CARE REFORM”

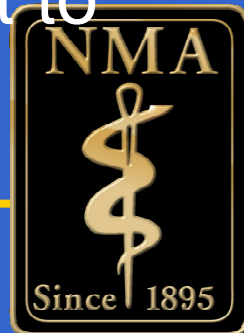
Monday April 27, 2009

**Presented by
Mohammad N. Akhter, M.D., M.P.H.
Executive Director
National Medical Association**



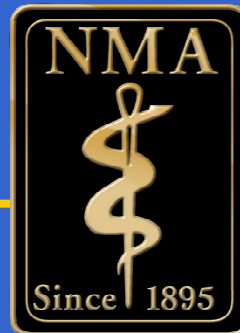
THE THREE MAJOR FACTORS IN HEALTH CARE REFORM

- COVERAGE: Advances in communication techniques makes it possible to provide health care to a larger number of individuals
- QUALITY: Improving the quality of health care will require medications and treatments that are more effective, work faster, and have fewer side-effects
- COST: Reducing the cost is the key element to expanding the coverage



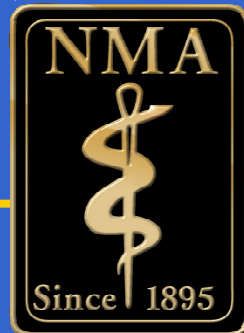
COST FACTORS IN HEALTH CARE REFORM

- Generation and implementation of innovations in health care is an increasingly expensive process
- The costs of innovation conflict with the efforts to reduce the costs of health care
- Achieving a balance between innovation and cost control is one of the great challenges of the modern era



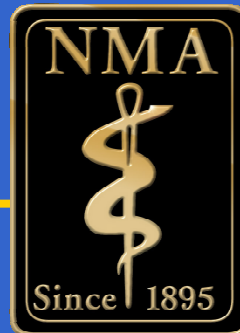
HOW WILL THE GOVERNMENT RESPOND TO THE COSTS OF INNOVATION?

- Comparative Effectiveness Research appears to be the response from the governmental policy makers
- This research will undertake rigorous comparisons between new products and technologies and older ones
- The goal of the research appears to be to discover the most effective ways to diagnose, treat and prevent human diseases



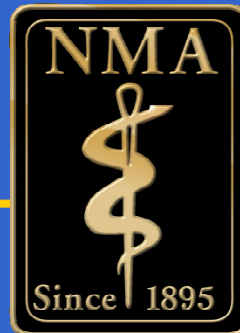
RESEARCH ISSUES FOR MINORITY POPULATION

- Research was mostly conducted in the majority population
- Policies were made for the minority populations based upon the findings of the research done in the majority population.
- Lack of Transparency



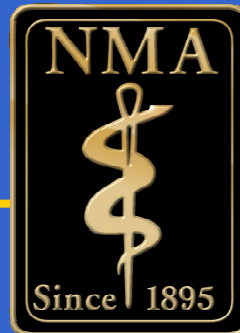
MAJOR ISSUES IN COMPARATIVE EFFECTIVENESS RESEARCH

- Transparency
- Impact on Elimination of Health Disparities
- Genomic versus Population-based Studies



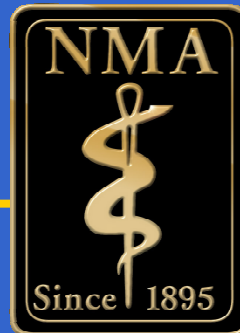
TRANSPARENCY CONSIDERATIONS I

- Who conducts comparative effectiveness research?
- Who funds the research? Studies cannot be funded exclusively by those with a financial stake in their outcomes
- Who makes the implementation decisions?



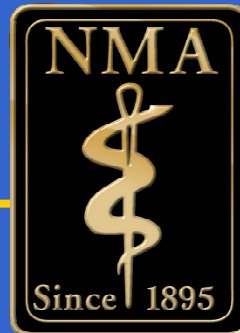
TRANSPARENCY CONSIDERATIONS II

- What effect does the potential cost of the treatment plays in the structure of studies?
- How can public access to all data generated from the studies be assured? All study data, whether positive or negative, must be made fully available to the public and providers



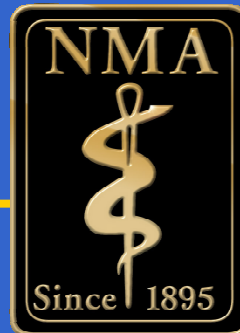
ELIMINATION OF HEALTH DISPARITIES

- Support for the Innovations that will make medications and other treatments more effective, acceptable and convenient for minority patients
- For chronic diseases management development of long- acting medication and incentives will enhance compliance.
- Growing knowledge of the human genome is making it increasingly possible to target therapies to specific genetic targets



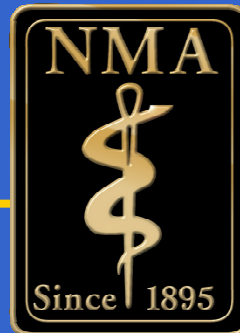
BALANCE COST WITH EFFECTIVENESS

- Comparative Effectiveness Studies need to balance clinical effectiveness of the innovation, the need of the individual, benefit to the society and the costs involved
- Unless all of the relevant factors are considered in reviewing the results of an effectiveness study a valuable health care innovation may be denied to those who might benefit from it.



RECOMMENDATIONS

- Implementation of the concept Comparative Effectiveness requires thoughtful discussion and debate. Physicians' flexibility and patients' preferences must be preserved
- Research that focuses on population-based data may tend to obscure many of the genome-based benefits
- Stakeholders must make collective decisions about the value of medical innovations and whether they are worth their costs



RECOMMENDATIONS

- Sample the population on the basis of prevalence of disease. (Over Sample)
- Effectiveness research should include community based research
- Patient centric effectiveness research

