



Comparative Effectiveness: Closing the Quality Gap?

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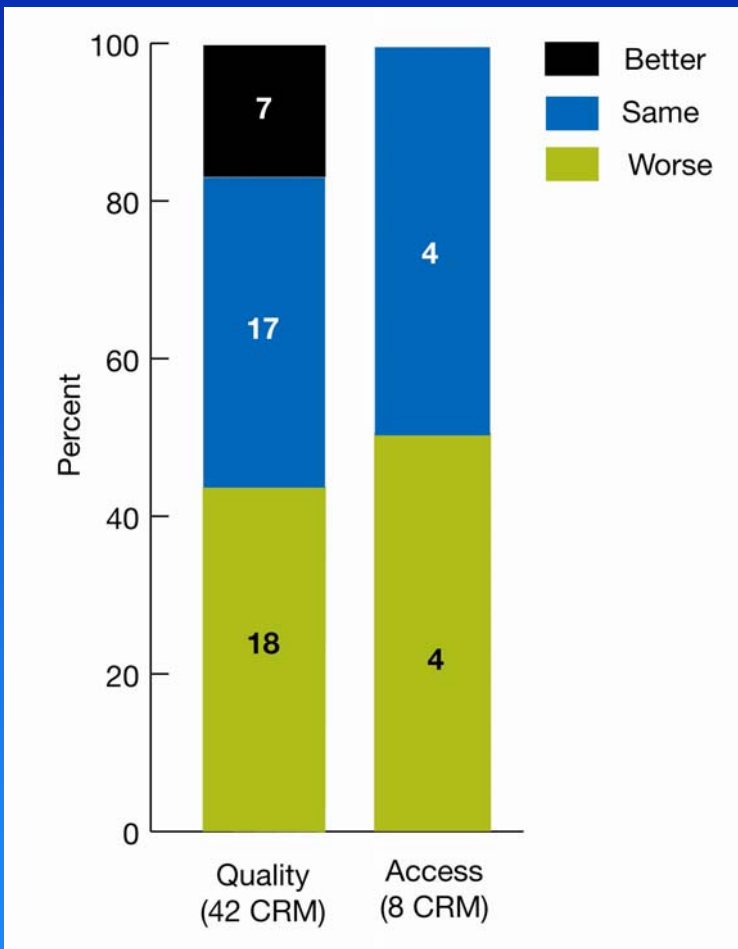
Director

Agency for Healthcare Research and Quality

CBC Sixth Annual Health Disparities Leadership Summit

Washington, DC – April 27, 2009

Overall, Disparities in Health Care Are Not Getting Smaller...



- For African Americans, about 83% of report measures for health care quality have either remained unchanged or gotten worse
 - e.g. African Americans are more than 10 times likely as Whites to be diagnosed with AIDS
- 50% of measures used to track access to health care have either remained unchanged or gotten worse
 - e.g. African Americans are 25% more likely than Whites to experience communication problems with their providers



Additional Health System Challenges

- Concerns about health spending – about \$2.3 trillion per year in the U.S. and growing
- Large variations in clinical care
- A lot of uncertainty about best practices involving new treatments and technologies
- Pervasive problems with the quality of care that people receive
- Translating scientific advances into relevant, usable information for health care professionals *and* patients

Comparative Effectiveness Research

Comparative effectiveness research serves as a foundation for evidence on what services work best in health care



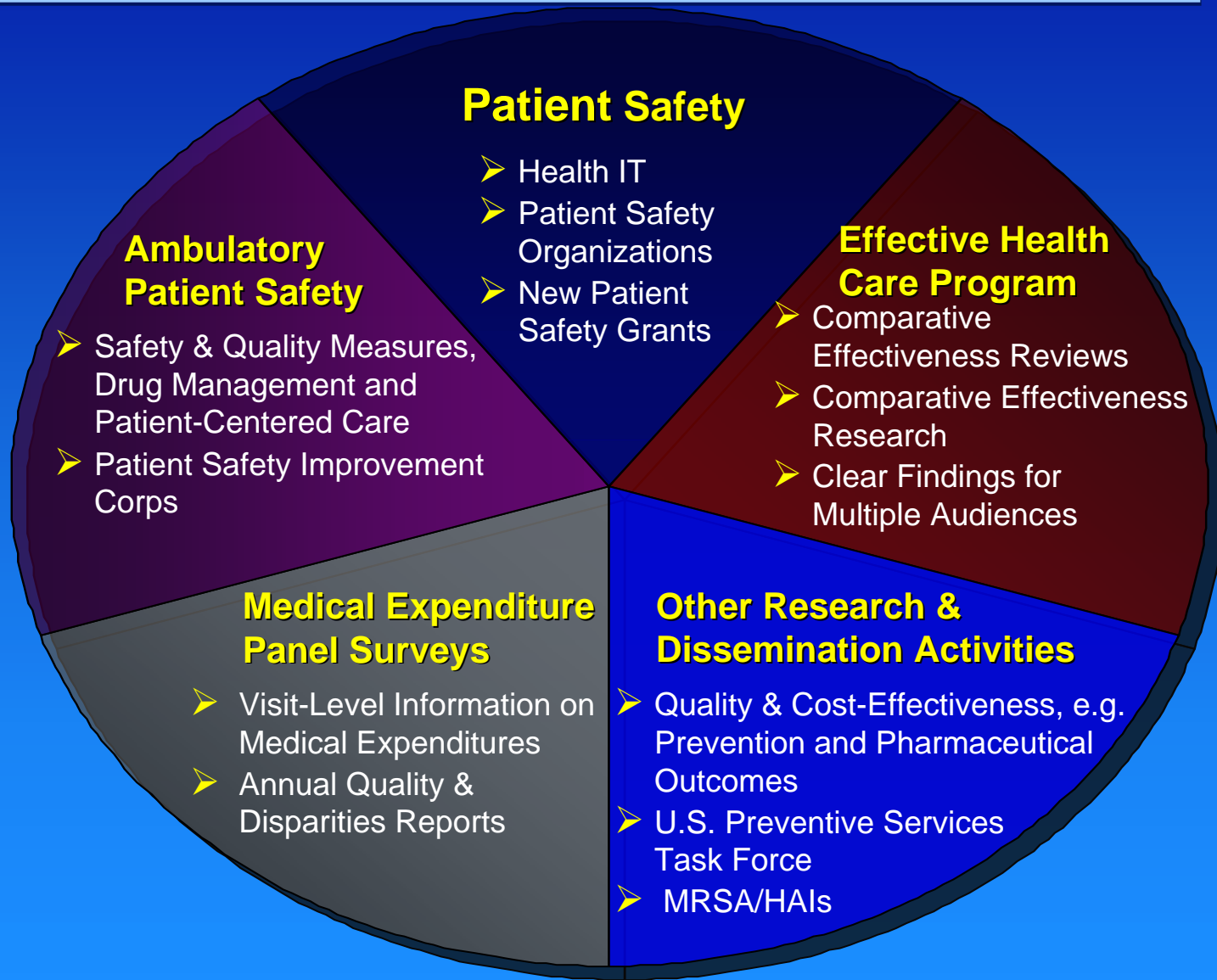
- Comparisons of medical options helps clinicians and patients make individualized treatment decisions
- The information base on what services improve quality, safety and effectiveness is enhanced
- Consumers play important roles in developing and using the information as citizens, community members, participants in policy deliberations and as patients

Comparative Effectiveness: Closing the Quality Gap?



- Comparative Effectiveness and the American Recovery Reinvestment Act of 2009 (ARRA)
- AHRQ's Role in Comparative Effectiveness
- Comparative Effectiveness Research: The Future
- Q&A

AHRQ Priorities





AHRQ FY 2009 Funding

- \$372 million
 - \$37 million more than FY 2008
 - \$46 million more than the president's request
- FY 2009 appropriation includes:
 - *\$50 million for comparative effectiveness research, \$20 million more than FY 2008*
 - \$49 million for patient safety activities
 - \$45 million for health IT



Comparative Effectiveness and the Recovery Act

- The American Recovery and Reinvestment Act of 2009 includes \$1.1 billion for comparative effectiveness research:
 - AHRQ: \$300 million
 - NIH: \$400 million (appropriated to AHRQ and transferred to NIH)
 - Office of the Secretary: \$400 million (allocated at the Secretary's discretion)



Funding for health IT, prevention and other areas could have implications for the Agency



Recovery Act Timeline: AHRQ

February 17:
The American Recovery and Reinvestment Act of 2009 is signed into law

May 1: Due date for Agency wide and program-specific Recovery Act plans

July 30: AHRQ to submit FY '09 Operations Plan

December 31, 2010: All Recovery Act funding to be obligated

2009 January

April

July

October

2010

March 19: Establishment of Federal Coordinating Council for Comparative Effectiveness Research

June 30: Due date for IOM submission of a list of national priority conditions*

November 1: AHRQ FY '10 operations plan due

* Stakeholder input required



Federal Coordinating Council

- Anne Haddix, CDC
- Thomas Valuck, CMS
- Peter Delany, SAMHSA
- Carolyn Clancy, AHRQ
- Deborah Hopson, HRSA
- David Hunt, ONC
- James Scanlon, HHS
- Garth Graham, Office of Minority Health
- Elizabeth Nabel, NIH
- Jesse Goodman, FDA
- Michael Marge, Office on Disability
- Neera Tanden, HHS
- Joel Kupersmith, VA
- Michael Kilpatrick, DoD
- Ezekiel Emanuel, OMB

*Federal Coordinating Council
Listening Sessions to Be Announced*



Other Aspects of the Recovery Act

- Comparative Effectiveness Research conducted with funds appropriated under the Recovery Act, “shall be consistent with Departmental policies relating to the inclusion of women and minorities.”
- Congress does not intend for the research money to be used to “mandate coverage reimbursement or other policies for any public or private payer.”
- Details about the types of research being funded or supported must be submitted to Congress every six months, beginning Nov. 1, 2009

www.hhs.gov/recovery



The Effective Health Care Program at AHRQ

A. Evidence synthesis (EPC program)

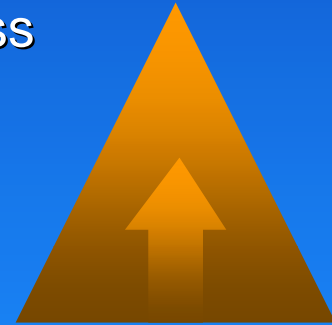
- Systematically reviewing, synthesizing, comparing existing evidence on treatment effectiveness
- Identifying relevant knowledge gaps

B. Evidence generation (DEcIDE, CERTs)

- Development of new scientific knowledge to address knowledge gaps.
- Accelerate practical studies

C. Evidence communication/translation (Eisenberg Center)

- Translate evidence into improvements
- Communication of scientific information in plain language to policymakers, patients, and providers





Transparent, Collaborative Process

- Broad opportunities for input at www.effectivehealthcare.ahrq.gov
- Priority setting
- Specific questions to be evaluated**
- Comment on draft reports
- YOUR suggestions?



New Resources – New Opportunities!

- Expanded infrastructure and capacity for Comparative Effectiveness Research
- Prospective studies that include under-represented populations
- Pushing forward on methods for Comparative Effectiveness Research (June 1-2 Symposium)
- Increasing investments in innovative broad dissemination and translation



The Future

- Public-private funding and participation likely a necessity
- More effort to get better conditional reimbursement study designs/protocols
- Patients should be engaged as partners at the local and national levels
- Need to tackle important issues
 - Ethical
 - When to know when the evidence is sufficient
 - Transparency
 - Setting priorities



Moving Forward: Issues to Consider

- Comparative Effectiveness is a useful tool in a much larger toolkit – it is necessary but not sufficient
- It does not make policy or health care decisions, tell doctors how to practice medicine or make final decisions about what kind of treatments insurers will pay for
- It does weigh the evidence and present it in a way that helps consumers and their doctors make the best possible decisions about health care choices
- It's also an opportunity to identify what is not known/areas where research is needed



2009 AHRQ Annual Conference

“Research to Reform: Achieving Health System Change”

September 13-16, 2009

Bethesda North Marriott Convention Center
Bethesda, MD

Sessions on topics including the following:

- Increased Funding for Comparative Effectiveness
- AHRQ’s Rapidly Expanding Health IT Portfolio
- Implementation of Research Findings into Changes in Practice and Policy

MARK YOUR CALENDARS!

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- Comparative Effectiveness Research and IT: The Future?
- **Q&A**