

Discussion of Meltzer Talk in the Context of Comparative Effectiveness Research

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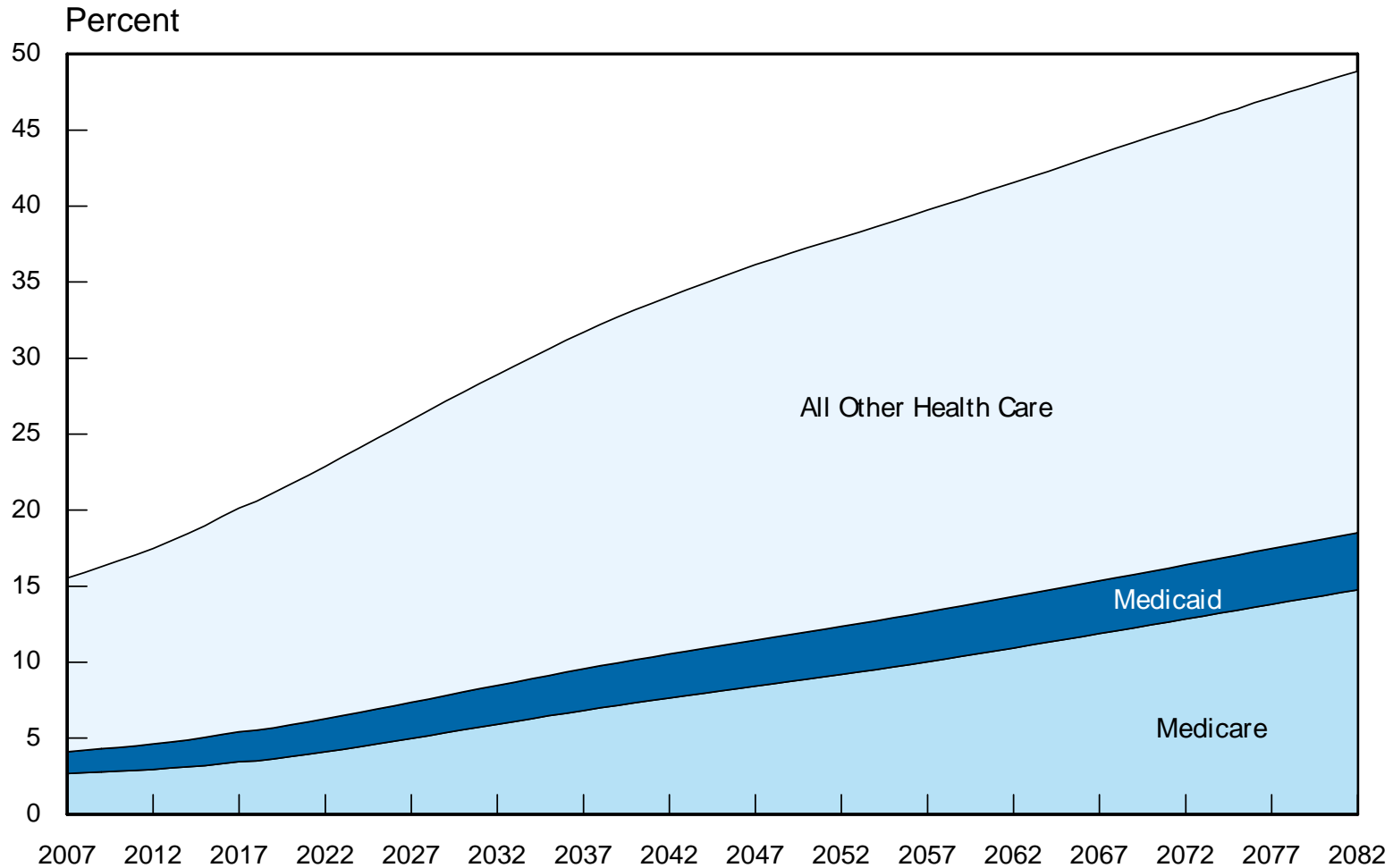
- Summary of findings:
 - Convictions are more dangerous enemies of truth than lies.
 - Friedrich Nietzsche

- The uncertainty that remains does not mean that the CATIE results should be ignored
 - The whole problem with the world is that fools and fanatics are always so certain of themselves, and wiser people so full of doubts.
 - Bertrand Russell

- The time it takes to conduct trials has a cost
 - Knowledge may be obsolete as a result of technological change or the end of patent life
 - The optimal sample size is the optimum for average effects.
 - Large enough to be powered for subgroups ... but not optimally powered
 - “The more you know, the more you know you don’t know”
 - Information on therapy strategies and medical management may be more valuable than more certain information on average effects
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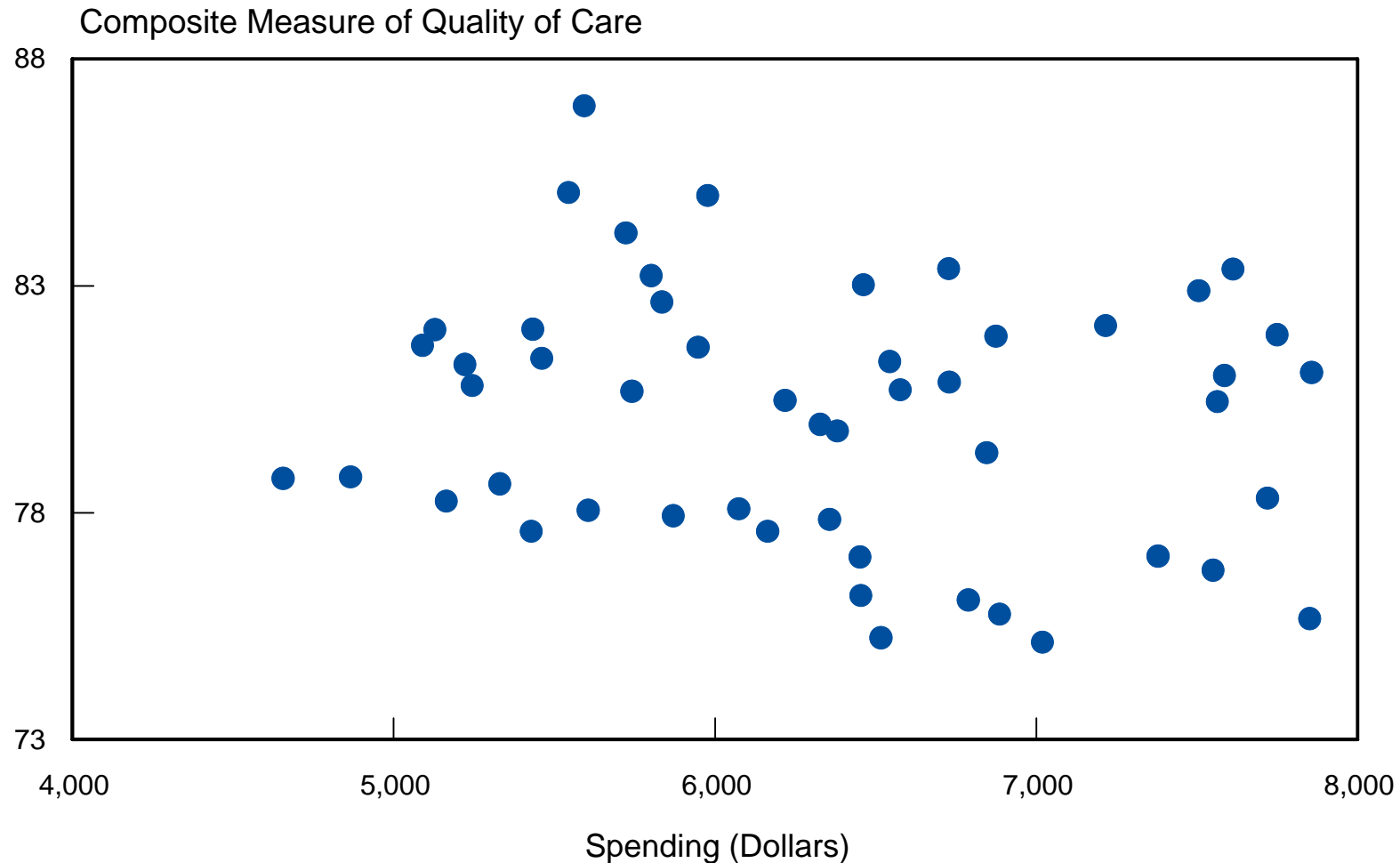
- Filling gaps in practical and relevant information for medical decision making
 - Head to head treatment comparisons
 - Therapy strategies
 - Medical management
 - Getting the right treatment to the right person
 - Study designs
 - RCTs
 - Evaluation of actual practice
 - Synthesis of existing information
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Projected Spending on Health Care as % of GDP



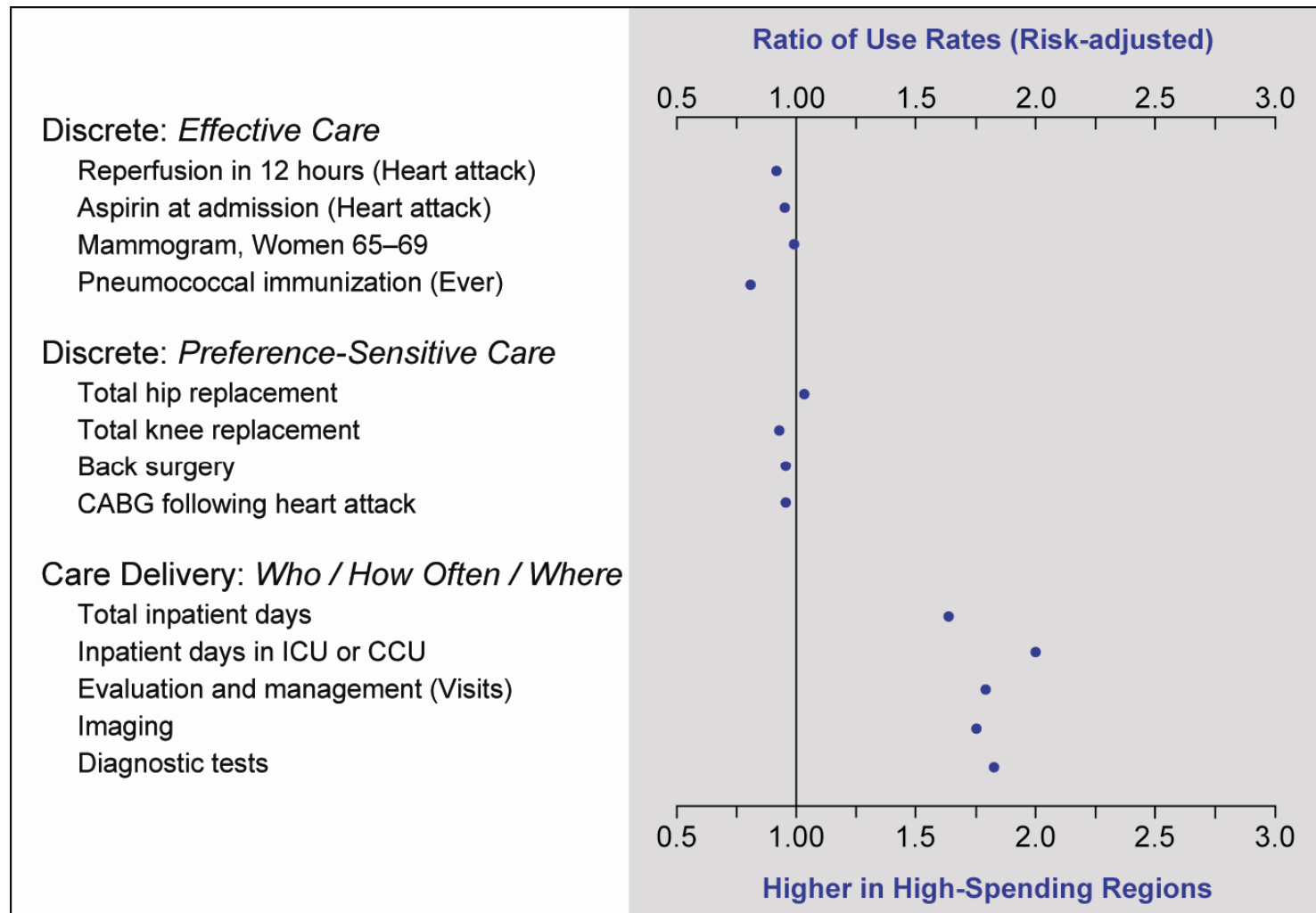
Source: Projection of the Congressional Budget Office

The Relationship Between Quality and Medicare Spending, by State, 2004



Source: Data from AHRQ and CMS. (Slide from CBO slide deck)

What Additional Services Are Provided in High-Spending Regions?



Source: Elliot Fisher, Dartmouth Medical School. (Slide from CBO slide deck)

- Cost growth in health care will intensify pressure for solutions
- Comparative effectiveness seen as playing a role in controlling cost growth without harming quality
 - Can address unanswered questions in care delivery

A National Policy for CE?

- In 2008?
 - Presidential Candidates
 - Clinton: “fund a Best Practices Institute”
 - Partnership between AHRQ and private sector
 - “to fund research on what treatments work best and to help disseminate this information”
 - Obama: “establish an independent institute to guide reviews and research on comparative effectiveness”
 - McCain:
 - “Facilitate development of national standards for measuring and recording treatments and outcomes”
 - “Dedicate federal research on the basis of sound science”
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- Governance of comparative effectiveness institute
 - Data infrastructure
 - How will payers change their reimbursement
 - How will priorities be set
 - How will costs factor into decision making
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- The policy and practice context of treatment
 - More power for subgroups
 - More head to head trials
 - Effectiveness vs. efficacy
- Consideration of role for non-randomized data
 - How are patients treated in practice (vs. trials)
 - Replication in non-trial settings
 - Variation among patients, clinicians, and settings

- Whatever knowledge is attainable, must be attained by scientific methods; and what science cannot discover, mankind cannot know.

