



For Immediate Release

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PIPC OUTLINES CER PRINCIPLES IN LETTER TO PRESIDENT ELECT OBAMA

Partnership of Patient, Provider and Industry Groups Calls for CER to Include Consideration of Diversity, Examine All Areas of Health Care

January 9, 2009 – Washington, DC: Federally-supported comparative effectiveness research can be a valuable tool to improve health care decision-making, and must be structured to ensure it is centered on patient and provider needs, according to the Partnership to Improve Patient Care (PIPC).

In letters to President-elect Obama and congressional leaders, PIPC outline a series of principles that should be taken into consideration as the incoming Administration and the new Congress consider the issue of comparative effectiveness research (CER). PIPC asked the incoming President and Congress to advance CER legislation that focuses on communicating research findings to patients and health care providers; reflects racial and ethnic diversity; accounts for differences in patients' clinical needs and preferences; studies clinical outcomes; and examines all aspects of health care.

“We believe that well-designed comparative effectiveness research can be a valuable tool in meeting our health care challenges and supporting high quality clinical decision-making,” PIPC said in the letter. “Proposals to expand government-supported CER, if appropriately structured, can benefit patients by supporting health care decisions that best meet individual needs, improve overall quality of care and support continued medical progress.”

The letter was released at a PIPC sponsored forum titled “The Importance of Well Designed Comparative Effectiveness Research” held at the Willard Hotel in Washington, DC. The complete text of the letter is attached below.

The Partnership to Improve Patient Care was formed in November 2008 to support proposals to expand the government’s role in comparative effectiveness research that are centered on patient and provider needs; raise awareness about the value of well-designed CER; and promote the important role of continued medical innovation as part of the solution to cost and quality challenges in health care. Partnership members include a wide range of health care organizations representing patient, provider and industry advocacy groups.

To learn more about PIPC, visit <http://www.improvepatientcare.org>.



January 12, 2009

President-Elect Barack Obama
Transition Team
451 6th Street, NW
Washington, DC 20001

Dear President-elect Barack Obama:

The Partnership to Improve Patient Care (PIPC) is writing to commend your work to advance legislation on comparative effectiveness research (CER). We believe that well-designed comparative effectiveness research can be a valuable tool in meeting our health care challenges and supporting high quality clinical decision-making.

Proposals to expand government-supported CER, if appropriately structured, can benefit patients by supporting health care decisions that best meet individual needs, improve overall quality of care and support continued medical progress. At the same time, such research can be misapplied in ways that restrict patient access to optimal care, undermine health care provider/patient decision-making, and discourage continued medical progress. It is critical that CER efforts be designed to enhance the quality of care rather than replace decision making between a patient and provider with centralized coverage and payment decisions or recommendations.

The Partnership to Improve Patient Care represents a broad-based group of health care stakeholders, including patients, physicians and other health care providers, researchers, technology innovators, economists and scientists. PIPC works to raise awareness about the value of well-designed CER, the importance of continued medical innovation as part of the solution to cost and quality challenges in health care, and the need to ensure that proposals to expand the government's role in CER are centered on patient and provider needs.

As you work with Congress to advance CER legislation, we ask that you consider the following principles and ensure that the legislation:

- Focuses on communicating research results to patients, providers and other decision-makers, not making centralized coverage and payment decisions or recommendations;
- Provides information on clinical value and patient health outcomes, not cost-effectiveness assessments;
- Recognizes the variability of treatment effectiveness and response within patient populations, including racial and ethnic diversity, and communicates results in ways that reflect the differences in individual patient needs; and
- Examines all aspects of health care including care management, medical interventions, benefit design, and processes of care for all patients.

We believe that the “Comparative Effectiveness Research Act of 2008” (S. 3408) represents a strong starting point that is consistent with many of PIPC’s principles. We respectfully request that you consider building off this framework as you advance legislation on comparative effectiveness research.

PIPC stands ready to work with you to advance proposals for comparative effectiveness research that are centered on patient and provider needs. We look forward to working with you on this important issue.

Sincerely,

The Partnership to Improve Patient Care Steering Committee
The Advanced Medical Technology Association
Alliance for Aging Research
American Association of Neurological Surgeons
Biotechnology Industry Organization
Easter Seals
Friends of Cancer Research
National Alliance for Hispanic Health
National Alliance on Mental Illness
Pharmaceutical Research and Manufacturers of America