



Friday, May 15, 2009

The Honorable Max Baucus, Chairman
The Honorable Charles Grassley, Ranking Member
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Ranking Member Grassley:

On behalf of patients and healthcare providers nationwide, I am writing to express support for a long-term, meaningful investment in patient-centered comparative clinical effectiveness research, as outlined in the Senate Finance Committee's April 29th policy options document on "Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs."

The Partnership to Improve Patient Care (PIPC), representing over 40 organizations from a wide range of healthcare sectors, was formed in November 2008 to support comparative effectiveness research (CER) proposals 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 healthcare.

PIPC strongly supports the Senate Finance Committee's proposal for long-term CER policy based on S. 3408, the Comparative Effectiveness Research Act of 2008, from the 110th Congress. This bill included many important provisions to ensure that CER is focused on supporting patient and provider decision-making and improving healthcare quality. This framework for CER will build on the groundwork laid by the American Recovery and Reinvestment Act of 2009 (ARRA).

As described by the Finance Committee, comparative clinical effectiveness research has the potential to significantly benefit patients by "finding out what works in healthcare" to inform good decision-making by patients and providers. We agree that "the purpose of this type of research is to assist patients and clinicians in making informed health care decisions," and that "better evidence on what works will lead to better healthcare choices and thus to improved quality of care and improved efficiency." To achieve these goals, a sound policy framework must be established.

PIPC supports the Finance Committee's option of creating an independent, non-profit organization to conduct CER, overseen by a multi-stakeholder board whose membership is "balanced so that no stakeholder interest dominates."

We also agree on the importance of developing sound methods and standards for such research. To do this, an independent, expert committee should be charged with the development.

To achieve the goal of learning what works in healthcare to empower good healthcare decision-making and improve healthcare quality, PIPC believes it is important to examine all aspects of healthcare including care management, medical interventions, benefit design, and processes of care for all patients. This appears to be consistent with the proposal for research on the health outcomes of "alternative strategies used to prevent, treat, diagnose



and manage the same condition,” and we encourage the Committee to maintain and build on this approach.

PIPC also agrees that transparency and public input must be central tenets of any new CER proposal. Openness and transparency should be required in all stages of CER activities — from including research priority setting and study design and developing draft and final reports to synthesizing information to communicate to patients and providers. Open, transparent processes advance research that is credible and relevant to the real-world decisions facing patients and providers as well as reflecting the different needs of racial, ethnic and other patient sub-populations.

We further agree that any new research entity should employ mechanisms like clinical advisory panels so that research is informed and guided by experts who practice in the relevant fields of medicine. S. 3408 provides an inclusive environment for seeking input from patients and provider communities as well as establishing an independent advisory commission. This offers a sound starting point for establishing open and transparent procedures.

PIPC appreciates the inclusion of a discussion of patient safeguards in the policy options document, which can help ensure that CER does not result in restrictions on patient access to medically beneficial care. Specifically, we appreciate your recognition that the Committee should consider ways to address patient safeguards with respect to the use of CER by public programs such as Medicare and Medicaid. We look forward to engaging in a discussion with your committee to work through options concerning these programs.

We agree that the entity conducting CER research needs to be focused on how best to disseminate research findings to patients and their healthcare providers with the tailored clinical information that can help their decision-making. It is important for this entity to focus on communicating results, not issuing medical practice guidelines or reimbursement or coverage decisions or recommendations.

Comparative effectiveness research has the potential to transform our healthcare delivery system and better inform patients and providers when making important medical decisions. At PIPC, we look forward to continue working with the Committee to make sure CER achieves this potential.

Thank you for your consideration.

Sincerely yours,

A handwritten signature in black ink that reads "Tony Coelho". The signature is written in a cursive style with a large, sweeping initial "T".

Tony Coelho
Chairman
Partnership to Improve Patient Care

cc: The Honorable Kent Conrad The Honorable Edward Kennedy
The Honorable Michael Enzi The Honorable Tom Harkin
The Honorable Harry Reid The Honorable Mitch McConnell