Panacea, Death Panels, Mammography and the Politics of Comparative Effectiveness Research

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Overview

- U.S. Preventive Services Task Force recommendations
- Pushback and Death Panels
- Realigning Incentives & Resources
- Health Reform and CER
  - *ARRA*, *PCORI*
- Outlook

U.S. Preventive Services Task Force

- New recommendations for mammograms shake up political scene during health reform debate:
- Task Force recommends against routine screening mammography in women between 40 and 49

Source: U.S. Preventive Services Task Force. Clinical Guidelines: Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, 2009. http://www.annals.org/content/151/10/716.full.

Pushback

POLITICO

GOP women rip mammogram study

By: Meredith Shiner
November 18, 2009 03:55 PM EDT

The Washington Post

Let's stick with mammograms

By Otis W. Brawley
Thursday, November 19, 2009

On Monday, the U.S. Preventive Services Task Force took a step backward in the fight against cancer.

THE WALL STREET JOURNAL.
WSJ.com

REVIEW & OUTLOOK | NOVEMBER 19, 2009

A Breast Cancer Preview

The mammogram decision is a sign of cost control to come.

A government panel's decision to toss out long-time guidelines for breast cancer screening is causing an uproar, and well it should. This episode is an all-too-instructive preview of the coming political decisions about cost-control and medical treatment that are at the heart of ObamaCare.

HOME / NEWS / HEALTH AND FITNESS NEWS FROM THE BOSTON GLOBE

Associated Press

Sebelius says mammograms are still a vital lifesaving tool

Task force doesn't set policy, health secretary reports

By Randolph E. Schmid
Associated Press / November 19, 2009

The Washington Post

FORMER SPEAKER OF THE HOUSE

Newt Gingrich

Newt Gingrich is the founder of the Center for Health Transformation and former Speaker of the U.S. House of Representatives.

Learn from the mammogram study

Last month, when the U.S. Preventive Services Task Force released their study on the effectiveness of mammograms, suggesting that women begin regular screenings at age 50 as opposed to age 40 and every two years rather than every year, the American people fired back.

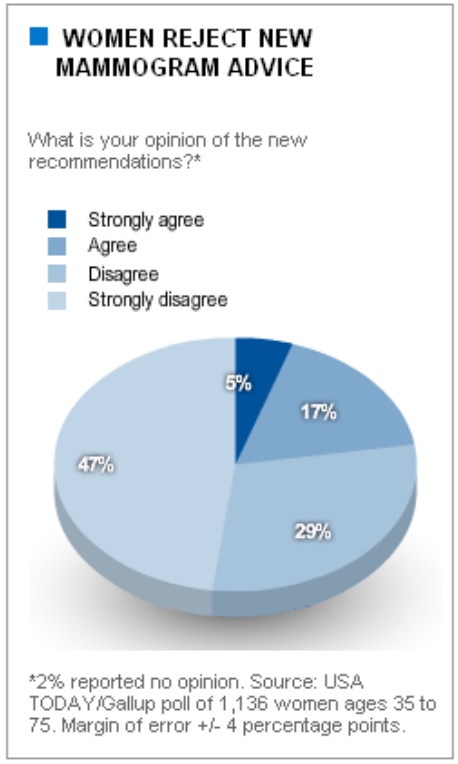
Why? Because they saw what the consequences could be if government has control over our health-care decisions.

USA TODAY

Women are insistent on mammograms, poll shows

Updated 11/24/2009 1:11 AM

By Liz Szabo, USA TODAY



Death Panels

facebook

Sarah Palin: Statement on the Current Health Care Debate

Sarah Palin's Notes

Statement on the Current Health Care Debate

Friday, August 7, 2009 at 1:26pm

As more Americans delve into the disturbing details of the nationalized health care plan that the current administration is rushing through Congress, our collective jaw is dropping, and we're saying not just no, but hell no!

The Democrats promise that a government health care system will reduce the cost of health care, but as the economist Thomas Sowell has pointed out, government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of health care. Such a system is downright evil.

http://www.facebook.com/note.php?note_id=113851103434.

Saying “No”

- Real question -- does CER lead to rationing or coverage denials?
- Need to use CER to change behavior, make smart decisions about effective, clinically appropriate resource use
- Starts with credible, objective, transparent info
- Don’t say “no”, make it more expensive for the patient and less well reimbursed for the clinician

Source: Testimony of Gail Wilensky. “Comparative Clinical Effectiveness: Leveraging Innovation to Improve Health Care Quality for All Americans, Committee on Finance, US Senate, July 2008.

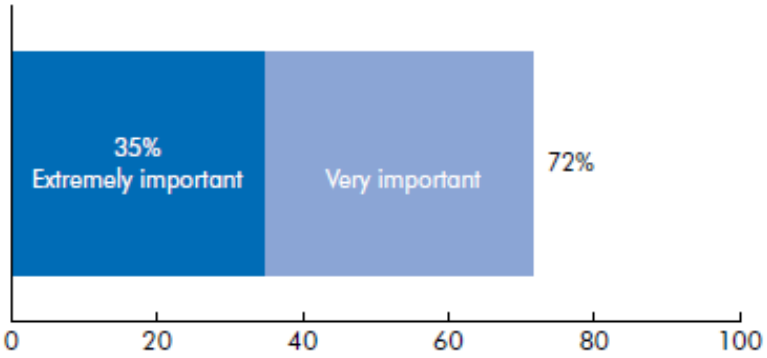
Misaligned Incentives

- Insured individuals only see fraction of care costs, no incentive to seek lower cost treatment
- Private insurers have incentive to limit ineffective care, but lack info about what treatments work best for patients
- Fee-for-service encourages providers to do most expensive thing as often as possible

Source: Testimony of Peter Orszag before the Committee on the Budget United States Senate. Health Care and the Budget:Issues and Challenges for Reform. June 2007.

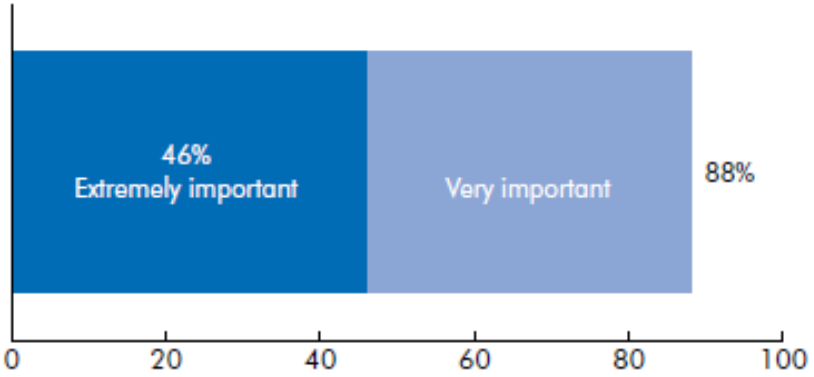
Public Opinion

Poll Result: Voters support payment reform to ensure payment is not related only to the number of services but to whether treatment is scientifically backed for particular patients.



Lake Research Partners Poll July 2009

Poll Result: Voters strongly support ensuring that doctors have access to scientific evidence.



Lake Research Partners Poll July 2009

Source: Shannon Brownlee. Perception vs. Reality: Evidence-Based Medicine, California Voters, and the Implications for Health Care Reform. *Campaign for Effective Patient Care*, 2009. http://www.effectivepatientcare.org/images/0909%20CEPC%20Brownlee%20Report%20on%20EBM.pdf.

CER in the Recovery Act

- Established Federal Coordinating Council for Comparative Effectiveness Research*
  - *15 member board, mostly clinicians*
  - *Coordinates CER and related health services research*
- $1.1 billion in funding for CER
  - *$300 million to AHRQ, $400 million to HHS, $400 million to NIH*

* HHS/Recovery.gov. Recovery Act Allocates $1.1 Billion for Comparative Effectiveness Research. Press Release, 2009. http://www.hhs.gov/recovery/programs/os/cerbios.html.

CER in the Affordable Care Act

- Creates the Patient Centered Outcomes Research Institute (PCORI):

  - PCORI replaces ARRA's Federal Coordinating Council
  - Private, nonprofit entity run by public-private sector board
  - Must identify priorities and provide for the conduct of comparative effectiveness outcomes research
  - Provides funding for training professionals, building data capacity and disseminating information

* GAO. *Patient Centered Outcomes Research (PCOR) Institute Governing Board*, 2010. http://www.gao.gov/hcac/patientcentered_outcomes.html.

Affordable Care Act (cont.)

- Annual PCORI funding is estimated to be $500 million by 2014*
- Contains patient protections against discriminatory coverage decisions by HHS based on age, disability, terminal illness, or an individual's quality of life preference**
- Funding priorities must account for diversity and minority health needs
- Research findings CANNOT serve as mandates for practice guidelines, coverage recommendations, payment, or policy recommendations

* Harold C. Sox. Comparative Effectiveness Research: A Progress Report. *Annals of Internal Medicine*. 2010. Web.

** DPC. *Section-by-Section Analysis with Changes Made by Title X and Reconciliation included within Titles I–IX*. http://dpc.senate.gov/healthreformbill/healthbill96.pdf.

Outlook

- CER is not a panacea
- Can provide info necessary to allocate resources wisely and change behavior as we move forward
- Guidelines are suggestion, not mandate
- New investments (PCORI, ARRA) are good first step
- Need commitment to CER over long-term if it's going to work