



Better Information, Better Decisions

Comparative Effectiveness Research Will Help Us Make Better Health Decisions

Ellen-Marie Whelan April 2009

Comparative effectiveness research is under attack as a new way to limit access to the best health care. Nothing could be further from the truth—in fact, it’s the exact opposite. Right now, drug and device companies provide doctors and patients with information on what works and what doesn’t—and more often than not they claim that the newest and most expensive drug or procedure works best. Shouldn’t doctors and patients have access to impartial scientific studies about the effectiveness of different treatments so they can use this information to make the best health decisions?

Comparative effectiveness research describes research that compares the effectiveness of different treatments for the same illness. Dr. Elliott S. Fisher of Dartmouth Medical School explains that CER would help researchers answer questions, such as:

- Is it better to treat severe neck pain with surgery or a combination of physical therapy, exercise, and medications?
- What is the best combination of “talk therapy” and prescription drugs to treat mild depression?
- How do drugs and “watchful waiting” compare with surgery as a treatment for leg pain that results from blockage of the arteries in the lower legs?
- Is it better to treat chronic heart failure by medications alone or by drugs and home monitoring of a patient’s blood pressure and weight?

CER will empower doctors and patients so that science—not drug and medical device companies—can help determine the best treatments. The problem is that some of the drug and device companies don’t want patients and doctors to know the best treatment. In their quest for profits, they want us to think that their newest, most expensive product is always the best treatment.

We need to understand what works. We need to evaluate which drugs, devices, and treatments are most effective so that medical professionals and patients have the information they need to make the best medical choices. CER gives us information that prevents unnecessary and dangerous procedures. For example:

- We now know because of CER that arthroscopic surgery does not help people with arthritis, which saves people from undergoing unnecessary surgery. (*The New England Journal of Medicine*, 2008).
- We also know that stents have been overused for people with clogged arteries in situations where a simple blood-flow test could prevent unnecessary and potentially dangerous care. There is no question that stents have saved countless lives, but evidence now indicates that overuse of stents in patients that didn't need them may be leading to thousands of heart attacks and deaths each year. CER is helping us decide which patients will and will not benefit from this treatment. (*The New England Journal of Medicine*, 2009).

Doctors currently have very limited access to this type of information. According to a *New York Times* op-ed by Billy Beane, Newt Gingrich, and John Kerry about comparative effectiveness:

A doctor today can get more data on the starting third baseman on his fantasy baseball team than on the effectiveness of life-and-death medical procedures. Studies have shown that most health care is not based on clinical studies of what works best and what does not—be it a test, treatment, drug, or technology. Instead, most care is based on informed opinion, personal observation, or tradition... Similarly, a health care system that is driven by robust comparative clinical evidence will save lives and money.

Comparative effectiveness might also be compared to *Consumer Reports*, whose mission is to work for a fair, just, and safe marketplace for all consumers and to empower consumers to protect themselves. Anyone can search for products on their website and see what tests have been done and which product is best for them. And in fact, *Consumer Reports* has just launched *Best Drugs for Less*, which identifies the best drugs for over 20 common conditions including diabetes, depression, insomnia, high blood pressure, and high cholesterol.

CER is by no means about denying services. It's about getting the best science to doctors and the public so that they can make the best decisions on how to care for patients.