Health Policy in Medicine: Inside the Beltway

Tinkering with Science in the Politics of Health Care Reform

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Although Senate debate continues on the "America's Healthy Futures Act" some agreement has emerged among Congressional Democrats on the importance of comparative effectiveness research (CER) to health care reform. Twelve months ago CER was an arcane acronym crafted in the Washington-based health care policy community. Despite all the rancor of the past year, CER is now understood by many to be the kind of science needed to help clinicians and patients make better use of health care services. Accordingly each of the five Congressional committees with jurisdiction over health care have developed specific CER legislation and have reached workable answers to three of the four key policy questions in CER. "What is it? Who should pay for it? And how can it be used?"

The recent report from the new Federal Coordinating Council for Comparative Effectiveness Research has helped answer the question "what is CER." "Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in 'real world' settings." The Council emphasized that CER is primarily about informing patients and clinicians. This definition also maintains distance between CER and CEA or "cost-effectiveness analysis," a useful form of health technology assessment that through the magic of Beltway hyperbole has become synonymous with forced relocation of ailing seniors to Arctic ice floes.

While paying for broader health care reform is one of the most contentious issues dividing Congressional advocates, House and Senate democratic leaders are in surprising accord on "How to pay for CER." All the relevant CER proposals establish a stable source of funding through a dedicated CER Trust Fund supported by Medicare and a small tax on health insurance. Regarding the even tougher question of "how CER should be used," the artful political leaders leave these decisions to a later time and place. All the CER proposals stipulate that the CER research enterprise should focus exclusively on the science. Federal and academic researchers involved in CER will have absolutely no authority over coverage decisions, provider payments, or any other issues that would directly affect patients' access to health care services.

Where the competing proposals disagree is on the question of "How shall CER be managed." Both the three relevant House committees and the Senate HELP Committee propose to run CER through a research center at the Agency of Health Care Research and Quality (AHRQ) with independent multi-stakeholder Commission oversight. Unfortunately, all the rhetoric over rationing and government "death panels" seems to have led some Senate leaders to propose a management strategy for CER that is dramatically different from how federal agencies and scientists have developed health care science for the past half-century. In their radical experiment in US Science policy, they would found a private, non-government, not-for-profit, research corporation with exclusive control of the CER trust fund. Thus it seems that one of the casualties of the ugly rhetoric of health care reform is the courage to defend one of the great success stories of 20th century "government bureaucracy" the federal agencies that support health science research.

The American people have for 50 years invested in the federal research agencies like the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), and the VA's Office of Research and Development. These agencies conduct research through scholars in universities, health sciences schools, and academic health centers across the US, producing some of the best biological and medical science in the world. CER is certainly an urgent new scientific focus, but history has shown that federal research agencies can be quite adept at meeting new scientific opportunities and demands. Evolving dramatically from the pre-DNA era of mechanical calculators, federal research agencies have helped university scientists sequence the human genome and apply super-computers to discover new ways to avert medical errors.

Unfortunately some politicians seem to have become pre-occupied by false accusations that federal scientist "bureaucrats" might "get between patients and their physicians." They propose therefore to divert time and money to creating a new, stakeholder-run, private corporation to answer critical CER questions, rather than using the well-tested approach of federal research agencies partnering with university-based scientists. For complex reasons, a coalition of drug and device manufacturers, private health plans, and some patient advocacy groups promote this new approach to health care science. Some point to past efforts by politicians to insert their own views into federal research reports (although there are safeguards to protect federally supported CER from this threat). Others are concerned that university scientists have not been sufficiently attentive to the concerns of patients, especially minorities, though new initiatives are already improving the engagement of patient and community perspectives in federal healthcare research.

Hopefully, as work on health care reform continues through the fall, Congressional leaders can find their way through the minefield of stakeholder interests and talk show sound-bites. The American people may benefit from CER more quickly if this new scientific focus makes effective use of existing Federal health care research capacity and the dedicated university faculty who have made such research their life's work.

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