Comparative Effectiveness
A Consumer’s Perspective

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Objectives

• What areas of care may benefit from this type of research?
• What are the possible implication of CER for employers, health plans, providers and consumers?
• What considerations are important to ensuring appropriate/effective implementation?
• How can we ensure that the benefits are realized and the risks are mitigated?
"While I can explain the meaning of life, I don't dare try to explain how the Medicare system works."
The Meaning of Comparisons

• Fundamental and instinctual human process.
• Key to a proactive rather than a passive approach to our environment.
• Key to survival and prosperity.
Our Culture and Comparisons

• We believe in “free markets.”
• We believe in “competition.”
• We believe in “equal opportunity.”

Comparisons are key to all.
The purpose of science is not the accumulation of knowledge but rather the creation of mental maps that guide and shape our perception and action.

David Bohm
Sellers versus Buyers

- Sellers goal is to dominate markets
- Sellers want to avoid price competition
- All sellers want buyers to believe their product is unique and worth whatever they want to charge for it.
- Sellers want to dominate any information process.
WALLY, I DISCOVERED A DEADLY SAFETY FLAW IN OUR PRODUCT. WHO SHOULD I INFORM?

NO ONE. THE STOCK WOULD PLUNGE AND WE'D HAVE MASSIVE LAYOFFS. YOUR CAREER WOULD BE RUINED.

BUT MY NEGLIGENCE COULD CAUSE THE DEATHS OF A DOZEN CUSTOMERS.

THE FIRST DOZEN IS ALWAYS THE HARDEST.
Buyers versus Sellers

• Buyers watch for homogeneous products and services—should be price competition if homogeneous.
• Buyers want “perfect” information
• Buyers want to negotiate
• Buyers may negotiate better as individuals or groups—want both options
Health Care “Markets”

• Filled with third parties—doctors, insurers, government
• Complex subsidies---cost shifting, pretax treatment
• Bizarre payment methodologies
• Increasing cost sharing
  – Group purchasing-public/private
  – Individual purchasing
Systems are perfectly designed to get the results they achieve.
“Sometimes I wonder whether the world is being run by smart people who are putting us on or by imbeciles who really mean it.”

Mark Twain
Comparison Scenarios

- Treatment/Test A compared to nothing (placebo)
- Treatment/Test A compared to Treatment/Test B
- HospitalA/DoctorA compared to HospitalB/DoctorB
- PolicyA compared to PolicyB
Evidence Scenarios

• Lots of evidence. No differences. Benefits and risks the same.
• Lots of evidence. Differences.
  – Minor differences
  – Major differences
• Some evidence. No differences
• Some evidence. Differences
  – Minor differences
  – Major differences
• No evidence
## Comparison Analysis

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Differences</th>
<th>Consequence</th>
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</thead>
<tbody>
<tr>
<td>Lots</td>
<td>None</td>
<td>Price Competition</td>
</tr>
<tr>
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</tr>
<tr>
<td>None</td>
<td>Common sense</td>
<td>Values &amp; Preferences</td>
</tr>
</tbody>
</table>
Lots of evidence
No difference.

• More common than you think
• Vertebroplasty most recent.
• Lots of preventive services
• Breast MRI actually worse
• How to stop it???
Lots of evidence
No differences

- Common
- ACE inhibitors (BP medicines)
- Back surgeries (especially fusion)
- Angioplasty/medical Rx for stable angina
- Insist on price competition
HEALTH-CARE TALES OF WOE

When I asked you in the September issue to tell us your experiences with health care, I was pretty sure I’d get some tales of bad medical decisions and denied treatment, and I did. But there was also a compelling theme running through most of your stories: Almost every aspect of health care is expensive.

Our investigative report in this issue, “Irrational Traps to Avoid,” on page 12, notes that for the insured, too much treatment, too many drugs, and not enough attention to preventive care have all skyrocketed costs. The stories you’ve sent me highlight three insurance issues:

- It’s expensive not to have health insurance. “Our story isn’t related to health insurance, but rather the lack of health insurance,” a reader wrote. His partner’s appendectomy ran up a bill of $34,000, including sending the appendix to the lab. “Do we even have the option to say no?” he asked. “For a ‘routine’ surgery this is just insane.”

- A reader with excellent insurance asked the hospital what would happen if he weren’t insured. His insurance company had negotiated a rate of $6,500 for his three-day hospitalization. Without insurance, he would have had to pay $22,000. “That is grossly unfair to people who are uninsured,” he wrote.

- It’s expensive to have health insurance. “I’d give up medical benefits for my wife and me were we to go from $110 per month the first year to $220 per month the second year to $440 per month the third year to $50 per month now,” wrote a 30-year veteran of a utility company. “We are stuck with medical insurance premiums that may possibly become more than the modest pension the company is giving us.”

Treatment traps to avoid

There was nothing wrong with me. They took away my trust in doctors.

- Roan Spurgeon, who received unnecessary heart bypass surgery

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COMMON THEME: Cost is the issue for many of you.

In a series on America’s health-care crisis

- Second in a series on America’s health-care crisis

- Second in a series on America’s health-care crisis
10 Over-Prescribed Medical Treatments

Too Much Health Care?

Consumer Reports says yes -- pointing to an annual $2 trillion in national health care costs as evidence. And even worse, it cites overtreatment and overdiagnosis from profit-driven doctors as a major contributor to current health care costs.

To promote consumer awareness, Consumer Reports reveals the 10 most over-prescribed medical treatments.

Next: Back Surgery

Related Links:
- Treatment Traps to Avoid
- New Drugs, Big Dollars
- Too Little Prevention
Lots of evidence
Minor differences.

- Common
- PPIs
- Imaging—better picture, so what?
- Often significant price difference. *worth the investment*
- FDA definition of “better.”
Lots of evidence
Major differences

- Less common than most of us think
- Often older treatment/test is better
- Often more is not better, new is not better
- Metformin in Type 2 diabetes
- Diuretics for hypertension
- Angioplasty within 90 minutes of MI (ST elevation)
Some Evidence.
No Differences

• Most likely not to be published
• Often implemented
• Often the case with devices and surgeries
• Helpful if less costly, often more expensive
Some evidence
Minor differences.

- Common
- Easier to take, lower rate of minor side effect, shorter recovery time, cheaper
- Long acting drugs, combination drugs
- Laparoscopic surgery
- Great for advertising
- Beware capital costs, retraining, learning curve
"If I don't think it's going to work, will it still work?"
Some evidence
Major differences

• Most difficult
• Most media stories (Schweitzer)
• How good is evidence? Bias? Intermediate outcome or real deal? Negative trials not published? Absolute benefit vs relative benefit.
• CT scanning for lung cancer
• PSA testing
Example: LASIK surgery

• Old version of LASIK versus new version LASIK
• Funder
• Investigator
• Intervention
• Control group
• Treatment group
• Selection
When there is no evidence…..

• Common
• Example: Pain medicines
• This means that decisions are even more likely to be made in a biased way—expert opinion, advertising, “my last patient…”
• Should be disclosed to patients
• Use common sense---parachutes
• Patients preferences and values are especially important
Now the big picture

- Comparison milestones
- Comparison research
- Systematic reviews
- Translation and dissemination
Health Comparison Milestones

- FTC rules allowing DTC advertising
- Bone marrow transplant for breast cancer
- Estrogens for menopause
- ALLHAT
- CATIE
- Vioxx
Part D Medicare
Section 1013

• Laid the groundwork for the provision in stimulus bill.
• Funded comparative effectiveness work at AHRQ
• Prohibited use of the findings in federal decisions—benefit design, payment etc
• No cost effectiveness research
• “Globalize evidence, localize decisions”
  – Fund research, disseminate it, make no decisions based on it
Stimulus Package

• 1.1 billion dollars for CER
• NIH (1/3 of $$), AHRQ/HHS (2/3 of $$$)
• Prohibition on cost effectiveness? Other restrictions?
• THE WEEK OF THE ENACTMENT, THE AIRWAVES HEATED UP WITH RHETORIC REMINISCENT OF HARRY AND LOUISE...CREATING A FEAR THAT THE HEAVY HAND OF THE GOVERNMENT WILL STEP IN AND RATION YOUR HEALTH CARE
Key Issues

• Globalize Evidence
  – Assure research done by credible researchers without conflicts of interest (Note conflict of interest issues at NIH)
    • How will consumers be involved?
    • How will public and private purchasers be involved?
  – Insist on transparency and public access to all information (In contrast to current federal work on errors and safety)
  – Disseminate research effectively to purchasers and consumers
Key Issues

• Localize decisions
  – Cost of compared products and services key
  – Simple analysis when effectiveness/risks are same
  – Advocate for research that creates credible cost models useable by purchasers and consumers when effectiveness is different
  – Infrastructure to do this.
    • Lack of credible local decision makers?
    • How to help?
Anticipate Opposition

• Industry (Pharma, Biotech, eventually many service oriented organizations) will oppose any process that could conclude products/services are homogeneous and should compete on price.
  – Industry scared of government setting prices

• Some advocates will be concerned about any strategy to reduce benefits or access based on effectiveness and especially cost

• Racial/ethnic groups and others concerned about gaps in evidence—stimulus specifically addresses
  – Absence of effectiveness evidence does not equal evidence of absence of effectiveness
Consumers Union

• Committed to a major effort translating comparisons of products and services---BBD, treatments, hospitals, others

• Our focus will be:
  – How this information informs individual consumers
  – How insurers (public and private), hospitals and doctors use it to bring value to individual consumers

• Ultimately we believe this information should identify high value benefits that all consumers should have access to and…..

• Low value services that should be carefully purchased if at all.
Assessing and Comparing Performance

- Annals of Internal Medicine, 1/14/2008
  - Systematic review (3rd one published)
  - 45 studies (27 new studies since 1999)
  - Modest effects in stimulating hospital improvement and health plan selection. Protecting public image may be more powerful.
  - Need to minimize “cognitive burden”
    - Rank order
    - Summarize
    - Use symbols
  - Overall evidence of effect is “scant.”
“You can’t please all the people all the time, so you might as well please the pharmaceutical lobby.”
Whatever their political affiliations, Americans are going to feel good about the Obama victory (Iowa caucuses), which is a story of youth, possibility and unity through diversity – the primordial themes of the American experience

David Brooks
“Look at him. He don’t smoke, he don’t drink, he don’t chase women. . . . . . . . and he don’t win.”

Casey Stengel
on a clean living pitcher
Drug Information Opportunity

Who do you trust for prescription drug quality and costs?

Recent Booz Allen Study reported:

Consumers trust independent groups like Pharmacists and Consumer Reports above other health information sites.
Doctor/Hospital Information

Who do you trust for information on quality & cost of doctors and hospitals?

Recent Booz Allen Study reported:
Consumers trust independent groups like *Consumer Reports* above other health information sites.

### Degree of Consumer Trust in Health Information Sources

*on a scale of 1 to 5, 1 means “do not trust at all” and 5 means “trust completely”*

#### Information on the quality of a doctor

<table>
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<th>Mean Response</th>
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<tbody>
<tr>
<td>Independent groups like <em>Consumer Reports</em></td>
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<tr>
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<tr>
<td>Doctors</td>
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</tr>
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<tr>
<td>Hospital, physician or medical expert groups/associations</td>
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<tr>
<td>Pharmacists</td>
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<td>Health plans</td>
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<td>The government</td>
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<tr>
<td>Pharmaceutical companies</td>
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#### Information on prices charged by doctors and hospitals

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Source: Booz Allen Hamilton Consumer Survey 2006
“The medical profession has sold its soul in exchange for what can only be described as bribes from manufacturers of drugs and medical devices”
“He who loses wealth loses much; he who loses friends loses more; but he who loses his courage loses all.”

Miguel de Cervantes
“I feel like a mosquito in a nudist colony. I know what to do; I just don’t know where to start.”
Pat Riley—Miami Heat coach
“When you’re through learning, you’re through.”

John Wooden