

April 14, 2009

Federal Coordinating Council on Comparative Effectiveness Research
Office of the Secretary
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Members of the Federal Coordinating Council:

The American Association of Hip and Knee Surgeons (AAHKS) appreciates the opportunity to provide comments on setting priorities and processes for comparative effectiveness research (CER). The AAHKS is comprised of over 1,200 board-certified or board-eligible orthopaedic surgeons in the United States and Canada who devote at least 50 percent of their practice to hip and knee arthroplasty. As the Federal Coordinating Council ("the Council") develops processes for which it will carry out its charges, the AAHKS looks forward to providing input.

The AAHKS shares the perspective that patients and their physicians deserve access to high quality information that optimizes their capacity to identify which diagnostic, treatment, and prevention services are most effective and under what conditions. As part of the broader orthopaedic community, the AAHKS works closely with the American Association of Orthopaedic Surgeons (AAOS) and supports the AAOS comments submitted to the Council for this hearing. In addition to the sentiments expressed in the AAOS comment, the AAHKS submits that methodologically sound, focused comparative effectiveness research that provides objective information enables patients to make informed choices and enables physicians to improve the clinical effectiveness of their treatment recommendations.

The AAHKS believes that successful comparative effectiveness research must be premised upon broad-based data collection efforts. The strength and utility of comparative effectiveness research is dependent on the underlying data. As the providers of hip and knee arthroplasties, the members of AAHKS are uniquely-situated to appreciate the need for the collection of information across a large, growing segment of the population. As the Council develops its priorities, the AAHKS believes that the grant funding from the ARRA must not only support direct comparative effectiveness research, but also the underlying systems that will collect the data to make comparative effectiveness research useful.

The AAHKS urges the Federal Coordinating Council to utilize the expertise within AAHKS as it incorporates the efforts and information of entities outside of the public sector. While the Council was populated only by public officials in order to manage the public sector progress on CER, it will be important to include the input of physicians as you pursue your charge to coordinate public and private sector activities. In addition to health care systems and quality improvement cooperatives, the Council should also rely on the resources that professional organizations engaged in the quality improvement process, like AAHKS, can provide. The AAHKS has been active in the quality measurement development and improvement process and analyzing surgeon practice patterns. One of the most recent examples of our active involvement in quality improvement processes is a member survey designed to look at DVT prophylaxis and its value in improving health outcomes. This type of information must also be incorporated into public CER activities, and we ask the Council to make this part of its planning process.

While the unprecedented level of funding for CER has created momentum in both the public and private sectors, we also caution the Council to proceed cautiously to ensure that patient access to health care is not unnecessarily restricted. To ensure that patient access to care is not compromised, the findings from the research must be clear and the process transparent. I invite you to call on AAHKS for any additional feedback from our surgical perspective, and we look forward to continued collaboration with the entities involved in comparative effectiveness research.

Sincerely,



William J. Robb III, MD
President, American Association of Hip and Knee Surgeons