

April 13, 2009

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*National Advocates for  
Asian American,  
Native Hawaiian &  
Pacific Islander Health*

To  
The Secretary  
Department of Health and Human Services  
United States

**Re: Recommendations to the Department of Health and Human Services on  
Setting Priorities for Comparative Effectiveness Funding**

Dear Mr. Secretary,

The Asian & Pacific Islander American Health Forum (APIAHF) is a national health policy advocacy organization dedicated to promoting policy, program, and research efforts for the improvement of health of Asian Americans, Native Hawaiians, and Pacific Islanders.

We commend the efforts of the Department of Health and Human Services plans under the American Recovery and Reinvestment Act of 2009 for soliciting comments and recommendations on setting the priorities for spending on comparative effectiveness research.

We support the basic principles of the recovery plan and have several recommendations for you to consider regarding this special research endeavor. Please consider our recommendations and priorities for the initial and annual report to the President and the Congress.

**Comparative Effectiveness Research Related to Health Services is Important**

Comparative effectiveness research, specially related to health services research is vital to improving our healthcare system. Comparative research is about understanding multiple options, options that can only enhance the quality of our health and healthcare system. It does so by providing the scientific evidence such as the cost-effectiveness/benefit that helps us understand where we can reduce/change costs and improve/change technology or process so that better and higher quality services/interventions can be made available to the people.

Comparative effectiveness research is a tool that tells us what option works the best and/or most, as well as how much it costs: highly effective and inexpensive, highly effective and expensive, or ineffective expensive/inexpensive. It is wise to have this evidence and not continue to replicate ineffective or unnecessary interventions, programs or strategies. If a program/intervention/strategy is not cost-effective but is considered highly effective but expensive then we can consider revisiting/re-strategizing how to make it even more effective or less expensive. This system is widely used in many countries including the European Union and Japan.

On a daily life Americans have several varieties of milk to choose from (0% fat, 1% fat, 2% fat, or whole milk). America must also have such options for healthcare in order to get the most return on investment.

## **Response and Recommendations**

- ***One of the efforts being considered by DHHS is: Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.*** This effort is extremely limiting in scope as it does not take into consideration social determinants of health which have greater impact on health and healthcare.
- ***The Federal Coordinating Council for Comparative Effectiveness Research will include an officer from the following agencies: Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, National Institutes of Health, Office of the National Coordinator for Health Information Technology, Food and Drug Administration, Veterans Health Administration, The office within the Department of Defense responsible for management of the Department of Defense Military Health Care System.*** This Council should include an official from the National Center for Minority Health and Health Disparities. Their inclusion would ensure that topics covered would take into consideration of the community perspective into healthcare, where health inequities reside and arise from!
- ***Compare the effectiveness of preventive care with specialty care for any given disease (e.g. hepatitis, cancer):*** Cost, information gap, funding gap, public interest, and potential to act on the information once generated are some of the justifications for wanting such studies. Prevention is always cheaper. For example, many studies in the US have shown that educating people to use preventive services (i.e. primary care) reduces use of emergency services. This results in lowering the cost for the overall healthcare system with long term benefits for the population. It is scientific evidence that has shown that C-sections are not usually necessary and that normal delivery is much more inexpensive; this saves dollars for both the healthcare system as well as individuals whose quality of life we want to improve. There needs to be more comparative studies on these issues irrespective of the disease.
- ***Compare the cost effectiveness of community health centers, community health workers /patient navigators with hospitals and hospital associated healthcare professionals:*** Cost, information gap, funding gap, public interest, and potential to act on the information once generated are some of the justifications for wanting such studies. Anecdotal evidence shows that community health centers can provide quality healthcare with the same patient outcome as highly sophisticated hospitals at a much lower cost. Involving community organizations will also reduce costs in the long run as community assets such as community health workers and patient navigators can be used. Community health workers and patient navigators are untapped and unstudied assets in the healthcare system in America. There needs to be more comparative studies that investigate and provide the evidence on the role and effectiveness of

community health centers, community health workers, and patient navigators in improving diagnosis, service provision and prevention of illnesses as compared to the usual hospitals and the healthcare professionals involved in hospitals.

- ***Compare the effectiveness of language access and cultural competency in better diagnosis, disease prevention, reduced visits to emergency rooms, and improved health:*** Cost, information gap, funding gap, public interest, and potential to act on the information once generated are some of the justifications for wanting such studies. There needs to be more studies that investigate language access and cultural competency as effective tools in better diagnosis, disease prevention, reduced visits to emergency rooms, and improved health in the current healthcare system.
- ***Compare social determinants and bDHHSedical determinants of health:*** Studies in other countries have conclusively shown that social determinants such as housing and employment are the biggest predictors of health than healthcare itself. There needs to be more comparative studies in America that include investigating the social determinants of health rather than the bDHHSedical determinants only.
- ***Include population diversity in comparative studies on health:*** It is important that we understand and acknowledge the importance of diversity in the health of our population and advocate for policies to promote diversity in the healthcare setting. The studies should include race, ethnicity and cultural factors for disaggregated Asian Americans, Native Hawaiians and Pacific Islanders and other ethnic/racial minorities and indigenous peoples.
- ***Include patient and facility perspective:*** There needs to be comparative effectiveness studies that investigate the costs and effectiveness from both the facility (i.e. hospital/health center) perspective as well as the patient perspective. For example, travel may be a huge cost for the patients when they avail a hospital services but it is not counted as cost when measuring the facility. We need to understand both in order to provide quality care to people.
- ***Equitable distribution of services:*** Equitable distribution of services reduces costs. This has successfully been shown in other countries like Canada, Japan, UK, etc. We need to have similar studies in America as this promotes more efficient use of services.
- ***Conduct cost benefit and cost-effectiveness research:*** It is also important to understand the long term benefits of health/social interventions. Comparative studies should not be limited to cost effectiveness research but also include cost benefit research. Cost benefit research provides a societal (macro) view and measures not only immediate outcomes but long term benefits i.e. cost benefit research measures the full (social) costs of the full (social) benefits resulting from an intervention/program/strategy. Whereas, cost effectiveness research is limited to calculating only the direct financial cost of reaching a specific outcome/output level (e.g. which treatments/drugs are more effective/efficacious and cost-effective for a given illness).

We hope that investing in comparative effectiveness research will reflect the needs of people, patients, consumers, health plans, and the American health care

community including underserved Asian Americans, Native Hawaiians, and Pacific Islanders.

APIAHF commends the DHHS for its commitment to an open process and consideration of these and other public comments. We would also like to offer any assistance we can provide to support DHHS's efforts in collecting, tracking or analyzing data about various racial and ethnic populations, or in providing technical assistance to medical institutions.

If you would like to discuss any of our comments or opportunities for collaboration, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink that reads "Suhaila Khan". The signature is written in a cursive, flowing style.

Suhaila Khan, MD, PhD

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