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I welcome the opportunity to comment on the value of comparative effectiveness research

While not all the attention on comparative effectiveness research (CER) has been positive, I am hopeful that a healthy and constructive debate on the priority given to CER by the Obama Administration will benefit all of us.

The American Relief and Recovery Act (ARRA) included more than \$1.1 billion dollars in support of comparative effectiveness research. Allocation was based on the following:

- In 2007, the Congressional Budget Office endorsed CER as a way to get a handle on the growth in Medicare and Medicaid spending, along with the rest of the health care sector
- Seems logical that if you want to control spending, one of the most important initial steps is to analyze whether you are spending on the right things. In the case of health care, whether you are spending for the right treatments e.g. Does Drug A work better than Drug B for the same condition? And if so, then shouldn't we make sure that providers and consumers are aware of these findings to assure that patients receive the most effective care?
- Important to recognize that decisions that will be made in the future based on comparative effectiveness research will be based on the effectiveness of the treatment, not solely the cost. The importance of this type of research increases with time as new and costly pharmaceuticals and medical devices fill the marketplace, with little or no information available as to how a newly-developed approach compares to an existing one.

The public health perspective on CER brings attention to the following considerations:

- Like others, we in public health are committed to increasing access to quality health care for all Americans. In order to

achieve this, we need to know what high-quality health care is, and comparative effectiveness research helps us to answer that question.

- The public health view also recognizes the importance of informed decision-making on behalf of the patient. It is critical that part of CER addresses how to best convey choices in treatment to patients.
- Ethical considerations must be in the forefront. For example, how to allow for provider discretion in providing care to patients whose unusual situations do not necessarily fit with a newly developed standard of care.
- Consider how health and clinical interventions may be more or less effective, depending on the ethnic, racial, age, gender and socioeconomic characteristics of various patient populations. This is particularly important if we are finally going to effectively address existing and growing racial and ethnic disparities. Appropriate that the Director of the DHHS Office of Minority Health is a member of the CER Coordinating Council given the importance of this issue to the improvement of the public's health.

Finally, as the head of the public health department for the nation's third largest city, I see the effects of our broken health care system daily. Bringing more rationality and science to our health care delivery and financing system is critical. For those critics who claim that putting any type of checks and balances on the types of interventions that we pay for is rationing care, I implore them to open their eyes: rationing of health care happens every day, and it is more responsible that as a society we recognize that and look for ways to more equitably allocate health care resources than to pretend that everyone is getting the services they need now.

Thank you.