

TO: Docket No. 2004S – 0170

FROM: AARP
AFL-CIO
American Academy of Family Physicians
American Society of Health-System Pharmacists
Caterpillar, Inc.
Eastman Kodak Company
General Motors Corporation
Society of General Internal Medicine
Verizon Communications

Academy of Managed Care Pharmacy
Alliance of Community Health Plans
American Pharmacists Association
Blue Cross Blue Shield Association
Coalition for Health Services Research
Ford Motor Company
Kaiser Permanente
UnitedHealth Group

DATE: May 7, 2004

SUBJECT: Suggested Priority Topics for Research

We appreciate the opportunity to provide input regarding priority topics for research related to Section 1013 of the Medicare Modernization Act (MMA), which directs the Agency for Healthcare Research and Quality (AHRQ) to implement a research agenda related to outcomes, comparative clinical effectiveness, and appropriateness of health care items and services (including prescription drugs). Our organizations worked together for the inclusion of Section 1013 in MMA and believe its implementation will contribute significantly to improving the medical knowledge base.

Our organizations represent beneficiaries of the public programs at which this research is targeted, including physicians, pharmacists, other practitioners, health plans, and employers that provide retiree health benefits and researchers who study the programs that serve these beneficiaries. We have great interest in the research priorities and evidence-based medicine.

The solicitation for priority topics states, “While the statute does not limit the scope of the initial priority list, recent congressional activity suggests that the initial priority list should be directed toward evaluating existing evidence regarding the comparative effectiveness of prescription drugs in anticipation of the Medicare prescription drug benefit.” We strongly support this approach for the initial research.

With the cost of health care continuing to rise, obtaining the greatest health care value is essential. We believe that making comparative information available to providers and consumers will lead to better prescribing tailored to the needs of individual patients and overall better health outcomes. Improved prescribing will in many – but not all – cases also result in lower overall costs because Section 1013 research will produce results that should increase the confidence of patients and their physicians about the most appropriate medication based on research that shows that less costly alternatives are actually more effective. However, this kind of research may also confirm the value of more costly medicines. The ultimate goal is better health care.

Rather than making specific recommendations, our organizations recommend that priorities be established for drugs used to treat the same condition. There are numerous instances in medical practice where treating physicians choose between two or more prescription drug alternatives. Such an approach would permit research that compares prescription drugs from two or more therapeutic classes that are used to treat the same condition. Research comparisons that mirror clinical options are most likely to result if priorities are organized around conditions. The results of such research are likely to be of the greatest value to all interested parties.

In selecting among competing conditions in establishing priorities, we recommend that certain criteria be applied, specifically, we recommend that higher priority be given to conditions that have the:

?? High costs

?? High utilization of drugs, especially among the Medicare population, and

?? Greatest opportunity to better understand the differences, with respect to effectiveness and outcomes, between drugs used to treat the same condition.

Our organizations believe that the research generated by AHRQ will provide independent, objective and reliable information for clinical decision-making that will have a significant impact. If this research fulfills its promise, the science base on which medical care is built will improve significantly and improvements in the quality of care and resource utilization are likely to follow.

Questions regarding our suggestions should be directed to Steve Cole of Kaiser Permanente at 202-296-1314.