Exploring Comparative Effectiveness: Lessons from Across the States and Around the World

A DISCUSSION FEATURING:

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FORUM SESSION ANNOUNCEMENT

FRIDAY, FEBRUARY 27, 2009
11:45AM–12:15PM—Lunch
12:15PM–2:00PM—Discussion

LOCATION
Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
(Across from the Dirksen Senate Office Building)

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In the latest of a long succession of proposals intended to expand the nation’s capacity for comparative effectiveness, versions of the stimulus bill currently under consideration propose more than a billion dollars to support the development of more and better evidence about what works to promote health. Demand for improved evidence has been coming from many quarters, with patients, clinicians, public and private payers, and insurers all identifying a need for better information on which to base their decisions.

This session is the sixth in a series and will examine comparative effectiveness programs in the states and in other countries, focusing on how these experiences might inform an expanded national program. The preceding sessions have focused on the fundamentals of evidence-based health, the Cochrane Collaboration to improve health care decision making, the capacity of six federal agencies to advance evidence-based health, fundamentals and controversies of cost-effectiveness analysis, and the pros and cons of existing proposals for expanding U.S. capacity to develop comparative effectiveness information.¹

The speakers for this session have knowledge and experience of comparative effectiveness activities in a broad array of states and nations.² They will describe and discuss these activities and will address the following questions:

- What forms have comparative effectiveness programs taken in the states and in other countries? Are they public, private, or joint public-private entities? What is their relationship to other public and private entities? How are they structured? How are they financed? How do they function? What kinds of analyses do they undertake? Who uses the information they produce, and how do they use it?

- What elements do these programs have in common? Where and how do they differ? What accounts for the variance?

- What have been the challenges and successes of these programs? What lessons have they learned?

- How can the experiences of these programs inform efforts to expand U.S. capacity?
SPEAKERS

Gerard Anderson, PhD, is a professor of health policy and management, professor of international health, and professor of medicine at Johns Hopkins University, where he also directs the Center for Hospital Finance and Management and co-directs the Program for Medical Technology and Practice Assessment. During his career, he has served in various positions in the Office of the Secretary at the U.S. Department of Health and Human Services.

Kalipso Chalkidou, MD, PhD, directs the policy consulting arm of the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom and provides technical and policy support services to governments and governmental agencies abroad, drawing on the Institute’s experience of using evidence to inform health policy and practice. She recently spent a year in the United States as a Harkness Fellow, studying conditional coverage for expensive new technologies and government drug pricing policies.

Drs. Anderson and Chalkidou will present the results of their recently completed study of comparative effectiveness programs in Canada, Australia, Germany, England, Wales, France, Sweden, Turkey, Brazil, the Russian Federation, and South Korea. They will describe the experiences in these countries and the implications of what they have learned for expanding U.S. capacity. Their study examined the establishment and evolution of the programs in these countries, program governance and accountability, methods employed, and the dissemination and impact of findings from these programs.

Mark Gibson is the deputy director of the Center for Evidence-based Policy at the Oregon Health and Science University and a program officer for the Milbank Memorial Fund. He has extensive experience with state health policy deliberations, having worked for the Oregon Senate president and the governor of Oregon from the mid-1980s through 2003 and having served as co-chair of the Reforming States Group, a voluntary nonpartisan collaboration of senior health policy officials from both the legislative and executive branches of state government. He will describe the Medicaid Evidence-based Decisions Project, a collaborative of the state Medicaid agencies in Alabama, Alaska, Arkansas, Kansas, Minnesota, Missouri, Montana, North Carolina, Oklahoma, Oregon, and Washington. He will discuss the experience of the project with making high-quality evidence available to states to support benefit design and coverage decisions and implications for shaping an expanded national capacity for comparative effectiveness.
ENDNOTES


2. For additional information about the system in the United Kingdom, see Wilhelmine Miller, "Value-Based Coverage Policy in the United States and the United Kingdom: Different Paths to a Common Goal," National Health Policy Forum, Background Paper, November 2, 2006; available at www.nhpf.org/library/details.cfm/2540.