



Forum Session Meeting Announcement

Friday, October 3, 2008
9:00–9:30am — Breakfast
9:30–11:15am — Session

Exploring Comparative Effectiveness: Activities of CDC, VA, and CMS to Advance Evidence-Based Health

A Discussion Featuring:

Erin Holve, PhD
Senior Manager
AcademyHealth

Shawna Mercer, PhD
Director
The Guide to Community Preventive Services
Chief
Community Guide Branch
Division of Health Communication and Marketing
National Center for Health Marketing
Centers for Disease Control and Prevention

Joel Kupersmith, MD
Chief Research and Development Officer
Veterans Health Administration
Department of Veterans Affairs

Steve Phurrough, MD
Director
Coverage and Analysis Group
Office of Clinical Standards and Quality
Center for Medicare & Medicaid Services

Location

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

Registration Required

Space is limited. Please respond as soon as possible.

Send your contact information by e-mail to: nhpfmeet@gwu.edu

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Exploring Comparative Effectiveness: Activities of CDC, VA, and CMS to Advance Evidence-Based Health

Much interest has been shown in expanding federal capacity for comparative effectiveness research. In discussing that expansion, it is useful to understand the efforts underway. This session, the third in a series intended to clarify the complexity of issues surrounding comparative effectiveness, will describe current activities in both the public and private sectors and examine three additional federal agencies engaged in the generation and application of evidence: the Centers for Disease Control and Prevention (CDC), the Veterans Health Administration at the Department of Veterans Affairs (VA), and the Centers for Medicare & Medicaid Services (CMS). The discussion will address how to preserve that which is working well and integral to the key functions of these agencies, how to stimulate greater sharing of expertise and linkages across public and private domains, and how to position new activities to be most effective.

This session builds on a September 26, 2008, Forum meeting [for more background, see www.nhpf.org/index.cfm?fuseaction=Details&key=710], which examined activities at three agencies engaged in the development and assessment of health evidence: the National Institutes of Health, the Food and Drug Administration, and the Agency for Healthcare Research and Quality. The next session in the series will provide an introduction to cost-effectiveness analysis and discuss various perspectives on whether and how it should be incorporated into the comparative effectiveness efforts being proposed.

The discussion will feature **Erin Holve, PhD**, Senior Manager, Academy-Health; **Shawna Mercer, PhD**, Director, The Guide to Community Preventive Services and Chief, Community Guide Branch, Division of Health Communication and Marketing, National Center for Health Marketing, Centers for Disease Control and Prevention; **Joel Kupersmith, MD**, Chief Research and Development Officer, Veterans Health Administration, Department of Veterans Affairs; and **Steve Phurrough, MD**, Director, Coverage and Analysis Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

Dr. Holve will review current comparative effectiveness research activity, and the agency officials will summarize the relevant activities of their agencies and offer views on how their agencies might relate to proposed activities. Following are short descriptions of comparative effectiveness activities at CDC, VA, and CMS, and the key questions that speakers will address.

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CDC, VA, and CMS: Comparative Effectiveness Activities

- **CDC's** mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. It does so through a wide range of activities involving the development, dissemination, and implementation of evidence about health. Some of CDC's programs are focused on health care, for example, efforts to prevent the spread of infections caused by health care itself or to prevent the misuse of antimicrobial medications that can lead to disease-causing bacteria, viruses, and fungi becoming resistant to the therapies available to fight them. Many of CDC's activities are focused on preventing the need for health care in the first place by helping people and communities to avoid environmental hazards (such as lead), decrease harmful behaviors (such as tobacco use), protect themselves from vaccine-preventable diseases (such as the measles) and epidemics (such as the flu), avoid injuries, and minimize through better preparedness the harm caused by natural and man-made disasters. CDC builds and maintains databases and other information resources on health topics ranging from asthma to obesity to violence. Very often the questions addressed are comparative ones: what works best to prevent children from smoking? What are the best ways to prevent people from becoming infected with HIV? What approaches are most effective at preventing injuries in the workplace?
- The mission of the Veterans Healthcare System at the **VA** is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services. In addition to providing care, the VA system also trains a large proportion of the health workforce and conducts research. As a complete health care system that includes electronic health records, the VA illustrates and is a laboratory for all aspects of evidence-based health, from the development of evidence to its use in practice.

The VA's Cooperative Studies Program encourages and supports VA investigators to conduct clinical research and data collection across selected research facilities, in order to develop evidence that can have a direct impact on veterans' clinical care. The Program is made up of five Coordinating Centers, a Clinical Research Pharmacy, four Epidemiological Research and Information Centers, and a Health Economics Resource Center. With a network of professional biostatisticians, health economists, pharmacists, programmers, administrators, and support staff, the Program develops evidence intended to increase the understanding of health issues vital to veterans, establish new standards of care and improve veterans' health, improve the efficiency of the VA health care system, and improve the health of the population as a whole.

- **CMS's** mission is to ensure effective, up-to-date health care coverage and to promote quality care for its beneficiaries. With a budget of

about \$650 billion, it is a dominant actor in the health care system and has been a focal point for much of the discussion of comparative effectiveness. For example, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 authorizes the Agency for Healthcare Research and Quality to conduct and support research with a focus on outcomes, comparative clinical effectiveness, and appropriateness of pharmaceuticals, devices, and health care services. The Congressional Budget Office has argued that expanded comparative effectiveness research could help to inform Medicare's coverage and payment decisions. In 2007, the Medicare Payment Advisory Commission recommended that the Congress charge an independent entity to sponsor credible research on comparative effectiveness of health care services and disseminate this information to patients, providers, and public and private payers.

In determining whether Medicare will cover an item or service, CMS staff review and evaluate the available evidence. They are assisted by the Medicare Evidence Development and Coverage Advisory Committee, a group of up to 100 appointed experts, industry representatives, and consumer advocates. In cases where CMS determines that the evidence available is inadequate to support a coverage decision, it can avail itself of a relatively new avenue called "Coverage with Evidence Development." This allows for coverage of items or services under conditions where additional data are gathered, such as in enrollment in a study or participation in a registry, and can serve to both expand coverage and the evidence base.

KEY QUESTIONS

- Who is conducting comparative effectiveness studies? What sort of studies are they doing? How much are they spending on these studies?
- What are the responsibilities of CDC, VA, and CMS for advancing evidence-based health? How does each define comparative effectiveness, and what related activities does each engage in? How do they relate to each other and to nonfederal entities?
- What challenges does each agency face, and what are the opportunities to enhance their individual and collective capacity?
- What role could these agencies play in expanding capacity for evidence-based health, either with or without a new comparative effectiveness entity?



The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.