“Congress should direct the secretary of the U.S. Department of Health and Human Services to designate a single entity with authority, overarching responsibility, sustained resources and adequate capacity to ensure production of credible, unbiased information about what is known and not known about clinical effectiveness.”
Just Say No . . . And Then Duck

The Evidence Gap
The Minimal Impact of a Big Hypertension Study

By ANDREW POLLACK
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The surprising news made headlines in December 2002. Generic pills for high blood pressure, which had been in use since the 1950s and cost only pennies a day, worked better than newer drugs that were up to 20 times as expensive.

The findings, from one of the biggest clinical trials ever organized by the federal government, promised to save the nation billions of dollars in treating the tens of millions of Americans with hypertension— even if the conclusions did seem to threaten pharmaceutical giants like Pfizer that were making big money on blockbuster hypertension drugs.

Six years later, though, the use of the inexpensive pills, called diuretics, is far smaller than some of the trial’s organizers had hoped.
Policy Challenges

• Structure/Location
• Scope
• Funding
• Trust
Keeping Expectations Realistic

• Knowing ≠ Doing

• Effectiveness Is Usually Relative

• Coverage Is As Much About Values As It Is About Data