

NATIONAL HEALTH POLICY FORUM

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**Exploring Comparative Effectiveness:
Fundamentals and Controversies of Cost-Effectiveness Analysis**

MODERATOR

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SPEAKERS

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Peter J. Neumann, ScD, is director of the Center for the Evaluation of Value and Risk in Health at the Institute for Clinical Research and Health Policy Studies at Tufts Medical Center, and professor of Medicine at Tufts University School of Medicine. Prior to joining Tufts, he was on the faculty of the Harvard School of Public Health for ten years, most recently as associate professor of policy and decision sciences. His research focuses on the role of cost-effectiveness analysis and risk-benefit tradeoffs in health care decision making. He has conducted numerous economic evaluations of medical technologies, including evaluations of treatments for Alzheimer's disease. He also directs a project to develop a comprehensive registry of cost-effectiveness analyses in health care. Dr. Neumann has contributed to the literature on the use of

willingness to pay and quality-adjusted life years (QALYs) in valuing health benefits. His other research has focused on the Food and Drug Administration's regulation of health economic information, and the role of clinical and economic evidence in informing public and private sector health care decisions, including those made by the Medicare program. He is the author or co-author of over 100 papers in the medical literature, and the author of *Using Cost-Effectiveness Analysis to Improve Health Care* (Oxford University Press, 2005). He is a contributing editor of *Health Affairs* and member of the editorial board of *Value in Health*. Dr. Neumann has served as president of the International Society for Pharmacoeconomics and Outcomes Research, and as a trustee of the Society for Medical Decision Making. He has also held various policy positions in Washington, DC, including special assistant to the administrator at the Health Care Financing Administration. He received his doctorate in health policy and management from Harvard University.

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Kathleen A. Buto is vice president for health policy, Government Affairs, Johnson & Johnson (J&J). She has responsibility for providing policy analysis and developing positions on a wide range of issues, including the Medicare drug benefit, government reimbursement, coverage of new technologies, and regulatory requirements. In addition to reviewing how federal, state, and international government policies affect J&J products and customers, she is responsible for helping to identify areas of opportunity for J&J to take leadership in shaping health care policy.

Prior to joining J&J, Ms. Buto was a senior health adviser at the Congressional Budget Office, helping to develop the cost models for the Medicare drug benefit. Before that, she spent more than 18 years in senior positions at the Health Care Financing Administration, including deputy director, Center for Health Plans and Providers, and associate administrator for policy. In these positions, she headed the policy, reimbursement, research, and coverage functions for the agency, as well as managing Medicare's fee-for-service and managed care operations.

Ms. Buto received her bachelor of arts degree from Douglass College and her master's degree in public administration from Harvard University.

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Gail Shearer is director of health policy analysis in the Washington, DC, office of Consumers Union, publisher of *Consumer Reports* magazine. She has extensive experience in health-related issues such as health care reform, health care financing, Medicare prescription drugs, private health insurance to supplement Medicare (Medigap), long-term care insurance, and medical savings accounts. She is the director of Consumers Union's public education campaign, *Consumer Reports* Best Buy Drugs, which provides information about the comparative effectiveness and cost-effectiveness of drugs. With funding from the Engelberg Foundation and the National Libraries of Medicine, Best Buy Drugs provides free information in 20 categories of drugs. She serves as principal investigator for a grant awarded in 2008 from the State Attorney General Consumer and Prescriber Education Grant Program that will enable expanded dissemination of unbiased information about drugs to consumers.

During her 22 years at Consumers Union, Ms. Shearer has been a leading voice on behalf of health care consumers. In 1990, she coordinated the successful campaign that culminated in simplification of the Medigap market with standard benefit packages. In 1993 and 1994, she testified extensively on how universal health care proposals can better serve consumers' interests. In 1996, she was a recognized expert on the controversial issue of Medical Savings Accounts, writing two reports that played a significant role in the debate. Her reports "Hidden from View: The Growing Burden of Health Care Costs" (1998) and "The Health Care Divide" (2000) analyzed consumer health care expenditures with a focus on variation of risk and the growing number of underinsured consumers. In 1999, she wrote "Blueprint for Fair Share Health Care: Incremental Steps Toward Universal Coverage" with the goal of guiding incremental reform. Her 2003 reports on the Medicare prescription drug bill helped shape and inform the public debate.

Prior to joining Consumers Union in 1985, Ms. Shearer served in various positions at the Federal Trade Commission, including program analyst in the Division of Policy and Evaluation, Bureau of Consumer Protection (1981 to 1985) and chief policy analyst in the Office of Policy Planning (1977 to 1981). Between 1974 and 1977, she served as policy analyst at Consumers Union, both in Mount Vernon, New York, and Washington, DC.

Ms. Shearer is a cum laude and Phi Beta Kappa graduate of Smith College. She received a master's degree in public policy from the John F. Kennedy School of Government at Harvard University.

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Steven D. Pearson, MD, is the founder and president of the Institute for Clinical and Economic Review at Massachusetts General Hospital and Harvard Medical School. Dr. Pearson also serves as the current vice-chair of the Medicare Evidence Development and Coverage Advisory Committee. He attended the University of California, San Francisco, School of Medicine and completed his residency in internal medicine at Brigham and Women's Hospital in Boston. An internist, health services researcher, and ethicist, he was awarded an Atlantic Fellowship from the British government in 2004 to pursue policy studies at the National Institute for Health and Clinical Excellence (NICE) in London, England. He returned to the United States to serve from 2005 to 2006 as special advisor, technology and coverage policy, within the Coverage and Analysis Group at the Centers for Medicare & Medicaid Services. He also served as senior fellow at America's Health Insurance Plans from 2006 to 2008. His published work includes over 75 peer-reviewed articles and the book *No Margin, No Mission: Health Care Organizations and the Quest for Ethical Excellence* (Oxford University Press, 2003).
