June 25, 2009

Dear Senator:

On behalf of the sixty-two undersigned organizations, we are writing to commend you for your significant investment in comparative effectiveness research under the American Recovery and Reinvestment Act of 2009, and to urge you to continue to advance this important initiative as a key component of any strategy designed to reform health care.

Physicians are bound by a social contract to act in the best interests of individual patients and society. However, as medical science continues to advance, treatment options multiply, and studies proliferate across a multitude of journals, practicing physicians are severely challenged to keep up with, evaluate and apply the tsunami of information to the personalized treatment of individual patients. To be assured that we are always delivering the most effective and appropriate care to our patients, we need an ongoing and trusted source of current, evidence-based information about what works best for a given condition in a given patient population. A robust, federally sponsored, independent Comparative Effectiveness Research (CER) enterprise—one that emphasizes real-life study populations, head-to-head treatment comparisons, and identifying treatments most likely to benefit specific groups of patients – would enable physicians and patients together to make informed decisions.

Timely and reliable CER information is vitally important to the millions of patients and consumers who are taking a more active role in researching their own diagnosed or suspected conditions and available treatments. Without credible information about the comparative effectiveness of management options, consumers are unable to effectively partner with their physicians to make informed choices about their care.

Some claim that comparative effectiveness research will inevitably lead to "cookbook" medicine or rationing of expensive forms of care, but that is not its purpose. Its purpose is to help physicians and patients make smart choices based on the clinical value of varying treatments and interventions, the unique needs and preferences of individual patients, and our societal commitment to reduce disparities in care. Unlike much traditional clinical research, comparative effectiveness results can inform health care decisions at both the patient and population levels. And while CER may identify some low-cost treatments that yield better outcomes than high-cost alternatives, the reverse is also true: CER analyses might persuade cost-conscious payers, purchasers and patients that an expensive new medical innovation offers better value than current therapies. Most important to patients is that the information be from an independent, authoritative and trusted source.

The medical profession commits to continue its work with researchers and consumers to provide input into and help to shape the nation's newly invigorated CER enterprise.

Patients, physicians and other stakeholders must be engaged in the governance and oversight of comparative effectiveness research in a transparent process that ensures adherence to rigorous methodological standards and that areas for inquiry are prioritized based on disease burden and opportunity for improvement.

Much remains to be learned about how to best translate comparative effectiveness research into practice, and physicians, patients and other stakeholders need to actively participate in these deliberations. But there is no question about the urgency of our nation's need for ready access to objective, clearly understandable evidence to support physicians and patients in their clinical decision-making.

Sincerely,

American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Home Care Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Ophthalmology
American Academy of Otolaryngology- Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American Board of Allergy and Immunology
American Board of Anesthesiology
American Board of Colon and Rectal Surgery
American Board of Family Medicine
American Board of Internal Medicine
American Board of Medical Specialties
American Board of Neurological Surgery
American Board of Nuclear Medicine
American Board of Otolaryngology
American Board of Physical Medicine and Rehabilitation
American Board of Preventive Medicine
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Thoracic Surgery
American College of Cardiology
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons

American Gastroenterological Association
American Geriatrics Society
American Medical Association
American Osteopathic Academy of Orthopedics
American Psychiatric Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Society of Anesthesiologists
American Society of Clinical Oncology
American Society of Hematology
American Society of Plastic Surgeons
American Thoracic Society
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Council of Medical Specialty Societies
Heart Rhythm Society
Infectious Diseases Society of America
Medical Group Management Association
North American Spine Society
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Critical Care Medicine
Society of Gynecologic Oncologists
Society of Hospital Medicine
Society of Neurological Surgeons
The Endocrine Society
The Society of Thoracic Surgeons