AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

June 12, 2009

The Honorable Edward Kennedy, Chair
Health, Education, Labor and Pensions Committee
US Senate
Washington, DC, 20510
VIA EMAIL

Dear Senator Kennedy:

On behalf of the 94,600 members of the American Academy of Family Physicians, I am pleased to submit our comments on Section 937, Center for Health Outcomes Research and Evaluation, in the *The Affordable Health Choices Act*, which addresses comparative effectiveness research (CER).

The AAFP strongly supports high quality comparativeness effectiveness research. If we wish to improve patient care and control costs in this country, this type of research is crucial. It is only with CER that we can provide evidence-based information to patients and physicians for use in making health care decisions. Our policy on this issue is guided by the following principles:

- Comparative effectiveness research is critically important to our members – family physicians see patients with common problems every day for which there is no solid clinical evidence.

- As CER develops, some therapies will be proven to work better than others and the deliverers of those therapies will challenge the results. Nevertheless, the health of the public should trump individual business concerns.

- We are pleased that the National Institutes of Health (NIH), like the Agency for Healthcare Quality and Research (AHRQ), will be receiving funding to perform CER. We believe a core values of CER include consideration of different patient populations, comorbidities, cultural differences and values, which will be challenging but important.

The AAFP applauds the provisions in the American Recovery and Reinvestment Act that support aggressive comparative effectiveness studies through AHRQ and NIH. We believe these additional dollars likely will lead to important advances in our knowledge, and in a relatively short time. However, we also realize that CER must be ongoing and that we will not answer all questions in the next few years. We recommend continued funding of CER as a means to improved health care in this country.

www.aafp.org

President Ted Epperly, MD *Boise, ID*

President-elect Lori J. Heim, MD *Vass, NC*

Board Chair James D. King, MD *Selmer, TN*

Speaker Leah Raye Mabry, MD *San Antonio, TX*

Vice Speaker John S. Meigs, Jr., MD *Centerville, AL*

Executive Vice President Douglas E. Henley, MD *Leawood, KS*

Directors
David W. Avery, MD, *Vienna, WV*
James Dearing, DO, *Phoenix, AZ*
Roland A. Goertz, MD, *Waco, TX*
Kenneth R. Bertka, MD, *Holland, OH*
David A. Ellington, MD, *Lexington, VA*
Glen R. Stream, MD, *Spokane, WA*
Jeffrey J. Cain, MD, *Denver, CO*
Thomas Allen Felger, MD, *Granger, IN*
George Wm. Shannon, MD, *Columbus, GA*
Jason Dees, DO (New Physician Member), *New Albany, MS*
Jennifer Bacani, MD (Resident Member), *Wichita, KS*
Amy McIntyre (Student Member), *Cranston, RI*

2021 Massachusetts Ave., N.W. • Washington, DC 20036-1011 • 888.794.7481 • 202.232.9033 • Fax: 202.232.9044 • capitol@aafp.org

Following are our specific comments on Section 219:

Section 219 – Center for Health Outcomes Research and Evaluation
This section establishes a Center for Health Outcomes Research and Evaluation to "collect, conduct, support, and synthesize research with respect to comparing health outcomes, effectiveness and appropriateness of health care services and procedures in order to identify the manner in which diseases, disorders, and other health conditions can most effectively and appropriately be prevented, diagnosed, treated, and managed clinically."

The AAFP strongly supports the intent of this section. Despite the numerous randomized clinical trials that are conducted each year, around the world, there still is a surprisingly large gap between what we know and what we need to know to provide optimal care. This is true even in highly-prevalent illnesses such as diabetes and depression. The recent Agency for Healthcare Research and Quality Comparative Effectiveness Reviews in these two areas highlight the current gaps in our knowledge.

We have two recommendations for this section: Part (4), which indicates the Center must "use a broad range of methodologies, including randomized controlled clinical trials, observational studies and other approaches." We believe this provision also should include specifically "practice-based network research." This kind of research must be used in tandem with controlled clinical trials to produce the real-world information produced by physicians in their practices.

In addition, regarding the makeup of the Advisory Council, we recommend that you add "Clinical Researchers who conduct practice-based network research." The following is a successful example of practice-based research to buttress these recommendations

Distributed Ambulatory Research in Therapeutics Network (DARTNet)
Given the complexities of clinical care and the multitude of treatment options available for many conditions, as a nation, we cannot expect, afford or in many cases ethically conduct, all the randomized clinical trials that would be needed to fill in the existing gaps in knowledge.

As a result, the AAFP has played a leading role in a public/private consortium of institutions, which is developing new approaches to comparative effectiveness research. This research is being performed through collaboration with hundreds of family physicians and other primary care physicians. The goal of the project is to show that practice-based network research must be used in tandem with traditional clinical trials.

Through DARTNet, the AAFP is seeking to improve the quality and safety of medical care by collecting and sharing clinical data and best practices. This program uses electronic health records, practice-based research networks and practical clinical trials to advance comparative effectiveness research.

In addition, through this network, the AAFP is examining how using the electronic data from a patient's medical home can inform and expand our knowledge of effective and safe medical care. DARTNet physicians are studying the care they provide and learning from the best practices that are discovered. Further, DARTNet physicians have agreed to seek out top performers within the network and have pledged to share with others their methods.

The DARTNet system is providing participating physicians with the technology to learn from the care they have provided, and to track their efforts to make improvements. The use of these data clearly can improve care at the practice level – and enhance our understanding of therapies that are the most clinically and economically effective.

Thank you for the opportunity to provide our comments on this section. We applaud including comparative effectiveness research in health care reform legislation.

Sincerely,

Jim King, MD, FAAFP
Board Chair