

Implementing Best Patient Care Practices
Statement for the Record
Partnership to Improve Patient Care
Before the
Senate Health, Education, Labor, and Pensions Committee
February 5, 2009

The Partnership to Improve Patient Care (PIPC) appreciates the opportunity to comment on the role of comparative effectiveness research in improving the care that patients receive. PIPC is a group of 30 leading health care organizations representing patient advocates, care providers, minority health, aging health, mental illness, chronic disease, biomedical research, physicians, and industry organizations, with a common interest in ensuring that efforts to expand government sponsored comparative effectiveness research (CER) are centered on improving patient care. The Partnership was formed to raise awareness about the value of well-designed CER.

Comparative effectiveness research can be a valuable tool to “learn what works in health care” and support good clinical decision-making. As such, it is a key element of identifying and implementing best patient care practices. However, if such research is not designed with high scientific standards the results could inadvertently misinform decision-making between patients and their physicians and other health care providers, potentially restrict patient access to optimal care, or discourage continued medical progress. To implement best patient care practices, policy-makers should empower patients and providers to choose the best health care and treatment options for the individual, and should identify the approaches to organizing and managing care delivery that foster high quality patient care.

The goal of CER should be to arm individual patients and their health care providers with the best available information to help assess the relative clinical outcomes of various treatment strategies and alternatives, recognizing that this will vary with circumstances and individuals. Well-designed comparative clinical effectiveness studies can be a valuable tool that can contribute to improve health care delivery and outcomes through more informed clinical decision making. By focusing on quality of patient care, such research also can help us achieve better health care value.

PIPC Supporting Principles

In order to put patients and providers first, any CER proposal must:

- Define CER as a tool to improve patient care;
- Enhance information about treatment options and about how to close the gap between care known to be effective and the care patients receive;
- Focus on communicating research results to patients, providers and other decision-makers, not making centralized coverage and payment decisions or recommendations;
- Provide information on clinical value and patient health outcomes, not cost-effectiveness assessments;
- Design studies that reflect the diversity, including racial and ethnic diversity, of patient populations and communicate results in ways that reflect the differences in individual patient needs;
- Assure that studies are technically excellent and appropriate;
- Require open and transparent processes where all stakeholders have input into research priorities and design and have an equal voice in governance of a CER entity;
- Examine all aspects of health care including care management, medical interventions, benefit design, and processes of care for all patients;
- Support continued medical advances, including personalized medicine and other advances that can help improve patient care and control health care costs;
- Recognize the unique nature and value of targeted therapies that benefit specific groups of patients with rare and orphan diseases.

As the Committee continues to review and consider best practices to improve patient care, PIPC welcomes the opportunity work with policy makers on how best to include the use of comparative effectiveness.