Comparative and Cost-Effectiveness in Policy Decision-Making: What Others Are Saying About the Risks to Patients

ASCO: Cost-Effectiveness Standard Conflicts with Individual Patient Needs and Preferences

"There are significant limitations to the application of QALYs, because individuals with the same illness may have different preferences for a health state. For example, one individual with advanced cancer may prefer length of overall survival (OS) above all else, whereas another might view minimization of symptoms as the highest priority."

"Currently, no uniform [cost-effectiveness] threshold exists across health care systems; however, in many countries, such thresholds are being established, which raises concerns about limiting patient choice and health care rationing."

- Lowell Schnipper, MD, et al., American Society for Clinical Statement: A Conceptual Framework to Assess the Value of Cancer Treatment Options, *Journal of Clinical Oncology*, Aug. 10, 2015

CMS Official: Medicare Policy Based on Average CER Results Can Harm Patient Subgroups

"Even though well-conducted comparative effectiveness studies can show that one treatment is superior to another overall, that does not rule out the potential that there are a number of patients who will probably respond to the technology that's less effective…If we made a decision that we would not pay for the thing that's less effective, we in fact could be creating harm."

- Former CMS official Steve Phurrough, 1/15/09, speaking at a Chamber of Commerce CER Briefing

AARP: CER Is Intended to Guide Individual Decision-Making, Not National Medicare Policy

AARP "cautions against using comparative effectiveness information simply for cost-effectiveness or coverage determinations, particularly in the Medicare context. We do not believe this is an appropriate step at this time. Comparative effectiveness is intended to help consumers and providers determine the best treatment – not just the least costly treatment."

- AARP, 2007 testimony to Ways and Means Committee

Tony Coelho: Proposals for CER-Based Medicare Policy Conflict with Patient-Centeredness

"Proposals for Medicare and private payers to use CER are understandable, but concerning. Understandable because the challenge of rising costs is real, and policy-makers naturally reach for familiar policy tools. Concerning because it would pull CER away from individualized patient decisions and back towards centralized payer decisions. The end result would be limited choice of treatments based on one-size-fits-all determinations of 'value' for the average patient."

- PIPC Chairman Tony Coelho, *Roll Call*, Oct. 15, 2015

Current Value Models Conflict with Emergence of Precision Medicine and Patient Needs

“Current value assessment approaches—including comparative effectiveness research (CER), cost-effectiveness analysis, and health technology assessments (HTA)—are increasingly challenged by the rapid pace of change in science and medical practice, our growing understanding of heterogeneity in cancer, and growing sensitivity to the varying needs of patients.” Cancer care must “move beyond traditional approaches to comparative effectiveness research and health technology assessments to achieve better alignment with patient needs and values, as well as with the emerging science and changing clinical practice of oncology.”

- Amy Abernethy, MD, et al., *Clinical Cancer Research*, Feb. 12, 2014