

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