

# The Senior Center for Health & Security

*Enhancing the Lives of Older Americans*



## What You Need to Know

A special educational series

### *Comparative Effectiveness*

One of the watchword phrases of any contemporary discussion of our health care options and respective costs is “comparative effectiveness.” Comparative effectiveness research generally refers to research comparing the relative clinical risks and benefits of various health care treatments for a given disease or condition. While this type of research is clearly useful to physicians and patients, there is an ominous danger that comparative effectiveness could be used simply to cut and control costs, not to provide the best possible medicine to each and every patient. This approach is wrong, and should be avoided at all costs.

When appropriately applied, comparative effectiveness research can be extremely beneficial -- a valuable tool that contributes to improving health care outcomes by informing individual treatment decisions. As most people would agree, doctors and their patients should have the best available information about diseases and treatments when making health care decisions. In a patient-centric system, comparative effectiveness research can be a great aid to advance individual health and wellness.

Unfortunately, there are those who seek increased state and federal government involvement in comparative effectiveness research solely as a means to limit and control health care costs through “one-size-fits-all” coverage and payment decisions that ignore important differences between patients. This approach could effectively deny access to innovative therapies for patient populations who

might benefit from them. This approach will also stop the promising advance of personalized medicine in its tracks.

Comparative effectiveness research used as a ham-handed government cost-cutting tool will be especially harmful to Medicare and Medicaid patients who could easily be denied the choice of the best treatments. They will be unable to afford or access better treatments because some bureaucrat or board of bureaucrats found, in their infinite wisdom, that the “average” treatment at a cheaper price is “good enough” for them.

We have seen the end result of this strategy in other health care systems in other countries like the United Kingdom where whole classes of patients (breast cancer patients for example) are denied access to innovative breakthrough therapies because they do not meet some arbitrary economic threshold. That is simply unacceptable.

In addition to being patient-centric, first, last, and always, comparative effectiveness research must also be transparent, must involve doctors, patients, and patient advocate groups, and must include all facets of health care, not just drugs and biologics. And again, patient-centric comparative effectiveness research must consider the differences between individual patients, must enhance and encourage personalized medicine, must not deny access to the newest therapies, and must serve to help, not hurt vulnerable, underserved patient subpopulations. The best medicine cannot be one-size-fits-all.

Through the power of education The Senior Center for Health and Security seeks to enhance the lives of older Americans. It works to promote the promise and potential of innovative medical research and development and to highlight its critical importance in ensuring seniors live longer, healthier lives.

The Senior Center for Health & Security  
1900 Campus Commons Drive  
Suite 100  
Reston, VA 20191  
PH: 703-766-6360

[www.SeniorsForCures.org](http://www.SeniorsForCures.org)