



LABOR, IMMIGRATION &
EMPLOYEE BENEFITS DIVISION
U.S. CHAMBER OF COMMERCE

The Health Care Comparative Effectiveness Tool Kit

Promoting Value for Employee Health

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Executive Summary

The U.S. Chamber of Commerce (the Chamber) is dedicated to helping employers with employee health care management. Among other activities, the Chamber has championed the Leading by Example CEO Roundtable Initiative and the U.S. Workplace Wellness Alliance, both of which position employee health as a vital component of organizational success. The Chamber is providing this Health Care Comparative Effectiveness Tool Kit (the tool kit) to outline the trend toward use of comparative effectiveness information and patient engagement in order to improve employee health management.

Health information technology is assisting medical professionals and patients by making it easier to assess the effectiveness of treatment options from the real world health care experiences of Americans. Such work is sometime called comparative effectiveness analysis. Comparative effectiveness would address many types of medical interventions or products including drugs, medical devices, diagnostics, surgical procedures, and other therapies. This is done in a way that looks across the health care population and protects patient privacy. The information can help provide a profile of health care options, provide employees a better understanding of their options, and often provide information to assist them in managing their own health. Comparative effectiveness analysis sometimes shows that more expensive alternatives do not necessarily produce better outcomes.

Employers have an important stake in improving employee health management and greater understanding of comparative effectiveness information. This stake includes better employee health, greater productivity, and lower health insurance costs.

Comparative effectiveness information is only helpful if it is integrated into broader strategies of patient engagement, health care literacy, and employee health care support. Employer programs and initiatives vary greatly and may include health care coverage, wellness programs, and health clinics. More and more, employers are part of a circle of care for providing health information. For now, there are at least three things the Chamber recommends: (1) where relevant, engage patients and provide the Agency for Healthcare Research and Quality (AHRQ) effectiveness summaries, (2) encourage providers associated with your health plans to fully consider publicly available, evidence-based practice guidelines which are described below, and (3) begin to consider other ways to incorporate this growing base of information to improve coverage and employee health management.

Among other items, the tool kit refers to summaries by the AHRQ which provides basic information about certain medical conditions, findings about the effectiveness of various types

of therapies from analysis of real world experiences of patients, and information about the long-term costs and other features of therapies for such medical conditions. Many of these summaries are about chronic medical conditions—important areas for patient engagement and significant areas of health care costs.

AHRQ's Effective Health Care (EHC) Program pursues a comparative effectiveness research agenda. The EHC Program includes a network of Evidence Based Practice Centers and the DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Network. The Evidence Based Practice Centers and DEcIDE Centers are university affiliated and private sector research organizations. Under the (EHC) Program, AHRQ surveys existing comparative effectiveness research in a priority area and identifies any gaps in the research. AHRQ then uses its research network to perform research in order to fill in these research gaps. After the research is performed, AHRQ's John M. Eisenberg Center makes the research publically available in an easily understandable format. The goal of the Effective Health Care Program is to improve the quality of medical care by increasing transparency about and access to medical information so patients and doctors can make informed decisions leading to better care.

While AHRQ is the primary Federal entity sponsoring comparative effectiveness research, the National Institutes of Health and the Department of Veterans Affairs also produce some comparative effectiveness information. Private sector entities, including pharmaceutical and durable medical equipment companies, pharmaceutical benefit managers, health plans, large provider groups, and private consulting firms also produce comparative clinical and cost-effectiveness data.

These efforts are at the leading edge of a growing trend in generating and using comparative effectiveness information. In both Houses of Congress there is legislation which would establish and provide funds for an institute or similar entity to do more comparative effectiveness work. The growing pressure on costs and increasing demands for evidence to support given medical interventions are driving more study and greater political, policy, and practical acceptance of such work. In addition to generating knowledge about what works and how interventions compare, more effort is needed to translate this knowledge into common practice at a faster pace. The U.S. Chamber of Commerce encourages employers to maintain their leadership role in promoting quality and value in health care. Integrating current resources on comparative effectiveness to assist and engage employees and providers can be part of that leadership.

I. The Employer's Stake in Improving Employee Health Management

Employers have a large stake in employee health and health care. Employer-sponsored insurance is the leading source of health insurance, covering about 158 million nonelderly people in America.¹ More than half (53%) of small firms (3–199 workers) and 88% of large firms (200 or more workers) offering health benefits offer at least one of the following wellness programs: weight loss program, gym membership discounts or on-site exercise facilities, smoking cessation program, personal health coaching, classes in nutrition or healthy living, web-based resources for healthy living, or a wellness newsletter.² Better employee health means greater productivity and lower health insurance costs. Employers must provide leadership in promoting a healthy workforce, reigning in health care costs, and finding approaches that have the most value and effectiveness. American companies cannot sustain competitiveness without addressing these issues. Any method of reducing costs or improving quality of health care will be relevant to the bottom line of a majority of companies.³

Improving employee health management is one of the dominant topics for employers for the next decade. According to a survey of major employers, currently 77% of such employers offer formal health and wellness programs, up slightly from 2007, and more than half of those currently without programs plan to add them, many within six to 12 months.⁴

According to a Hewitt 2008 research survey of more than 500 U.S. companies, the number of employers who say they will get more directly involved in managing the individual health of their employees jumped 25% from 2007.⁵ Keeping employees healthy was named as one of their top business and workforce issues along with costs. In fact, 88% plan to make investments in longer-term solutions aimed at improving the health and productivity of their workforce over the next three to five years, up from 63% in 2007. In that survey, a number of employees admit that cost plays a role in influencing their health behaviors. Like employees, cost is also a concern for the majority of companies, with 82% focusing on cost mitigation in 2008.

According to Hewitt's research, more than half of employees or their dependents have a chronic health condition that requires ongoing care. As a result, an increasing number of companies are taking a closer look at the health risks and needs of their employee population and are offering programs designed to drive participation, encourage positive behaviors, and provide employees with additional education and support for managing chronic conditions. In the survey, 93% of companies identified the chronic health conditions that are most pressing for their employee populations and plan to target these conditions over the next three to five years. Half either provide or plan to provide health and productivity management programs

tailored to member risk levels, and another half offer enhanced medical and/or prescription drug benefits for at least one or more chronic condition.

Nearly all employers, regardless of size or industry, have a clear interest in expanding initiatives to help employees manage their personal health more effectively, both as a means to lower plan costs and to have a more stable, productive workforce, according to results released from United Benefit Advisors' (UBA) 2007 Employer Survey.⁶ Some 30% to 50% of employers in the survey hoped to add:

- Employee decision support tools;
- Formal wellness and disease management programs;
- Cost and quality information for hospitals, physicians, and prescription drugs; and
- Early-warning tools to identify chronic conditions and potentially serious claims.

Employers are also placing a greater emphasis on educating employees as to the reasons for plan changes and on how they can help improve their health and reduce the cost of their health plans. Survey findings in this area indicate that 73% of all employers think employees can become better health care consumers if given the tools to do so, such as provider cost and quality information, employer-based education on how to manage costs, and employee decision support tools.⁷

II. Health Care Cost and Value

America spends more on health care per person and as a percent of its gross domestic product (GDP) than any other country, and yet it underperforms in many categories of health. America has the most overweight and obese people of major countries. Chronic diseases are taking a toll on health and the economy. Looking forward, we see health care costs on the rise. Total health care spending, which consumed about 8% of the U.S. economy in 1975, currently accounts for about 16% of GDP, and that share is projected to reach nearly 20% by 2016.⁸ This trend forces employers to spend a greater percent of compensation in the form of benefits and forces all of us to find cost efficiency and value. As stated by the Congressional Budget Office, substantial evidence exists that more expensive care does not always mean higher-quality care. Perhaps the most compelling evidence suggests that per capita health care spending varies widely across the United States, and yet the very substantial variation in cost-per-beneficiary is not correlated with overall health outcomes.⁹ Consequently, embedded in the country's fiscal challenge are opportunities to reduce costs without impairing health outcomes overall.

AHRQ has reported that for many of the most prevalent diseases, health spending increases faster than the rate of quality improvement.¹⁰ The ratio of spending growth to quality improvement, however, is not the only indication that individuals may not be receiving enough value from the health care system—findings related to geographic variations in treatments and the prevalence of medical errors are also important factors. Researchers have estimated that nearly 30% of Medicare’s costs could be saved without negatively affecting health outcomes if spending in high- and medium-cost areas could be reduced to the level in low-cost areas. Those estimates could probably be extrapolated to the health care system as a whole.¹¹ Such an estimate would suggest that nearly 5% of GDP—or roughly \$700 billion each year—goes to health care spending that cannot be shown to improve health outcomes.¹²

III. Health Care Literacy

In 2004, the Institute of Medicine (IOM) issued a landmark report documenting the large gap between how health information is presented and the ability of a significant number of Americans to comprehend it, a problem often referred to as poor “health literacy.”¹³ Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health. At some point, most individuals will encounter health information they cannot understand. Even well-educated people with strong reading and writing skills may have trouble comprehending a medical form or doctor's instructions regarding a drug or procedure.

According to the IOM, responsibility for improving health literacy must be borne not only by the health care system, but also by educators, employers, community organizations, and other groups with social and cultural influence. IOM has set forth a “Vision for a Health Literate America” in which it foresees patients of the future. These patients are well-informed about their health and are consistently provided with reliable, understandable medical information.

Emerging evidence about treatments means that people must learn about their disease and possible treatments in order to examine complex trade-offs when responding to a diagnosis or helping manage the disease. Health literacy skills are needed for discussing care with health professionals, reading and understanding patient information sheets, consent forms, and advertising. The efforts of employers as well as others to improve health care literacy will be important over the next decade. Accordingly, employers and other partners should consider the tool kit in a broader program of education.

IV. Patient Engagement

For decades, most Americans have placed responsibility for their illnesses in the hands of their doctors. However, as IOM has noted, individuals are increasingly responsible for managing their own health care. They are assuming new roles in seeking information, measuring and monitoring their own health, and making decisions about insurance and options for care. Patients' health often depends on their ability and willingness to carry out a set of activities needed to manage and treat their disease. This self-management is essential to successful care of chronic diseases such as diabetes, HIV, and hypertension. Patients with chronic illness who have limited health literacy are less knowledgeable about disease management and less likely to use preventive measures.

The Center for the Advancement of Health describes a number of reasons for greater patient engagement, including:¹⁴

- Improved surgical techniques have led to shorter hospital stays but patients must often return home earlier and sicker and must adhere to health care regimens;
- New pharmaceutical approaches mean that those with diabetes, asthma, cancer, heart disease and HIV/AIDS now must manage complex drug regimens themselves;
- Emerging evidence about treatments and those who deliver them mean that people must learn about their disease, possible treatments, and a variety of physician attributes in order to examine complex trade-offs when responding to a diagnosis;
- Refinements in screening technologies and vaccines benefit individuals only if people participate in them regularly; and
- The complex relationships among doctors, hospitals, diagnostic and laboratory services, and health plans mean patients are an important link in care communication.

To increase patient engagement and to improve outcomes it is important to consider the full circle of care which can include physicians, care managers, employers, and family members. AHRQ has provided a brochure named *AHRQ Next Steps after Your Diagnosis: Finding Information and Support*. This brochure describes five basic steps to help you cope with the diagnosis, make decisions, and get on with life. Specifics include:

- Take time to carefully examine your options and decide what is best;
- Look for support from family and friends, people who are going through the same thing you are, and those who have "been there";
- Learn how best to communicate with the providers;

- When learning about your health problem and its treatment, look for information based on a careful review of the latest scientific findings published in medical journals; and
- Work with your doctor to decide on a treatment plan that best meets your needs.

V. Evidence and Comparative Effectiveness

There are growing opportunities to learn which treatment options are backed up by the best scientific evidence. Clinical effectiveness analysis evaluates the extent to which a health care intervention provides an outcome consistent with its intent. As applied in the health care sector, an analysis of comparative effectiveness is simply a rigorous evaluation of the impact of different options that are available for treating a given medical condition for a particular set of patients. Such a study may compare similar treatments, such as competing drugs, or it may analyze very different approaches, such as surgery and drug therapy.¹⁵ Clinical effectiveness and comparative effectiveness may be based on a variety of research as listed below:

- Clinical trials are research studies on human volunteers to test new drugs or other treatments. Participants are randomly assigned to different treatment groups. Some get the research treatment, and others get a standard treatment or may be given a placebo (a medicine that has no effect), or no treatment. The results are compared to learn whether the new treatment is safe and effective;
- Outcomes research looks at the impact of treatments and other health care on health outcomes (end results) for patients and populations. End results may include effects that people care about, such as changes in their quality of life; and
- Data synthesis approach, in which evidence from already existing clinical trials, studies published in the medical literature, and data from a variety of secondary sources (e.g., administrative claims data, registries, or observational studies) are integrated.

The growth area comes from surveying electronic health care data bases. This allows researchers to assess real world encounters with the health care system and ask a variety of statistical queries. This research has been underway for some time, but now there are more useable data bases, more means to capture and assess health care data, and more experiences from which to draw insight. Claims data, lab data, and clinical information can be assessed for populations represented in these data bases. These assessments preserve privacy and are not reviews of individual cases. The larger data bases, covering potentially millions of Americans, allow researchers to look at specific populations, more specific medical conditions, and the results of different types of treatment. Increasingly, hospitals and other providers are collecting patient survey data that looks at quality of life factors and ability to function in daily tasks.

VI. The Policy and Political Trend to Comparative Effectiveness

Comparative effectiveness research is an important and much debated issue. In June 2007 the Medicare Payment Advisory Commission (Medpac) stated:¹⁶

Comparative-effectiveness information has the potential to promote care of higher value and quality in the public and private sectors. Comparative information would help patients and providers become better informed and make value-based decisions. . . . Information about the value of alternative health strategies might improve quality and reduce variation in practice styles.

In 2007, the Institute of Medicine published *Learning What Works Best: The Nation's Need for Evidence on Comparative Effectiveness in Health Care*.¹⁷ That work states:

Within the overall umbrella of clinical effectiveness research, the most practical need is for studies of comparative effectiveness, the comparison of one diagnostic or treatment option to one or more others. In this respect, primary comparative effectiveness research involves the direct generation of clinical information on the relative merits or outcomes of one intervention in comparison to one or more others.

Representatives of Consumers Union have also called for comparative effectiveness information:

[W]e believe so strongly in the need for a Marshall Plan-like commitment to transform our knowledge base about the comparative effectiveness of medical treatments to fill the gaps in the clinical research. Armed with this knowledge, providers and consumers could identify and choose the best treatment options, and payers could fine-tune benefit packages and modify cost-sharing amounts to encourage the most cost-effective care. A commitment to funding and increased reliance on evidence-based, unbiased clinical research and synthesis of existing research should be a leading-edge building block for health care reform.¹⁸

The American College of Physicians, in particular recognition of the substantial, unsustainable growth in health care expenditures occurring in this country, has made relevant recommendations:¹⁹

- The College recommends that all health care payers, including Medicare, other government programs, private sector entities, and the individual health care consumer employ both comparative clinical and cost-effectiveness information as factors to be explicitly considered in their evaluation of a clinical intervention; and
- The College recommends that cost should never be used as the sole criterion for evaluating a clinical intervention. Cost should only be considered along with the explicit, transparent consideration of the comparative effectiveness of the intervention.

Comparative effectiveness has been the subject of various congressional bills and was discussed in the 2008 presidential election. President Obama wants to establish an independent comparative effectiveness research institute that would enable Americans and their health care providers to be able to make better health care decisions.²⁰ In the 110th Congress, Senator Baucus introduced S. 3408, the Comparative Effectiveness Research Act, which would create the Health Care Comparative Effectiveness Research Institute, a private independent nonprofit corporation, to prioritize and conduct comparative effectiveness research. The research would be paid for through a Comparative Effectiveness Research Trust Fund funded through general revenues, contributions from the Medicare trust fund, and per-enrollee fees on health plans. In the 110th Congress, the House of Representatives passed H.R. 3162, the Children’s Health and Medicare Protection Act of 2007, which included a Center for Comparative Effectiveness Research within AHRQ to promote more efficient health care.

VII. Promoting Value and Reducing Costs in Health Coverage and Health Care

Comparative effectiveness research, when effectively integrated and applied into select areas of health insurance, can help refocus the health care delivery system on the value of care received and facilitate a shift toward more evidence-based medicine. In doing so, such research has the potential to increase the quality and value of care, as well as reduce the variation in health care treatment, and reign in spending across the country that is not associated with better health care outcomes.²¹

Medicare has started a new trend by explicitly citing evidence assessments and coverage policy to rationalize some coding and payment decisions. Commercial payers are also demanding additional evidence to refine or reconsider existing policy. As a result of these developments, stakeholders pushing for broader access to therapies have actively engaged in evidence generation, with patient groups sponsoring research to supplement existing studies, and manufacturers re-thinking their clinical research focus.²² Comparative effectiveness

research can identify and eliminate waste in the form of expensive treatments that are not actually effective for a patient.²³ Recently, Barry Straube, Chief Medical Officer of Centers for Medicare and Medicaid Services (CMS), said “Medicare would have to address comparative-effectiveness and cost-effectiveness issues to achieve greater value for the program,” suggesting that comparative effectiveness research might be a good way to reduce Medicare costs.²⁴

Currently, however, CMS may not use AHRQ comparative effectiveness data obtained under the provisions of the Medicare Modernization Act to withhold coverage of a prescription drug.²⁵ This means that while CMS may use comparative effectiveness research to evaluate the Medicare program and provide information to patients and doctors, CMS may not use comparative effectiveness information to decide whether or not to pay for a drug for a particular individual or groups of individuals under the Part D Prescription Drug program.

If comparative effectiveness research includes cost effectiveness, health care providers and insurers will have to consider the cost effectiveness of medical treatments, which will eliminate cost inefficient procedures and allow for better distribution of finite patient care resources.²⁶ Health care payers could use comparative effectiveness research to shift some of the costs of less effective procedures onto the patients who still want these procedures, thereby forcing the patients to take these costs into account. Once health care providers begin to use comparative effectiveness research in making treatment decisions, this will provide an incentive for researchers to develop treatments that are both effective and cheaper.²⁷ These cost savings might enable insurance companies to lower rates, which could make purchasing insurance more of an option for some of the people who are currently uninsured in this country.

At a recent Senate Finance Committee Hearing on health care, several commentators suggested that comparative effectiveness research would be a good strategy to improve health care quality.²⁸ The reasoning is that comparative effectiveness research would lead to better care for less money by identifying and using treatments that actually work. Additionally, because much of what we know about drug effectiveness is discovered after clinical trials, comparative effectiveness research can improve health care quality by embracing and performing this later research.²⁹ Some employers are using value-based insurance design (VBID) to increase value and reduce costs. Such employers need value-based tools and metrics to allow the rigorous assessment of benefits in terms of improved employee health and productivity, as well as the impact on their bottom line. This provides an alternative to the common insurance practice of increasing the cost sharing burden of individuals with major chronic illness.³⁰ A “clinically sensitive” approach is designed to minimize the poor health

outcomes that arise from high “across-the-board” out-of-pocket expenditures. VBID addresses the inconsistencies and misalignment of incentives in the current system and works synergistically with other initiatives to optimize health care effectiveness and efficiency.

VIII. Translating New Evidence into Delivery of Care

High quality research evidence is available to guide and shape the practice of critical care. As the generation of such evidence increases, the challenge facing critical care medicine will be the translation of this evidence into a measurable improvement in patient outcome. Significant barriers to this process of translation exist that will require substantial effort and resources to overcome.³¹

Changing Delivery of Care with Information about Effectiveness



Currently, providers are often left on their own to figure out when and how to incorporate new evidence into a change in their practices, how to know whether a particular case fits the new evidence, and how to handle inconsistencies in tools of evidence.³² Further, physicians are expected to accomplish these changes within an already overcrowded, demanding clinic schedule. Research indicates that translating evidence into practice has been a slow process.³³ Along with evidence on medical practice and comparative effectiveness research, more work will need to be done to speed the adoption of evidence-based medicine and to translate new information into the delivery of health care.

IX. Resources for Effectiveness Information and Patient Engagement

Sources of information based on scientific information include the Federal Government, national nonprofit organizations, medical specialty groups, medical schools, and university medical centers. The Department of Health and Human Services has an online portal called

healthfinder.gov for consumers which gives links to about 1,500 health-related organizations. AHRQ's website is www.ahrq.gov.

The John M. Eisenberg Clinical Decisions and Communications Science Center is devoted to developing tools to help people make decisions about health care. The Eisenberg Center translates information about effective health care into summaries that use understandable, actionable language. An important function of the Eisenberg Center is to transform complex scientific information into short, plain language materials that can be used to assess treatments, medications, and technologies. The Eisenberg Center develops information summaries for three audience groups—consumers, clinicians, and policymakers. The guides are designed to help people use scientific information to maximize the benefits of health care, minimize harm, and optimize the use of health care resources. Health conditions currently covered include cancer; diabetes; digestive system conditions; heart and blood vessel conditions; mental health; and muscle, bone, and joint conditions. These summary guides are available at <http://effectivehealthcare.ahrq.gov/>.

AHRQ has been a focal point for methods of patient communication and engagement and research to evaluate the effectiveness of health care. Many organizations are trying to educate and inform the public about health care quality. Unfortunately, nearly all are finding that the task of developing and distributing information that people can understand and use is a huge challenge. Among other programs, AHRQ provides the TalkingQuality program at <http://www.talkingquality.gov/>. The program offers expert advice and recommends approaches to overcoming this challenge. Providing quality information makes consumers aware of what they are really getting and enables them to make decisions that reflect their needs and values.

There are a variety of online resources to assist with health care literacy. The American Academy of Family Physicians provides questions and answers about common health concerns and medicines at www.familydoctor.org. Health Care Choices is a nonprofit corporation that seeks to educate the public about the health care system. The online resource www.healthcarechoices.org contains information on hospitals, physicians, and health insurance. The Mayo clinic provides information about specific diseases and medications at www.mayoclinic.com. This resource includes guides to assist consumers in making health care decisions. Finally, www.medlineplus.gov is sponsored by the National Library of Medicine and the National Institutes of Health. This site covers many topics and includes a medical encyclopedia.

Additionally, resources titled “Questions Frequently Asked By Employers,” “Key Messages for Employees,” “Sources of Health Information for Employees,” and “Some Actions Patients and Families Can Take to Work with Their Doctors” are provided at the end of the tool kit.

Many employer health plans have strong relationships with providers. Where feasible, it is important that providers consider the evidence-based clinical practice guidelines. It can be many years before evidence about a more appropriate treatment for a medical condition translates into common practice. The National Guideline Clearinghouse™ (NGC) is a comprehensive database of evidence-based clinical practice guidelines and related documents. NGC is an initiative of AHRQ. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]).

The NGC mission is to provide physicians, nurses, and other health professionals with health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use. These guidelines are found at <http://www.guidelines.gov/>.

AHRQ has also endorsed about a dozen evidence-based practice centers around the country. Generally affiliated with a university, these centers analyze and synthesize existing evidence about treatments and technologies. Evidence-based practice reports on a variety of clinical topics can be found at <http://www.ahrq.gov/clinic/epcix.htm>.

Founded in 1985 by the Blue Cross and Blue Shield Association, the Technology Evaluation Center (TEC) pioneered the development of scientific criteria for assessing medical technologies through comprehensive reviews of clinical evidence. In 1997, TEC was designated as one of 12 original Evidence-based Practice Centers (EPCs) for the federal Agency for Healthcare Research and Quality (AHRQ). The list of TEC evidenced-based assessments can be found at <http://www.bcbs.com/blueresources/tec/tec-assessments.html>.

For now, evidence is often provided for broad populations, so physicians may determine that such information does not apply to a given patient’s situation. As time goes on, there will be more and more refined effectiveness information that examines more tailored segments of patient populations.

It may be advisable for employers to consider whether they are in a higher cost area in terms of use of higher cost services. As mentioned above, there is large variation in the culture and practice of health care in different areas of the country. So far, the general findings are that higher cost areas are not producing better overall health care outcomes. Employers can review the map in figure 2 in the CBO document at <http://www.finance.senate.gov/healthsummit2008/Statements/Peter%20Orszag.pdf> to see whether costs under Medicare are on the high side. If so, there may be greater chance of health care spending that is not necessarily producing better health outcomes.

How this information may be used in a given employer situation will vary. Different employers may have clinics, larger human resource divisions, wellness programs, and different types of coverage. The degree of health literacy among employees may vary. Employers can use their programs to help engage patients and help disseminate summaries of comparative effectiveness research. As this trend develops further, employers can consider additional means to use these new tools to improve coverage and employee health management programs. By finding the best treatment alternative for a patient, comparative effectiveness research can reduce waste and provide patients with better care. Comparative effectiveness research can help lead to reduced health costs and increased productivity for employees. Lower costs in the health care system could lead to lower insurance premiums, giving more employers the opportunity to provide health care coverage.

Moving forward will require the leadership of many parties. The U.S. Chamber of Commerce encourages employers to maintain their leadership role in promoting quality and value in health care, including engaging employees and providers in greater use of comparative effectiveness information.

Questions Frequently Asked By Employers

What is the benefit to employers from greater employee engagement and understanding of comparative effectiveness information?

Employers have an important stake in employee health, greater productivity, and lower health insurance costs. Today, more people have complex, ongoing health conditions or face important health care choices. When patients and families ask questions and understand what it is that they need to do to get the best possible care, the system actually begins to respond. AHRQ and other entities have put together a great deal of comparative effectiveness information in formats designed differently for patients and providers. Often such information is completely free and very useful for important health care decisions. Given substantial public policy momentum, production and use of comparative effectiveness information will be strongly increasing in the years ahead. The key is to get this information into the hands of employees.

Why is increasing patient engagement and health literacy important?

Patient and family engagement in health care is more important than ever. Emerging evidence about treatments and those who deliver them means that people must learn about their disease, possible treatments, and a variety of physician attributes in order to examine complex trade-offs when responding to a diagnosis and the complex and fragmented health care delivery system. With increasing out-of-pocket costs and the growth in high deductible health plans, employees need help making value-based health care decisions. Patients can have an effect by:

- Making informed choices about providers
- Learning about medical conditions and long term complications
- Learning about treatment options, likely outcomes and costs
- Working with a provider, making informed choices about options
- Helping to reach an accurate diagnosis
- Contributing to safe use of medications
- Checking the accuracy of medical records
- Observing and checking care processes
- Identifying and reporting treatment complications and adverse events
- Practicing effective self management and treatment monitoring

How does comparative effectiveness information fit into employer programs?

Comparative effectiveness information is helpful if it is integrated into broader strategies of patient engagement, health care literacy, and employee health care support. How this information fits in a given employer situation will vary. Different employers may have clinics, larger human resource divisions, wellness programs, and different types of coverage. The degree of health literacy among employees may vary. For now, there are at least three things the Chamber recommends that employers do.

- Where relevant, engage patients and at least provide access to effectiveness summaries from the Agency for Healthcare Research and Quality.
- Encourage providers associated with your health plans to fully consider publicly available, evidence-based practice guidelines.
- Consider other ways to incorporate this growing base of information to improve coverage and employee health management.

What resources are available?

This Health Care Comparative Effectiveness Tool Kit lists a variety of online resources for comparative effectiveness and other health care information. Those sites refer to many other sources.

How do doctors react when a patient brings in information they found?

Increasingly, doctors, nurses, and other health professionals welcome patients who bring information into the office. It gives them an opportunity to work with patients to identify which sources are really useful and point to other sources of information.

What is the Effective Health Care Program at AHRQ and how can it help employers?

The Effective Health Care Program focuses on the comparative effectiveness of different treatments and clinical practices. This information can reduce waste and provide patients with better care. Employee knowledge of such information can help lead to better care, reduced health care costs, and increased productivity for employees.

Key Message for Employees

- Patient and family engagement in health care makes a difference. When patients and families ask questions, and when they understand what it is that they need to do to get the best possible care, the system actually begins to respond.
- Coming prepared with information when meeting with a health professional can be of value to both patient and doctor. It is important to think about your visit with health care providers ahead of time and to bring a list of questions and issues that you want to cover.
- There are growing opportunities to learn the best scientific evidence on how treatment options have worked in real word settings and the relative costs of such options.
- Comparative effectiveness reviews are comprehensive reports that compare health care treatments, including pharmaceuticals, devices, and other types of interventions. Federal agencies and others have provided summary guides. These are plain-language publications to help people use such evidence in their decision making.
- Employees can use comparative effectiveness reviews and related information to better understand their medical condition and options. By considering such information and discussing options with their doctors, patients will get better health care that is better suited to their needs and more consistent with scientific evidence about the value of the therapy.
- There are a number of online sources of health and health care information, but it is important to use a reliable source.
- Patients can have an effect by:
 - Making informed choices about providers
 - Learning about medical conditions and long term complications
 - Learning about treatment options, likely outcomes, and costs
 - Working with a provider, making informed choices about options
 - Helping to reach an accurate diagnosis
 - Contributing to safe use of medications
 - Checking the accuracy of medical records
 - Observing and checking care processes
 - Identifying and reporting treatment complications and adverse events
 - Practicing effective self management and treatment monitoring

Sources of Health Information for Employees

Sources of information based on scientific information include the Federal Government, national nonprofit organizations, medical specialty groups, medical schools, and university medical centers. Here is a short list of online resources that may be useful:

- The Department of Health and Human Services has a portal called healthfinder.gov for consumers which gives links to about 1,500 health-related organizations.
- The Agency for Health Research Quality (AHRQ) provides a variety of resources for consumers. AHRQ's website is www.ahrq.gov.
- The John M. Eisenberg Clinical Decisions and Communications Science Center provides guides which help people use scientific information to maximize the benefits of health care, minimize harm, and optimize the use of health care resources. Included among covered health conditions are cancer; diabetes; digestive system conditions; heart and blood vessel conditions; mental health; and muscle, bone, and joint conditions. These summary guides are available at <http://effectivehealthcare.ahrq.gov/>.
- The American Academy of Family Physicians provides questions and answers about common health concerns and medicines at www.familydoctor.org.
- Health Care Choices is a nonprofit corporation that seeks to educate the public about the health care system. The online resource www.healthcarechoices.org contains information on hospitals, physicians, and health insurance.
- The Mayo clinic provides information about specific diseases and medications at www.mayoclinic.com. This resource includes guides to assist consumers in making healthcare decisions.
- Finally, www.medlineplus.gov is sponsored by the National Library of Medicine and the National Institutes of Health. This site covers many topics and includes a medical encyclopedia.

Actions Patients and Families Can Take to Work With Their Doctors

According to the Agency for Healthcare Research Quality here are some important things patients and their family can do:

- **Work with** your doctor, nurse, and other health care providers to make decisions about your care.
- **Tell your doctor about all of the medicines you take.** Be sure to include prescription drugs, over-the-counter drugs, vitamins, and herbal supplements. Don't forget to tell the doctor about any allergies or side effects you have had in the past from medicines. This is very important when your doctor gives you a new prescription.
- **Read the label on your prescription right away** when you pick it up from the drug store. Make sure it is what the doctor ordered for you.
- **If you have several health problems or are in a hospital,** many people may be involved in your care. Make sure that someone (such as your personal doctor) is in charge of your care. Speak often with that person. Ask a family member or friend to be part of your health care team if you are very sick or need major surgery.
- **Ask questions** and keep asking them until you understand the answers. You have a right to speak with anyone who is involved with your care.
- **When you have an x-ray or laboratory test,** don't assume that "no news is good news." Ask your doctor or nurse about when and how you will receive the results. Will it be in person, by mail, or by phone? If you don't receive the results when you expect them, contact your doctor and ask for them.
- **If you are having surgery,** make sure that you, your doctor, and your surgeon all agree on what will be done. Find out what you can do before and after surgery to speed your recovery.
- **Ask your doctor what the scientific evidence has to say** about your condition and treatment options.
- **Know that "more is not always better."** Be sure to find out why you need a test or treatment and how it can help you.

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