New debate on how to decide best health treatments

March 12 2009, By ERICA WERNER , Associated Press Writer

(AP) -- People's lives and plenty of money are at stake when it comes to determining which medical treatments work best.

So some prominent health industry and patient advocacy groups are trying to reframe the debate over how such decisions are made in order to ensure their interests are protected.

Spurred by $1.1 billion in the recent economic stimulus bill for "comparative effectiveness research," their coalition unveiled a new campaign Thursday with a prominent Democrat and disability rights advocate, former California Rep. Tony Coelho, as its spokesman.

Coelho, who suffers from epilepsy and was a key sponsor of the Americans With Disabilities Act, said the issue comes down to whether disabled people and other patients would get the medical care they need.

"On this issue we need to be at the table," Coelho said in an interview with The Associated Press. "Comparative analysis is wonderful, if it's done appropriately."

Coelho's concerns about what could happen if it's not done right line up with those articulated most loudly until now by Republicans and conservative commentators - that "comparative effectiveness" could morph into "cost effectiveness," with bean-counting government bureaucrats refusing treatments to patients who need them.

It's a big concern for drug and biotech companies too since they could lose out if a treatment they've developed is found to be less effective than a competitor's. But a drug company's bottom line isn't likely to draw as much public sympathy as a disabled person's needs.

That makes Coelho a good face for the Partnership to Improve Patient Care, which formed as the issue began to surface last fall and is funded by groups including the Easter Seals, Friends of Cancer Research, the Alliance for Aging Research, the Advanced Medical Technology Association and the powerful pharmaceutical and biotech industry lobbies.

The partnership also includes some minority and women's groups, mostly as nonpaying members. These groups say they can be underrepresented in studies of medical procedures and want to ensure that doesn't happen with the stimulus money.

The fear is that "research done with a very limited segment of the population would be applied to everyone," Alicia Diaz, federal affairs director for the Cuban American National Council, said after the partnership's press conference Thursday.

Obama administration officials insist that won't happen, noting that the economic stimulus bill specifies that comparative effectiveness research include minorities and women, and promising that disabled people will be included, too.

The purpose of the research is to provide doctors and patients with good information to help them get the best outcomes, and improve the performance of the U.S. health system, administration officials say.

"Information about the relative advantages of different treatments is critical to helping people with disabilities be better advocates for their own care," Health and Human Services spokeswoman Jenny Backus said Thursday.

Asked whether saving money was also a goal, Backus said the first step was to conduct the research and the program is "really about quality of care."

But controversy was stoked when language accompanying a House version of the bill suggested the result of comparative effectiveness research would be that less effective and in some cases more expensive procedures "will no longer be prescribed."

The final bill had different language, specifying there was no intention to "mandate coverage, reimbursement or other policies for any public or private payer."

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On the Net:

Partnership to Improve Patient Care: http://www.improvepatientcare.org/

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