

Tony Coelho



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There is a great deal of talk in the press about Comparative Effectiveness Research -- both pro and con. On one end of the spectrum people fear that the government will mandate the cheapest possible treatment. On the other, physicians are worried that they and their patients are being swayed by the marketing hype generated by pharmaceutical companies while there is little evidence to prove that a new expensive treatment is significantly better than a tried-and-true modestly priced treatment. Tony Coelho, chairman of the Partnership to Improve Patient Care, visits with Joyce to talk about the issues surrounding this new initiative.

About our guest:

Tony Coelho is a former United States congressman from California, and primary author and sponsor of the Americans with Disabilities Act.

Coelho was elected to Congress in 1978 and served for six terms until 1989. He served on the Agriculture, Interior, Veterans Affairs, and Administration Committees during his tenure, specializing in disabled rights. Coelho was the original author of the Americans with Disabilities Act, signed into law by President George H.W. Bush. By 1994, the U.S. Census Bureau reported that some 800,000 more people with severe disabilities had found employment than were employed when the bill was first enacted.

President Bill Clinton appointed Coelho to serve as Chairman of the President's Committee on Employment of People with Disabilities, a position he held from 1994 to 2001. He also served as Vice Chair of the National Task Force on Employment of Adults with Disabilities.

Coelho is the incoming chair of the American Academy of Pediatric Dentistry in addition to currently chairing Life Without Limits and the Disability Pride & Power Committee, he also serves on the Epilepsy Foundation Board of Directors.

He is also chairman of the Partnership to Improve Patient Care, which monitors Congressional activities surrounding the issue of Comparative Effectiveness Research, to ensure that the wording of bills in this area work to the benefit of physicians and patients.

Comparative Effectiveness Research (CER)



The mission statement of the Partnership to Improve Patient Care summarizes quite well the issues surrounding CER. In essence, we need it, AND we need to use it carefully, because it can very easily be misused.

The mission of the **Partnership to Improve Patient Care** (PIPC) is to raise awareness about the value of well-designed comparative effectiveness research (CER), the important role of continued medical innovation as part of the solution to cost and quality challenges in health care, and the need to ensure that proposals to expand the government's role in CER are centered on patient and provider needs.

PIPC members, representing a diverse, broad-based group of health care stakeholders, are dedicated to working together to promote CER that protects patient access to innovative treatment options; supports the ability of patients, doctors and other health care professionals to choose the care that best meets the individual needs of the patient; and, fosters continued medical innovation. Comparative effectiveness research can be a valuable tool to learn what works in health care and support good clinical decision-making. At the same time, such research can be misapplied in ways that restrict patient access to optimal care, undermine physician/patient decision-making, and discourage continued medical progress.

Supporting Principles

In order to put patients and providers first, any CER proposal must:

- Define CER as a tool to improve patient care;
- Enhance information about treatment options and about how to close the gap between care known to be effective and the care patients receive;
- Focus on communicating research results to patients, providers and other decision-makers, not making centralized coverage and payment decisions or recommendations;
- Provide information on clinical value and patient health outcomes, not cost-effectiveness assessments;
- Design studies that reflect the diversity, including racial and ethnic diversity, of patient populations and communicate results in ways that reflect the differences in individual patient needs;
- Assure that studies are technically excellent and appropriate;
- Require open and transparent processes where all stakeholders have input into research priorities and design and have an equal voice in governance of a CER entity;
- Examine all aspects of health care including care management, medical interventions, benefit design, and processes of care for all patients;
- Support continued medical advances, including personalized medicine and other advances that can help improve patient care and control health care costs;
- Recognize the unique nature and value of targeted therapies that benefit specific groups of patients with rare and orphan diseases.

See <http://improvepatientcare.org>