



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

View from the Technology Evaluation Center (TEC)

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Blue Cross and Blue Shield Association

U.S. Chamber of Commerce

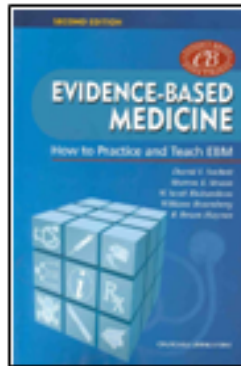
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BCBS Technology Evaluation Center

- 300+ technology assessments
- 3-year inventory at www.bcbs.com/tec
- Publications in medical journals
 - *Annals of Internal Medicine*
 - *Journal of the National Cancer Institute*
 - *Journal of the American College of Surgeons*
- Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Center



Good clinical studies are like good accounting and financial practices

A sample page from an accounting or financial statement. It features a table with multiple columns and rows, containing numerical data and text. The table is structured to show financial information, likely a balance sheet or income statement.

Deviation from standards leads to unreliable results and misinformed decisions

Challenges in assessing outcomes

- Quality of randomized controlled trials
- Inconsistent reporting of adverse effects
- Availability of robust evidence of effects and comparative effects
- Selective reporting and publication bias

Robust evidence of effects

- High-quality trials
- Long-term follow-up to assess benefits and harms
- Surrogate outcomes may be misleading
- Comparative trials
 - Drug vs. drug
 - Drug vs. surgery vs. radiotherapy
 - Early vs. late



Comparative effectiveness: erythropoietic-stimulating agents (ESA) anemia of cancer treatment www.ahrq.gov

- In cancer patients, anemia is associated with poorer survival and fatigue
- ESA increases Hb and reduces red blood cell transfusion
- Improve survival? Quality of life? Higher Hb better?
- Poorer outcomes in breast cancer, head and neck cancers (thrombotic events, tumor promotions)
- FDA black box warning
- Issue not drug vs. drug but approach to anemia
- Demonstrates urgency of complete and timely publication



Estimated Contributions of Selected Factors to Long-Term Growth in Real Health Care Spending per Capita, 1940 to 1990

	Smith, Heffler, and Freeland (2000)	Cutler (1995)	Newhouse (1992)
Aging of the Population	2	2	2
Changes in Third-Party Payment	10	13	10
Personal Income Growth	11-18	5	<23
Prices in the Health Care Sector	11-22	19	Not Estimated
Administrative Costs	3-10	13	Not Estimated
Defensive Medicine and Supplier-Induced Demand	0	Not Estimated	0
Technology-Related Changes in Medical Practice	38-62	49	>65

Source: Peter Orszag, Congressional Budget Office, April 2008

Summary

- Health plans want to make evidence-based decisions
- Challenges in obtaining good evidence on outcomes are considerable
- Good clinical studies are like good accounting practices, essential for informed decision making
- Robust comparative effectiveness information is urgent to achieve valuable and affordable healthcare

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