

The Center for the Evaluation of Value and Risk in Health

Institute for Clinical Research and Health Policy Studies, Tufts Medical Center

CEVR Fall Newsletter

November 2010

Welcome to our Fall newsletter

The US health reform legislation restricts the government's development and use of cost per QALY "thresholds." However, it does not mean the abandonment of cost-effectiveness analysis by US decision makers. Even with new lawmakers poised to scale back legislation, consideration of the cost-effectiveness of health interventions will unavoidably be part of the health care debate, alongside considerations of payment- and delivery-system reforms. See Perspective in NEJM 2010;363:1495-97

- Peter Neumann

RECENT PUBLICATIONS

Chambers JD, Neumann PJ, Buxton MJ. Does Medicare have an implicit cost-effectiveness threshold? Med Decis Making 2010; 30(4):E14-E27. [PubMed](#)

Chambers JD, Neumann PJ. US healthcare reform: implications for health economics and outcomes research. Expert Rev Pharmacoecon Outcomes Res 2010; 10(3):215-216. [PubMed](#)

Garrison LP, Jr., Neumann PJ, Radensky P, Walcoff SD. A Flexible Approach to Evidentiary Standards for Comparative Effectiveness Research. Health Aff (Millwood) 2010; 29(10):1812-1817. [PubMed](#)

Lin PJ, Maciejewski ML, Paul JE, Biddle AK. Risk adjustment for Medicare beneficiaries with Alzheimer's disease and related dementias. American Journal of Managed Care 2010;16(3):191-198. [PubMed](#)

Lin PJ, Shaya FT, Scharf SM. Economic implications of comorbid conditions among Medicaid beneficiaries with COPD. Respir Med. [PubMed](#)

Neumann PJ, Drummond MF, Jönsson B, Luce B, Schwartz JS, Siebert U, Sullivan SD. Are key principles for improved health technology assessment supported and used by HTA organizations? International Journal of Technology Assessment in Health Care 2010 Jan;21(1):71-78 [PubMed](#)

Neumann PJ, Weinstein M.C. Legislating against Use of Cost-Effectiveness Information. N Engl J Med 2010; 363(16):1495-1497. [PubMed](#)

Otero HJ, Rybicki FJ, Greenberg D, Mitsouras D, Mendoza JA, Neumann PJ. Cost-Effective Diagnostic Cardiovascular Imaging: When Does It Provide Good Value for the Money? International Journal of Cardiovascular Imaging 2010. 2010 Aug;26(6):613-6 [PubMed](#)

Rothberg MB, Cohen JT, Lindenauer P, Maselli J, Auerbach AD. Little Evidence Of Correlation Between Growth In Health Care Spending And Reduced Mortality. Health Aff (Millwood) 2010; 29(8):1523-1531. [PubMed](#)

CEA REGISTRY BLOG

[Visit the CEA Registry Blog](#)

Recent postings on the CEA Registry Blog have highlighted what the Patient Protection and Affordable Care Act (ACA) may mean for the use of cost-effectiveness evidence in future Medicare.

Selected blog posts from October:

- [Banning the use of cell phones when driving](#)
- [QALYs used by Medicare...but not a threshold](#)
- [Using CER in Dynamic Pricing for Medicare](#)
- [Legislating against use of cost-effectiveness information](#)
- [The need for a flexible approach for evidentiary standards for comparative effectiveness research](#)

COST-EFFECTIVENESS ANALYSIS (CEA) REGISTRY

We have updated the CEA Registry Website www.cearegistry.org. The new site is more intuitive and user-friendly. It also provides access to news and other resources about measuring value in health care. We welcome feedback at mcangelosi@tuftsmedicalcenter.org.

RESEARCH HIGHLIGHTS

Cost-effectiveness analysis could help CMS better allocate resources

This research found that redistribution of funding by CMS away from relatively cost-ineffective interventions to interventions that are more cost-effective could improve patient care without increasing Medicare spending. [READ MORE](#)

Key Principles for HTA receive varied support

The International Working Group for HTA Advancement examined the extent to which 15 principles were supported and utilized by HTA organizations worldwide. Many principles are supported and used but our analysis shows varied practices across HTA organizations. [READ MORE](#)

Improvements in mortality do not correspond to additional spending

This analysis found that although mortality rates have dropped for several leading conditions, there is little correlation between these improvements and the increase in spending on each condition. Hence, the cost-effectiveness of additional spending by condition varied by more than a factor of 10. [READ MORE](#)

WELCOME NEW CEVR STAFF

Sarah Garner, PhD, BPharm, is a 2010-11 Harkness Fellow in Healthcare Policy and Practice, funded by the Commonwealth Fund. During her year in the United States, Sarah's research will focus on low-value medical interventions in the context of value-based insurance design. Sarah is a pharmacist specializing in Health Technology Assessment (HTA) and has provided technical advice to the UK's National Institute for Health and Clinical Excellence (NICE) since 2000.

Sarah Bliss, BA, Research Assistant

Fina Jervis, BA, Research Assistant

Tully Saunders, BS, Research Assistant

UPCOMING PRESENTATIONS

[International Pharmaco-Economic Conference on Alzheimer's Disease, February 2011](#)

Issues Panels:

- Willingness to pay (WTP) for predictive tests for Alzheimer's: new results from a US Survey
- Predicting Alzheimer's costs using Medicare data

BECOME A SPONSOR

We are now in the 3rd year of our Value Databases Sponsorship Initiative which includes the Cost-Effectiveness Analysis (CEA) Registry and Medicare National Coverage Determinations (NCD) Database. Sponsors receive complete electronic access to the databases, an invitation-only meeting and many other benefits. To learn more, contact [Dr. Amy Stern](#).



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