

# Use of Comparative Effectiveness Analysis in Managed Care

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Rising costs pose a significant challenge to the US healthcare system. Congress, public and private payers, and other stakeholders have a significant interest in using comparative effectiveness research to control healthcare costs and support value-based purchasing. Policymakers continue to examine the framework for this research at the national level, while commercial payers are already comparing the effectiveness of products. Widespread use of comparative effectiveness data could have profound implications for manufacturers as well as the entire healthcare system.<sup>1</sup>

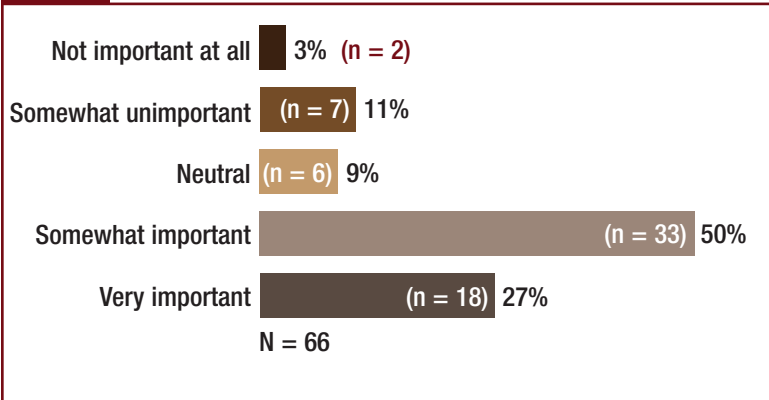
The following findings (Figures 1-6) represent responses from a panel of medical and pharmacy

directors (N = 73) from national and regional health plans to a survey on the use of comparative effectiveness studies. The survey was conducted during the June 2008 Managed Care Network (MCN) meeting in Washington, DC.<sup>2</sup> ■

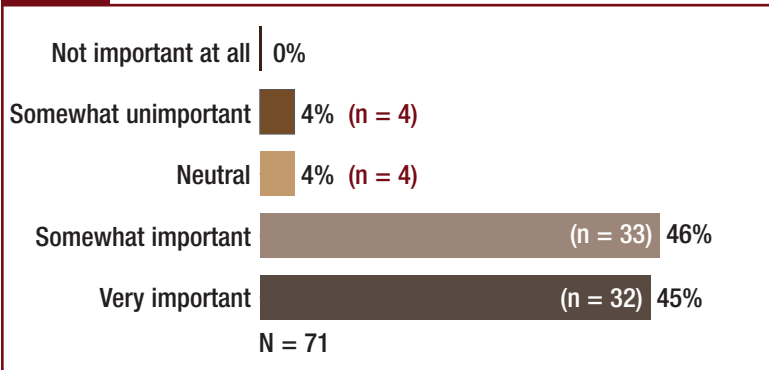
**Notes**

1. For more information see Xcenda/AmerisourceBergen Specialty Group Webcast, "Comparative effectiveness: emerging use with public and private payers and potential impact on manufacturers." May 20, 2008. [www.absgwebcasts.com/archive.cfm](http://www.absgwebcasts.com/archive.cfm).
2. MCN is comprised of more than 100 medical and pharmacy directors representing more than 150 million covered lives. MCN conducts payer market research and provides strategic guidance to the pharmaceutical industry. In 2007, MCN became a part of Xcenda/AmerisourceBergen Specialty Group. See [www.mcnweb.com](http://www.mcnweb.com).

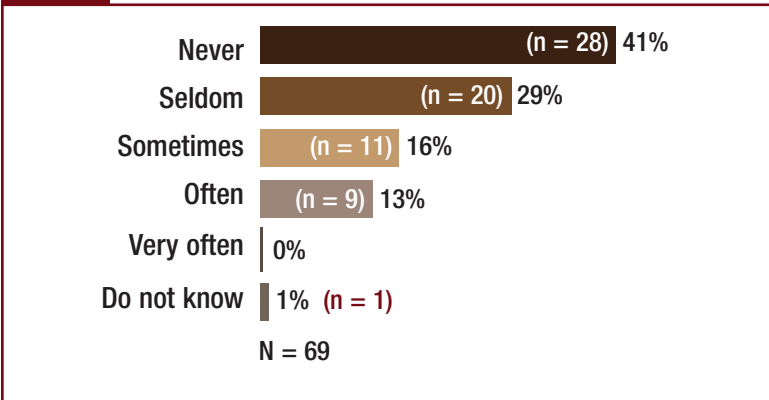
**Figure 1** Currently, How Important Are Comparative Effectiveness Studies to Decision-Making in Your Health Plan?



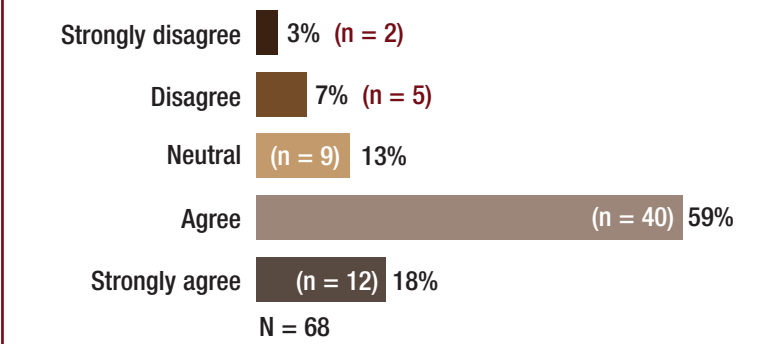
**Figure 2** In 3 Years, How Important Will Comparative Effectiveness Studies Be for Decision-Making in Your Health Plan?



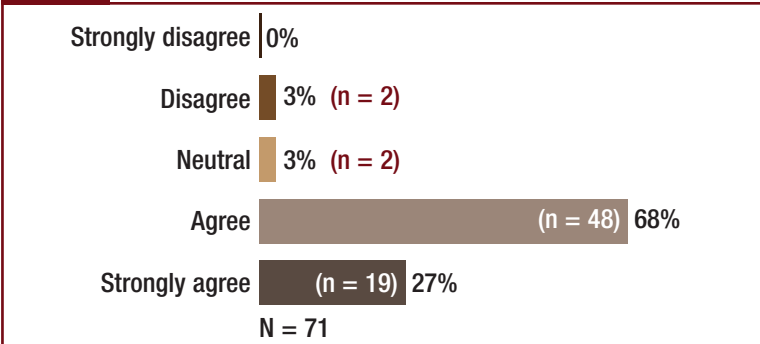
**Figure 3** How Often Does Your Health Plan Conduct Comparative Effectiveness Studies?



**Figure 4** Do You Agree that Private Payers Will Use Comparative Effectiveness Data to Require Enrollees to Pay Some or All of the Additional Costs of More Expensive Therapies for Which There Is No Superior Effectiveness?



**Figure 5** Do You Agree that Private Payers Will Distribute Comparative Effectiveness Data about a Product, Device, or Procedure to Influence Physicians' Treatment Decisions?



**Figure 6** Do You Agree that Private Payers Will Use Comparative Effectiveness Data to Create Tiered Cost-Sharing Structure that Requires Lower Cost-Sharing for Services that Show More Value to the Plan?

