

Symposium on Clinical and Comparative Effectiveness



Why Comparative Effectiveness?

- *Because That's Where the Money Is*
 - By popular legend the answer to
 - Why do you rob banks?
 - Asked by Mitch Ohnstad of Willie Sutton
 - Denied in
 - » *Where the Money Was: The Memoirs of a Bank Robber*
 - *Ghost-written biography of Willie Sutton*

American Recovery and Reinvestment Act of 2009

- **Federal Coordinating Council for Comparative Effectiveness Research**
 - Coordinating comparative effectiveness research across the Federal government.
- ***\$1.1 Billion*** for Comparative Effectiveness Research
- **Total NIH Discretionary funds for 2009**
 - **\$30.4 Billion**

American Recovery and Reinvestment Act of 2009

- \$300 million for the AHRQ
- \$400 million for the NIH
- \$400 million for the Office of the Secretary, HHS
 - Support research assessing the comparative effectiveness of health care treatments and strategies, through efforts that:
 - Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
 - Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.

Will Funding Continue?

- “Comparative effectiveness research can improve care for all Americans and is an important element of President Obama’s health reform plan”
 - Jenny Backus HHS Spokeswoman

A Word of Thanks

- Anne Sullens
 - Program coordinator, UM Claude D. Pepper Older Americans Independence Center
- Kara Longo
 - Health Program Manager UM Division of Gerontology and Geriatric Medicine
- Brian Buta
 - Administrator, JHU Older Americans Independence Center and
 - Epidemiology and Biostatistics of Aging Training Program