



Children and Comparative Effectiveness

It is the position of the American Academy of Pediatrics that in health care reform, any body to compare the effectiveness of clinical interventions should:

- ★ Gather and process data from Medicaid and CHIP, in addition to Medicare data.
- ★ Strengthen existing pediatric measures and fund research analyzing differences in clinical outcomes among patient subgroups, such as children and racial and ethnic minorities.
- ★ Recognize children as a unique and diverse group of individuals, with health care needs that are distinct from those of adults. As a result, representatives from the pediatric community must be included to support appropriate pediatric research.
- ★ Take action to enable children to be better studied in randomized controlled trials, especially drug trials.
- ★ Expand the evaluation of medications, devices, and interventions to include alternative models of service delivery and the implementation of structured quality improvement methodologies. The meaningful input of families in designing the vision and strategic framework, a transparent process in the production of objective information, and the impact on the promotion of innovation in the health care sector, particularly in advancements in health care for children with chronic conditions, should all be considered.

The Issue

In order to reduce health care costs and increase the quality of care, many lawmakers and health care experts argue that more research should be done to study which medicines, devices and procedures work best at treating different diseases. Over the past decade, numerous reports have highlighted the growing concern from clinicians, government and purchasers about the increasing gap in pediatric health care quality, the difference between current health outcomes and those thought to be achievable using best practice models and clinical practice guidelines. The Academy has enhanced its range of programs, resources, and tools, as well as its relationship with external agencies and organizations to close the quality gap and provide optimal quality care to all children. Nevertheless, children currently fare worse than adults in receiving the right level of care at the right time.

Current Status

The American Recovery and Reinvestment Act includes \$1.1 billion to fund comparative effectiveness research. This funding is broken down into \$300 million for the Agency for Healthcare Research and Quality (AHRQ), \$400 million for the National Institutes of Health (NIH) and \$400 million for the Department of Health and Human Services (HHS). Comparative effectiveness research may help mitigate increases in overall healthcare spending and, even more important, show how to get the most health value out of health care investments. Advocates argue that if comparative effectiveness research is not expanded and communicated, clinicians and consumers will face an ever-growing array of choices with limited guidance. In regards to comparative effectiveness generally, the Academy wholeheartedly embraces the goal of establishing improved quality of care, improved efficiency, and ultimately cost savings throughout the health system. Nevertheless, the Academy has several concerns regarding how a federal comparative effectiveness research body can best measure, and subsequently evaluate pediatric services. In particular, as the depth and breadth of pediatric research lags behind that of adult research, it is unclear how clinical interventions in children can be effectively evaluated without significant new research funding to develop information for comparison.