

Federal Sponsorship of Cost-Effectiveness and Related Research in Health Care: 1997–2001

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ABSTRACT

Objectives: To describe recent federal sponsorship of cost-effectiveness and related health economics research to provide insight into the functioning of existing research support systems and assess the roles of federal health agencies.

Methods: Using the PubMed database, we identified cost-effectiveness and related publications citing support from a US government entity and published during the period of 1997 through 2001, and audited them for information on funding sources, study type, and content focus.

Results: Five Department of Health and Human Services agencies and centers and the Veterans Administration are cited as funders in 74% of 520 federally supported health economics publications we identified. Three-fourths of federally supported publications address five areas of high disease burden: infections, cancer, HIV/AIDS, cardiovascular disease, and substance abuse. Other high burden diseases, including mental health, diabetes, and injuries,

receive less attention. Federal support of health economics studies of health education and care delivery—intervention types underexamined in the field—is relatively strong but most often focuses on substance abuse or mental health services. Each of the top federal funders has a distinct funding pattern, but there are substantial areas of overlap within which we could not identify content domains specific to one funder or another.

Conclusions: Federal support of health economics research has paralleled growth in the field. Federal funders support projects consistent with their mission and focus on high-burden disease areas. However, overlapping funding areas, ambiguity concerning agency interests within overlapping content areas, and gaps in some disease and intervention areas suggest that the coordination of health economics research funding could be improved.

Keywords: cost-effectiveness, federal funding, federal health agencies, health economics, research priorities.

Introduction

During the past several years, the costs of health care and particularly of prescription drugs have once again begun to rise at an increasing rate. At the same time, consumers' concern for the quality of health care has never been greater, reflecting both increased access to information about health care and a growing awareness of the multiple consequences of medical interventions. The combination of these factors has spurred purchasers' interest in assessing the value of clinical and public health interventions—in assuring that their health-care investments return a measurable, positive, and valuable health outcome.

In an effort to address these concerns, health services researchers in academia, the pharmaceuti-

cal industry, consulting firms, and in government have produced a growing number of cost-effectiveness, cost-benefit, and related analyses quantifying the cost per unit of outcome of health policies and clinical interventions. These studies are often referred to as health economics studies. (The term health economics is used in two ways in the literature: to refer to studies of consumer, firm and market behaviors applying economic theory to examine health care, and to describe the field of economic evaluation examining costs and outcomes of interventions to inform resource allocation decisions. We use the term to refer to the latter field of study.) Health economics studies of health-care services are intended to address specific questions regarding the value of newly developed and existing interventions and to provide summary information linking health outcomes and economic impact for use in clinical and policy decisions. Between 1979 and 1984, an average of 113 cost-effectiveness analyses (CEAs) and cost-benefit analyses (CBA) were published each year [1]. A decade later, these studies were

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being published about three times that rate [2], with growth occurring across medical modalities and in the United States, as well as internationally.

Although its role in using and promoting health economic considerations in health-care decision making has been fraught with controversy [3], the federal government has been a significant funder of health economics studies for nearly two decades. Although health economics is often listed among agency research interests, most federal efforts in this area have been opportunistic. Funders, by and large, have offered only general guidance as to their interests and priorities for applied health economics research or methods. With few exceptions, health economics studies have been supported within research portfolios addressing broad substantive areas. This has led to some confusion among health-care researchers about agency interests and about where to seek funding for a given study. It is also unclear whether federal funders are addressing important topics and supporting a coherent and cohesive base of health economics information.

This report reviews the recent federal sponsorship of health economics research focusing on health-care services to provide insight into the functioning of the research support systems that are currently in place. We examine whether the output of federally sponsored studies is keeping pace with the increased level of interest in health economics, the substantive focus of this research, and the specific roles of the federal agencies.

Conditions

We examine the health conditions that are the focus of federally supported health economics research, considering the level and distribution of publications addressing various conditions. Ideally, health economics studies should address areas in which the research could improve delivery of services, resulting in greater health outcomes for health-care dollars invested. Opportunities for this improved efficiency depend on many factors, some of which can be difficult to identify: the potential of new interventions, implementation considerations, the current efficiency of interventions, disease burden (morbidity, mortality, and cost), and other factors [4]. Efforts to guide the allocation of resources devoted to medical research have frequently highlighted measures of health and economic disease burden [5–8]. The allocation of health economics research dollars among disease areas has received less attention. Chapman et al. [9], in their review of cost-utility analyses (CUAs),

compare the emphasis given to different disease types grouped by the International Classification of Diseases, Ninth Revision category. They note that certain areas, such as circulatory system, infectious and parasitic diseases, and neoplasms have been well studied in this literature, while others, including congenital anomalies, injuries, and pregnancy, childbirth and puerperium, have been the subject of fewer studies.

Interventions

An important concern in the funding of health economics research is the type of intervention being examined. Financial incentives support the evaluation—including the health economics evaluation—of some types of interventions disproportionately. In the area of pharmaceuticals, for example, rising costs have motivated closer attention to the cost-effectiveness of drugs internationally, and reimbursement systems in several countries have developed formal processes for the review of the cost-effectiveness of pharmaceuticals [10,11].

Factors other than regulation and reimbursement incentives may also drive health economics research. More tangible interventions, such as drugs and tests, are often easier to describe and quantify than health education, medical procedures, or care delivery models and may therefore be studied more often. Outcomes data are more readily available for drugs than for most other types of intervention, for example, because of the trials required for drug approval [12]. In some areas, government and private sector entities have explicitly called for greater use of cost-effectiveness and related studies to assist in documenting the value of services. This is the case for prevention, where the Partnership for Prevention and others argue that indications of the relative value of services are important to help clinicians prioritize among many interventions that offer benefit [13].

Role of Agencies

Federal government funding of health economics research derives from a variety of agencies and centers within agencies with interests in diverse clinical and health policy questions. Although there is no central coordination of these efforts, health economics research is at times coordinated informally and sometimes formally. Projects range from grants funded under joint requests for proposals, to interagency participation in workgroups such as the Panel on Cost-Effectiveness in Health and Medicine, which published standards for cost-effectiveness analyses, to joint sponsorship of independent

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