

SUBJECT: COMPARATIVE EFFECTIVENESS RESEARCH

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

1 WHEREAS, comparative effectiveness research is an important part of the discussion on health
2 system reform; and

3 WHEREAS, it is of the utmost importance that the osteopathic perspective is represented in any
4 discussion about comparative effectiveness research; and

5 WHEREAS, comparative effectiveness research should enhance the ability of osteopathic physicians
6 to provide the highest quality care to patients utilizing the best proven and widely accepted
7 evidence based medical information at the time of treatment; now, therefore, be it

8 RESOLVED, that the American Osteopathic Association (AOA) adopt the following principles
9 regarding comparative effectiveness research:

10 **COMPARATIVE EFFECTIVENESS RESEARCH**

11 **Physicians and Patients**

- 12 • Comparative effectiveness research should enhance the ability of osteopathic physicians (DOs)
13 to provide the highest quality care to patients utilizing the best proven and widely accepted evidence
14 based medical information at the time of treatment.
- 15 • Comparative effectiveness research should not be used to control medical decision-making
16 authority or professional autonomy.
- 17 • Comparative effectiveness research should enhance, complement, and promote quality patient
18 care, not impede it.
- 19 • Guidelines developed as a result of comparative effectiveness research studies should be
20 advisory and not mandatory.
- 21 • Comparative effectiveness research should be viewed as a positive development for patients and
22 physicians and a useful tool in the physician's armamentarium, working in concert with patients.
- 23 • Physicians in practice should be included in any discussions and decisions regarding comparative
24 effectiveness research.
- 25 • Comparative effectiveness research should focus on clinical effectiveness, not cost effectiveness,
26 and should not be used to deny coverage or payment.
- 27 • The physician/patient relationship must be protected and the needs of the patients should be
28 paramount.

