

United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

(202) 224-5364

September 15, 2009

Dr. Carolyn Clancy
Director
Agency for Healthcare Research and Quality
United States Department of Health and Human Services
540 Gaither Road, Suite 2000
Rockville, MD 20850

Dear Dr. Clancy,

We're very pleased that the American Reinvestment and Recovery Act provides \$1.1 billion for comparative effectiveness research, and that \$300 million of that amount will go to your agency. We believe this is an important investment and a necessary step toward ensuring that both doctors and patients have full access to evidence-based data to help them decide the best treatment for each patient.

We also believe the Act enables the agency to establish programs to support "academic detailing." We have been increasingly concerned by growing evidence that pharmaceutical sales representatives are one of the most common ways in which doctors receive information about the latest drugs on the market. Since evidence shows that interaction with these sales representatives can affect doctors' prescribing patterns, it is important to ensure that physicians have access to independent information that is well-researched, comprehensive, and objective.

Several states already have "academic detailing" programs in place, and a study in the *New England Journal of Medicine* has projected that for every dollar spent on academic detailing, two dollars can be saved in drug costs.¹ When doctors are better informed about the risks and benefits for the full range of their clinical choices, they are more likely to provide the safest and most effective treatment for their individual patient, which often may not be an expensive brand-name drug.

As you allocate ARRA funds, we urge you to support efforts to help doctors and patients obtain evidence-based, unbiased information about treatments, including the development of educational materials on the relative safety, effectiveness, and cost of prescription drugs, generic and over-the-counter alternatives and non-drug treatments. These materials could include easily understandable brochures, handouts, and electronic information accessible to both patients and doctors.

¹ Soumerai, S.B., & Avorn, J. (1986). Economic and policy analysis of university-based drug "detailing". *Medical Care*, (24)4, 313-331.

Trained medical professionals could also be supported to make visits to physicians' offices to discuss and disseminate these educational materials. In our view, entities demonstrating expertise in clinical research, such as medical and pharmacy schools and academic medical centers, should lead these efforts. The accuracy and effectiveness of the materials should be closely monitored, and no group should receive financial support from any manufacturer of the products being reviewed.

An academic detailing program funded at the federal level will enable many more states to participate. The documented success of the existing programs makes such a program, an ideal use of AHRQ's comparative effectiveness research resources. We urge you to support academic detailing as you begin the process of allocating comparative effectiveness research funds.

With respect and appreciation,

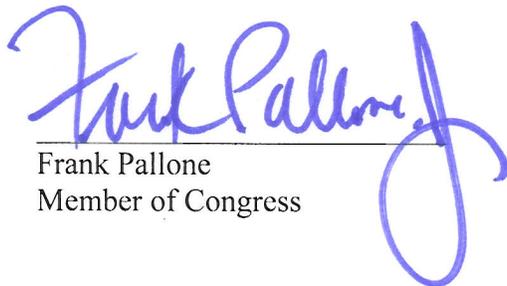
Sincerely,



Herb Kohl
U.S. Senator



Henry A. Waxman
Member of Congress



Frank Pallone
Member of Congress