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INVITED EDITORIAL

The Hour for Comparative Effectiveness Research of Medicines in India

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India is facing many health challenges with increasing incidence of chronic diseases among the population. These diseases can be treated or managed with timely pharmacological treatment. Many of the treatment options are expensive since after the General Agreement on Tariffs and Trade (GATT) implementation, newer drugs cannot be manufactured through process patents. There is a growth in the health care insurance industry with many employers offering health care insurance as a benefit to employees in India. Also many of the local companies that relied on producing generic equivalents are also entering the global market where they have to demonstrate value for their product. Health care payers are all struggling with the costs of medications. Pharmaceutical companies with dwindling returns on investments have priced many of the specialty medications like those used to treat cancer in several lakhs of rupees per year to recover the cost of R and D in the relatively small portion of patients who will be using them. Thus many payers (government, insurance companies and in some cases patients) want to know the most cost effective way of treating these conditions considering limited resources at hand and availability of cheaper pharmacological treatment options.

In the US, the federal government has been emphasizing the importance of comparative effectiveness research (CER), which involves understanding the medication prescribing and medication utilization among physicians and patients with chronic diseases. CER can benefit health care policy making in terms of understanding how physicians and patients make more informed decisions by knowing patient health outcomes. CER is defined by the Institute of Medicine committees as “the generation and synthesis of evidence that compare the benefits and harms of alternative methods

to prevent, diagnosis, treat, and monitor a clinical condition or to improve the delivery of care”¹.

CER evaluations should include inputs from stakeholders such as clinicians, educators, insurers and policy makers in order to frame questions and translate findings. These findings should have real world applications in terms of benefitting the patients or aiding the clinicians in making better clinical management decisions or helping the research community to understand the priority placed upon use of a particular technology over others. Differences in outcomes such as quality of life, life expectancy, morbidity and mortality can also be assessed in racial minorities or vulnerable groups such as children and elderly using prospective or retrospective CER evaluations². CER evaluations can boost innovation by serving as an evidentiary tool for the academic and public health practitioners as well as medical researchers, that differentiates cost effective from ‘me too’ technology, thereby benefitting the populace³. Developing nationally representative patient registries or claims based databases that provide patient information, by involving government; insurers and healthcare providers can aid successful CER evaluations. Matching patient registries with medical claims data can provide strong evidence about the quality of care that patients receive since registries provide information about clinical end points that can be complemented with healthcare utilization information provided by the claims dataset⁴.

The growth of pharmacy education in India is producing many graduates with advanced knowledge of the effectiveness of medication therapies. This new generation of pharmacy professionals can lead the way in conducting these timely CERs so that we can address issues such as cost effectiveness and access to medications that are essential and potentially life-saving. With the changing demographics of disease and mortality in India, this is becoming an

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increasingly important issue in making clinical decisions in treating patients. If conducted and used properly CER has the ability to allow objective decision making related to the rational use of pharmaceuticals. Successful CER evaluations are possible in an environment where healthcare providers, educators and policy makers can function in collaboration through sharing of assets, skills and resources that can better healthcare metrics and bring equity in patient outcomes⁴.

REFERENCES

1. Institute of Medicine (IOM). Initial National Priorities for Comparative Effectiveness Research. 2009. Available at: <https://www.med.upenn.edu/sleepctr/documents/IOMsummary.100prioritiesforCER.2009.pdf>. Accessed on July 24th 2015.
2. Agency for Healthcare Research and Quality (AHRQ). Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE) Grants. 2009. Available at: <http://archive.ahrq.gov/fund/HS-10-003QandA.htm>. Accessed on July 25th 2015.
3. Mushlin AI, Ghomrawi HM. Comparative Effectiveness Research: A Cornerstone of Health care Reform? *Trans Am Clin Climatol Assoc* 2010; 121: 141-54.
4. Balkrishnan R, Chang J, Patel I, Yang F, Merajver SD. Global comparative healthcare effectiveness research: evaluating sustainable programmes in low & middle resource settings. *Indian J Med Res*. 2013 Mar; 137(3):494-501.