



ON AIR

Transcripts

President Obama's Strategy for Healthcare....Research

Monday, June 15, 2009

SUSIE GHARIB: President Obama said today the U.S. health care system is a quote ticking time bomb for the Federal budget. Speaking to the American Medical Association, the president said one tool to keep that time bomb from exploding is research, specifically, research that can figure out what medical treatments work best. As Dana Bate reports, that kind of research can make health care more efficient.

DANA BATE, NIGHTLY BUSINESS REPORT CORRESPONDENT: Think of these cardiologists as plumbers for the heart. To unclog the pipes they sometimes use stents, small mesh tubes that open narrow or weakened arteries. But the past two years haven't been kind to those devices. Two different studies compared stents to drug treatment and found for some patients, stents don't offer a measurable benefit over drugs. Dr. Jonathan Reiner says for patients with heart problems or chest pain, stenting can improve lives significantly. But for other patients, he might recommend different treatments.

DR. JONATHAN REINER, CARDIOLOGIST, GEORGE WASHINGTON UNIV. HOSP.: If they're not having pain at all and they're otherwise stable and they don't have very ominous coronary anatomy, that stenting probably not going to make them any better than they already are.

BATE: The papers comparing stents and drug therapy are called comparative effectiveness studies, research that compares treatments to see if one works better than another. Reiner says the studies help doctors understand what works and what doesn't.

REINER: Large trial data like this is helpful in developing the kind of data set that centers can use to improve their outcomes.

BATE: Comparative effective research is supposed to give doctors, patients and insurers the information they need to make better health care decisions. The question is: how you make that information available and get people to use it. The UK does it through the national institute for health and clinical excellence or NICE. Kalipso Chalkidou helps plan the research agenda and says the institute has promoted better care.

DR. KALIPSO CHALKIDOU, UK NAT'L. INST./HEALTH & CLINICAL EXCELLENCE: The problem was this research was being put out there in the public domain, but it wouldn't get any traction. So the idea was for NICE to come in and streamline the research, take it and turn it into actionable recommendations.

BATE: But who would make those recommendations here? Michael Cannon of the Cato Institute thinks doctors and insurers would do a better job than the government.

MICHAEL CANNON, DIR., HEALTH POLICY STUDIES, CATO INSTITUTE: The problem there is the government does not have a lot of information about individual patient needs and preferences and so a lot of people will be denied care that would help them if the government is making those decisions.

BATE: But the government will have a stake in knowing which treatments work best, especially if it offers a public health plan, an issue expected to heat up in the coming weeks. Dana Bate, NIGHTLY BUSINESS REPORT, Washington

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