Perspective: Research Needs For Managed Care
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Research Needs For Managed Care

The view from a managed care plan executive on the need for clinical research: “In God we trust; all others bring data.”

by Charles M. Cutler

Robert Mechanic and Allen Dobson nicely summarize the impact of managed care on clinical research in academic medical centers (AMCs). In this Perspective I turn the topic around: the impact of clinical research on managed care organizations.

The mission of managed care plans is to provide high-quality, cost-effective health care. To accomplish this mission, plans need accurate, relevant data generated by clinical research. Such research is necessary to meet the needs of health plans’ primary constituencies: employers, members, and providers. Employers do not want to spend any more than necessary on health care, but they want to provide high-quality, affordable care to their employees. They expect health plans to decide which interventions are the most appropriate and effective. They are interested in interventions that will help their employees to be more productive and that will decrease the costs of other benefits, such as disability, workers’ compensation, and life insurance. However, they are not willing to shoulder the cost of research or experimental protocols.

Plan members want ready access to high-quality care and are somewhat more insulated from the expense of that care than employers are. They generally want access to an experimental therapy when they perceive it to be the most effective therapy or the last hope for curing a life-threatening illness.

Providers expect to be able to deliver high-quality care, and they expect that care management will be based on sound medical judgment and data. As providers take on more of the financial risk for the care of their patients, they need to know which interventions are most effective for maintaining enrollees’ health and decreasing health care costs.

Different research agendas. Because the major needs and expectations of health plans’ key constituents can be met only when data are available to identify which interventions are appropriate and effective, health plans are heavily dependent on data from clinical research. However, as Mechanic and Dobson note, the research agendas of health plans and AMCs are different.

Health plans are most interested in questions about care for conditions that are common, expensive, high risk, or of great interest to employers and members. For example, what are the most appropriate indications for cesaran sections, what are the alternatives, and how can we more effectively manage labor? What are the most effective interventions to decrease the incidence or increase the early diagnosis of breast cancer? In contrast, most of the clinical research in AMCs has focused on the relatively rare diagnoses and therapies provided at those centers.

Health plan research centers. In part because the questions of interest to health plans have not been high on AMCs’ agendas, health plans have established new centers for clinical research. For more than three decades, managed care organizations have been actively involved in clinical research (for example, Kaiser Permanente’s pioneering research in health screening and preventive care). Because health plans are responsible for a defined population in a “real-life” environment, their studies can test the results of trials that...
were carried out in more controlled academic environments. Health plans also have competed successfully for grants from both public and private sources, for clinical research on a wide range of subjects.

**Collaborative projects.** Many of these research projects are done in collaboration with AMCs. For example, The Prudential Center for Health Care Research has collaborated with Harvard Medical School, HealthPartners with the University of Minnesota and Mayo Clinic, and Group Health Cooperative of Puget Sound with the University of Washington. Other studies are being performed in collaboration with government agencies such as the Centers for Disease Control and Prevention (CDC) and the Agency for Health Care Policy and Research (AHCPR). Many of these studies would be difficult if not impossible to undertake without the population and data sources available only in managed care plans. Many eventually are published in the peer-reviewed literature. (For example, in its first two years of operation, The Prudential Center for Health Care Research will have published fifteen articles.)

**Challenges to clinical research.** Competition for health plan enrollees now is based largely on cost. This makes it difficult for managed care organizations to support research that cannot be undertaken in a cost-effective way or that is not funded externally. As Mechanic and Dobson point out, the more that AMCs can be cost competitive and continue their clinical research, the easier it will be to get health plans’ support.

All insurers, indemnity and managed care, must be able to exclude therapies that are unsafe or ineffective. To do so, they must have contract wording that will withstand legal challenges. Defining the difference between clinical trials that compare the effectiveness of accepted therapies and those that test untried therapies is difficult but necessary.

New therapies for life-threatening illnesses pose a unique problem. Ideally, managed care organizations would like to support the collection of data in rigorously designed, randomized clinical trials. Unfortunately, once there are preliminary reports of a new therapy’s success, the therapy becomes available outside of clinical trials, members sue to obtain it, state legislatures mandate coverage, and randomized clinical trials cannot accrue an adequate patient pool to evaluate the therapy’s effectiveness. Such is the case with high-dose chemotherapy and bone marrow transplantation for breast cancer. The result is that some women are obtaining a therapy that may shorten survival time at a much higher cost.

David Eddy has estimated that 80-90 percent of treatments have not been adequately evaluated in controlled studies and that perhaps an even lower percentage of population-based interventions have been evaluated. The ability to manage for quality and cost-effectiveness in health care depends on having these data available.

**NOTES**

3. For example, a study on the effects of long-term tocolysis with terbutaline on the temperament of term infants is under way at HealthPartners with the Mayo Clinic, funded by the Group Health Foundation; and a study on breast cancer management in older women is under way at Harvard Pilgrim Health Care and Brown University, funded by the National Cancer Institute.
4. The American Association of Health Plans is collaborating with the CDC on Assessment Studies in Organized Health Care Delivery and Effective Prevention Strategies.