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**Illinois Academy of Family Physicians
Statement to the Federal Coordinating Council on Comparative Effectiveness Research
Public Listening Session in Chicago
Submitted Monday, May 11, 2009**

The Illinois Academy of Family Physicians (IAFP) is a state chapter of the American Academy of Family Physicians (AAFP). Our Academy includes over 3,800 family physicians and medical students throughout the state. IAFP submits this written testimony to support comparative effectiveness research as a means of improving quality, reducing costs and enhancing access to care. We also believe that Illinois is an ideal location to conduct this research. Our state has university and community-based practices in the urban, suburban and rural settings needed to adequately study the conditions and populations to meet the priorities of CER.

From the nation's family medicine perspective, comparative effectiveness research means careful analysis of the relative benefits and costs of various treatments across populations and illnesses. Family physicians treat the whole person, across the entire life span, providing ongoing, integrated care. Given the complexities of clinical care and the numerous treatment options available -- we cannot expect, afford or, in many cases, ethically conduct all the randomized clinical trials that would be needed to fill existing gaps in knowledge. With the new federal funding for CER, we have an opportunity to close some of these knowledge gaps in a short amount of time.

Any comparative effectiveness research must include all aspects of different populations and should be done in rural, urban and suburban areas. Comparative effectiveness studies also should look at systems of care, such as the patient-centered medical home, as well as individual medications and treatments. Again, Illinois' demographic makeup and health care infrastructure provide ideal options for conducting federally-funded comparative effectiveness research. Family physicians are distributed throughout the state and are interested in participating in large-scale comparative effectiveness studies.

Although some entities have criticized comparative effectiveness research, the IAFP believes those concerns are unfounded. We do not believe comparative effectiveness research will lead to arbitrary regulation, rationing or limits. In fact, the Academy supports prioritizing research such that project outcomes may have a greater impact on quality and length of life for a larger proportion of our population.

Inevitably, comparative effectiveness research will demonstrate that certain therapies will work better than others, prompting challenges and opposition from particular parties. However, the Academy believes that the health of the public should supersede individual business concerns.

We do believe this research is essential to improve patient care and control unnecessary costs. At the same time, we remain committed to our view that patients should have access to physician-prescribed interventions that we believe are the most appropriate and cost effective. We ask that the broader research community recognize the value of practice-based research networks, along with traditional clinical trials, as a viable means to include diverse populations in research.

We look forward to the progress that lies ahead in reducing the burden of those health conditions facing Americans that are still an enigma to the medical community today.