In Reply: We are heartened by the comments of Drs Ofman and Lubeck, who acknowledge the important role for the pharmaceutical industry in supporting PCTs that reliably compare risks, benefits, and costs of competing technologies. We agree that the production of high-quality evidence will not by itself influence the decisions of consumers, clinicians, and policy makers. Clearly there is also a need for organizational strategies and systems that will increase the use of clinical interventions proven to be effective. Many public and private health care organizations are devoting considerable attention and resources to the measurement and improvement of health care quality.1,2

While more progress on implementation is critical, the supply of relevant, accurate information remains an important limitation in providing high-quality health care. We agree that a primary stimulus to the production of high-quality data will be the consistent and transparent use of this information by health care decision makers. The Centers for Medicare & Medicaid Services has implemented a number of major changes over the past several years to ensure that national coverage decisions are evidence-based and developed with the opportunity for extensive input by all affected stakeholders.3 By linking reimbursement to the availability of high-quality clinical research assessed according to explicit rules of evidence, the Medicare program hopes to encourage the conduct of better studies for use by all decision makers.

While payers and clinicians are important audiences for PCTs, patients and their families are increasingly viewed as critical health care decision makers, responsible for making informed and cost-conscious choices from among available treatment options. To support consumer choices that improve health, it will be vital that clinical studies provide reliable information about the risks, benefits, and costs of alternative treatments. As part of the new Medicare prescription drug benefit, Congress recognized this need by authorizing the Agency for Healthcare Research and Quality to spend $50 million on such trials.4

A more extensive effort will be necessary to keep pace with the development of new drugs, devices, and procedures. Collaboration of stakeholders will be necessary to address complex methodological issues, establish research priorities, develop the clinical research infrastructure, and fund PCTs. A neutral and credible scientific body could be an ideal location to coordinate such an effort. We agree with Ofman and Lubeck that the support of the pharmaceutical and medical device industry in this endeavor will be essential.

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CORRECTION
Incorrect Byline Order: In the Research Letter entitled “Temporal Patterns of Hepatic Dysfunction and Disease Severity in Patients With SARS” published in the November 26, 2003, issue of THE JOURNAL (2003;290:2663-2665), the order of authors listed in the byline was incorrect. The order should have been: W.-M. Wong, J. C. Ho, Ooi, Mok, Chan, Hung, Ng, Y.-M. Lam, Tam, B. C. Y. Wong, P. C. Wong, P. L. Ho, Lai, W.-K. Lam, S.-K. Lam, Tsang, in addition, Dr Tsang was the corresponding author.