Tevi Troy brings experience from HHS, Capitol Hill, and the White House to bear on how the results of comparative effectiveness research will be communicated and by whom.

FINDING THE RIGHT BALANCE
How Can Policy Protect Public Health And Still Foster Innovation?

Tevi Troy

Tevi Troy, 45, a senior fellow at the free-market Hudson Institute, served as an adviser to Health Affairs on this month’s cluster of articles on communicating about comparative effectiveness research. In recent years he has been on a rapid rise through government—including having held several high-profile positions in the administration of former President George W. Bush. These positions included serving as deputy assistant and acting assistant for the House Republican Policy Committee. These experiences eventually led to a position at the White House in 2002.

Troy’s early career included positions as policy director for Sen. John Ashcroft (R-MO) and as domestic policy director for the House Republican Policy Committee. These experiences eventually led to a position at the White House in 2002.

While heading up the White House’s Domestic Policy Council, Troy became involved in health policy. “I was shocked by what percentage of my job was taken up with health care,” he says. The topic of comparative effectiveness research came up in 2007. A new line item in the federal budget for the Agency for Healthcare Research and Quality to carry out comparative effectiveness research raised questions as to whether this work signaled a major administration initiative on such research and what that entailed.

The experience gave Troy an appreciation for how comparative effectiveness information could improve health care and serve to better educate the public about various medical interventions. At the same time, he understood the need for a robust pharmaceutical industry to drive up the quality of care, drive down costs, and curtail deadly ailments. He eventually became concerned that government standards regarding the demonstration of medical evidence may protect the public but also put pharmaceutical manufacturers in a bind.

SEEKING A BALANCE
Although industry critics may cite any reputable study to make their case, federal policy limits the claims that may be made by drug companies, typically only allowing them to cite two double-blind studies as evidence of effectiveness of a new or improved product. In Troy’s view, separate standards for public-interest groups versus pharmaceutical companies can hurt these firms’ ability to defend their products and ultimately to attract the investors who can help finance potentially cost-saving innovations. Public policy, Troy argues, must find the right balance between a system that ensures safety and effectiveness and protects public health, but also allows the market for pharmaceutical innovation to thrive.

Looking ahead, Troy is focused on continuing to make a difference in policy, both through his role at Hudson and as an adviser to Romney’s presidential campaign. “I am very concerned about the debt and deficit, and the obligations and burdens we are placing on our children and grandchildren,” Troy says. “I would like to see Washington policies designed to address this problem in a serious way.” Given those concerns, it is clear that Troy’s interests won’t take him far from health care in his future positions as well.