



Comparative Effectiveness Research

Implications and Opportunities

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CER Defined

- ▶ Institute of Medicine committee has defined CER as "the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels."
- ▶ The core question of comparative effectiveness research is **which treatment works best, for whom, and under what circumstances.**

CER Funded

- ▶ American Recovery and Reinvestment Act of 2009 authorizes the expenditure of \$1.1 billion to establish center for Comparative Effectiveness
 - ▶ \$300 million for the Agency for Healthcare Research and Quality
 - ▶ \$400 million for the National Institutes of Health, and
 - ▶ \$400 million for the Office of the Secretary of Health and Human Services
- ▶ Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
- ▶ Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.
- ▶ Patient-Centered Outcomes Research Institute will set priorities for comparative effectiveness research, develop and implement a research agenda, and disseminate research findings to health care decision makers.

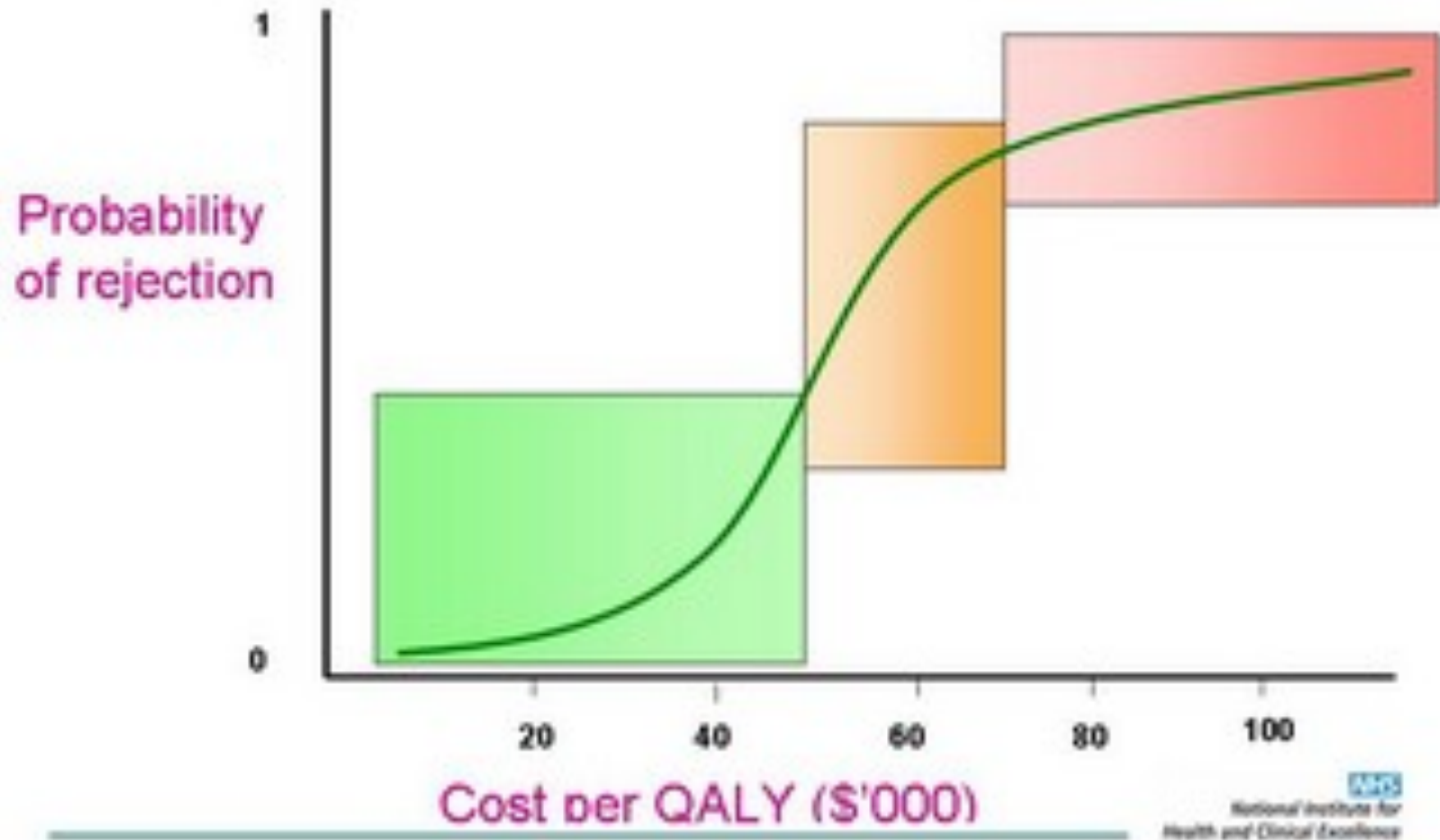
Why CER

- ▶ Dr. John Wennberg and his colleagues at The Dartmouth Institute for Health Policy and Clinical Practice have spent over 40 years documenting geographic variation in health care that patients in the U.S. receive - a phenomenon called practice pattern variation. The Dartmouth researchers concluded that if unwarranted variation were eliminated, the quality of care would increase and health care savings up to 30% would be possible.
- ▶ Findings show that patients in the highest-spending regions of the country receive 60 percent more health services than those in the lowest-spending regions, yet this additional care is not associated with improved outcomes.

Precedent: Naughty or NICE

- ▶ National Institute for Clinical Excellence (NICE), the UK's technology assessment agency. "NICE is only well known in the US as being the agency that stops new wonderful treatments getting to blighted Brits who are instead left to die in the streets." – Matthew Holt, The Health Care Blog
- ▶ NICE has a history of 72% positive recommendations compared with 3% negative. 25% have been positive and negative. In other words some uses of the drug or device have been approved but not all the ones that it was marketed for.

Rejection Trend



CER Dilemma

Treatment	A	B	
Cost	\$1,000	\$10,000	
Cure	90%	95%	
Cost		\$100,000	
Cost		\$1,000,000	
Disease	Cancer	Arthritis	Cold

Unanswered Questions

Setting priorities: How will the money be spent? Nearly 90 percent of the \$1.1 billion allocated for comparative effectiveness research under the stimulus legislation will be spent on evidence development and synthesis and on improving research capacity.

Designing the research: How do we engage all stakeholders? (Patients, Physicians, Policy makers, etc)

Garnering public support: Although people want information to help them make health care decisions, they do not want their treatment options restricted.

Disseminating research findings: Continuing education? Well-designed network? Academic detailing? Formularies?

Selecting research methods and tools: Double-blinded random trials? Observational research? “Pragmatic research”?

Potential to address other groups: Pediatrics, mental illness, minorities

What “CER” exists already?

- ▶ Formulary: Hospital based formularies, P&T Committees, insurance formulary
- ▶ Value Analysis Committees: Personal Preference Devices. Ad hoc groups are doing informal research and standardizing on devices

Opportunities

- ▶ Finite decision makers
- ▶ Easier dissemination
- ▶ Level playing field
- ▶ Meritocracy