

BROOKINGS

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A Macropolicy View of Comparative Effectiveness Research

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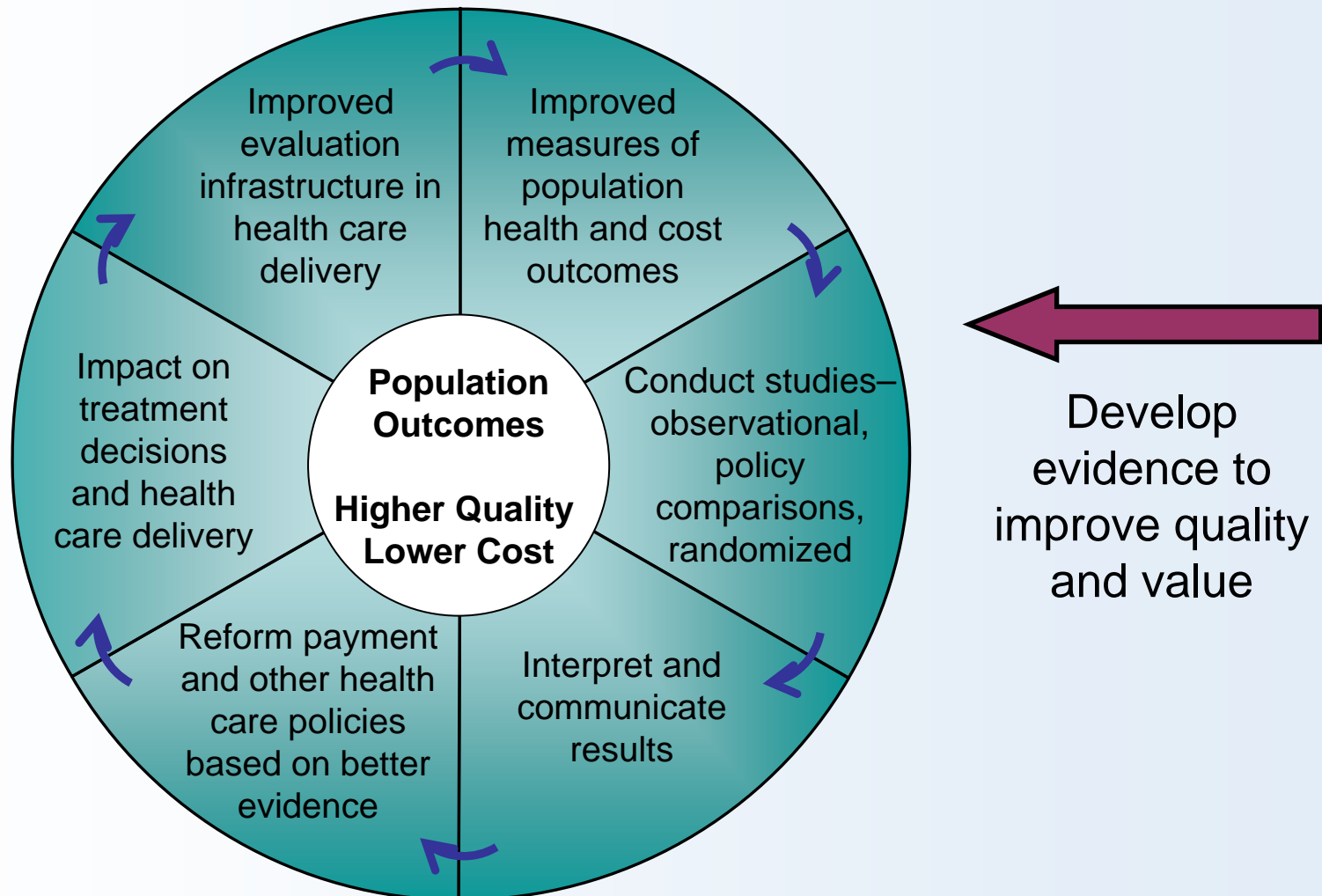
Engelberg Center for Health Care Reform

The Brookings Institution

What is Comparative Effectiveness Research (CER)?

- Filling in gaps (chasms) in practically relevant evidence for medical decision-making
- Specific treatment comparisons
- Practice “style” comparisons
- Broad vs. targeted populations
- Relevant evidence for targeted health care

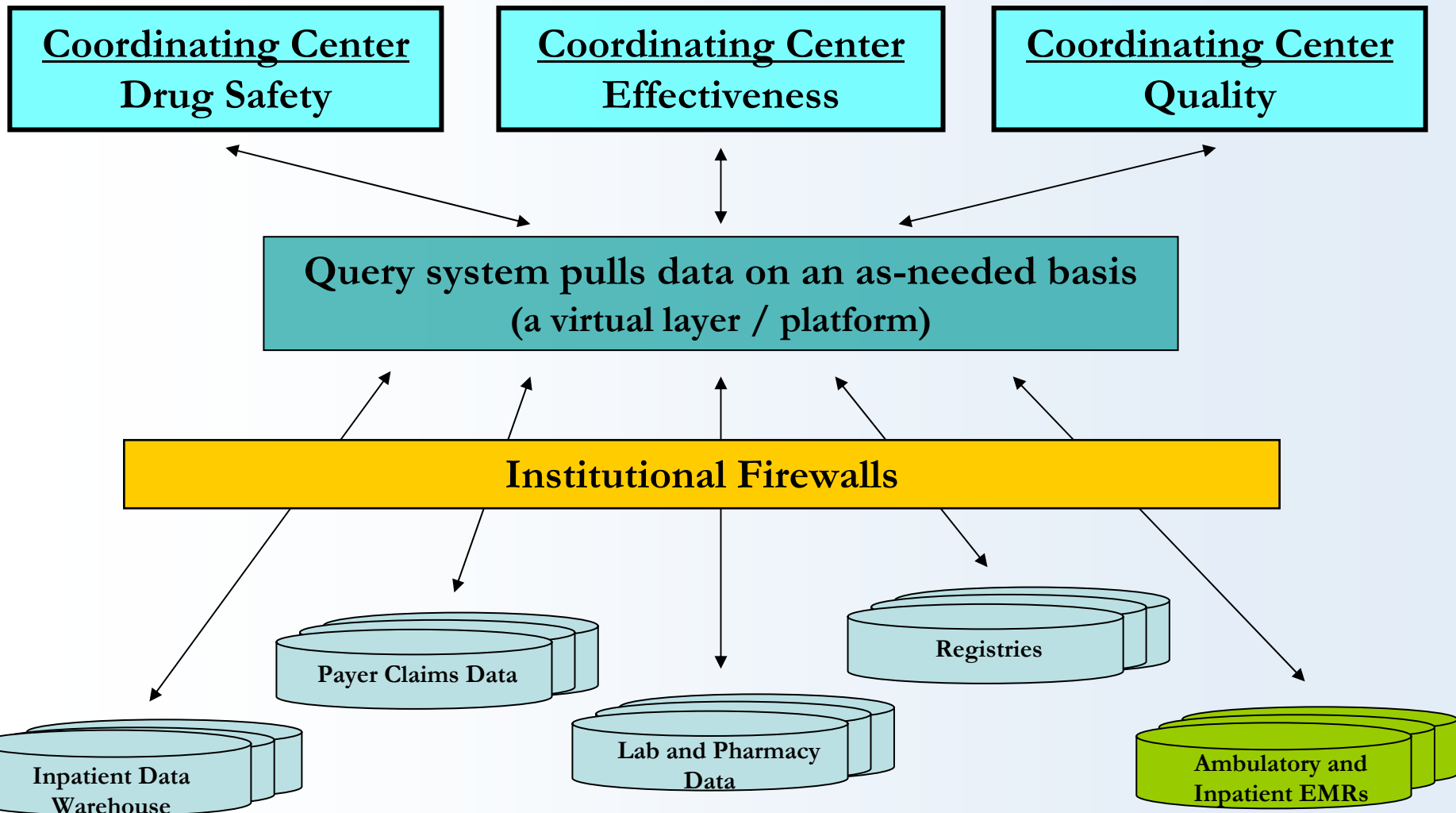
The role of CER in a “Learning Health Care System”



Where Should CER Take Place?

- Separate research infrastructure vs. infrastructure support for a distributed data network
- Governance issues
 - » Funding for studies
 - » Incentives/support for comparative evidence development in health care delivery
 - » Coverage with evidence development

Distributed Data Network Model for Evidence Reporting



How Should CER be Conducted and Disseminated ?

Conduct Research

- RCTs vs. evaluations of actual practice
- Addressing shortfalls of current statistical methods
 - » Some methods development underway
 - » Adopting techniques from other sectors

Disseminate Results

- Integration of evidence (or lack of evidence) into medical practice
 - » Tailoring communication strategies to different stakeholder groups
 - » Creating incentives for using evidence

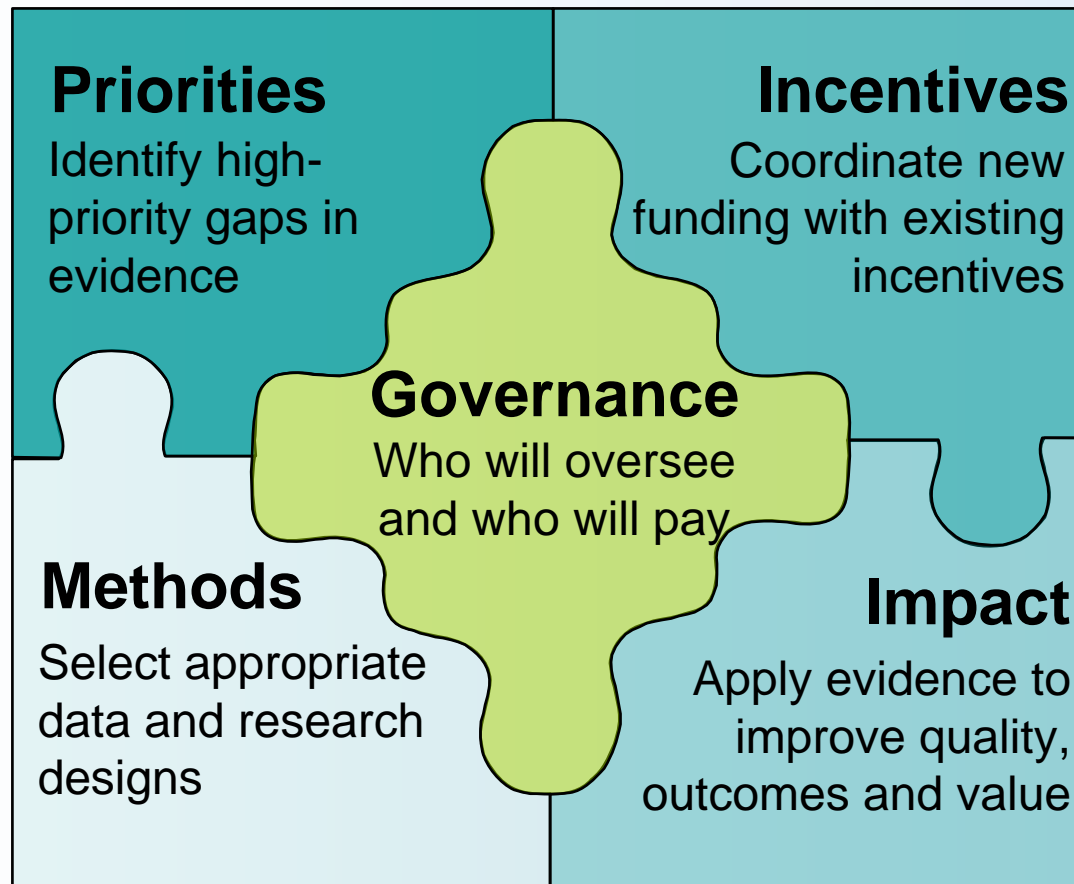
Evaluate Impact

- Methods to compare health care policies (e.g., formularies, coverage status, dissemination strategies) that affect individual treatment decisions within a population

CER Policy and Recent Proposals

- Medicare Modernization Act (2003)
 - » Created AHRQ Effective Health Care Program to conduct secondary reviews of clinical effectiveness
- Children's Health and Medicare Protection Act (2007)
 - » Proposed establishment of CER Commission within HHS and center for CER within AHRQ to conduct primary and secondary research, including cost-effectiveness analysis
- CER Act (2008)
 - » Proposed formation of non-government, non-profit CER Institute with Board of 21 Governors and mandate to perform primary and secondary research on comparative clinical effectiveness and cost-effectiveness of interventions and delivery system components

Key CER Policy Issues



**Priorities**

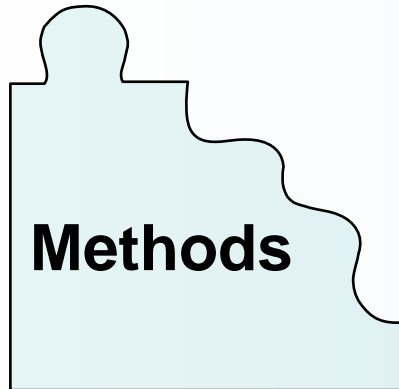
Identify high-priority gaps in evidence

- Identify gaps in both existing evidence and in current CER efforts
- Integrate different types of evidence into an overall CER strategy
- Create a process for incorporating stakeholder input into a CER research agenda and adjusting priorities as needed

**Incentives**

Coordinate new funding with existing regulatory and reimbursement incentives

- Improve the business case for privately conducted CER
- Identify the CER priorities that require public investment
- Define the roles of different stakeholders in aligning incentives for high-priority CER



Select appropriate data and research designs

- Describe strengths and weaknesses of current CER methods
- Reconcile learning from medical practice with randomized controlled approaches
- Determine how public and private entities will contribute data to CER



Use evidence to impact health care quality and value

- Communicate effectively with patients and the wider public
- Coordinate dissemination strategies with regulatory, reimbursement and other incentives
- Explore the impact of CER on innovation

CER should generate evidence to improve quality and value in health care

- It is important to stimulate research where gaps exist
- It is a good idea to compare administrative approaches to care delivery in addition to medical interventions
- Application of CER to health care decision making must be assured