



Advising the Congress on Medicare issues

Comparative effectiveness: ongoing initiatives and physician perspectives

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Agenda

- Review Commission's previous work and recommendation on comparative effectiveness research (CER)
- Describe recent federal initiative on CER
- Report on findings from physician focus groups on CER

Commission's recommendation on comparative effectiveness research

- Little information available that compares clinical effectiveness of alternate healthcare services
- Because it is a public good, a federal role is needed
- Commission recommended that the Congress charge an independent entity to sponsor and disseminate research on comparative effectiveness

ARRA allocates funding to comparative effectiveness research

- ARRA authorizes \$1.1 billion
- Funding allocated to AHRQ, NIH, and the Office of the Secretary of HHS (OS)
- Creates the Federal Coordinating Council to foster coordination of federal CER
- Asks IOM to recommend national research priorities

AHRQ's CER initiatives

- MMA mandated existing CER initiative
 - Systematic literature reviews, analysis of existing databases
- ARRA funding will begin new projects and expand existing ones
 - Establish prospective “pragmatic” clinical CE studies
 - Establish and enhance national registries
 - Expand CER efforts on evidence synthesis

NIH's CER initiatives

- Largest federal sponsor of CER
- March 2009 solicitation includes CER as one of the challenge areas
 - Identifies 70 projects that vary in their design, targeted population, and outcome measures
- NIH also intends to:
 - Expand existing CER efforts
 - Fund peer-reviewed and approved grants that were not previously awarded

Activities of the Federal Coordinating Council (FCC)

- Composed of 15 federal officials
- Released report on June 30, 2009 that:
 - Describes current federal activities on CER
 - Includes recommendations for CER sponsored by the OS
- FCC also mandated to annually report on
 - CER infrastructure needs
 - Opportunities for better coordination of CER by Federal agencies

Activities of the Institute of Medicine

- Created 23-member committee
- Released report on June 30, 2009 that identifies 100 highest priority topics
 - Half of the topics evaluate some aspect of the health care delivery system
 - A third address racial and ethnic disparities
 - About a fifth address patients' functional limitations and disabilities

IOM report also includes recommendations on:

- Continuing nation's investment in CER
- Ensuring meaningful public participation
- Building robust data & information systems as well as research in CER methods
- Developing and supporting a CER workforce
- Supporting efforts to translate CER knowledge into everyday clinical practice

Getting the physician perspective on CER

- We conducted 6 physician focus groups in July and August
- Groups were held in Baltimore, Chicago, and Seattle
- Participants included a mix of primary care physicians and specialists

What did focus group participants think about CER initiatives?

- Comparative effectiveness initiatives are not well understood by practicing physicians
- A minority of physicians opposed CE efforts
- The majority of physicians welcomed more CE data but expressed concern about aspects of the research
- They suggested strategies that would help get useful CE information to them

Minority of focus group participants did not want any CER

- They believed they already had enough information
- They believed that research would lead to mandatory guidelines from the government and private payers
- They said that personal experience was sufficient to make treatment decisions

Majority of focus group participants needed more information

- They wanted data comparing drugs, devices, and procedures
- They said that current best practices were not always evidence-based
- They said there were limits to decisions they could make based on personal experience
- They did express concerns with CER

Group participants expressed concerns about study designs, cost, and effects

- Studies must take into account subpopulations, side effects of treatments including quality of life
- Cost of studies may limit data that can be collected
- Effects on innovation
- Link with liability reform

Focus groups emphasized importance of transparency in CER

- They believe all studies reflect some type of bias
- Researchers must report conflicts of interest
- Researchers must present research design, methodology, and all results

Focus group participants suggested communication strategies

- Studies should be concise and easy to read
- Results should be disseminated through PDAs or specialty society e-mails
- Studies should focus on high-priced, new technologies before they are widely diffused in practice
- Studies should be updated as necessary

Discussion questions

- How can focus group participant concerns be addressed:
 - Ensuring studies are credible and unbiased
 - Developing effective dissemination strategies
 - Other concerns
- Other comments?