



**Comparative Effectiveness Research:
Translating Findings to Action**

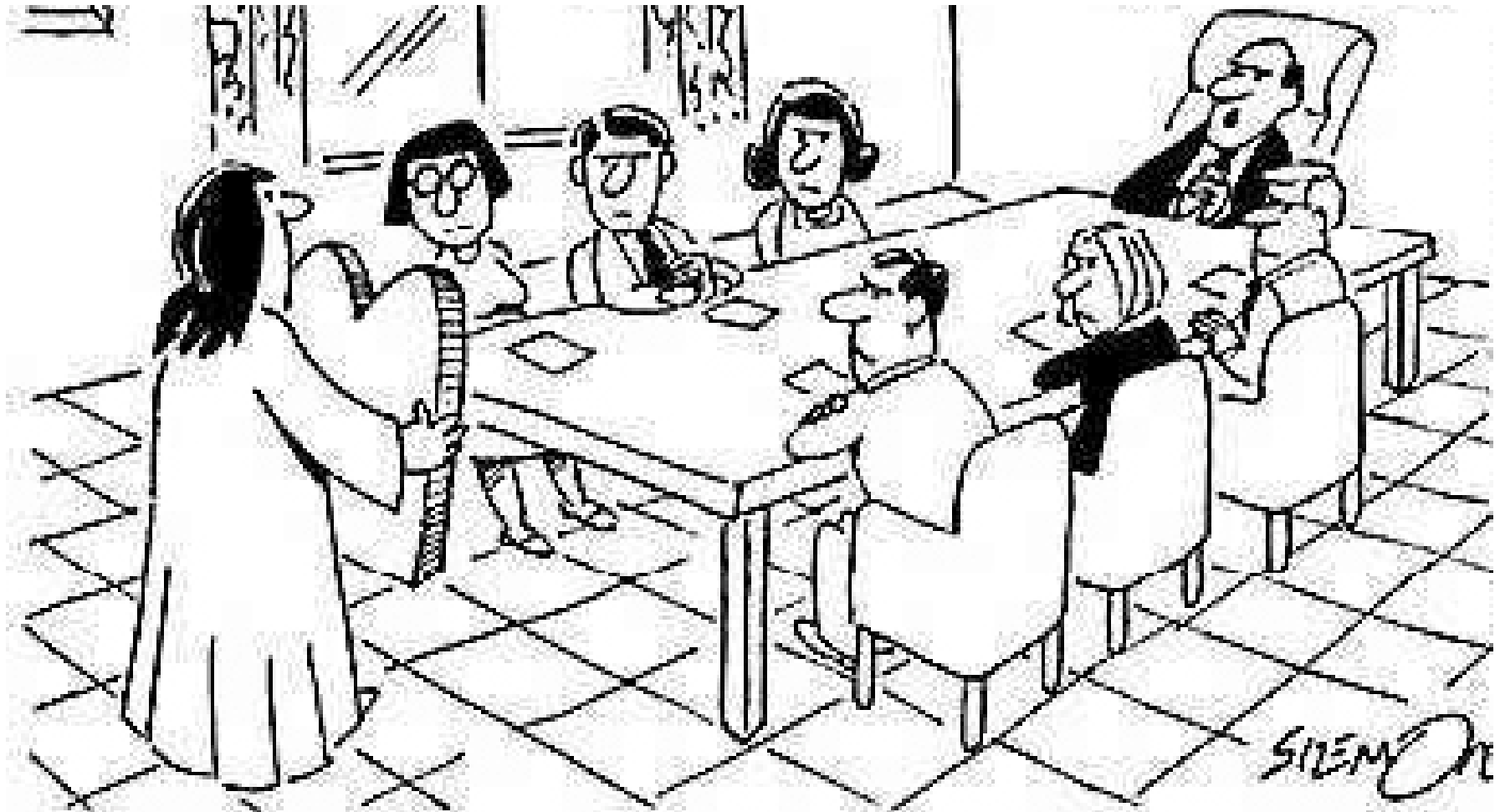
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CER Trends: Growth/Utility

- Steady growth in CER predates health reform debate:
 - Systematic reviews: >60% increase 2009 vs. 2005
 - Guidelines: 50-70% are now evidence-based, depending on specialty¹
- Impact of changes:
 - % of MDs citing significant impact of guidelines on practice → 16% in 1997, 39% in 2005²
 - Growth in use of evidence-based therapies for multiple conditions
- But...

¹McAlister *PLoS Medicine* 2007 ²O'Malley *JGIM* 2007



"We'll think about it."

Why Isn't Evidence Used?

- Inertia
- Regulatory limitations
- Strength of lobby/advocacy
- Lack of data on evidence-practice gaps
 - About 2 studies per year, one-third of good quality³
- **Presentation of data**
 - *Reviews without clear path to action*
 - *Inappropriate formatting for decision-making and multiple stakeholder involvement*

Use of Evidence by Geography

- International → use of CER for payment/coverage decisions and practice guidelines:
 - Occurs in lockstep in most developed nations
 - Sometimes all activities coordinated by single agency:
 - E.g., NICE
- US → consistent use of CER, in pockets
 - Payers
 - *Not* typically coordinated with other stakeholder activity
 - Manufacturers
 - Have been doing CER for decades
 - Key linchpin in “value for money” argument for payers, patients, and clinicians

Actionable CER: Private Examples

- Formatting evidence usefully:
 - Institute for Clinical and Economic Review
 - Evidence-based “gestalt” of clinical effectiveness
 - Integrated Evidence Rating
 - Comparative Value Evidence Table
 - ACP, other clinical societies
 - Patient-, generalist-friendly guideline summaries
- Employer-based coalition activity:
 - Employers Action Coalition on Healthcare: prostate cancer
 - Shared decision-making tools
 - Multi-specialty conversation with patient
 - Value-based payment reform
 - Oregon Health Leadership Task Force: “preference-sensitive” utilization management

Colorado Low Back Collaborative⁴

- Unique partnership between provider group and two private payers
- “Decision tree”-based method for managing chronic LBP
 - Evidence-based
- PCP-managed
 - Communication loop between specialists and PCP
- Case management payment method
 - Agnostic to ultimate treatment strategy employed

⁴<http://www.salvussoftware.com/Documents/LowBackCollaborativePressRelease.pdf>

Actionable CER: Public Examples

- Washington state Health Care Authority
 - mandated to consider CER and C-E for coverage decisions on behalf of ~1 million covered lives
 - transparent, public, multi-stakeholder process
- AHRQ translational/dissemination funding:
 - Budget increase for Eisenberg Center
 - Stakeholders: Citizen's Forum
 - Practice Innovation: ACTION II
 - Innovative Dissemination: iADAPT
 - Evidence Generation: CHOICE
 - Additional knowledge transfer funding opps

Actionable CER: The Future

- New era for public CER funding
 - More opportunity for independent research
 - Ability for industry, payers, other stakeholders to help shape scope of activity
- But...will CER have teeth?
 - In specific situations, it already does
 - Many examples are scalable and intersect with other important changes (e.g., medical home, global payment)
- National and standardized actionable CER:
 - Will new, federally-chartered institute focus on synthesis/generation of *actionable* evidence, or continue “throw up hands” mentality?

References

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<http://www.salvussoftware.com/Documents/LowBackCollaborativePressRelease.pdf>