

# Impact: Getting the Most out of Comparative Effectiveness

---

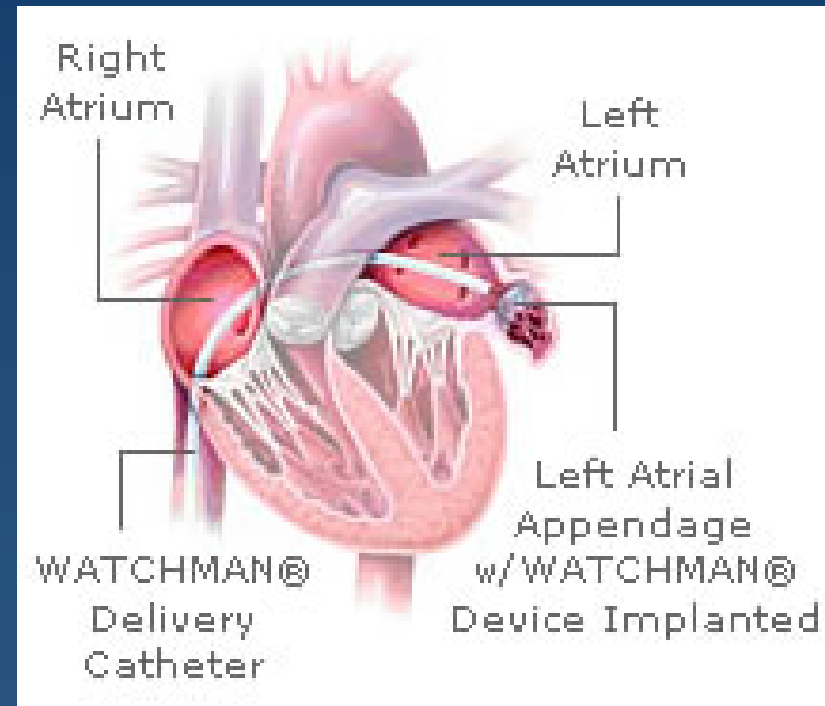
**Steven D. Pearson, M.D., M.Sc.**

The views expressed in this presentation are the views of the presenter and do not represent those of the Engelberg Center for Health Care Reform at Brookings or The Hamilton Project.

# Outline

- Patients, doctors, and evidence
- Functions of comparative effectiveness
- Recommendations for a federal program

# Innovation: The Opportunities and the Challenges



# The Functions of Comparative Effectiveness Research

- Providing Information
- Providing Guidance
- Recommendations or Decisions

# Recommendation 1

- Coordinate activities through a single high-profile organization at the federal level.
  - » Create an “arms’ length” structure and governance
  - » Establish process for stakeholder engagement while minimizing perceptions of bias
  - » Develop common methodology and format centrally but commission work externally
  - » Develop reviews rapidly, keep them up to date, ensure they reflect contributions of all stakeholders

## Recommendation 2

- Convey judgments through explicit rating systems.
  - » Highlight clinical differences that help predict which patients will benefit most from alternative interventions
  - » Balance framing of evidence reviews so that they provide neither too little nor too much judgment
  - » Develop clear, reliable rating systems to communicate findings to all stakeholders
  - » How the process would work: assessment to appraisal

# Rating systems

- USPSTF methods
- TEC criteria
- ICER integrated evidence ratings
- Desirable characteristics
  - » Clarification of subpopulations and indications
  - » Transparency of intermediate judgments
  - » Not just “equivalent or not”
  - » Explicit steps in consideration of cost-effectiveness
  - » Understandable to patients and clinicians as “first” customers

# Recommendation 3

- Make cost-effectiveness a core component.
  - » Perform analyses separately but in parallel
  - » Present CEA results so that all stakeholders understand the components of cost and perspectives taken in the analysis
  - » Frame the results as one of MANY tools to highlight opportunities for greater value
  - » Recognize cycles of development and time needed for maturation of younger technologies treating significant unmet needs

## Recommendation 4

- Integrate into clinical practice by giving a leadership role to clinician organizations.
  - » Engagement from beginning to end
  - » Formal process for rapid integration into professional guidelines and appropriateness criteria
  - » Linked dissemination efforts
  - » Co-branded evidence reviews with patient organizations to align with health IT innovations to reach the point of care

# Recommendation 5

- Apply results through policies that foster generation of further evidence and prudent use of costly interventions.
  - » Not just “cover/no cover”
  - » Coverage with evidence development
  - » Value-based benefit designs
  - » New payment strategies, not “reimbursement”
  - » Medical management programs based on deeper understanding of patient differences
  - » Align with quality performance measure development

# Conclusion

- Barriers to use of evidence in practice and policy cannot be underestimated
- Structure, governance, methods flow from understanding of how results will be framed and applied
- Providing guidance to all stakeholders with common framing and tailored formats
- Needed: a uniquely American approach to a common challenge  
»