

Getting the Right Care Right: Application of CER to Delivery System Characteristics

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Treatment Option is One of Three Primary Determinants of Treatment Effectiveness

- Treatment option
- Individual patient characteristics (IPCs)
- Delivery system characteristics (DSCs)



What do we Know About the Relative Importance of the Three Determinants?

- Overall, we don't know much
- We are at the very beginning of understanding the range of high-impact IPCs (demographics, SES, genotype, personality type)
- Complex treatments consume a growing share of health care spending
- The more complex the treatment, the more powerful the influence of delivery system characteristics



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Implications for Optimizing Yield From National Investment in CER

- CER directed at comparing treatment options should always capture DSCs and IPCs
- A uniform set of IPCs and DSCs should be routinely captured in all CER comparing treatment options
- Additional treatment option-specific IPCs and DSCs should be captured using guidance from expert clinicians, health services researchers and care delivery innovators
- Some CER should primarily target DSCs





Spreadsheet of Potential CER Targets

	Domains of Determinants		
_	IPCs	Treatment Options	DSCs
Domains of Effectiveness			
Safety			
Timeliness			
Clinical Outcome (Effectiveness)			
Efficiency			
Equity			
Patient Experience			



Why Did I Select Peter and Lucian for my DSC Dream Team?

- Peter has excelled both in leading valuable CER in DSC domain; and selecting powerful DSC variables for comparing clinical outcomes using all three sources of expertise (clinicians, health services researchers and care innovators)
- If patient safety in hospitals is a prioritized dimension of effectiveness, then there is no better forecaster of high yield DSC targets for CER than Lucian







Closing Thoughts

- CER funding offers an unprecedented opportunity to contribute to health care value improvement
- DSCs should be the primary topic of some CER and a routinely measured "vital sign" in all CER
- Large databases and quasi-experimental designs will be essential, especially in the patient safety domain
- Enhanced health insurance billing data and special purpose registries will be required until connected EHRs are widespread
- Limiting CER to comparing treatment options is an easy but lower yield strategy

