The Implications of Comparative Effectiveness Research for Hospitals

John W. Rowe, M.D.
Mailman School of Public Health
Columbia University
September 17, 2009
“Conduct and synthesis of research comparing the benefits and harms of various interventions and strategies for preventing, diagnosing, treating and monitoring health conditions in real world settings”.

Milestones

• IOM Roundtable on Evidence Based Medicine (workshop on CER Infrastructure July 30-31, 2008)

• American Recovery and Reinvestment Act

• Federal Coordinating Council for Comparative Effectiveness (report issued June 30, 2009)

• IOM Committee on Comparative Effectiveness Research Prioritization (report issued June 30, 2009)
• Initial funding via ARRA included $1.1 Billion, divided between NIH, AHRQ and HHS Secretary
• Initial funds to be distributed in first two years
• Congress considering creation of a permanent CER structure and authorization of funding
PRIORITIZATION CRITERIA OUTLINED BY THE FEDERAL COORDINATING COUNCIL FOR COMPARATIVE EFFECTIVENESS RESEARCH.*

- Potential impact (e.g., prevalence of condition, burden of disease, variability among outcomes, costs)

- Potential for evaluating comparative effectiveness among diverse populations and engaging communities in research

- Addressing of uncertainty within the clinical and public health communities regarding management decisions and variability in practice

- Addressing of a need or gap unlikely to be addressed through other organizations

- Potential for multiplicative effect (e.g., laying of a foundation for future CER, such as data infrastructure and methods development and training, or generating of additional investment outside government)

OPPORTUNITIES FOR HOSPITALS IN CER

• Conduct and support research

• Participate in development of CER ‘infrastructure’

• Apply CER findings to hospital operations
Conduct and Support CER Research

• Half of the primary research areas recommended by the IOM deal with some aspect of the health care system rather than merely a comparison of drug A to drug B.

“Research topics categorized in this group focus on comparing how or where services are provided rather than which services are provided” (IOM Report)
Distribution of the IOM’s Recommended CER Priorities

Participate in Development of CER ‘Infrastructure’

• CER infrastructure includes:
  
  – Workforce (numbers and skills)
  
  – Information Technology (linked longitudinal administrative data and information networks, registries). This area identified by Federal Coordinating Council as highest priority for investment.
  
  – New Methodologies
  
  – Research Networks
OPPORTUNITIES FOR HOSPITALS IN CER

Apply CER Findings to Hospital Operations

• Dissemination and translation into practice identified by Federal Coordinating Council as high priority (secondary) area for investment

• Establishment of Evidence Based Medicine guidelines for clinical activities (advanced imaging noted by IOM as high priority)

• Use CER findings to guide purchasing.