The Role of AHRQ in Comparative Effectiveness Research

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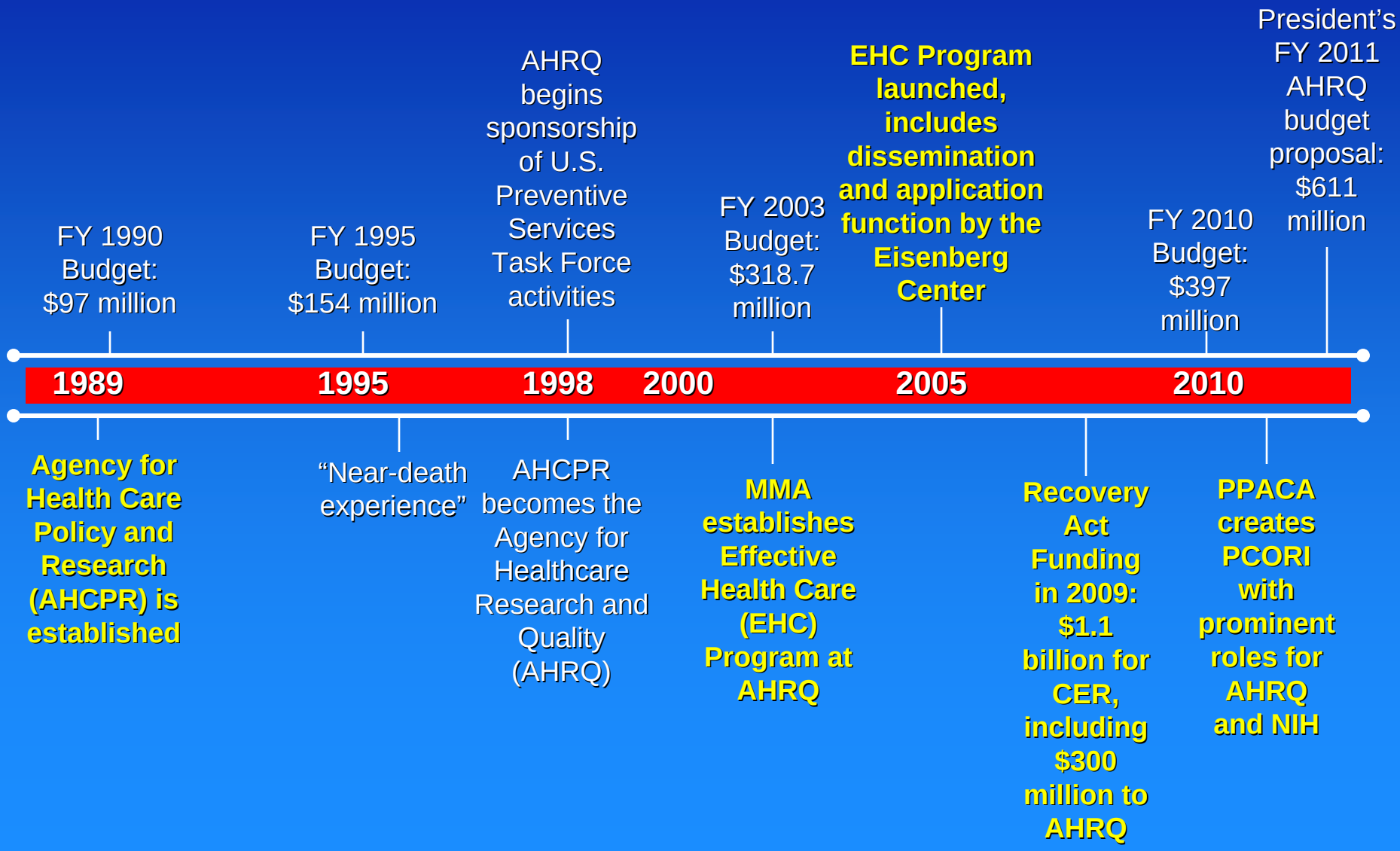
Patient Engagement

"The core point at which health care costs explode is the point at which the doctor and the patient sit down together to make a decision about what they should do. We have not concentrated enough, in our thinking about reform, on that moment."

Atul Gawande
Time magazine
January 4, 2010

The Evolution of AHRQ



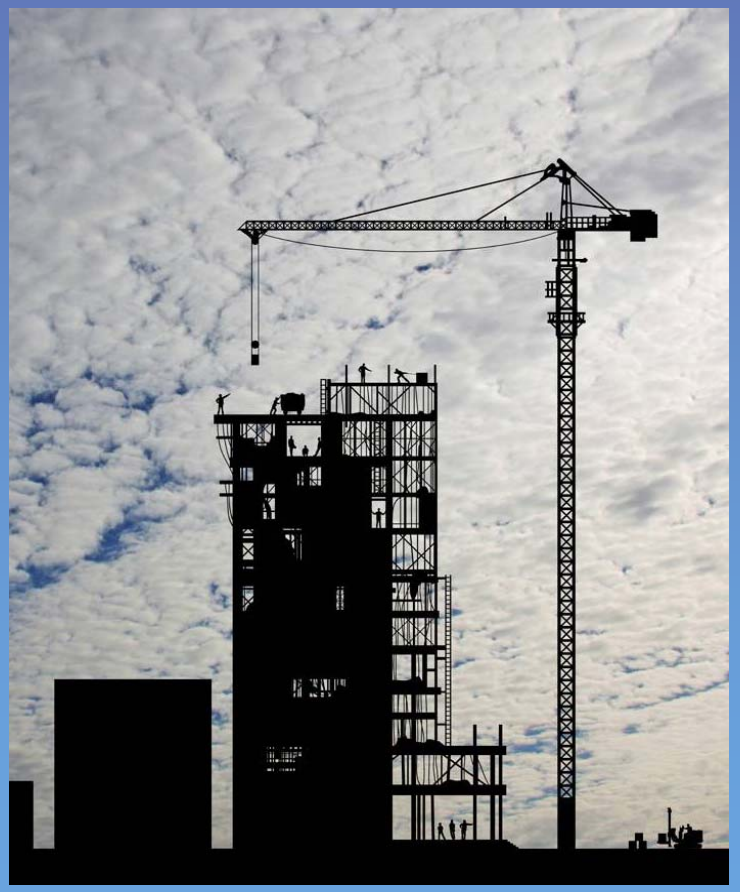
AHRQ's Role in Comparative Effectiveness Research

- The Right Treatment for the Right Person at the Right Time
- Establishing the Framework for Patient-Centered Health Care
- Translating the Science into Real-World Applications
- Where to From Here?

AHRQ Priorities

Comparative Effectiveness: What Is AHRQ's Role?

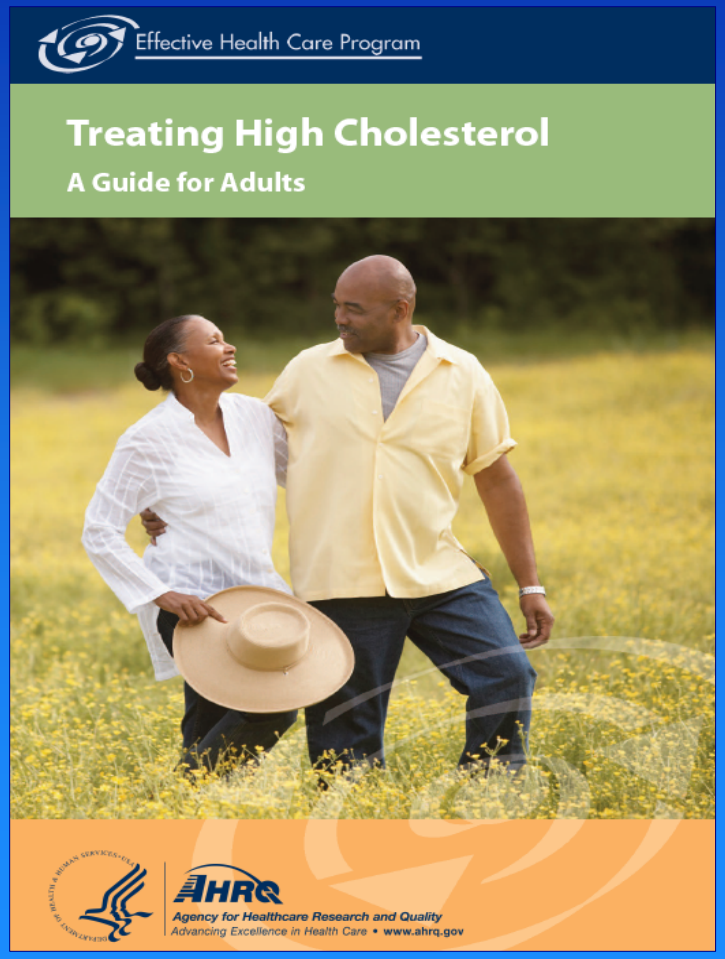
- Engage private sector
- Increase knowledge base to spur high-value care
- Aggregate best evidence to inform complex learning and implementation challenges



Building the Infrastructure to Support Reform

AHRQ's Effective Health Care Program

Established by the Medicare Modernization Act of 2003



- Funds researchers, research centers and academic organizations to produce effectiveness and CER
- Produces research reviews, original research reports, summary guides
- Tailors research findings for clinicians, policymakers and consumers

effectivehealthcare.ahrq.gov

New Systematic Review: Rotator Cuff Tears

- Information on specific interventions is limited, so there are no firm conclusions for a single approach or the optimal management of this condition
- Overall, the evidence shows that all interventions result in substantial improvements, with few differences of clinical importance
- The benefit of receiving treatment appears to outweigh the risk of associated harms
- Future research should include studies that compare the effectiveness of early versus delayed surgery; the relative effectiveness of operative versus nonoperative surgery; and **consensus on clinically important and patient-important outcomes**

Seida J, LeBlanc C; Ann Intern Med August 17, 2010 153:246255

Patient Protection and Affordable Care Act (Public Law 111-148)

- National Strategy to Improve Health Care Quality
- Interagency Working Group on Health Care Quality
- Quality Measure Development
- Data, Collection, Analysis and Public Reporting
- Health Care Quality Improvement (CQuIPS)
- Patient-Centered Outcomes Research Institute (PCORI)

Patient-Centered Outcomes Research Institute

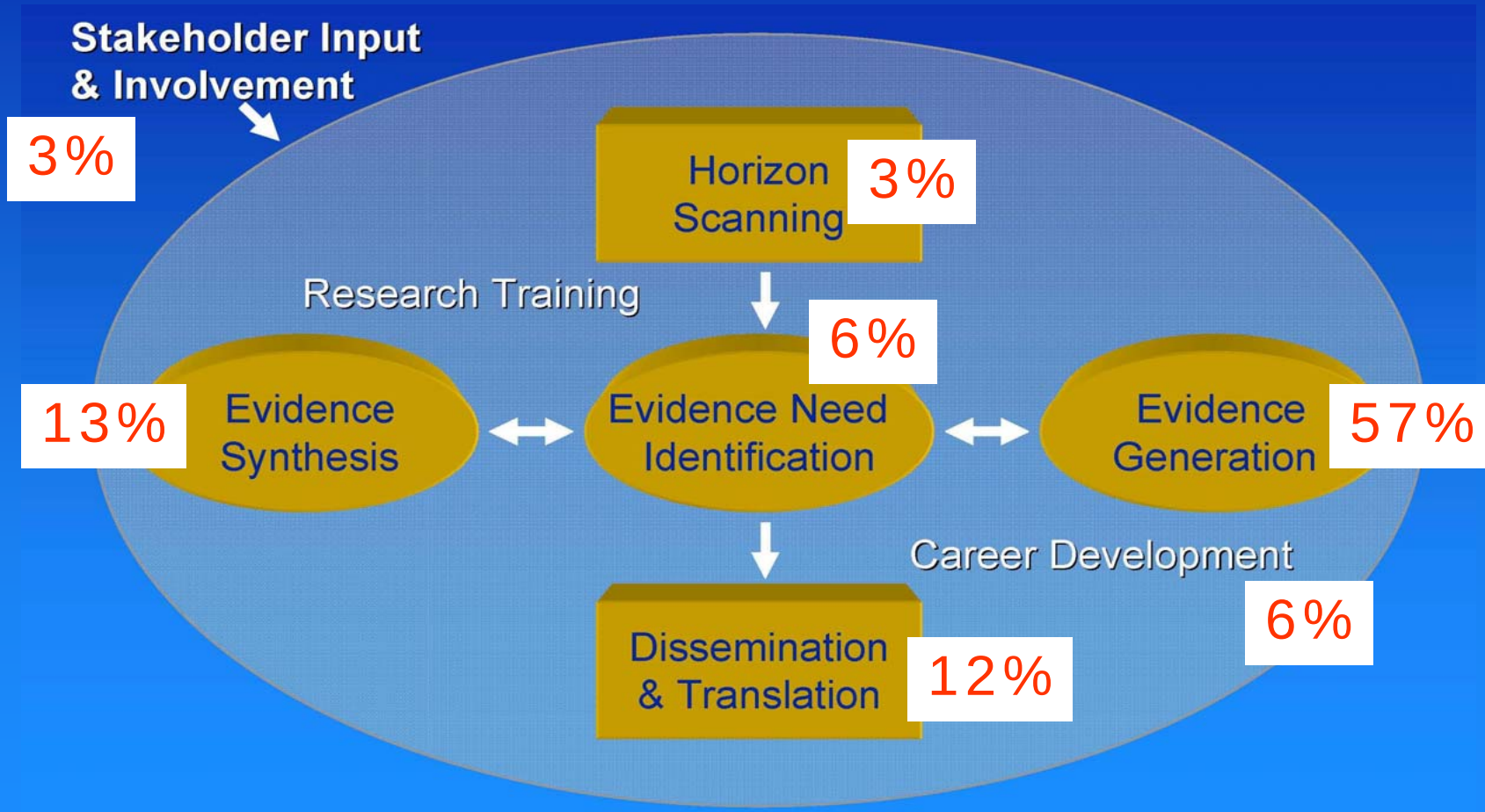
- Independent, nonprofit Institute with public- and private-sector funding
- Sets priorities and coordinates with existing agencies that support CER
- Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards
- Provides funding for AHRQ to disseminate research findings of the Institute and other Government-funded research, and to train researchers on CER and build capacity for research

An Unprecedented Investment

- From 2005-2009, AHRQ received $129 million from Congress for CER
- The American Recovery and Reinvestment Act of 2009 contained $1.1 billion for CER, including $300 million to AHRQ

– Research	$681M (62%)
– Data Infrastructure	$268M (24%)
– Dissemination and Adoption	$132M (12%)
– Administrative support, inventory, evaluation	$19M (2%)

AHRQ FY 2008 – 2010 (including ARRA) investments



Translating the Science into Real-World Applications

- Examples of Recovery Act-funded Evidence Generation Projects by AHRQ:
  - Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE): First coordinated national effort to establish a series of pragmatic clinical comparative effectiveness studies
  - Request for Registries: Up to five awards to create or enhance national patient registries, with a primary focus on the 14 priority conditions
  - DEcIDE Consortium Support: Advancing methods and applications for taking advantage of increased availability of clinically detailed electronic data

PROSPECT Registries

- Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT)
  - Studies to advance electronic data collection infrastructure as a basis for comparative effectiveness research
  - Goal: to ‘substantially enhance’ capabilities for the systematic collection of prospective data
  - Particularly involving populations typically underrepresented in randomized control clinical trials and those with limited access to health care

AHRQ Recovery Act Awards (Examples)

- CHOICE
  - Comparative Effectiveness of Treatments for Localized Prostate Cancer (Vanderbilt University)
- PROSPECT
  - Enhanced Registries for Quality Improvement and Comparative Effectiveness Research (Award Pending)
- Dissemination
  - Design and Implement a Pilot of New Strategies to Disseminate Comparative Effectiveness Research to Patients and Providers (IDEO, LLC)
  - Dissemination of CER to Physicians, Providers, Patients and Consumers - Publicity Center (Award Pending)

AHRQ & NIH: Unique Strengths, Complementary Focus

The New York Times

August 28, 2010

Years Later, No Magic Bullet Against Alzheimer's Disease

By GINA KOLATA

BETHESDA, Md. — The scene was a kind of science court. On trial was the question "Can anything — running on a treadmill, eating more spinach, learning Arabic — prevent Alzheimer's disease or delay its progression?"

To try to answer that question, the National Institutes of Health sponsored the court, appointing a jury of 15 medical scientists with no vested interests in Alzheimer's research. They would hear the evidence and reach a judgment on what the data showed.

For a day and a half last spring, researchers presented their cases, describing studies and explaining what they had hoped to show. The jury also heard from scientists from Duke University who had been commissioned to look at the body of evidence — hundreds of research papers — and weigh it. And the jury members had read the papers themselves, preparing for this day.

The studies included research on nearly everything proposed to prevent the disease: exercise, mental stimulation, healthy diet, social engagement, nutritional supplements, anti-inflammatory drugs or those that lower cholesterol or blood pressure, even the idea that people who marry or stay trim might be saved from dementia. And they included research on traits that might hasten Alzheimer's onset, like not having much of an education or being a loner.

It is an issue that has taken on intense importance because scientists recently reported compelling evidence that two types of tests, PET scans of Alzheimer's plaque in the brain and tests of spinal fluid, can find signs of the disease years before people have symptoms. That gives rise to the question: What, if anything, can people do to prevent it?

But the jury's verdict was depressing and distressing. So far, nothing has been found to prevent or delay this devastating disease, which ceaselessly kills brain cells, eventually leaving people mute, incontinent, unable to feed themselves, unaware of who they are or who their family and friends are.

"Currently," the panel wrote, "no evidence of even moderate scientific quality exists to support the association of any modifiable factor (such as nutritional supplements, herbal preparations, dietary factors, prescription or nonprescription drugs, social or economic factors, medical conditions, toxins or environmental exposures) with reduced risk of Alzheimer's disease."

"I was surprised and, at the same time, very sad" about the lack of evidence, said Dr. Martha L. Daviglus, the panel chairwoman and a professor of preventive medicine and medicine at the Feinberg School of Medicine at Northwestern University. "This is something that could happen to any of us, and yet we are at such a primitive state of research."

Joint AHRQ/NIH Recovery Act Projects

- Optimizing the Impact of CER Findings through Behavioral Economic RCT Experiments
  - Collaboration to develop, apply and compare behavioral economic approaches to encourage rapid and widespread uptake of CER recommendations
- Center of Excellence for Research on Disability Care Coordination
  - To support research on access and quality of care focusing on models of community based care coordination

Community Forum on CER

- ARRA funding will support the Community Forum Initiative to develop new mechanisms and refine existing approaches to eliciting public input ($10M)
- The Forum will increase use of public input to inform health care policy, especially involving comparative effectiveness research for AHRQ's Effective Health Care Program
- It will expand AHRQ's efforts to obtain professional and consumer input, build methods and capacity for obtaining public input and allow the program to obtain guidance and insight from a broader public

What Does It Really Mean to Be Patient-Centric?'

Keeping the Patient at the Center

- Quality is defined as care that is safe, timely, effective, efficient, equitable and patient-centered
- Patient-centeredness is perhaps the most difficult goal to achieve
- But it's the most important, because it's why we're here

Opportunities

- Identify synergies – methods and infrastructure – between CER and post-marketing surveillance: identification of signals and investigations of causes
- Make sure activities/investments enhance quality, safety, efficiency and effectiveness at the front line
- Operationalize the expanded definition of CER (i.e. the 'care delivery interventions' piece)
- *Ensure that more informed means better informed*

Thank You

AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost

www.ahrq.gov