



# Comparative Effectiveness Research

## From Evidence to Practice: A National Strategy for CER Dissemination

### About NEHI

NEHI is an independent, not-for-profit research and health policy organization dedicated to transforming health care for the benefit of patients and their families.

Visit [www.nehi.net](http://www.nehi.net).

#### NEHI Members

AARP, Inc.  
ABIOMED, Inc.  
AdvaMed  
Alkermes, Inc.  
American Cancer Society -  
New England  
American College of Cardiology  
Amgen Inc.  
AstraZeneca Pharmaceuticals LP  
Atrius Health  
Baxter Healthcare Corporation  
Bayer Health Care, LLC  
BD (Becton, Dickinson and  
Company)  
Biotechnology Industry  
Organization  
Blue Cross Blue Shield of  
Massachusetts  
Blue Cross Blue Shield of  
Tennessee  
California Healthcare Institute  
Deloitte LLP  
DePuy Mitek, Inc.  
Eliza Corporation  
EMC Corporation  
EMD Serono, Inc.  
Ernst & Young, LLP  
Foley Hoag, LLP  
Genzyme Corporation  
GlaxoSmithKline  
Greater Boston Chamber of  
Commerce  
Harvard Medical School  
Harvard Pilgrim Health Care  
IMS Health  
Joslin Diabetes Center  
King & Spalding, LLP  
Malley & Franey Financial  
Group, Inc.  
Massachusetts Biotechnology  
Council

- continued -

### BACKGROUND

Comparative effectiveness research (CER) is the comparison of two or more health care approaches to determine their relative clinical effectiveness as demonstrated by patient outcomes. CER may be as simple as comparing two drugs or devices, but the concept can be expanded to include the comparison of procedures, treatments or entire care delivery systems. The purpose of CER is to fill the evidence gaps in medical decision making in order to provide higher-quality patient care.

NEHI began its CER research in 2008, focusing on the potential implications of an expanded CER program on innovation throughout the health care system. In 2009, NEHI released *Balancing Act: Comparative Effectiveness Research and Innovation in U.S. Health Care*, which presented a series of guiding principles for implementing a CER program that sustains innovation.

NEHI's recommendations on CER outlined in the 2009 report were reflected in the Affordable Care Act, which was passed by Congress and signed into law by President Obama in 2010. CER was identified as an opportunity for the federal government to address the gap in evidence and the gap in evidence dissemination. The Affordable Care Act created a permanent CER program led by the newly created Patient-Centered Outcomes Research Institute (PCORI).

### OPPORTUNITIES FOR CER

There is a lack of good evidence to support decision making by patients and clinicians. Additionally, evidence that does exist is not effectively disseminated to stakeholders for use during the decision-making process. The cause of this problem is the highly decentralized process of translating and disseminating this information to intermediary groups and end users.

The mission of CER is to improve health care for individual patients by finding more effective ways to treat illness. Only through the effective dissemination of new evidence can comparative effectiveness research fully achieve this promising goal. CER dissemination begins with initial decisions on how and why research will be conducted and it ends with patients and physicians using research results in some practical way.

In 2011, NEHI published *From Evidence to Practice: A National Strategy for CER Dissemination*. The white paper examines the challenges of evidence dissemination and dissemination policy, and outlines policy recommendations that would elevate CER dissemination as a priority for PCORI above and beyond the level called for in the Affordable Care Act.

## NEHI Members Continued

Massachusetts Council of Community Hospitals  
Massachusetts Medical Society  
Massachusetts Technology Collaborative  
McKinsey & Company  
Merck & Co., Inc.  
National Association of Chain Drug Stores Foundation  
National Community Pharmacists Association  
National Family Caregivers Association  
National Consumers League  
National Organization for Rare Disorders  
National Pharmaceutical Council Network Health  
New England Council  
Novartis Vaccines & Diagnostics  
Novo Nordisk Inc.  
Organogenesis Inc.  
Oxford Bioscience Partners  
PAREXEL International, Inc.  
Partners HealthCare System  
Philips Healthcare  
PhRMA  
Pitney Bowes, Inc.  
PricewaterhouseCoopers, LLP  
Randstad USA  
Raytheon Company  
Sanofi-Aventis  
SironaHealth  
Steward Health Care System, LLC  
Take Care Health Systems  
Total Therapeutic Management, Inc.  
Tufts Center for the Study of Drug Development  
Tufts Health Plan  
Tufts University School of Medicine  
UCLA Health System  
University of Connecticut Health Center  
University of Massachusetts Medical School  
Verisk Health  
Vertex Pharmaceuticals, Inc.  
WellPoint, Inc.  
Worcester Polytechnic Institute

## POLICY RECOMMENDATIONS

From the standpoint of dissemination policy, PCORI has unique capabilities that would allow it to take a lead role in disseminating CER findings: budgetary discretion, a governing board that represents multiple stakeholders and broad authority to work closely with AHRQ and to reach other stakeholder groups in the field.

PCORI has an opportunity to bridge the gap between evidence and evidence dissemination due to its end-to-end perspective of CER and the CER dissemination process. PCORI's main goal is to "assist patients, clinicians, purchasers and policymakers in making informed health decisions" in several ways, including through the dissemination of research findings. NEHI's recommendations for a national CER dissemination strategy center on a vital role for PCORI, including the following:

- 1. PCORI should become a highly visible national champion for CER dissemination and effective health care.** The success of CER dissemination depends on gaining active, voluntary participation in the dissemination process by clinicians, patients, provider organizations and other independent groups. This will require strong and visible leadership, and PCORI should play that role. PCORI is best positioned to lead this effort because it has an independent structure and a unique end-to-end perspective of CER and the CER dissemination process.
- 2. PCORI should build diverse partnerships.** Successful dissemination of CER will require collaboration by multiple stakeholders such as national medical societies and patient groups, learning health care systems, and state and regional medical societies, quality organizations and patient groups.
- 3. PCORI should reinforce public understanding of CER.** Most Americans are either unaware of what CER is or distrust its role in critical decision making. Therefore, CER's role in improving US health care should be re-established and reinforced with patients and the general public. PCORI must increase its credibility with the public by avoiding the endorsement of research findings and supporting the development of personalized medicine.
- 4. PCORI should link CER to major health conditions affecting broad cross-sections of the population.** By linking the research to health issues that affect broad cross-sections of the public, such as diabetes, heart disease, depression and hospital-acquired infections, PCORI would address significant public health issues and build support and awareness of CER.

“The mission of comparative effectiveness research is one that should transcend politics and command broad support: to improve health care for individual patients by finding more effective ways to treat illness. Only through the effective dissemination of new evidence can comparative effectiveness research fully achieve this promising goal.”

-Wendy Everett, ScD, President, NEHI  
*Health Affairs Blog, May 10, 2011*

