



**AcademyHealth Statement to Coordinating Council on
Comparative Effectiveness Research
April 13, 2009**

AcademyHealth, as the nonpartisan, professional society for nearly 3,800 health services researchers, policy analysts, and practitioners, welcomes the opportunity to submit a written statement for consideration. AcademyHealth supports the development of research and data needed to inform health policy and practice, including CER, which will lead to more accessible, affordable, high-quality health care.

To the extent that “real world settings” are part of the CER enterprise, health services researchers will be needed. Even the simplest intervention is delivered in the context of a set of health services that influence its use and effectiveness. (e.g., language barriers, clinician’s explanation of side effects impact adherence, etc). Translating complex organizational contexts into independent variables, to be employed either as confounders or as stratifying variables, is a challenge, as is the post-study task of trying to promote the uptake of findings in specific practice settings. In all of these situations, the experience and methods used by health services researcher are part and parcel of CER.

AcademyHealth is pleased to offer the following thoughts for your consideration on behalf of our members, the research community, and the public more broadly.

From AcademyHealth’s study of current comparative effectiveness studies, we have documented the need for improved coordination and tracking of comparative effectiveness research. AcademyHealth supports increased coordination across federal funders through the Coordinating Council. Such coordination would help maximize the federal government’s investment in CER by reducing inefficiencies and duplication and providing mechanisms for increased collaboration. Coordination of findings and some direction regarding research needs will help increase the efficiency with which research improves the clinical and economic outcomes of the health care system and provide an important mechanism for targeting research and demonstrations to address critical health issues. In this vein, AcademyHealth supports the development of a national CER clearinghouse, or adjustments to existing resources—such as NIH’s clinicaltrials.gov, which lists randomized clinical trials, or HSRProj, which lists some observational research—to incorporate CER. In order to effectively set research priorities, it is important to know what CER is available and where research gaps need to be filled.

AcademyHealth believes that the Coordinating Council should make recommendations on how best to maintain and build the needed infrastructure for comparative effectiveness research in the following areas:

- **Ensuring the HIT investments in data systems are research friendly**

Currently, the quality of the data for many variables now contained in electronic health records (EHRs) may not be any better than those currently available in paper records. While EHRs undoubtedly have a place as an important tool for CER, we encourage the Federal Coordinating Council to assess how new ARRA investments in HIT could strengthen the data available for CER.

- **Building consensus on best methods for different research questions**

As stakeholders prepare for the infusion of funding for CER, it will be important to assess the methodological limitations of the following major types of researchers that will be needed for a balanced CER portfolio: 1) trialists, 2) observational researchers, including experts in registries, and 3) the less frequently considered social policy researchers. Graduate training for these three groups is often siloed, and we know from our interviews with CER funders and the large research centers doing CER that they are continually frustrated by the misunderstanding and inability to effectively combine methods.

- **Training in cross-disciplinary research**

An AcademyHealth study revealed the significant need for more formal training in the range of methods used in comparative effectiveness research in order to meet the increasing demand for this work and improve communication among researchers. There are very few formal training programs in comparative effectiveness research and training needs are exacerbated by what many view as a fundamental philosophical difference between researchers academically trained to do observational research, and those trained on the job to conduct clinical trials. The current lack of methodological training creates problems for the funding, conduct, and review of current comparative effectiveness studies.

Part of the Coordinating Council's charge is to prioritize "related health services research." AcademyHealth recommends that the Coordinating Council provide balance in the evidence base through supporting all aspects of comparative effectiveness research and related health services research. In general, efforts to study improvements to health system quality, to understand what is driving health care costs, or to determine how to achieve needed improvements in efficiency have been previously under-funded areas of health services research in general and in comparative effectiveness research, specifically. We encourage research on which treatment works better compared to another, but also research pertaining to the comparative cost-effectiveness of health care practice and broad health system comparisons of the ways in which care is delivered, monitored, and paid.

Lastly, given the magnitude of the investment in CER, it is imperative that there be a mechanism in place to help people understand what works best. In addition to summary guides for different audiences, which are critically important, there is a need to consider additional translation strategies that engage stakeholders in partnerships and allow each sector to use existing channels of communications to disseminate findings in formats that are most familiar to those groups.

AcademyHealth believes that a comparative effectiveness program will provide a much needed basis for improvements in our health care system. If you have any questions, please contact David Helms at 202.292.6700 or by email at david.helms@academyhealth.org).