Background

- Recovery Act allocated \$1.1 billion for comparative effectiveness research (CER), \$400 million to Office of the Secretary, \$400 million to NIH, and \$300 million to AHRQ
- Established Federal Coordinating Council for CER
- Report from the Council June 30th on definition, criteria, and recommended priorities for OS CER funds
- Report from IOM June 30th on CER priorities and research questions

FCC CER Definition

"Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in "real world" settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances."

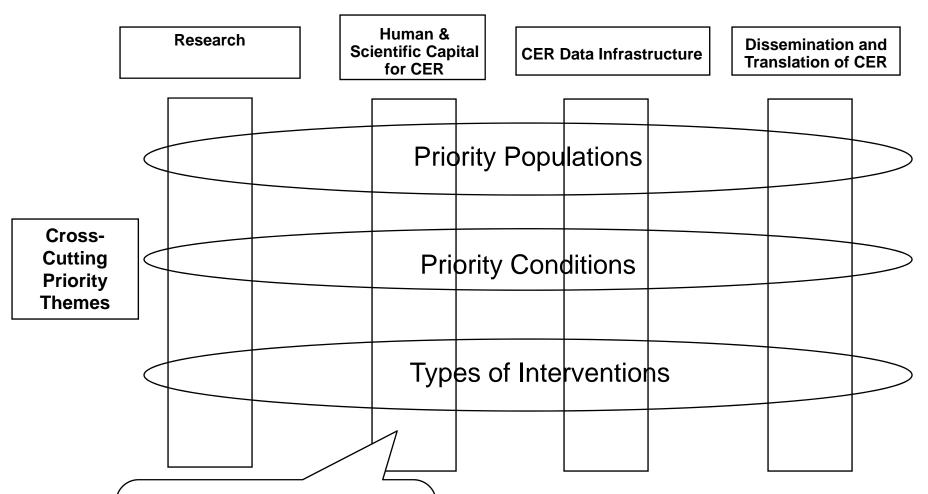
- To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and sub-groups.
- Defined interventions compared may include medications, procedures, medical and assistive devices and technologies, diagnostic testing, behavioral change, and delivery system strategies.
- This research necessitates the development, expansion, and use of a variety of data sources and methods to assess comparative effectiveness and actively disseminate the results.

Prioritization Criteria

The criteria for scientifically meritorious research and investments are:

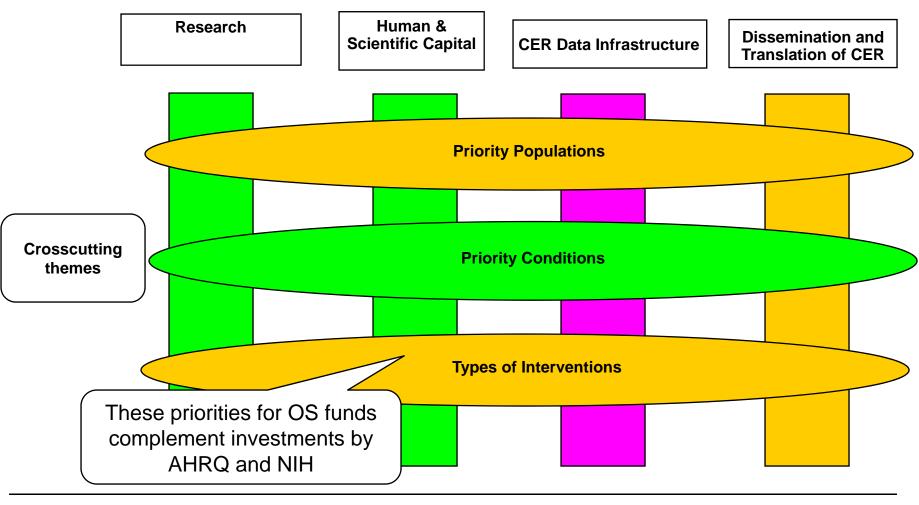
- Potential impact (based on prevalence of condition, burden of disease, variability in outcomes, costs, potential for increased patient benefit or decreased harm)
- Potential to evaluate comparative effectiveness in diverse populations and patient sub-groups and engage communities in research
- Uncertainty within the clinical and public health communities regarding management decisions and variability in practice
- Addresses need or gap unlikely to be addressed through other organizations
- Potential for multiplicative effect (e.g. lays foundation for future CER such as data infrastructure and methods development and training, or generates additional investment outside government)

Strategic Framework

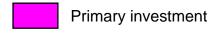


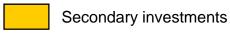
Specific investments can be within a single category and/or be cross-cutting in one of the priority themes

Strategic Framework: Council Recommended OS Priorities



Legend







Draft Data Infrastructure Related Projects

Longitudinal Claims Data

- Medicare data CMS
- Medicaid data CMS
- All Payer All Claims Design and Implementation ASPE/CMS/AHRQ
- Enhanced state data claims linked to clinical data AHRQ

Data Networks

- Distributed Electronic Clinical Data Networks AHRQ
- Community Health Applied Research Network HRSA

Patient Registries

- Patient Registries AHRQ
- Cancer Registries CDC
- Registry of Registries AHRQ

Other

- Building FDA CER clinical data and standards infrastructure, tools, skills, and capacity FDA
- Persons with Multiple Chronic Conditions Data and Research AHRQ/HIS
- Pediatric Care Networks and CER

Draft Dissemination and Translation

- Dissemination of CER to Physicians and other Providers, Patients and Consumers - AHRQ
- Implementation strategies in AHRQ networks
 AHRQ
- Accelerating Dissemination and Adoption of CER in Delivery Systems - HHS/ASPE

Draft Research

- Behavioral Economics and Change NIH/AHRQ
- Delivery System AHRQ
- Regionalized Emergency Care delivery ASPR
- Comparative effectiveness of chronic disease prevention - CDC
- Linked administrative claims research on medications and devices - HHS/ASPE/CMS
- Centers of Excellence for Racial and Ethnic Minorityfocused CER - OMH/NIH
- Centers of Excellence for Persons with Disabilities -OD/ASPE

Draft Inventory and Evaluation

- Inventory of CER
- Evaluation and Impact Assessment
- IOM report and FCC support (priority setting)

Questions or Comments?