



**AcademyHealth Statement on Draft Definition of Comparative Effectiveness
Research for the Federal Coordinating Council
June 8, 2009**

AcademyHealth, as the nonpartisan, professional society for nearly 3,600 health services researchers, policy analysts, and practitioners, welcomes the opportunity to submit feedback to the Federal CER Council concerning the draft definition and prioritization criteria for comparative effectiveness research.

We would like to offer our support for your proposed definition, which recognizes that CER goes beyond the evaluation of clinical treatments and includes **“comparing different interventions and strategies to prevent, diagnose, treat, and monitor health conditions.”**

We strongly support the development of research that informs not only patients and providers, but also decision makers. A wide variety of public and private policy makers will need this research to inform decisions about coverage and payment. As the Council continues its deliberations with key stakeholders, it will be important to delineate these groups’ specific “expressed needs” and how future research will be designed to meet these needs.

AcademyHealth supports having the “defined interventions ...include... behavioral change strategies, and delivery system interventions.” Ultimately we will need to have not only research on which treatments work better, but also research pertaining to the comparative quality and cost-effectiveness of alternative ways to deliver specific services. This research is vital for understanding how to improve health system quality and achieve needed improvements in efficiency.

AcademyHealth commends the Council for highlighting the need to tailor treatments for different populations, assessing “a comprehensive array of health-related outcomes for diverse patient populations.” We agree that recognizing the heterogeneity of diverse populations will require an extensive evidence-base from which to make informed decisions.

The effectiveness of CER is hinged upon the quality of data and methods used to produce the research. An AcademyHealth study, “Lack of Coordination in Comparative Effectiveness Research Risks Redundancy and Unnecessary Cost” revealed the significant need for more formal training in the range of methods used in comparative effectiveness, as there are very few formal training programs in comparative effectiveness research. 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. Furthermore, the ability of health services research to contribute operationally to safety, quality and efficiency of care delivered within particular delivery organizations depends on new training content and modes.

The current lack of methodological training creates problems for the funding, conduct, and review of current comparative effectiveness studies. Because infrastructure is vital to the success of CER, we support the prioritization criteria of “potential for multiplicative effect (e.g. lays foundation for future CER or generates additional investment outside government).” This is why we are pleased you included the need for a properly-developed infrastructure in order to assess this research, recognizing the necessity to develop and use “a variety of data sources and methods to assess comparative effectiveness research.”

AcademyHealth represents and supports many of the people who will be called upon to conduct comparative effectiveness research. We believe that your definition and focus on infrastructure will provide much needed support for building the capacity of the field to respond to the growing demand for this research.