



**Statement on CER Priorities Submitted to the Institute of Medicine
March 27, 2009**

AcademyHealth, as the nonpartisan, professional society for nearly 3,800 health services researchers, policy analysts, and practitioners, welcomes the opportunity to respond to the request for information on comparative effectiveness research (CER) priorities.

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.

AcademyHealth believes that some of the funding provided for comparative effectiveness research through the American Recovery and Reinvestment Act (ARRA) should be used to bolster the infrastructure needed to produce the evidence in three areas:

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

Currently, the quality of the data for many variables may not be any better than those currently available in paper records. While EHRs undoubtedly have a place as an important tool for CER, it is important to spend some time thinking about their appropriate role and teasing out the reasons for the current weaknesses. We believe that what is needed now, especially in light of the dual investments in HIT and CER in the ARRA, is for researchers to come together and develop a framework that clearly lays out problems and potential solutions from the perspective of capturing, extracting and managing data for CER.

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

As stakeholders prepare for the infusion of funding for CER, the issue of methodological limitations is the potential Achilles heel of this historic opportunity. There are three major traditions that need to work together and establish some areas of consensus in advance of the wave of controversies that are likely to arise: Those are 1) trialists, 2) observational researchers, including experts in registries, and 3) the

less frequently considered evaluation of social policy researchers. Graduate training for these three groups is 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.

- **Tracking CER**

AcademyHealth supports the development of a national clearinghouse specific to CER, or some adjustments to existing resources, such as NIH's clinicaltrials.gov, which lists randomized clinical trials, or HSRProj, which lists some observational research. From AcademyHealth's study of current comparative effectiveness studies, we have documented the need for improved coordination and tracking of comparative effectiveness research. We anticipate this will be a key responsibility of the new Federal Coordinating Council for Comparative Effectiveness Research.

AcademyHealth supports increased coordination across funders of research to reduce inefficiencies and duplication and to provide mechanisms for increased collaboration.

- **Translating CER into Practice**

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 commends your leadership in developing a comparative effectiveness program that will provide a much needed basis for improvements in our health care system. If you have any questions, please contact me (202.292.6700); david.helms@academyhealth.org).