An Introduction to Comparative Effectiveness Research (CER) (A Synopsis)

Avi Dor, Professor of Health Policy and Health Economics, George Washington University

Ellen Umapathi, Research Associate, George Washington University, Department of Health Policy

Comparative Effectiveness Consultative Unit (CECU)
What is CER?

- CER is “the rigorous evaluation of the impact of different options that are available for treating a given medical condition for a particular set of patients” (CBO and MedPAC)
- CER is “the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or improve the delivery of care in ‘real world’ settings” (IOM and ARRA)
- CER is designed to inform health-care decisions, by providing information for health care professionals, patients, payers, and policy makers
Why CER?

- Economic assessments are essential to increase efficiency of the health care system and curb costs
  - National health expenditures grew from 5.2% in 1960 to 17.9% of GDP in 2010 (CMS)
  - U.S. total national health spending reached $2.6 trillion in 2010 or $8,402 per capita (CMS)
- CER can result in cost savings in the long run, conditional on dissemination of knowledge and a change in provider behavior (Chandra, Jena, and Skinner, 2011)
Federal Policies Support CER

• The 2009 American Recovery and Reinvestment Act (ARRA) created the Federal Coordinating Council for CER

• ARRA dedicated $1.1 billion for CER
  ▫ $300 million Agency for Health Care Research and Quality
  ▫ $400 million to the National Institute of Health
  ▫ $400 million for the Office of the Secretary of Health and Human Services

• The 2010 Affordable Care Act formed and funded the Patient-Centered Outcomes Research Institute (PCORI)
  ▫ PCORI helps people make informed health care decisions by producing, promoting, and disseminating evidence-based information
2010 NIH Awards for Evidence Development and Synthesis

• In 2010, NIH awarded $190 million (Benner et al., 2010):
  ▫ Spending focused on cancer ($31.5 million), cardiovascular disease ($31.0 million), and depression and other mental health disorders ($30.1 million)
  ▫ Spending on obesity, dementia, pulmonary disease, and pregnancy and child disorders each was below $5 million
  ▫ Very little was targeted to understand the genetic or genomic basis of diseases or response to treatment ($4.8 million)