



Forum Session Meeting Announcement

Friday, July 25, 2008

11:45am–12:15pm — Lunch
12:15–2:00pm — Session

Exploring Comparative Effectiveness: Fundamentals of Evidence-Based Health and Introduction to the Cochrane Collaboration

A Discussion Featuring:

Lorne A. Becker, MD

Professor Emeritus

Department of Family Medicine
SUNY Upstate Medical University

Co-chair

Cochrane Collaboration Steering Group

Maureen P. Corry

Executive Director

Childbirth Connection

Kay Dickersin, PhD

Professor

Department of Epidemiology
Bloomberg School of Public Health

Director

U.S. Cochrane Center

Johns Hopkins University

Roger F. Soll, MD

Professor of Pediatrics

University of Vermont College of Medicine
Coordinating Editor

Cochrane Neonatal Review Group

Prathap Tharyan, MD, MRCPsych

Coordinator

South Asian Cochrane Network

Editor

Cochrane Schizophrenia Group

Location

**Reserve Officers Association
of the United States**

One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor

*(Across from the Dirksen Senate
Office Building)*

Registration Required

Space is limited. Please respond
as soon as possible.

Send your contact information
by e-mail to: nhpfmeet@gwu.edu

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Exploring Comparative Effectiveness: Fundamentals of Evidence-Based Health and Introduction to the Cochrane Collaboration

OVERVIEW

This meeting is the first in a series intended to help clarify the complex set of issues bundled under the currently-in-vogue heading of “comparative effectiveness.” Although the array of public and private entities involved in the discussion of comparative effectiveness may differ on the particulars, they share a common desire to obtain better information to guide health decisions, that is, to advance evidence-based health. The Cochrane Collaboration is one of the premier global resources for evidence-based health. It is a virtual organization of more than 11,000 researchers, practitioners, and consumers in over 90 countries (including the United States) dedicated to improving health care decisions by making the best evidence available worldwide. This session will feature five experts in evidence-based health who participate in the Cochrane Collaboration in various capacities. Each will focus on specific aspects of the Cochrane Collaboration to illustrate the principles of evidence-based health as well as its challenges and accomplishments.

A second session, scheduled for September 26, 2008, will examine the capacities of relevant federal agencies to support evidence-based health, and the third will compare and contrast the many specific proposals (some of which are labeled as comparative effectiveness) for advancing evidence-based health in the United States (date to be determined).

SESSION ONE

Comparative Effectiveness: A Big Umbrella

Recently, comparative effectiveness has been all the rage, featured in everything from health policy journal articles to *Consumer Reports* to legislation. Although many people are using the term, it is not clear they all have quite the same thing in mind. For example, the Institute of Medicine Roundtable on Evidence-Based Medicine offers a relatively focused definition of comparative effectiveness as a type of clinical effectiveness research that compares one diagnostic or treatment option to others. However, the term is being used differently by various parties and often in a more generic and all-encompassing manner. This variation in understanding and usage is reflected in the diverse proposals falling under the rubric of comparative effectiveness. In addition to alternative notions of the “what,” a variety of views exist regarding the “how.” For example, the Medicare Payment

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Washington DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web]

Judith Miller Jones

Director

Sally Coberly

Deputy Director

Monique Martineau

Publications Director

Forum Session Manager

Michele Orza, ScD

Principal Policy Analyst

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Advisory Commission has made a relatively specific recommendation for a funding stream for a certain kind of clinical trial that would be helpful to support Medicare payment decisions. In contrast, an Institute of Medicine committee has recommended a central entity to oversee the development of information about clinical effectiveness generally; these recommendations do not even use the term comparative effectiveness.

A positive aspect of this apparent imprecision is that it seems to reflect a common frustration at all levels—from the individual to the federal government—with the nature of the information available to people for making choices and decisions about health, as well as a growing consensus that we must have better information in order to advance the health of the nation. A negative aspect is that lack of clarity can make it difficult for Congress to legislate called-for improvements.

The Heart of the Matter: Better Information for Making Health Decisions

An impressive array of public and private entities is involved in the discussion of comparative effectiveness. While they may disagree about the particulars of how to get there, proponents largely agree that the destination is better information to guide all kinds of health decisions. These include the choices that we all face daily for ourselves and our loved ones; the recommendations that health professionals need to make routinely; the decisions that companies, or states, or federal agencies have to make about which health services to offer or cover or approve; and the policies that government must adopt to distribute finite resources among the many medical, public health, and other approaches to improving people's health. A common premise is that we need more information that is of higher quality, more trustworthy, and more easily accessible. Still, a number of proponents urge that we simultaneously examine how to improve our use of information, pointing to numerous examples where we have had good information but failed to act on it.

As many discussants have noted, virtually all of the information needed to support evidence-based health is comparative, because decision making is fundamentally about choosing among options. At the very least, the choice is between doing nothing or doing something. Is intervention necessary or not? If so, which intervention would be best? Every choice or decision could be informed by a comparison of the effects—good and bad—of each option. Thus, in its current broad usage comparative effectiveness appears synonymous with evidence-based health, which is focused on developing and using the best information possible to make decisions about personal health, health care, public health, and health policy.

The major disagreement among proponents is whether and how costs should be considered in making health decisions. Some have argued that comparative effectiveness is a euphemism for “cost effectiveness,” or even “cost containment,” and support from some groups wavers when cost is

in the picture. Proponents have cautioned that decades-long efforts to advance evidence-based health—whether labeled “technology assessment,” “evidence-based medicine,” or now “comparative effectiveness”—have lost support and garnered insurmountable opposition when it appeared that the bottom line was cutting costs. In addition, among both enthusiasts and doubters, there is concern that comparative effectiveness, especially in its more narrow conception, is being oversimplified and oversold as the cure for everything that ails our current health care system. They argue for a more realistic assessment of its promise and limitations. They also emphasize that good information (assuming agreement about its goodness) is necessary, but not sufficient, for good decisions.

The Cochrane Collaboration

Given their decades of experience in building the global evidence base and the international recognition they have earned for being one of the best resources for evidence-based health care, there is arguably none better to explain the fundamentals of evidence-based health than the Cochrane Collaboration.

The Cochrane Collaboration (www.cochrane.org) is a global network of researchers, practitioners, and consumers dedicated to improving health care decisions by making up-to-date, accurate information about the effects of health care readily available worldwide. It is an international, not-for-profit, independent organization, founded in 1993, and named after the British epidemiologist Archie Cochrane. The Cochrane Collaboration seeks to build and maintain a major part of the evidence base for health, primarily by producing and disseminating systematic reviews of clinical trials and other studies of health care interventions, called Cochrane Reviews. These are organized into the Cochrane Library, which today contains, among other things, more than 5,000 Cochrane Reviews; more than 8,000 other systematic reviews that have been quality-assessed by Cochrane; a registry of more than a half-million clinical trials to facilitate the development and updating of systematic reviews; and a registry of over 10,000 studies of methods for systematic reviews and other kinds of studies.

The Cochrane Collaboration is a virtual organization of more than 11,000 people in over 90 countries, including the United States, who are organized as follows:

- Cochrane Review Groups focus on particular areas of health (for example, breast cancer, infectious diseases, multiple sclerosis, schizophrenia, tobacco addiction) and prepare, maintain, and update Cochrane Reviews
- Cochrane Centres support people in their geographic and linguistic area with such things as training, translations, and networking
- Methods Groups focus on developing the methodologies for Cochrane Reviews

- Networks or Fields focus on dimensions of health care other than specific health problems, such as the setting of care (for example, primary care), the type of consumer (for example, older people), or the type of intervention (for example, vaccines)
- The Cochrane Consumer Network provides information and a forum for networking among consumers (mostly patients), and a liaison point for consumer groups around the world

The Cochrane Collaboration is administered by a small, paid secretariat based in Oxford, England, but the bulk of the organization is an international network of volunteers. Its central functions are funded by sales of subscriptions to The Cochrane Library, including national subscriptions in many countries (not including the United States). The individual entities of The Cochrane Collaboration are funded by a large variety of governmental (including the United States), institutional, and private funding sources, and are bound by organization-wide policy limiting uses of funds from corporate sponsors. According to what appears to be the strictest conflict-of-interest policy in the business, which has been under discussion and ongoing refinement since the inception of the Cochrane Collaboration, none of the entities described above may accept commercial funding for anything remotely connected to the production of Cochrane Reviews.

This session will feature five experts in evidence-based health, all of whom participate in the Cochrane Collaboration in various capacities. Each presentation will focus on particular aspects of the Cochrane Collaboration to illustrate the principles of evidence-based health as well as its challenges and accomplishments.

KEY QUESTIONS

- What is evidence-based health? How have the concept and its application evolved to the present day? What qualifies as evidence?
- What are the challenges that individuals, organizations, and governments face in trying to make evidence-based health decisions? What efforts are ongoing to overcome these challenges in the United States and globally?
- What is the Cochrane Collaboration? How is it structured and how does it function? How does the United States participate?
- What models and lessons-learned might the Cochrane Collaboration provide for how to advance evidence-based health in the United States?

SPEAKERS

Lorne A. Becker, MD, is professor emeritus in the Department of Family Medicine at SUNY Upstate Medical University, and currently serves as

the co-chair of the Cochrane Collaboration [International] Steering Group. **Maureen P. Corry** is the executive director of Childbirth Connection, a national, not-for-profit organization founded in 1918 that is dedicated to improving the quality of maternity care and helping women and health professionals make informed maternity decisions. Childbirth Connection is a long-time active participant in the Cochrane Consumer Network. **Kay Dickersin, PhD**, is a professor in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health and also is the director of the U.S. Cochrane Center based there. She is one of the founding members of the Cochrane Collaboration. **Roger F. Soll, MD**, is a professor of pediatrics at the University of Vermont College of Medicine, the director of the Neonatal Intensive Care Unit at Fletcher Allen Health Care, the director of Clinical Trials and Follow-up for the Vermont Oxford Network, and the coordinating editor of the Cochrane Neonatal Review Group. **Prathap Tharyan, MD, MRCPsych**, is the coordinator of the South Asian Cochrane Network based at the Professor Bhooshanam V. Moses Centre for Clinical Trials and Evidence Based Medicine at the Christian Medical College in Vellore, India, and also the editor of the Cochrane Schizophrenia Group. India is the latest country to purchase a national subscription to the Cochrane Library, allowing all of its citizens free access.

Exploring Comparative Effectiveness: Information About the Series

This series of three Forum sessions is intended to lay the foundation for understanding and evaluating existing and anticipated proposals related to comparative effectiveness and to clarify the complex set of issues bundled under that heading. The series begins with the basics of evidence-based health and will conclude with a comparison of specific proposals under discussion. The series will address the following general questions:

- What is evidence-based health? What is the big picture, and what are the basic concepts? How does comparative effectiveness fit into the picture?
- To what extent do we have evidence-based health in the United States? What is our current capacity for obtaining good information and putting it to use? How could it be enhanced? Which aspects can be affected by federal policy?
- How do various proposals compare? What are their relative strengths and weaknesses? What actions by the federal government do they call for and how can they best be addressed?

Session 1 (July 25, 2008) — Fundamentals of Evidence-Based Health and Introduction to the Cochrane Collaboration

Session 2 (September 26, 2008) — U.S. Capacity for Evidence-Based Health: Examining the Responsibilities and Capacities of Federal Agencies

Session 3 (Fall 2008) — Evidence-Based Health in the United States: Comparing and Contrasting Current Proposals