



Evidence-Based Health Activities at AHRQ

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WE HAVE TWO OPTIONS.
EITHER AN EVIDENCE-
BASED TREATMENT OR
AN EXCITING, RISKY
ALTERNATIVE.





AHRQ and Comparative Effectiveness

- Comparative effectiveness research is a growing enterprise that compares specific medical treatments, drugs and devices against each other to assess which is the most effective and which carries the most risks
 - The Federal Government, through AHRQ, is uniquely positioned to perform comparative effective research without bias because it is a neutral party with no vested interest in the outcome
 - AHRQ's comparative effectiveness program focuses on important diseases and illnesses that have been identified as priorities by federal health officials
 - AHRQ's comparative effectiveness program places a strong emphasis on a transparency and public involvement. All people and groups are encouraged to suggest research topics and comment on draft reports

Comparative Effectiveness and Health System Transformation



- Comparative Effectiveness as a Public Good
- Turning Evidence Into Action
- Governance and National Priority Setting for 21st Century Health Care



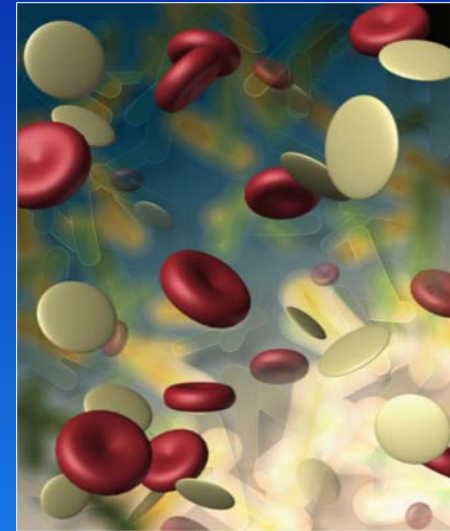
Shared Perspectives on Comparative Effectiveness

- Comparative effectiveness should be a public good that:
 - Gives health care decision makers – patients, clinicians, purchasers and policy makers – access to the latest open and unbiased evidence-based information about treatment options
 - Informs choices and, where possible, is closely aligned with the sequence of decisions patients and clinicians face

The Right Treatment for the Right Patient at the Right Time

Improving Evidence about Benefits and Risks

- Comparative effectiveness research addresses issues including:
 - Relevancy
 - Timeliness
 - Impact on priority populations
 - Disproportionate impact on subpopulations
 - The ability to impact treatment decisions





Current Challenges

- Growing concerns about health spending – about \$2.3 trillion per year in the U.S.
- Large variations in clinical care
- A lot of uncertainty about best practices involving treatments and technologies
- Pervasive problems with the quality of care that people receive



Medicare Modernization Act, Section 1013

- AHRQ has built flexible, dynamic infrastructure and processes for comparative effectiveness research:
 - 41 research centers nationwide
 - More than 160 researchers
 - Access to >120 different databases
 - Health data on more than 50 million Americans



The nation's largest network of researchers in therapeutic effectiveness

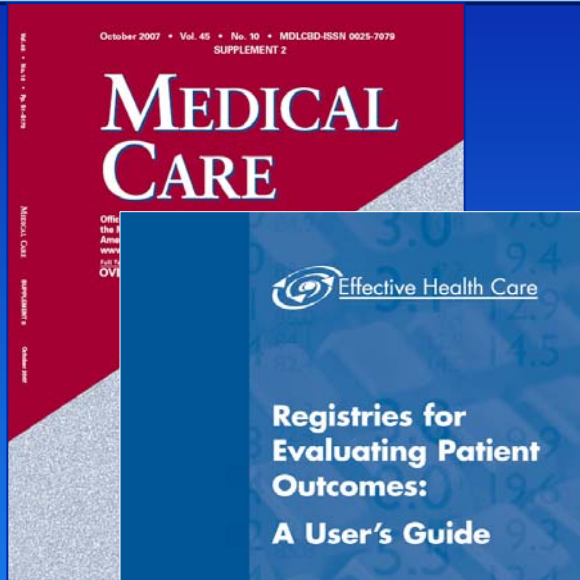
Comparative Effectiveness: AHRQ Effective Health Care Program

- Uses current, unbiased evidence in making head-to-head comparisons to show which health interventions:
 - Add Value
 - Offer minimal benefit above current choices
 - Fail to reach their potential
 - Work for some patients, but not others



Goal: to develop and disseminate better evidence about benefits and risks of alternative choices

Emerging Methods in Comparative Effectiveness & Safety



Methods Reference Guide for Effectiveness and Comparative Effectiveness Reviews

Agency for Healthcare Research and Quality. *Methods Reference Guide for Effectiveness and Comparative Effectiveness Reviews*, Version 1.0 [Draft posted Oct. 2007]. Rockville, MD. Available at: http://effectivehealthcare.ahrq.gov/repFiles/2007_10DraftMethodsGuide.pdf

Effectiveness and Comparative Effectiveness Reviews, systematic reviews of existing research on the effectiveness, comparative effectiveness, and comparative harms of different health care interventions, are intended to provide relevant evidence to inform real-world health care decisions for patients, providers, and policymakers. In an effort to improve the transparency, consistency, and scientific rigor of the work of the Effective Health Care Program, through a collaborative effort, the Agency for Healthcare Research and Quality (AHRQ), the Scientific Resource Center, and the Evidence-based Practice Centers (EPCs) have developed a Methods Guide for the conduct of Comparative Effectiveness Reviews. We intend that these documents will serve as a resource for our EPCs as well as for other investigators interested in conducting Comparative Effectiveness Reviews.

The first draft of the Methods Guide was posted for public comment for 8 weeks in late 2007. In response to requests from investigators and others interested in Comparative Effectiveness Review methods, we have reposted the original chapters of the draft manual below. As these chapters are revised in response to public and peer review comment, they will replace the previous draft chapter and be posted below. It is anticipated that these papers will also be published as a series in the *Journal of Clinical Epidemiology* in 2008. As further empiric evidence develops and our understanding of better methods improves, we anticipate that there will be subsequent updates and additional chapters to this Methods Guide and that it will continue to be a living document. Comments and suggestions on the Methods Guide and the Effective Health Care Program can be made at www.effectivehealthcare.ahrq.gov.

- Variation in methods among systematic reviews undercuts transparency
- Methods reduce the likelihood of scientific impartiality
- Methods must continue to evolve and not remain stagnant
- AHRQ has and will continue to make investments in improving methods



Links to Health IT Infrastructure and Processes



AHRQ Health IT
Investment: \$260
Million

- AHRQ is in a unique position to leverage health IT to further impact comparative effectiveness, in both research and implementation

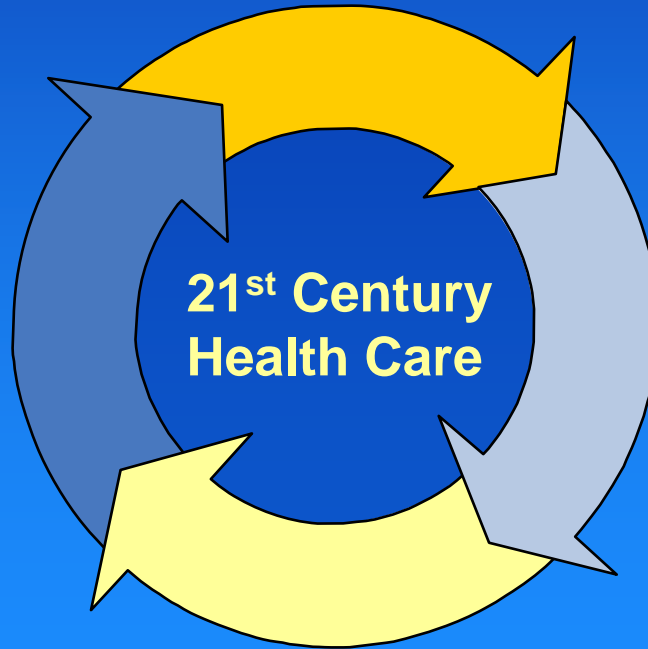
Supported 200+ projects &
demonstrations since 2004

21st Century Health Care

*Improving quality by promoting a culture of safety
through value-driven health care*

*Information-rich, patient-
focused enterprises*

*Evidence is
continually refined
as a by-product of
care delivery*



*Information and
evidence transform
interactions from
reactive to
proactive (benefits
and harms)*

*Actionable information available – to
clinicians AND patients – “just in time”*

Trust

- To achieve widespread use and influence, trust must be established among:
 - Patients, who will benefit from informed decisions and understanding the importance of participating in studies
 - Industry, so they understand they will not be inappropriately dealt with
 - Physicians, who need comparative effectiveness information to treat patients
 - Providers/plans and policymakers, must make tough decisions



Future Challenges

- Downstream effects of policy applications
 - Diffusion of technology
 - Effects on innovation
 - Unintended consequences
 - International collaboration
 - Understanding the role of costs in the U.S.
 - Determining where comparative effectiveness should reside



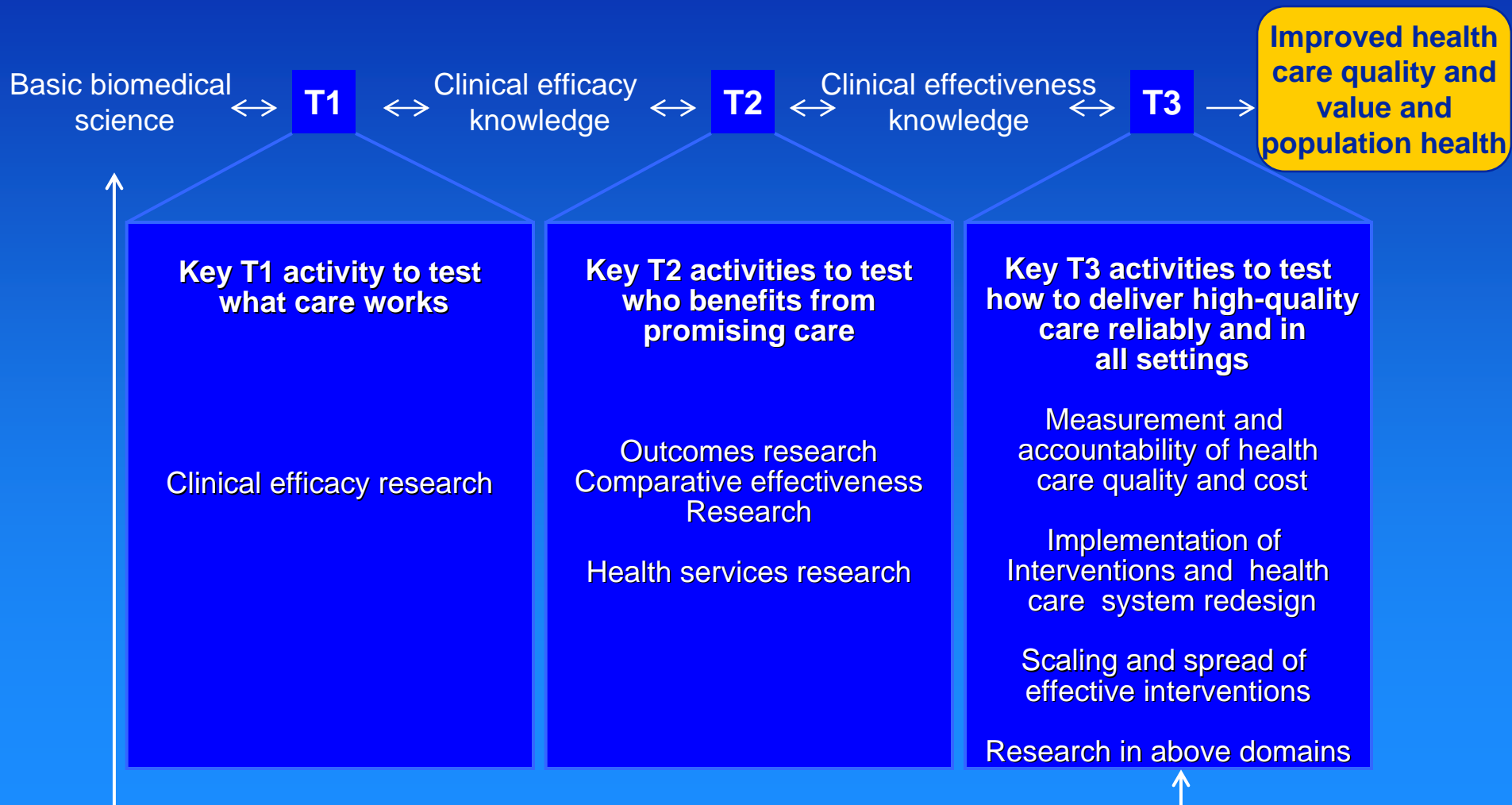
Planning for the Future: Governance and National Priority Setting



- Effective Health Care (EHC) Program Governance and National Priority Setting: An Appreciative Inquiry and Evaluation Study
 - Program evaluation and analysis of the EHC Program conceptual framework and implementation
 - Comparison and contrast to the experiences and models of at least three international organizations
 - Critical appraisal of at least three potential future models of governance to drive the growth of the Program and ensure optimal value to stakeholders



The “3T’s” Road Map to Transforming U.S. Health Care





Thank you
