


# **Exploring Comparative Effectiveness: Options for Expanding U.S. Capacity**

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# Capacity Expansion

- Centralize management
  - Public-Private partnership
  - Separate evidence from decision making
- Expand existing capacity: EPC's

# Scope and Mandate

- Identification of topics
  - Drugs, devices, procedures, diagnostics
  - Health systems
  - Population health / prevention
  - Issues relevant to whole HC system (not primarily federal programs)
  - Inclusive process
  - Priority setting: frequency, timeliness, cost, malleability, availability of studies
- Develop evidentiary standards based
  - For clinical application (prevention, diagnosis, prognosis, treatment)
  - For users: guideline developers, payers, quality improvement, clinicians and patients
  - Primary criteria: certainty of evidence, magnitude of effect
  - Secondary criteria: contextual issues, e.g. severity, alternatives, feasibility, cost, cost effectiveness
  - What evidence should be used: models, observational studies, experimental studies, economic evaluations
  - How to handle indirect comparisons

# Scope and Mandate (cont'd)

- Initially
  - Research: provide guidance on needs
  - Evidence synthesis
- Not initially
  - Cost effectiveness
  - Guidelines
  - Quality Improvement
  - Coverage recommendations

# Structure

- Public – Private entity to
  - Maximize support and credibility
  - Reduce political influences

# Funding and Workforce

- Funding:
  - Federal allocation (% of federal health care expenditures)
  - Private sector (% of insurance or self-insurance costs)
- Workforce:
  - Expand training programs
  - Provide enhanced reward in academic settings

# Building Trust: Objectivity, Rigor, Transparency, and Protection from Over-politicization

- Engage stakeholders with credible deliberative processes
- Inclusive scientific processes
- Assure transparency
- Make case that real innovation will be rewarded
- Public-private partnership should buffer the organization from the political winds