



Forging partnerships: A National Strategy for CER Dissemination

A NEHI Policymaker Roundtable

Summary:

American health care suffers from a lack of good evidence to support decision-making by patients and clinicians, and it also suffers from a lack of effective dissemination of the evidence that does exist. To explore ways to plug those twin gaps, on May 25, 2011, NEHI brought together an expert policymaker roundtable to help frame a national strategy for disseminating the findings from the federal government's newly expanded comparative effectiveness research (CER) program. The new Patient-Centered Outcomes Research Institute (PCORI) would play a leading role in designing and implementing the strategy.

Participants:

Valerie Fleishman, Executive Director, NEHI

Clifford Goodman, the Lewin Group; Moderator

Dr. Carolyn Clancy, Director, AHRQ, and member, PCORI Board of Governors

Dr. Sharon Levine, Associate Executive Medical Director, The Permanente Medical Group, and member, PCORI Board of Governors

Jessie Gruman, President, Center for Advancing Health

Dr. M. Sue Kirkman, Senior Vice President, American Diabetes Association

Dr. Jack Lewin, CEO, American College of Cardiology

Dr. Steven Pearson, President, Institute for Clinical and Economic Review

Dr. Alan B. Rosenberg, Vice President, Wellpoint

Daniel Wolfson, Executive Vice President and COO, ABIM Foundation.

Discussion:

Participants agreed that building consensus around the clinical implications of new research findings represents a major challenge to the successful dissemination of evidence, and that PCORI is well positioned to work with professional medical societies to address that gap. PCORI must act as a convener and start building relationships now, the panel agreed, recommending an "end-to-end" strategy in which the societies and patient groups are brought into the process from the very start.

"PCORI has the opportunity to increase the sense of responsibility professional societies have to promulgate evidence-based practice guidelines," Dr. Levine said.

The job of interpreting the evidence is a critical function of medical professional societies and patient groups because physicians and patients will look to them for approval, acquiescence or buy-in on the interpretation of findings. These groups have great influence, directly or indirectly, on the clinical guideline process, and it is unlikely that CER findings will make it into day-to-day

clinical practice or quality measures unless these groups are behind the interpretation of their importance.

In the words of the ABIM's Wolfson, "Professional societies should welcome new CER evidence, from PCORI and others, but fundamentally the societies are going to continue to be the key filter of the evidence. Clinicians will continue to look to their societies for guidance."

PCORI: Many Options, Many Questions

The quality of AHRQ's current review process is excellent - "four stars" according to WellPoint's Dr. Rosenberg - and is often viewed as more valid and balanced than reviews from non-government organizations where there is a perception of conflict of interest. However, according to ICER's Dr. Pearson, if PCORI simply passes findings off to AHRQ to undertake reviews, without attracting meaningful attention from the societies, significant time lags will continue to plague the process of evidence dissemination.

"Does PCORI take a study and just send it out and trust to the invisible hand?," asked Dr. Pearson. "Do they work with partners to interpret and contextualize the results? If so, who do they have around the table? Do they create a rating system like the U.S. Preventative Services Task Force? Does PCORI brand the results? What do they do?"

The panel was in agreement with the recommendation in NEHI's white paper that PCORI should not be in the business of endorsing specific research findings. PCORI can't simply be an aggregator or search engine for CER findings, an "Uber Google" in the words of Dr. Clancy. Rather, PCORI needs to ensure that new CER evidence is quickly and effectively incorporated into the evidence filtering processes of professional societies and patient groups.

The Importance of Patient Engagement

The panel was unanimous in its belief that engaging patients early in the process is vital to building the constituency for dissemination when the appropriate time comes. This approach can create an expectation about pending results that will help build appetite for dissemination. ABIM's Wolfson stressed the importance of creating stories that demonstrate the beneficial impact that CER studies can have on patient outcomes and on costs. He noted that these stories need to be told now; we shouldn't wait until the release of the CER report findings.

Gruman of the Center for Advancing Health described the conversation between the patient and physician as "the most important." She explained that "Most of us want to hear what our doctor has to say and to hear him/her put it in context."

While agreeing with this sentiment, Dr. Levine identified another key challenge for PCORI: how to find trusted intermediaries who can represent views of patients.

Dr. Levine then summed up the mix of opportunity and challenge facing PCORI and the broader CER initiative: "It is important to remember that we are just at the beginning of this journey."

NEHI's future plans may include work on organizing new and innovative approaches to interpreting and disseminating new CER findings.