

# Comparative Effectiveness Research: Implications for Innovation in U.S. Health Care

Comparative effectiveness research (CER) – the comparison of two or more health care interventions in order to identify what works best – has risen to prominence in the debate over health care reform. As CER is implemented, innovation – long the engine for growth and progress throughout the U.S. health care system – will inevitably be impacted as certain innovations are winnowed out or promoted via CER studies.

The New England Healthcare Institute (NEHI) believes that CER can – and must – be designed in a way that both supports innovation and identifies those interventions that best meet patient needs. By consulting with experts from across the health care system, **NEHI has published a white paper identifying key considerations for policymakers as they implement CER – including choices on CER goals, priorities and scope, methodologies, and application – to achieve the best of both worlds: significant advances in the health care evidence base and sustained and valuable innovation throughout the health care system.**

### KEY CONSIDERATIONS

- **GOALS** – There are two options facing policymakers on the goals of CER: studies that examine clinical effectiveness and those that examine cost effectiveness of interventions. Clinical effectiveness is the CER goal most likely to sustain innovation throughout the health care system while expanding the medical evidence base.
- **PRIORITIES** – To promote valuable innovation, the CER research agenda should be broad, encompassing studies of health care delivery and organization in addition to studies of medical technologies. Within any one topic, the scope of the study should also be broad, reflecting the multi-factor nature of real-world medical decisions.
- **TRANSPARENCY** – Openness and transparency in the development of new CER methodologies is more likely to yield high-quality research results and encourage innovation by creating clear rules of the road that minimize unnecessary risks.
- **APPLICATION** – To support and sustain innovation, CER results should be applied in a way that does not eliminate access to new technologies that may benefit patients (i.e. through “on/off” coverage mandates), while effectively and widely promoting the benefits of proven, valuable innovations.

### RECOMMENDATIONS TO SUSTAIN INNOVATION WITH CER

- **RECOGNIZE THE UNIQUE DYNAMICS OF INNOVATION** – The American system of health care innovation depends on a high degree of post-market utilization: Lifesaving treatments often prove their value only after extensive use. CER policy should allow reasonable access to younger technologies and innovations that show promise for treating unmet needs or may prove effective within certain patient subgroups over time.
- **BALANCE CER PRIORITIES** – CER priorities should be balanced between studies of medical technologies (drugs, devices, procedures) and studies of health care protocols and delivery systems. CER studies of effective practices at the point of care will become more relevant as pressure intensifies for improved chronic disease care and for payment reform.
- **CREATE NEW METHODOLOGIES** – Currently available methodologies – including the gold standard randomized clinical trial – do not adequately capture the full value of interventions as used in real-world medical care. Therefore, federal policymakers should seek a balance between conducting immediate CER studies and investing in new methodologies that may more adequately reflect the complexities of treating patients.
- **IDENTIFY NEW PATHWAYS FOR CER RESULTS** – Today’s health care system is not adept at fostering widespread adoption of evidence-based clinical guidelines. Therefore, for CER to truly accomplish its goal of promoting what works best throughout the health care system, federal CER programs must employ new approaches to bring CER findings to practice. This may include linking CER findings with other initiatives such as electronic medical records and clinical decision support tools.