EBM, HTA and CER: Clearing the Confusion

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Luce et al. Framework

Simple Taxonomy

Does CER = HTA?

• “We have been doing CER for many years under the names of HTA and outcomes research.”
  ~ quote from anonymous researcher

• “The United States in their arrogance has come up with a new term for HTA - CER. We have long been doing this in Europe.”
  ~ quote from another anonymous researcher

IOM Committee Definition of CER

The generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.

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Comparative effectiveness research is the conduct and synthesis of systematic research comparing different interventions and strategies to prevent, diagnose, treat and monitor health conditions. The purpose of this research is to inform patients, providers, and decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

Strength of Evidence for Radiation Therapy for Clinically Localized Prostate Cancer

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<tr>
<th>Comparison</th>
<th>Disease specific survival</th>
<th>Freedom from biochemical failure</th>
<th>GU/GI toxicity</th>
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<td>RT vs NF</td>
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<td>SBRT vs EBRT</td>
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Source: Tufts Evidence-based Practice Center: Draft AHRQ Technical Assessment, March 25, 2010

Does CER = Patient Centered Outcomes Research (PCOR)?

“The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions…”

Patient Protection and Affordable Care
Act of 2010
Legislation creating the Patient-centered Outcomes Research Institute (PCOR)

Where Does Value Enter the Picture for CER?

- PCORI authorizing language
  - PCORI cannot use or develop QALYs
  - The Secretary cannot make reimbursement or coverage decisions using QALYs as a threshold
- Many publicly-funded CER studies include an economic analysis component
- “We do include cost information because that is what patients want to see.” — Jean Slutsky, Director of the Center for Outcomes and Evidence, AHRQ, April 3, 2010 meeting of National Advisory Council on Healthcare Research and Quality
- PCORI will not be the only source of funding CER

Conclusion

- CER is designed to tie directly into decision making – both public and individual
- Evidence generation will be a major part of it
- The patient as the focal point of CER is a new paradigm
- There is nothing inherent about CER that should preclude its use of economic analysis
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