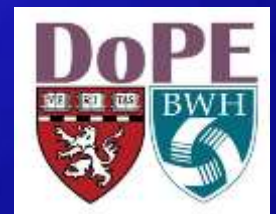


Comparative effectiveness research: Can it improve care?

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Seen at the rally to restore sanity (Oct 2010)



Overview

- Increasing volume of CER
- The role of CER in improving care
- Barriers to CER uptake
- Possible solutions

Challenges in current system

- Gap between actual and best practices
 - Underuse of beneficial treatments
 - Harmful use of new therapies
 - Treatment patterns with excess costs
- CER messages may be more complex

Challenges to improving care with CER

- Perception of CER
- Educational limitations
- Practical interventions to promote quality

Perception of CER

- Limitations on use of PCORI output
- Distrust of CER results
 - Fear of a NICE system
- Relation to evidence-based medicine (EBM)
- Historical resistance to EBM
- CER has to combat this resistance

Arguments against EBM/CER

- “Cookie-cutter” medicine
- Loss of physician autonomy
- De-personalization of medicine
- Just about cutting costs
- Limitations of the evidence
- Creates new obligations or standards
- Core issue: Seen as a burden, not a service

The challenge

- Help clinicians see more CER as an asset, rather than a burden
- To accomplish this, need to address existing problems in education and implementation

Educational challenges to CER

- Information overload
- Limitations of continuing medical education
- Imbalance of messages to physicians

Drinking from a fire hose

- Hundreds of new clinical studies published each month
- No easy way for physicians to keep up
 - Ineffective dissemination of new results
- Evidence reviews and guidelines exist
 - Lengthy, hard to read
- Not all important information in journals
 - Conference presentations
 - FDA alerts/withdrawals

A broken CME system

- Idiosyncratic, inconsistent
- Often didactic, not engaging
- Minimal evaluation
 - Content
 - Acquisition of knowledge
 - Change in physician behavior

Imbalanced communication

- Industry-generated marketing messages are a dominant source of information
 - often the *only* available source for new products
- Their main purpose is to increase sales
- Industry sales reps can be a problematic source of clinical education
 - most have little or no real scientific training
 - most are on commission
 - messages often skewed to favor the product they're selling

Educational challenges to CER

- Information overload
- Limitations of continuing medical education
- Imbalance of messages to physicians

Practical challenges to CER

- Volume of recommendations to implement
- Limited quality controls for practice
- Difficult to structure interventions

Guideline-a-palooza

- Increasing volume of evidence-based recommendations in primary care
- 18 hours per day for a primary care doctor to deliver all indicated care
- More CER will only increase expectations
 - Seen as a burden

Flimsy report cards

- Mechanisms for evaluation of physician performance limited
- Current report card systems not validated
- Concern for adverse selection of patients

Computers are not magic

- Decision support interventions in outpatient setting not well proven
- Increasing volume of computerized reminders
- Alert fatigue may outweigh possible benefits

Possible solutions

- Better educational models
 - Proactive planning for dissemination
 - Balance in messages delivered
 - More robust models of CME
- Practical interventions
 - More focused guideline development
 - Recertification requirements
 - Innovation in IT interventions

Building better IT interventions

- Understanding physician workflow
- Identifying high-yield areas for intervention
- Goldilocks was wrong:
 - Small and very simple can work
 - Comprehensive can work (in right setting)
 - The middle is often a muddle

Addressing physician resistance

- To see the value of CER they must:
 - Be able to learn the material
 - Understand where it fits with current practice
 - Have tools to help with implementation
 - Easy to use
 - Fit with workflow

Take home

- Lots more CER information is coming
- Biggest barriers to CER uptake already exist
- An opportunity to address systemic problems
- If we are not ready to make the most of the new CER data, it will be a missed opportunity