Comparative Effectiveness Research
Looking Backward and Forward

Alliance for Health Policy Briefing

The Evidence Paradox

- 19,000+ RCTs published every year
- Tens of thousands of other clinical studies
- Systematic reviews intended to inform payers, guideline developers, patient education material routinely conclude that evidence is inadequate or poor quality
What Was Missing?

• Research agenda targeted to decision makers
  o Patients, clinicians, payers, health systems
• Studies in broader patient populations
• Studies of care provide by “typical” clinicians
• Comparisons with current standard of care
• Outcomes that matter most to patients, clinicians
From CERI to PCORI

- Original draft legislation to create CER
- CERI became linked with “death panels” in ACA debate
- Renamed PCORI to emphasize patient focus
- PCORI leadership took this focus seriously
  - And avoided any hint of costs, cost-effectiveness, payers
- Patient-centered agenda led to key findings on nurse care coordinators, navigators, community-based care.
- Influenced NIH, FDA, and life sciences industry

Pragmatic Clinical Trials

“Clinical trials for which the hypothesis and study design are developed specifically to answer the questions faced by decision makers”

PCORI and NIH Collaboratory have funded many of these

Best for longstanding questions: ASA dosing, duration of dialysis, when to take HTA drugs

Right Care, Right Patient, Right Time:
The Role of Comparative Effectiveness Research
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