

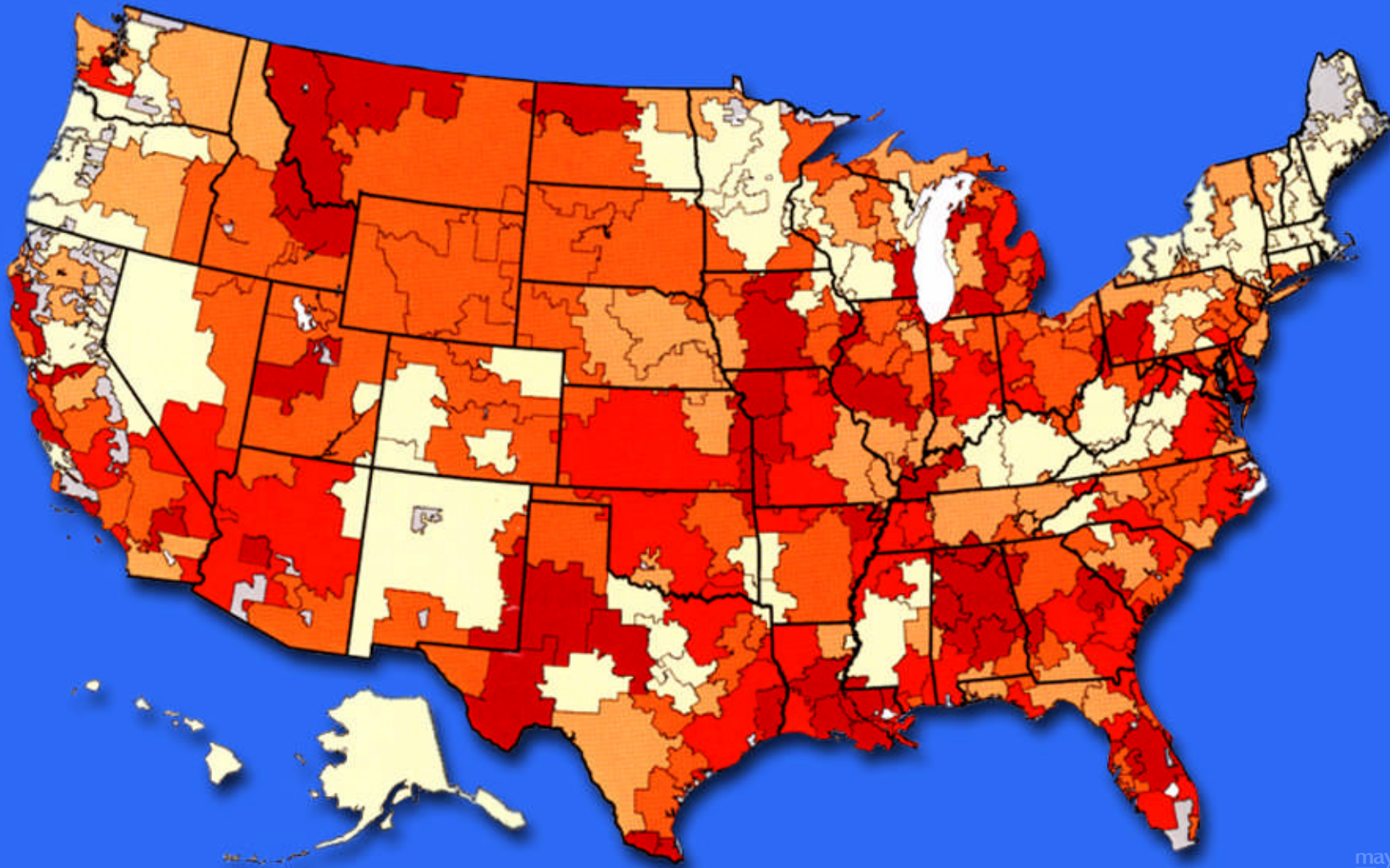
# **Comparative Effectiveness: Basic Terms and Concepts**

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April 27, 2007

# Percutaneous Coronary Interventions



# Contributors to Variation

- Evidence exists, not used
- Evidence is poor quality / unavailable

# Chronic Wound Therapy

- \$20 billion spent in US on care of chronic wounds
- Numerous technologies
  - HBO, NPWT, e-stim, PDGF, NNWT
- NPWT
  - top 20 for DME spending
  - Is it better than standard wound care?
  - 6 RCTs, all low quality, 5 with N<25
  - Medicare focus on price, not coverage

# Comparative Effectiveness

- compare the benefits and risks of health care option A to option B.
- Options A and B will usually be a drug, devices, diagnostic or procedure
- “Effectiveness” implies focus on “real world” outcomes

# CE Methods

- Prospective clinical studies
- Observational studies with EMR or administrative data
- Systematic reviews
- Modeling

# Related Terms

- Health Technology Assessment
- Outcomes Research
- Evidence-based Medicine
- Health Services Research
- Head-to-head trials

# Existing US Capacity

- NIH
- Life Sciences Industry
- Veterans Administration
- AHRQ
- Cochrane Collaboration (worldwide)
- BCBSA, ECRI, Hayes, DERP, ICER



# Perceived Needs

- Involvement of decision makers
- Authoritative, credible, protected body
- Reduce duplication of effort
- Faster, cheaper, real-world trials
- Match priorities to gaps in evidence
- Inclusion of costs / CEA
- Better access to and use of existing data
- More money

# Necessary, not sufficient

- Valid / relevant evidence
- Provider accountability
- Organizational support
- Aligned financial incentives
- Expanded access to coverage

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