

# Comparative Effectiveness Research Innovation Collaboration: Implementing Patient Centered Outcomes Research to End Health Disparities

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## Disclosure

- I have no financial or other conflicts of interest to disclose
- The content and opinions expressed in this presentation represent my own and not necessarily the Department of Health and Human Services or Centers for Medicare & Medicaid Services

# Discussion

- Recovery Act CER and Affordable Care Act PCOR set stage
- Link to ending health disparities

# Federal Coordinating Council

## CER Definition



Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in “real world” settings.

The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

- To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and subgroups.

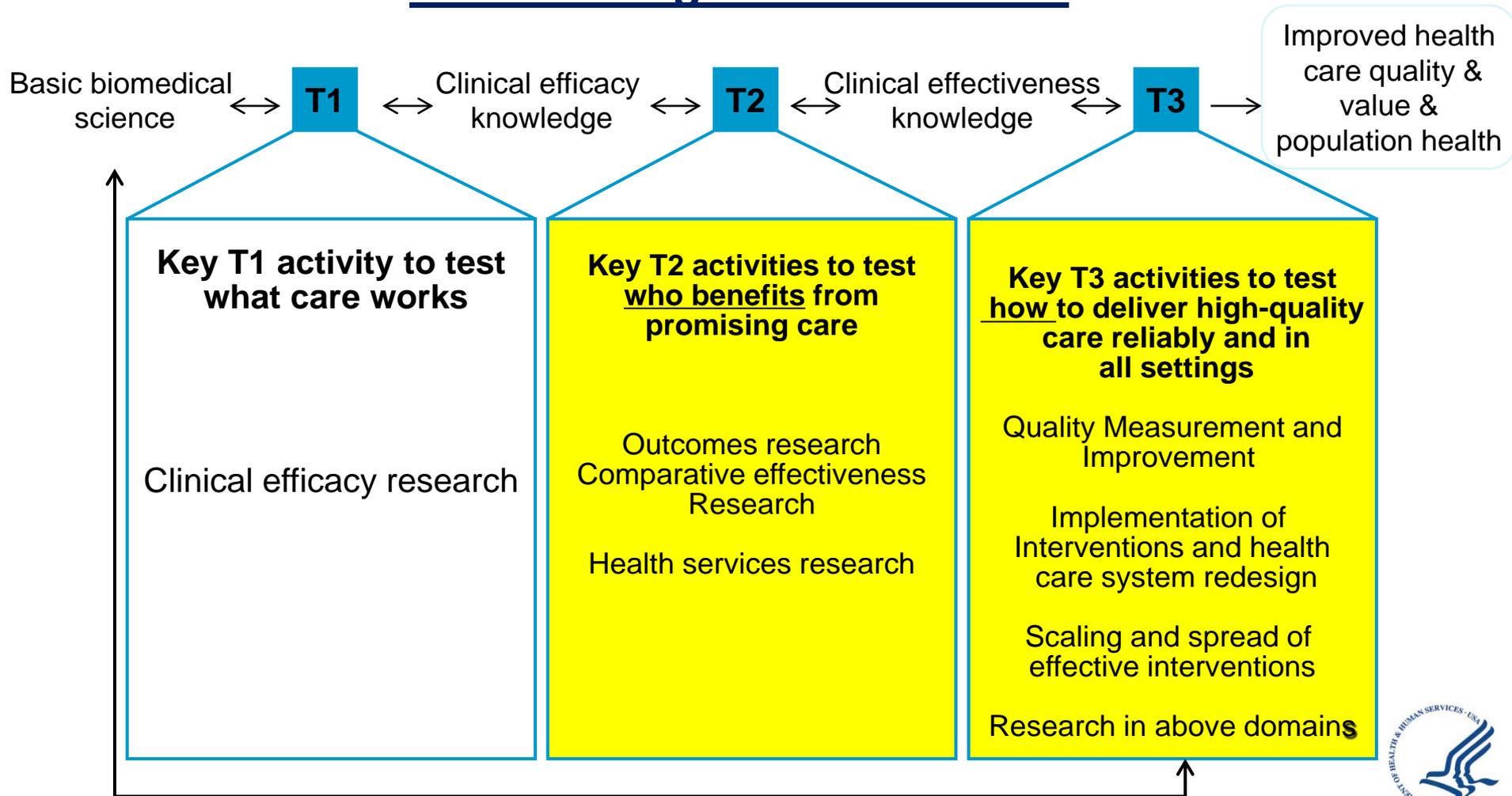


## Priority Populations for CER

- Children
- Persons with multiple chronic conditions
- Racial and ethnic minorities
- Persons with disabilities
- Elderly

Source: Conway PH, Clancy C. Comparative Effectiveness Research – Implications of the Federal Coordinating Council’s Report. *N Engl J Med.* 2009 Jul 23;361(4):328-30. Epub 2009 Jun 30.

# The “3T’s” Road Map to Transforming U.S. Health Care



Source: JAMA, May 21, 2008: D. Dougherty and P.H. Conway, pp. 2319-2321. The “3T’s Roadmap to Transform U.S. Health Care: The ‘How’ of High-Quality Care.”

# Five Next Steps for CER Enterprise

1. National CER program must develop an overall funding strategy - influenced by clinicians and patients
2. Establish an initial list of priority topics and evaluate the current state of knowledge
3. Select the research methods appropriate to fill the gaps in knowledge on a particular topic/question
4. Strive for a balanced portfolio of high impact research topics
5. Evaluate progress and report to the public

**In building this portfolio, PCORI should include a focus on reducing health disparities**

**Source:** VanLare JM, Conway PH, Sox HC. Five Next Steps for a New National Program for Comparative-Effectiveness Research. *N Engl J Med.* 2010 Mar 18;362(11):970-3.

# Discussion

- Recovery Act CER and Affordable Care Act PCOR set stage
- **Direct link to ending health disparities**

# Identify differential effects and underlying causes of disparities (T2)

- Examples of types of questions
  - Does drug x have differential effectiveness in population x versus population y
  - What are the causes and their relative contributions for increased readmission rates in African Americans?
  - For a given diagnostic test or screening intervention, do the effects differ based on factors such as race, ethnicity, or other cultural or language factors

# Implementation Research (T3)

- How do we close the gap?
  - What interventions in what targeted areas and communities could eliminate the readmission rate gap (or perinatal outcomes gap) for underserved populations?
  - How could we test interventions (including community-based) and use more sophisticated designs (e.g., factorial design)?
  - How do we reliably implement proven interventions everywhere?

# Align Incentives with reducing or eliminating disparities

- Provide incentives for improvement (as well as overall attainment)
- For at least some measures, consider measuring and reporting quality of care results in stratified manner (e.g., overall readmission rate and rate for certain groups)
- Potential to design a measure that rewards specifically closing the disparity gap

# Targeted Interventions

- Cincinnati perinatal and asthma examples
- Government and other funders could further target interventions to patients, providers, and communities at highest risk of poor outcomes based on current disparities
- Targeted interventions can mean both targeted populations and more precise, targeted interventions with evidence of benefit

# Questions or Comments

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