

# Strategies proposed to improve impact of comparative effectiveness studies

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Comparative effectiveness research conducted over the past decade has had a limited impact on the way medical care is delivered, but many opportunities exist to help doctors and others in the medical system translate such research into better patient care, according to a new RAND Corporation study.

Comparative effectiveness research is designed to improve health care decisions by providing evidence on the effectiveness, benefits and harms of different treatment options. The studies may compare drugs, medical devices, tests and surgical procedures to determine whether existing options are effective, or whether new offerings can improve results and lower costs.

Studying the dissemination and adoption of key comparative effectiveness research from the past 10 years, RAND researchers identified causes that underlie the failure of many studies to change medical practice. In addition, they outlined three pathways to improve the impact of comparative effectiveness research in the future. The findings are published in the October edition of the journal *Health Affairs*.

"Turning research findings into best practices and promoting these new recommendations remains a largely unplanned, ad hoc process," said Justin Timbie, the study's lead author and a [health policy](#) researcher at RAND, a nonprofit research organization. "New approaches are needed to help research findings reach both [health care providers](#) and patients

and in a format conducive to decision making."

Timbie and his colleagues identified five causes that underlie the failure of many comparative effectiveness studies to create change: misalignment of financial incentives, primarily created by fee-for-service payment; ambiguity of study results that hamper decision making; inherent biases in the interpretation of new information; failure of the research to address the needs of end users; and limited use of decision support tools, such as [electronic health records](#), by patients and clinicians.

While overcoming those barriers poses challenges, researchers say there are encouraging trends that may help improve the impact of comparative [effectiveness research](#).

The federal Affordable Care Act is changing financial incentives to reward efficiency, which may help reverse the perverse [financial incentives](#) that favor costly interventions. In addition, several professional societies and nonprofit research organizations have laid out roadmaps that can optimize one or more parts of the evidence translation process.

RAND researchers recommend three approaches to help improve the extent to which findings from comparative effectiveness studies become used in routine clinical decision making.

The first is developing a shared understanding of the study's objectives and the standards for interpreting the results before studies begin. Most comparative effectiveness studies should conduct a formal consensus development process to determine the appropriate design of each study, reducing the chance that studies are discounted after being completed.

The second approach is to promote a broader professionalism that would

reduce bias when treatment guidelines are developed. One way to approach this is to make sure that guideline development groups are multidisciplinary and balanced, rather than being dominated by one type of medical specialty.

The third strategy is to promote new payment models and coverage policies that encourage efficient care. Too often existing payment models encourage high-cost care options, even when evidence shows that less-costly alternatives may be better options.

"The nation is making substantial investments in new [comparative effectiveness](#) research in the hope the results will improve the quality of medical care and reduce its cost," Timbie said. "Before we can achieve these benefits we must address the issues that impede the translation of evidence into medical practice."

Provided by RAND Corporation

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