2016 COMPARATIVE EFFECTIVENESS RESEARCH AND THE ENVIRONMENT FOR HEALTH CARE DECISION-MAKING
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For the sixth year, the National Pharmaceutical Council (NPC) conducted a survey of stakeholders’ views on comparative effectiveness research (CER) and its potential impact on health care decision-making. Results continue to indicate sustained recognition of CER’s importance and potential impact:

- Health care decision-makers have a consistently high perception of the importance of CER.
- Most stakeholders believe CER will ultimately have a positive impact on health care decision-making. As in past years, they indicated that substantial CER impact is at least three to five years in the future.
- Stakeholders note the growing significance of the Patient-Centered Outcomes Research Institute’s (PCORI) role in establishing research standards and funding and monitoring CER.
- Stakeholders expect the Agency for Healthcare Research and Quality (AHRQ) will play a leading role in translating and disseminating CER.
- Stakeholders believe better translation of CER results into actionable recommendations would increase its impact.
The response rate to the survey remains consistent with previous years.

- Government: 33%
- Researchers/ Thought Leaders: 21%
- Business Coalitions/ Human Resources Specialists: 18%
- Insurers & Health Plans: 12%
- Employers: 9%
- Associations: 8%

N=146
Most respondents are very familiar with CER and consider it to be important to them and their organizations. While the number responding that it is “very important” declined over the first three years of the survey, it has been stable for the past three years.

As in previous years, AHRQ and PCORI are expected to play leadership roles in establishing CER standards. While the National Institutes of Health (NIH) is still seen as a leader and increased in importance over the last year, it has declined slightly since 2011.


*Patient Groups was added as an answer option in 2016.
PCORI and NIH are still seen as leaders for establishing CER priorities. AHRQ and Patient Groups (new this year) also are seen as having leadership roles.
NIH and PCORI are leaders when it comes to funding and monitoring CER. Expectations for NIH have fluctuated, while PCORI has seen a large increase in its perception since 2011. Industry is also viewed as having a role in this area.


*Patient Groups was added as an answer option in 2016.
Academia and Industry remain strong leaders in conducting research, with Academia remaining consistent compared to previous years.

*Patient Groups was added as an answer option in 2016.
AHRQ, PCORI and Academia have leadership roles for CER translation and dissemination.

2014 N=110; 2015 N=117; 2016 N=137

*Patient Groups was added as an answer option in 2016.
Most respondents expect moderate or substantial improvement in the impact CER has on decision-making over the next three to five years, while one-third expect moderate or substantial improvements in the next year.
In a new question for 2016, NPC asked respondents what will increase CER’s impact on health care decision-making (respondents selected their top 3). Most said that better translation of CER results into actionable recommendations will help accomplish that goal, and nearly half identified increased infrastructure and resources for decision-makers as a key factor.

RECOMMENDATIONS FOR INCREASING CER’S IMPACT

- Better translation of CER results into actionable recommendations: 59%
- Increased infrastructure and resources for decision-makers to use CER results: 43%
- Improving the relevance of CER questions: 40%
- Broader dissemination of CER results: 37%
- Improving the adequacy of databases used for CER: 34%
- Improving quality of CER methods: 31%
- Greater input into CER from patients: 20%
- Greater input into CER from those who provide medical services: 20%

N=137
While the first part of NPC’s annual survey focused on CER, the second part of the survey examined the status of several issues affecting the current health care environment, using a seven-point scale indicating a perceived negative, neutral or positive assessment.

**Agreed-Upon Research Standards**

Stakeholders remain optimistic that there is growing movement toward widely agreed-upon research standards, which would provide more consistency in the conduct and evaluation of CER. Today, 47 percent of respondents acknowledged this trend, a statistically significant difference from 24 percent in 2011.

**Research Priorities**

Given the growing focus on patient-centered care, stakeholders were asked whether they felt that research priorities adequately addressed the treatment choices faced by patients and providers. 35 percent note that research priorities somewhat and/or adequately reflected treatment choices in 2016. This is statistically similar to the baseline of 37 percent in 2011.

**Completeness of the Comparative Effectiveness Evidence Base**

When asked whether the breadth of evidence is “complete enough to inform the choices faced by patients and providers,” the response has been essentially unchanged since the question was first asked in 2014. Here, 68 percent said that there is not enough evidence available to answer treatment questions.
THE CURRENT HEALTH CARE DECISION-MAKING ENVIRONMENT

Transparent and Objective Processes

When it comes to transparency in the processes used by decision-makers to interpret evidence, stakeholders have changed little in their views during the past six years. Slightly less than half of survey respondents said that there is no or little transparency in evidence evaluation.

Use of Real-World Evidence

Stakeholders were roughly in line with their responses in 2014 (the year this question was first asked), with 48 percent saying that use of real-world evidence is limited in decision-making. This response is not surprising; many health care stakeholders are still working to improve the methods, data quality and other factors hindering the broader use of real-world evidence in making formulary and treatment decisions.

Focus of Treatment Assessments

Many organizations have been making a concerted effort to bring patient values into treatment decisions, but stakeholders indicated that progress is still limited in this area. Fifty-six percent of respondents said that the value assessment of treatments remains narrowly focused on only clinical effectiveness, rather than taking into account factors that matter to patients, such as quality of life, workplace productivity, adherence to treatments and other outcomes.
SURVEY RESPONSE

- We sent surveys to **422 individual and organizational stakeholders** from September 14, 2015 through January 15, 2016. **146 completed responses** were collected.
- To further encourage responses, we offered an incentive—a donation of $50 to one of four listed charities—for a completed questionnaire.
- Stakeholders included researchers/thought leaders; government; insurers/health plans; employers; business coalitions/human resources specialists; and associations.
- The goal was to **obtain a high-level perspective** from individuals who are likely to have given serious thought to CER issues.
- The individuals surveyed were not always the same each year because some individuals may have left or changed roles within their organizations. This shifting composition of respondents may be a factor impacting the survey trends over the years.
- Those who responded that they were not at all familiar with CER were asked to send back the unanswered questionnaire.

ACRONYMS

- **PCORI**: Patient-Centered Outcomes Research Institute
- **AHRQ**: Agency for Healthcare Research and Quality
- **NIH**: National Institutes of Health
- **FDA**: U.S. Food and Drug Administration

For more information, please visit [wwwnpcnoworg/cersurvey16](http://www.npcnow.org/cersurvey16)