



# The Patient-Centered Outcomes Research Institute (PCORI)

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Shaping Convergent Strategies in  
Comparative Effectiveness Research (CER)

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# The Patient-Centered Outcomes Research Institute (PCORI)



- Building a Research Agenda
- Comparative Effectiveness Research/Effective Health Care Program
- Transparency and Stakeholders
- Where To From Here?



# Patient Protection and Affordable Care Act Creates PCORI

- Independent, nonprofit Institute with public- and private-sector funding
- Sets priorities and coordinates with existing agencies that support CER
- Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards
- Provides funding for AHRQ to disseminate research findings of the Institute and other Government-funded research, and to train researchers on CER and build capacity for research



# PCORI Board of Governors

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- Members of the board collectively must represent a broad range of perspectives
- AHRQ and NIH Directors will serve on the Institute's 21-member board and its methodology committee
- At least three board members must represent patients and consumers, with seven representing providers – all stakeholders are encouraged to “cultivate” nominees
- The Comptroller General must appoint board members by September 23, 2010

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Notice published in the Federal Register on May 7<sup>th</sup> calls for nominations to be submitted by June 30<sup>th</sup>

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# AHRQ and Comparative Effectiveness Research

- AHRQ's Effective Health Care Program created by Medicare Modernization Act of 2003
- From 2005-2009, received \$129 million from Congress for CER
- The American Recovery and Reinvestment Act of 2009 included \$1.1 billion for comparative effectiveness research, including \$300 million to AHRQ
- The President's FY 2011 budget proposal for AHRQ includes \$286 million for patient-centered health research, up \$261 million over the FY 2010 budget



# Effective Health Care Program

- Has published more than 45 products, including guides for clinicians, consumers and policymakers
  - Research Reviews
  - Summary Guides
  - New Research Reports



# Observations

- Framing the Research Questions
  - Findings should be revisited frequently to incorporate new evidence
- Balancing Benefits and Harms
  - Variation that results from informed decision making offers future opportunities to evaluate the outcomes of different decisions
- Comparative Effectiveness Research and Health Services Research
  - Assuring timely and effective use of CER cannot be done in isolation of HSR
- Trust as a process, not a structure
  - Transparency is vital



# Stakeholder Engagement



- Priorities should be informed by a transparent process that includes *all* stakeholders
- Research is a means, not an end, and ongoing input is a necessity
- Different types of input:
  - Strategic
  - Operational





# Effective Health Care Program Governance Evaluation

- **Phase 1:** Collect information to identify strengths and weaknesses in current EHC program's governance structure, methods for engaging stakeholders, and approaches to setting priorities for research conducted by the program (complete)
- **Phase 2:** Contrast the governance structure of the EHC program with international programs with similar aims (in-progress)
- **Phase 3:** Develop a roadmap for the EHC program that provides alternative governance options for engaging stakeholders and setting priorities, a contrast of the options with similar international programs, and recommendations for the EHC program governance (October, 2010)

# Where to From Here?

- Identify synergies – methods and infrastructure – between CER and post-marketing surveillance: identification of signals and investigations of causes
- Make sure all activities enhance quality, safety, efficiency and effectiveness at the front line
- Operationalize the expanded definition of CER (i.e. the 'care delivery interventions' piece)
- *Ensure that more informed means better informed*





# Future Directions for Quality – 1

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- We are MUCH better at measuring than improving
- Growing list of successful ‘prototypes’ – but only one clear home run
- Government has multiple roles
  - Pay for care / provide incentives
  - Support research
  - Regulate; provide; monitor



## Future Directions for Quality - 2

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- Transition from setting-specific approach to patient focused, taking advantage of health IT
- Transparency and financial levers are important but NOT the only levers for change
- “At the end of the day, only those who provide care can improve that care”
- Incredible opportunity to leverage ARRA and other investments



# Thank You



## AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

## AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost