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Contact: Joanne Westphal

202-572-7756

jwestphal@phrma.org

**Articles from 2017 PhRMA Foundation Comparative Effectiveness Research (CER) Conference
Published by Research Journal**

Calls for action include steps that would enhance the implementation and use of CER nationally

(February 28, 2018) The *Journal of Comparative Effectiveness Research* (CER) has published three articles highlighting the work and recommendations of a national conference aimed at advancing and improving CER, convened last year by the PhRMA Foundation and the Academy of Managed Care Pharmacy.

The articles call for action steps that would help ensure that future clinical treatment decisions in U.S. health care be based more strongly on evidence of effectiveness and value than in the current system – which tends to favor the volume of interventions over the value of outcomes.

The three articles, all free and available for viewing online, are:

- [“Comparative effectiveness and patient-centered outcomes research: enhancing uptake and use by patients, clinicians and payers,”](#) by Glen T. Schumock, et al.
- [“Increasing uptake of comparative effectiveness and patient-centered outcomes research among stakeholders: insights from conference discussion,”](#) by Ernest Law, et al.
- [“Nine years of comparative effectiveness research education and training: initiative supported by the PhRMA Foundation,”](#) by Emily Beth Devine, et al.

Made up of 70 health care experts and opinion leaders representing clinicians, patients, government, academia, and payers, the 2017 conference identified areas for CER improvement and developed formal recommendations for strengthening its impact. Authors of the three articles were among those participating at the conference.

Formal proceedings of the conference, titled [“Comparative Effectiveness and Patient-Centered Outcomes Research: Enhancing Uptake and Use by Patients, Clinicians, and Payers,”](#) were published last year in a report by the PhRMA Foundation.

The three Journal articles provide more detailed analysis and additional content aimed at moving the conference’s recommendations forward. Among the highlights:

- To increase the use of CER in health care decision-making, CER and Patient-Centered Outcomes Research (PCOR) should be better integrated into clinical decision support systems and other tools that make them part of routine activities in care.
- To increase awareness and understanding of the principles of CER and PCOR, they should become a part of the dialogue between providers and patients, and they should be translated in a way that is understandable, can be accessed by patients and disseminated to platforms that patients use. New tools are needed to help patients reconcile fragmented information and adoption of CER/PCOR across the different providers with whom they interact.
- While CER/PCOR studies exist, the authors suggest that they are often not available in a timely manner and may lack robust data. To improve data collection and dissemination, they call for better organization and coordination of CER/PCOR evidence, education programs – especially for regulators, the availability of high quality summaries for CER/PCOR data that can be presented to decision-makers, and the need for a CER/PCOR trained person on formulary committees. New structures for research dissemination should be created, including distributed research networks among payers.
- To encourage the growth of value-based decision making, the authors suggest that patients, caregivers, clinicians and policy makers all need better access to, and the ability to use, evidence that compares the relative merits of available treatment options. This includes clinical-decision making tools used by providers. In addition, new incentives within the health care system – including economic – should be incorporated to ensure physicians and payers adopt CER/PCOR practices.

“The use of CER is a key to health care’s future,” said Glen T. Schumock, PharmD, MBA, PHD, of the University of Illinois at Chicago, and one of the authors whose work is featured in the Journal. “It can greatly facilitate decision-making and improve health outcomes by developing and disseminating evidence about which interventions are the most effective – and thus offer the greatest value in a system that is rapidly transitioning away from volume-based care.”

“By taking steps to raise the visibility of CER and integrate it more effectively into day-to-day health care interactions of patients, providers and payers will all benefit,” he said.

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