

**American Hospital Association**  
**Principles for Conducting**  
**Comparative Effectiveness Research**  
Approved by the AHA Board of Trustees  
November 19, 2009

American's hospitals are committed to providing high quality, efficient and affordable patient care. As part of our framework for health reform—*Health for Life: Better Health. Better Health Care*—we support the development and use of evidence-based medicine. We also want patients, providers, employers, and insurers to have the most accurate information so they can make the best health care decisions.

Comparative effectiveness research (CER) evaluates the impact of different medical options for treating a given medical condition for a particular set of patients. While medical technology accounts for more than 50 percent of the growth in per capita health spending, medical decision makers may not know whether a particular technology is effective relative to other treatments. Those involved in health care decisions may have little information about what treatments are most effective. Evaluating the risks and benefits of current and new technologies, medicines, practices, and procedures and making this information readily available can improve treatment decisions. The information generated from CER can help patients better understand their health care options. It is also a means for educating physicians, nurses and other caregivers about the clinical effectiveness of various treatment alternatives. Additionally, when CER includes the costs of these innovations, it can be used to help increase the value of every dollar spent.

The American Hospital Association (AHA) strongly supports comparative effectiveness research. It is an important component in health care reform and a key mechanism for improving quality, decreasing unjustified variation in care, and reducing health care costs. The AHA has developed the following set of guiding principles for conducting CER:

1. **CER should improve patient outcomes and quality care.** The goal of CER is to provide information that will improve quality, patient safety, and clinical outcomes. The development and use of unbiased, credible, evidence-based information on the clinical effectiveness of a treatment relative to other options is critical to determining what works best.
2. **CER should examine the cost-effectiveness of different treatment options.** Information on the cost-effectiveness of a technology or treatment is necessary to achieve greater value in our health care system and to better address the problem of rising health care costs. But data on cost effectiveness is often only available to manufacturers or insurers. It is critical that patients, clinicians, hospitals, and others have this information so they may make informed health care decisions.
3. **CER should recognize patient choice and preferences.** The results from CER should help inform and influence clinical decision-making, rather than dictate the use of specific treatments. A patient's judgment and preferences in making treatment decisions should be respected. While deviations from guidelines determined by this research should be acceptable, these variances should be documented and justified in the patient's medical record and additional patient cost sharing may be appropriate. Hospitals, physicians and others who adhere to CER guidelines should receive protection against liability lawsuits. Similarly, this research should influence, but not dictate, payment and coverage decisions.

4. **CER should be defined broadly and inclusively.** The research should compare competing drugs, devices, or therapies to help determine which course of treatment works best for a particular disease or condition and for which patient populations. It should examine different approaches to care—such as comparing surgery to chemotherapy to radiation therapy to doing nothing—to determine which results in the best patient outcome. It is important to examine not only new technologies and treatments but also existing technologies and treatments.
5. **CER should be prioritized.** Given the limited resources available and the vast number of new and existing technologies, research should focus on high cost and high volume items, services where there are substantial variations in practice, and treatments with significant morbidity or mortality for patients. Existing information should be utilized whenever possible, with additional research being conducted when existing information is inadequate.
6. **CER should be conducted by a financially self-sustaining, public-private entity.** Given the value of CER research to patients, clinicians, and others there should be a central public-private entity that would be responsible for setting research priorities, establishing accepted methodologies or standards, and disseminating research findings. This entity should be financially stable to ensure a continued pipeline of research and analysis.
7. **CER should be conducted in a transparent manner.** Public initiatives on comparative effectiveness should seek input from a diverse group of stakeholders. The process should not be politicized; rather, conclusions should be based on solid, scientific data. The research and outcomes should be transparent and available to all.
8. **CER should ensure dissemination of findings.** Sufficient financial resources should be allocated so the research findings can be made available to patients, clinicians, and others. Information on CER findings should be accessible to clinicians, purchasers, and patients on a public website and described in way that that is easily understood by the public. In addition, there should be an effort to educate physicians and other clinicians, perhaps beginning with graduate medical education or clinical training, on how to use and interpret CER. Focusing solely on conducting and producing the research is not sufficient; there should be a focus on adoption of the guidelines as well.
9. **CER should consider sub-populations.** Patients—or groups of patients—might react differently to an innovation or care strategy. It is important to conduct CER using patient subgroups (such as by age, sex, ethnicity, or income) to determine whether there are different degrees of effectiveness for different types of patients. This will be an important factor in eliminating health care disparities and making sure existing disparities are not perpetuated. In conducting CER, it is essential to include a broad mix of individuals and not focus solely on Medicare patients.
10. **CER should foster innovation.** The research should spur medical innovation by encouraging technological developments that demonstrate measureable improvements over the clinical or cost effectiveness of existing treatment options.

