

CTSA Capacities and Needs in CER

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CTSA Capacities and Needs in CER

- Survey conducted by SG4 B1 group (co-chairs Dan Ford/Harold Pincus)
- Web-based
- 33/39 responses
- Institution-wide
- CER research activities
- Perceived needs
- Training activities
- CTSA role/funding
- AHRQ linkages (Rosemarie Filart)

CER Research Activities

	None	Minimal	Moderate	Extensive
Novel methods development for data analysis and modeling	6.1% (2)	9.1% (3)	51.5% (17)	33.3% (11)
Development of outcome/quality measures	6.1% (2)	21.2% (7)	36.4% (12)	36.4% (12)
Clinical trials in CER	6.1% (2)	24.2% (8)	54.5% (18)	15.2% (5)
Knowledge implementation or knowledge transfer research	9.4% (3)	21.9% (7)	46.9% (15)	21.9% (7)
Analysis of outcomes data beyond your institution	6.1% (2)	27.3 % (9)	30.3% (10)	36.4% (12)
Long-term observational cohort studies for CER	6.1% (2)	27.3% (9)	30.3% (10)	36.4 % (12)
Use of practice-based research networks	9.1% (3)	30.3% (10)	42.4% (14)	21.2% (7)
Systematic reviews/meta-analysis	9.1% (3)	33.3% (11)	30.3% (10)	27.3 % (9)

CER Research Activities (Cont'd)

	None	Minimal	Moderate	Extensive
Assessment of patient preferences for care/outcomes	6.1% (2)	36.4% (12)	24.2% (8)	33.3% (11)
Working with other research networks (HMO,CTRN, CCOP)	12.1% (4)	36.4% (12)	39.4% (13)	15.2% (2)
Decision Analysis	15.2% (5)	30.3 % (10)	27.3% (9)	27.3% (9)
Analysis of approaches for delivering/paying for care	9.1% (3)	36.4% (12)	27.3% (9)	27.3% (9)
Cost effectiveness/economic simulation	9.1% (3)	36.4% (12)	30.3% (10)	24.2% (8)
Clinically-based registries for CER	6.1% (2)	45.5% (15)	39.4% (13)	9.1% (3)
Including stakeholders in planning/implementing CER	9.1% (3)	45.5% (15)	39.4% (13)	6.1% (2)
Use of electronic health records for CER	12.1% (4)	45.5% (15)	24.2% (8)	18.2% (6)

CER Perceived Needs

	Not at all	To some extent	To a large extent
Use of electronic health records for CER	9.4% (3)	37.5% (12)	53.1% (17)
Clinically-based registries for CER	6.3% (2)	43.8% (14)	50.0% (16)
Clinical trials in CER	12.5% (4)	50.0% (16)	37.5% (12)
Long-term observational cohort studies for CER	12.5% (4)	56.3% (18)	34.4% (11)
Cost effectiveness/economic simulation	21.9% (7)	43.8% (14)	34.4% (11)
Use of practice-based research networks	12.5% (4)	56.3% (18)	31.3% (10)
Working with other research networks (HMO,CTRN, CCOP)	3.1% (1)	71.9% (23)	25.0% (8)
Analysis of approaches for delivering/paying for care	9.7% (3)	67.7% (21)	22.6% (7)

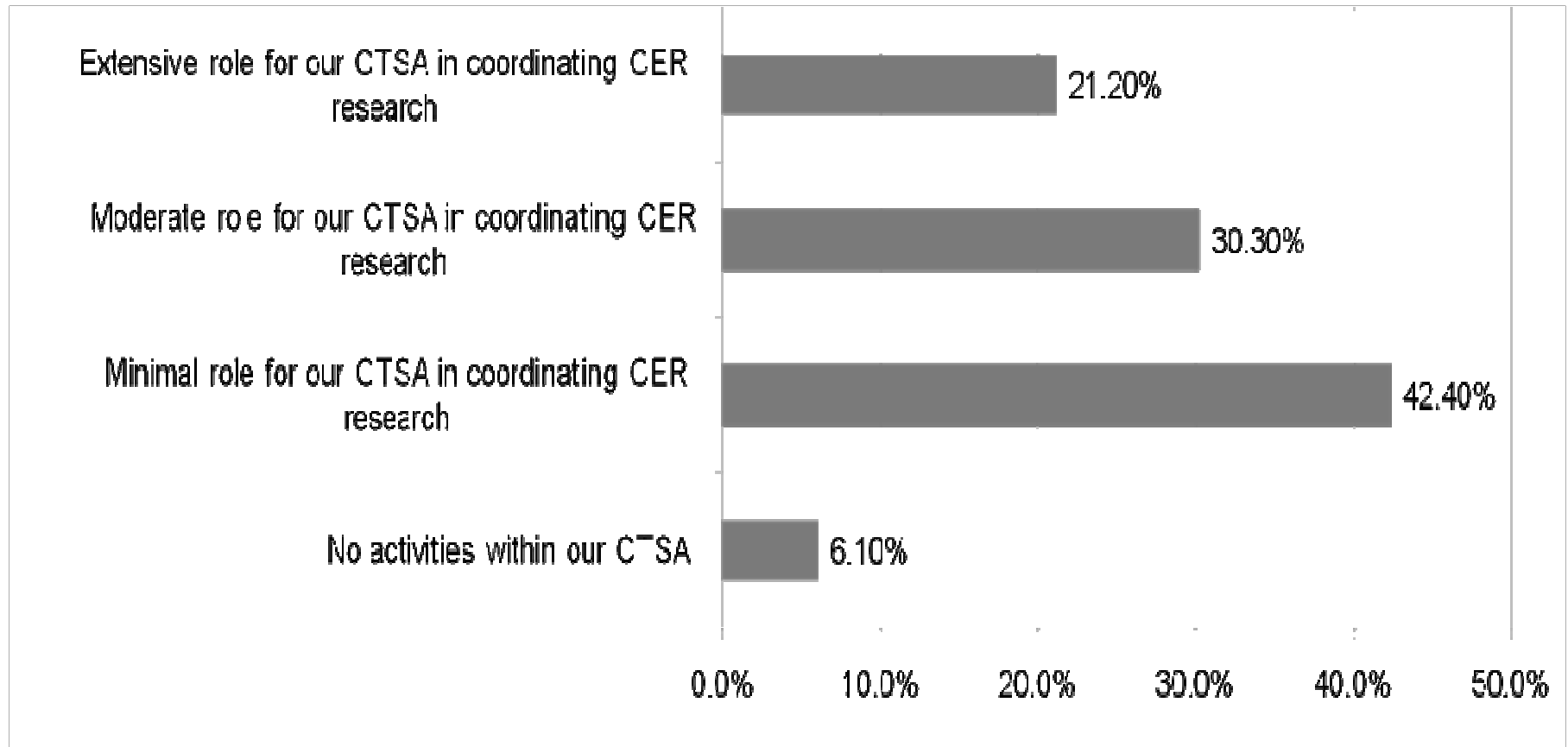
CER Perceived Needs (Cont'd)

	Not at all	To some extent	To a large extent
Knowledge implementation or knowledge transfer research	9.4% (3)	68.8% (22)	21.9% (7)
Analysis of outcomes data beyond your institution	9.7% (3)	71.0% (22)	19.4% (6)
Including stakeholders in planning/implementing CER	3.1% (1)	78.1% (25)	18.8% (6)
Development of outcome/quality measures	18.8% (6)	62.5% (20)	18.8% (6)
Systematic reviews/meta-analysis	21.9% (7)	59.4% (19)	18.8% (6)
Assessment of patient preferences for care/outcomes	15.6% (5)	68.8% (22)	15.6% (5)
Decision Analysis	21.9% (7)	65.6% (21)	12.5% (4)
Novel methods development for data analysis and modeling	12.5% (4)	78.1% (25)	9.4% (3)

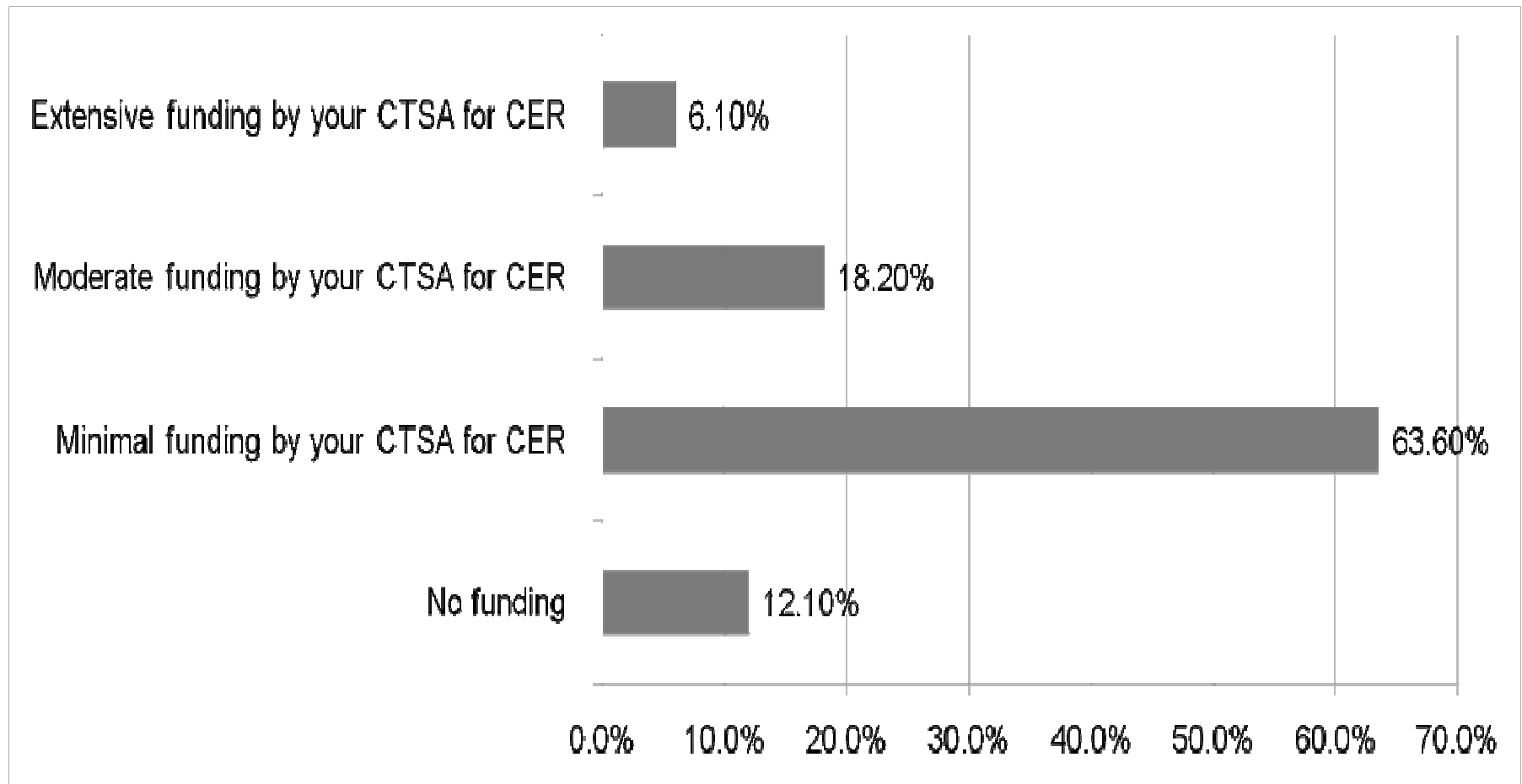
CER Training

	None	Selected lectures in courses	Complete courses either in person or online
Health Services Research	3.0% (1)	27.3% (9)	72.7% (24)
Health Economics	9.4% (3)	34.4% (11)	59.4% (19)
Health Informatics	9.1% (3)	39.4% (13)	54.5% (18)
Biostatistics in CER	3.0% (1)	54.5% (18)	45.5% (15)
CER Clinical trials design and conduct	6.1% (2)	51.5% (17)	45.5% (15)
Evidence synthesis and meta-analysis	3.0% (1)	69.7% (23)	27.3% (9)

CTSA Coordination of CER



CTSA Funding of CER



CTSA – AHRQ Linkages (From Rosemarie Filart /NIH)

- **CERT**
 - 11/15 CTSA Institutions
- **Evidence-based Practice Centers**
 - 8/15 CTSA Institutions
- **DEcIDE Networks**
 - 11/13 CTSA Institutions
- **Does not include subcontracts**
 - E.g., Columbia sub for Rutgers CERT

Conclusions

- No single academic institution covers all aspects of CER
- Across Consortium substantial breadth and diversity
- Most CTSA's have some mandate/infrastructure but actual funding limited
- Enhancing capacity to utilize EMRs a priority (also registries/PBRNs/CEA)
- CTSA's have substantial training resources (not comprehensive)
- For future assessments, include clearer definition, identification of CER leads and evaluation of ARRA/HC reform impact