Good afternoon everyone. I just want to take a moment and thank you for joining us today for the
“Improving Health Care Decision Making: Comparative Effectiveness Research” Web conference. Please
stay on the line as we wait for a few more folks to join us this afternoon. We will begin promptly at five
after. Thanks again.

Hello everyone. Thank you, again, for joining us. Now we would like to begin the presentation with a few
words from Dr. Jean Malouin.

Yes, good morning. Thank you. It’s Jean Malouin, the medical director for the Michigan Primary Care
Transformation Project (MiPCT). I’d like to welcome all of you on behalf of MiPCT and the Michigan State
Medical Society to today’s Webinar on how to best use evidence to improve health care decisionmaking.
This Webinar is brought to you by the Agency for Healthcare Research and Quality (AHRQ), and I’d like
to thank them for their partnership in this work. During this presentation we’ll be discussing how patient-
centered outcomes research can improve health care decisionmaking. By the end of the presentation
today I hope you have a better idea of what AHRQ is doing in this area, and, specifically, how patient-
centered outcomes research benefits citizens, patients, and health care organizations to improve the
safety and overall quality of health care in this country. Next slide, please.

Before we begin I’d like to take care of some housekeeping items and share these disclosures with you.
Note that physicians can receive one AMA PRA Category 1 Credit™ for attending this Webinar. More
information will be provided at the end of the presentation. Next slide, please.

I’d like to thank Carol Callaghan and Stacey Hettiger for assisting with the planning of this Webinar, and
my fellow Webinar presenters, Dr. Stephanie Chang and Pam Montagno who I’ll introduce shortly. The
planners and presenters have no relevant financial relationships to declare and this activity has received
no commercial support or sponsorship. Next slide, please.

And now for a few tips on Webinar logistics. Please note the audio lines have been muted to minimize
background noise. To ask questions, please use the chat function in Fuze. You’ll find the chat interface by
clicking the icon in the top bar on your screen that looks like a cartoon dialogue bubble. For Mac users,
this can be found at the bottom right, and for PC users at the bottom left of your screen. You may ask a
question for the presenters through the chat function at any time, but please note that all questions will be
answered at the very end of the presentation. My AHRQ colleague, Karen Costa, will be gathering these
questions for the presenters. You can also use the chat function if you’re experiencing technical issues.
The CME information will follow at the end of this presentation.

And now I’d like to introduce our presenters. Stephanie Chang, M.D., M.P.H. She’s a board certified
general internist and pediatrician. She was appointed director of the AHRQ Evidence-Based Practice
Center Program (EPC) in 2010. Dr. Chang completed undergraduate and medical school at the University
of Michigan, and continues postgraduate residency training in internal medicine and pediatrics at the
University of Minnesota. She completed a Master’s Degree in Public Health at Johns Hopkins Bloomberg
School of Public Health and a general internal medicine fellowship at Johns Hopkins University in 2006.

Pam Montagno is the lead of the AHRQ Chicago Regional Partnership Development Office. As an AHRQ
contractor, Ms. Montagno has served in various health care roles for most of her 25-year career. And now
I’d like to turn the presentation over to Dr. Chang.
Thank you, Dr. Malouin. This is Stephanie. I appreciate the opportunity to host this Webinar with the Michigan Primary Care Transformation Project and the Michigan State Medical Society. On behalf of AHRQ, I’d like to welcome all of you here and thank you for choosing to spend your lunch hour with us today. This effort comes under the agency’s Effective Health Care Program and Regional Office’s Partnership Development Initiative. And I’ll be speaking from the agency’s Effective Health Care Program. And Pam Montagno later on will be speaking on behalf of the Regional Office’s Partnership Development Initiative.

So first I’d like to review the agenda for this Webinar. Although many health care organizations are very familiar with AHRQ and its work, for some I anticipate that this presentation will serve as an introduction for AHRQ and comparative effectiveness research. I’ll start with an introduction to AHRQ and what we do help clinicians in their practice, and I’ll talk specifically about what is comparative effectiveness research, and how it’s meant to inform decisions by patients and physicians in the office and hospital. Pam will then review some of the free resources that AHRQ provides for your use. And, finally, we hope to leave some time for questions that you have, so please do send them to Karen as they occur to you.

So here are some of the things that we hope you’ll walk away with at the end of the hour today. Our goal is really to begin a conversation about comparative effectiveness research and its role in improving the quality and safety of health care, and especially how we might work together to use and raise awareness of the AHRQ Effective Health Care Program resources. You’ll learn more about the AHRQ initiative, as well as tools that are available to physicians and patients, and what’s involved in a partnership with AHRQ.

This slide is to orient those of whom may not already be familiar with AHRQ. We’re a relatively small agency that’s only comprised of about 350 people, so a lot of people haven’t heard of us. But we’re here to help improve the quality of the health care of the U.S. We’re part of the U.S. Department Health and Human Services. We’re separate from other agencies that you may have heard, such as the Centers for Medicare & Medicaid, the CDC (Centers for Disease Control and Prevention), FDA (Food and Drug Administration), and NIH (National Institutes of Health), but we have complementary roles.

Just to put our agency in further context and show how the different government agencies work together, I highlighted some of the roles of the NIH, CDC, and how they compare here. Most of you are probably familiar with NIH, which conducts most of the basic science and clinical research. They fund much of the bench science and research on what treatments can work, whereas CDC focuses on population health and interventions to improve health at the community level. The part of AHRQ that I work in focuses on translating and implementing the research from NIH to improve health care of Americans at the population level. We translate the research from NIH and promote evidence-based practices.

So the AHRQ mission, which is actually newly revised, hot off the presses, is written here. I won’t read it word for word but will note a few things to highlight about this mission. We seek to produce and disseminate research with the hope that this will improve the quality and safety of health care. This means asking and answering questions that patients and physicians need when seeking and providing care. We do not actually provide care or regulate health care.
SLIDE 10

So this is my own personal framework of the AHRQ mission. I break it up into two different parts. On one side we produce evidence that’s intended to help ensure that patients are able to access health care. But, as we well know, that’s not sufficient in itself, and we also must ensure that the health care that is delivered is of high quality. The Institute of Medicine in the “Crossing the Quality Chasm” report defined “quality health care” as health care that is effective, safe, acceptable or patient-centered, equitable, efficient, and timely.

I highlight the first three since this is where the AHRQ Effective Health Care Program works. We provide evidence to improve the delivery of health care that is safe, effective, and patient-centered, with the ultimate hope that patients and physicians using the effective evidence will result in improved patient outcomes.

SLIDE 11

The gap, as this group knows, the gap between current practice and the optimal delivery of safe, effective, and patient-centered health care is commonly called “quality gap,” and this is obviously what we’re striving to close. Safe, effective, patient-centered care is only possible when patients and physicians are equipped with the best available evidence on what is known about the decisions that you face in the office and hospital.

So getting this information at the time when these decisions are made requires many steps with involvement of all parts of the health field, including researchers, patients, providers, health-care administrators, policymakers, technology developers, professional societies, educators, and many others. But, as you can see in this diagram I’ve showed, the backbone of this really is to conduct the research that will address these important questions, and summarize that information to ensure unbiased translation and dissemination to the appropriate stakeholders. Systematic reviews play a key role in the translation of primary research into information that can be communicated to the general public and professional communities. The implementation and change require not only the dissemination of information, but also the development of tools and practices that allow and encourage change in practice.

SLIDE 12

So I break down on this slide each of those components and highlight where the Effective Health Care Program works at each of these steps.

The first step, the primary research, of conducting primary research on safety and effectiveness is shared by NIH, AHRQ, and PCORI (Patient-Centered Outcomes Research Institute). I’ll review later on in further detail how the Evidence-based Practice Center program synthesizes research on safety and effectiveness. Pam will later on discuss the materials that the Effective Health Care Program produces to help translate the evidence into a format that is accessible and useful by patients and physicians. And the Effective Health Care Program works with partners like the Michigan State Medical Society and the Michigan Primary Care Transformation Project of the Regional Office’s Partnership Development Initiative to further translate and disseminate the materials to their constituents.

And although we won’t go into this in a great deal on this talk, the Effective Health Care Program also works with policymakers to promote evidence-based policies, quality measures, and implementation of evidence into care pathways, health IT applications, et cetera. Sometimes this is done working directly with policymakers, and sometimes through clinical practice guidelines and existing infrastructure, and sometimes through other partnerships with other organizations, such as ones that you may be part of.

SLIDE 13

So having the evidence on the safety and effectiveness of interventions that patients care about is the first step in closing this quality gap. So I use the terms “effectiveness research,” “comparative
effectiveness research,” and “patient-centered outcomes research” interchangeably. And I guess a question is, what’s so special about this type of research?

SLIDE 14

The Effective Health Care Program emphasizes that comparative effectiveness research must answer real questions that are directly relevant to questions that patients and physicians confront in the hospital or office.

Obviously we care about research that is both valid and relevant, but importantly, the comparative effectiveness research must help health care consumers decide amongst the various interventions or strategies that are currently available. A common situation, for example, is when patients and physicians are in the clinic or hospital and they may need to choose between several different treatment options. Having research that compares only a treatment to placebo can tell them which treatments work, but not which treatment option is the best for them in that situation, and this is where the term “comparative effectiveness research” comes from.

Another element of this is that comparative effectiveness research must also compare the relevant choices for differences in outcomes that matter to patients. So research on the effective treatment of lab values or mortality may not be helpful when patients really care about whether the treatments will reduce their likelihood of hospitalization or pain, and that’s why we often use the term “patient-centered outcomes research” as well.

SLIDE 15

So, although the term “comparative effectiveness research” may not be as familiar to everyone, as I’ve hopefully conveyed, it’s just a type of research that is focused on questions that patients and physicians can use directly when faced with decisions on a daily basis. Basic science or other clinical research that increases knowledge is the important background for conducting this type of research and designing this type of research.

Comparative effectiveness research is complementary to evidence-based medicine, which I’m sure this audience is familiar with. This little pictorial describes how in evidence-based medicine the patient or physician uses research to make informed decisions. For comparative effectiveness research we’re making sure that the researcher is examining the questions that patients have when designing their research. It’s a particular type of research that’s focused directly on answering clinically relevant questions. But completing the cycle means that research must be – this type of research must be used by patients and physicians in evidence-based medicine.

SLIDE 16

So having the research addressing questions that interest does not automatically mean the findings will be incorporated in practice. Individual studies may appear to give conflicting results, whether due to different research designs, different populations, [and] different outcome measurements. Some studies may get a lot of press while others may get virtually no attention, depending on the journal it’s published in or other factors. So systematic reviews are a tool that can help synthesize all the existing research on a particular topic. And methodologists in this area can help parse out and explain differences in findings.

SLIDE 17

So I direct the Evidence-based Practice Centers (EPC) Program at AHRQ. And this program specifically conducts systematic reviews and comparative effectiveness reviews on topics that are intended to directly help inform clinical practice and policy. Three characteristics differentiate these reviews and some of the expert or narrative reviews that you may commonly see.
In order to ensure that the reviews are useful to people in the health care system, we engage with stakeholders to identify and/or find questions under review. Our methodologists and systematic reviewers are leaders in the field in methods for searching the literature and quantitatively and qualitatively summarizing evidence on a given topic. This includes methods to ensure a comprehensive search and a consistent and rigorous approach to assessing the literature. We have a methods guide that predefines the approaches for conducting the systematic reviews and comparative effectiveness reviews to ensure that the reviewer is not biased to include a particular study that they favor. As well, a formal peer review process and public review process further ensures the scientific rigor and relevance of the review.

And, finally, we have strict conflict of interest policies and procedures to ensure financial or personal conflicts of interest are minimized in conducting a review. By commissioning reviews from an unbiased researcher without a “race in the horse” so to speak, we aim to provide an independent assessment of the field.

SLIDE 18

Listed here is a brief overview of the systematic review process that we use to ensure an unbiased summary of the literature for answering particular questions. The basic process starts with the evidence-based practice area defining the clinical question. Next, the comprehensive search of the literature, which is really the defining feature of systematic reviews, as compared to a narrative review. Identifying all studies on the topic rather than the highest profile studies really helps to minimize the potential bias on the topic.

Then, the EPC not only summarizes the available evidence but also describes the confidence of the findings based on the strength of available evidence. This confidence or strength of confidence is determined by factors such as the strength of the study design, the consistency of the findings, the degree and precision of the findings. And where there is less confidence in the findings, the EPC makes recommendations for future research, although they do not make clinical recommendations.

SLIDE 19

And the reason for this is depicted in this diagram here.

Evidence really is just one piece of the decisionmaking process. Making decisions requires considerations of the patient’s values and resources available. So patients may weigh some outcomes as more important than others, or may have different choices in the face of uncertainty. Likewise, available resources and alternative options may affect the clinical decisions, even with the same amount of evidence. So our goal at the AHRQ Evidence-based Practice Centers Program is to provide the best available evidence to patients, physicians, clinical practice guidelines, other implementers, so that they are able to make evidence-based, informed decisions at the time of care.

SLIDE 20

Listed here are many of the primary care topics that the Evidence-based Practice Center Program has reviewed. There are actually over 100 reviews available on the AHRQ Effective Health Care Program Web site, with more coming out every week. You can download the full reports, as well as summary materials from the Web site, which Pam will review later on.

SLIDE 21

So I talked primarily about the conduct of the systematic review, which is a translation tool, although still primarily a research document. That’s not always accessible for busy practicing physicians or patients. So, as such, we’ve developed translation tools that are more easily accessible and useable to busy physicians and patients, and Pam will review these products with you.
SLIDE 22

So, just here’s a picture of the many products that are produced by the Effective Health Care Program for your use. And in the center here are the systematic review reports that I described, which form the basis of all of these resources. And I hope I’ve conveyed to you the work and effort that goes into ensuring the scientific rigor and integrity of those reviews on which the tools are based. Pam Montagno will now review some of the free resources available through the Effective Health Care Program.

SLIDES 23

There we go. Thank you so much, Dr. Chang. And good afternoon everyone. We’re really happy that you’re with us. And, as Dr. Chang explained, we have over 100 of these research topics that AHRQ has completed. And the main thing we want to do is to make sure that all of this great information is usable by clinicians and by patients, and in some cases, by policymakers. And we know that these different audiences need to ingest this information in different ways. So that’s why we have this whole array of all of these rich resources. And what I’d like to do now with you is to just walk through some of them, the ones that are going to be most useful to you and to your patients. And just, again, to emphasize, all of these resources are free and available to you. And so I’ll be happy to answer any questions at the end, but right now I just want to walk you through what is available.

So the first item up on the upper left-hand part of your screen, we create a clinician summary. And we know that clinicians are very, very busy and don’t have a lot of time to read 150-page research report. Now, some clinicians are eager to read all of that, but many are not. So what we’ve done is we’ve created an easy and a quick read of all the most important elements of each research study. And I’ll be walking you through that in a little bit. So, those are the clinician research summaries. And then we’ve also created a companion piece for patients. And, again, we really believe it’s very important to arm patients with this great information as well. And, of course, the tools are then translated into lay language, and they’re also translated into Spanish, as well as English.

And then we also have, for the use of the professional, CME modules and CE modules. And these are also available. All of these resources are available on the Effective Health Care Program Web site, and, again, I’ll direct you to where you can find these. But so for each one of these research summaries, we also have the CME and CE modules. And then on the right-hand side you see we also have created patient decision aids, and that, again, is meant to help patients come up with the best treatment option for themselves. And we do have three that are available, and, again, I will walk you through which those are. And you see that there are some other tools available here.

We also have on the bottom left-hand side slide sets that are available if any of you would like to create an educational program. The slides are already completed for each one of these research studies. And we do have periodic conference series and Webcasts, also free. Last fall we held a Webcast on childhood obesity, which all of us know is of great concern right now. So those give you a brief overview of what is available.

SLIDES 24

Dr. Chang already introduced AHRQ’s Effective Health Care Program, but I wanted to explain a little more about it. It was created in 2005, authorized as part of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003.

The program was created to impact Medicare, Medicaid and children’s programs; however, the scope was expanded so that all clinicians, policymakers and patients can benefit from the EHC Program research and its findings. As Dr. Chang mentioned, the Effective Health Care Program specifically funds comparative effectiveness research, the goals of which are listed on this slide. All of the free tools shown on the previous slide are created as part of the Effective Health Care Program. Here are some of the hallmarks of the Effective Health Care Program.
SLIDE 25

First, let's look a little more closely at the research summaries. The large systematic reviews that Dr. Chang mentioned result in extensive research reports. The Effective Health Care Program aims to translate the findings for these three audiences: clinicians, consumers and policymakers.

SLIDES 26

So the first research summary I'd like to explore a little more is the clinician summary, and it, again, as I mentioned previously, it's really meant for the busy clinician, and it's usually one page, two-sided. Sometimes it's two pages, and it does provide the overview of what the clinical issue is. It provides a quick snapshot of what the clinical bottom line is there on the right-hand side.

The clinician summaries are all in the same basic format. And it does discuss the conclusion of course, there on the left, and it discusses the benefits and the adverse events connected to whatever the topic is. And then, maybe most importantly, it does provide the "Clinical Bottom Line," and at the bottom there is the key for that to show whether the clinical evidence is strong or if it's weak. And so we do try to just give a quick snapshot of how strong the clinical evidence is, and as Dr. Chang mentioned, sometimes the evidence is not strong and so more research is needed.

SLIDE 27

We typically will provide the ordering information, which I'll provide to you as well. There are also additional resources for patients, and then the sources, who did the study, who was involved, and again, we really focus on making sure that there's transparency if there are any conflicts of interest, so the researchers are vetted carefully.

SLIDE 28

And now I'd like to talk a little bit more about the companion piece for consumers, and again, these are written in lay language and they support a conversation between you and your patients. And we really are supporting the idea that patients need to be armed with good information. We know that when they are, they tend to get higher quality health care. These summaries are available in Spanish, as well as in English.

SLIDE 29

And you will notice that there's an overview of whatever the clinical topic is, and there is also a discussion of aspects of the clinical condition here.

SLIDE 30

Here's a discussion about type II diabetes, so we really tried to provide a context for the condition.

And this, I think, is really helpful, we do also provide questions to ask the clinician. Sometimes patients are a bit intimidated by asking their physician or nurse practitioner questions. And so here are some quick questions that patients can ask. There's a place for them to write the answers, because sometimes they get a little – you know it's easy for them to forget what the doctor or nurse practitioner told them. And then they may want to write down other questions they may have.

SLIDE 31

So those are the clinician and consumer summaries.
Here are the three decision aids that are available. You see here that there is one on urinary incontinence for women. There's one on osteoporosis, and then there's a prostate cancer decision aid for men. So this helps the patient decide which treatment option is best for them.

So now here we see a screenshot of the Effective Health Care Program. AHRQ has a really wonderfully rich Web site. However, if you don't know exactly where you're going, you can get kind of lost, so this is the URL: effectivehealthcare.ahrq.gov. And then on the left navigation bar, the CME/CE modules are located under Tools and Resources, as are the slide sets. The research summaries for clinicians and consumers are right underneath that.

And in addition, AHRQ has created some new really exciting tools for clinicians as a part of a new national initiative. These tools are available at the URL that's listed below the Effective Health Care Program.

I'll show you the screen shot here. The initiative is called the "Clinical Bottom Line." The research summaries that I mentioned for clinicians are available here, and some other really interesting and very helpful tools.

And then there is also a national initiative for patients. And that is called the Treatment Options initiative. And here you will find the website for patients and you can direct them to this URL. There are some really fantastic videos that are available here as well, and they're in English and Spanish. They are for patients who are newly diagnosed, as well as patients who have been already diagnosed, and then another video for caregivers. So here you see the URL to locate all of those resources.

There are also Facebook pages in English and Spanish, as well as some brochures. And there's also a text messaging program, also in English and Spanish. And so your patients can then really acquaint themselves with some of these tools to help them take more control of their health. Again, we're all about arming the patient as much as possible. So here you see the screenshot of the Treatment Options campaign and at the bottom of the page there is the video that I mentioned, in English and Spanish.

So now I just want to talk really briefly about the partnership development office. As Dr. Chang mentioned, I am in Chicago, However, I have peers all around the country doing the same thing. My territory is in the Midwest, but I have peers doing very similar work all around the country. We're reaching out to partners and organizations like the Michigan Primary Care Transformation Project and Michigan State Medical Society. 

Our focus is really on these four conditions. We know that these are the conditions that often absorb most of our health care resources, so these are our particular areas of focus. And, we are reaching out to all these different stakeholder groups all around the country with a focus on clinicians and patients.

So what we're trying to do is form partnerships with organizations, similar to the Michigan Primary Care Transformation Project and the Michigan State Medical Society. When you're a partner, you do get those clinician and consumer summaries that I showed you in paper form. They are free, and so you can distribute those to your patients if you have a health fair or some other event. Perhaps you have a
professional meeting you'd like to share them with your colleagues. So as a partner, you get these free. And I mentioned those slides that are also available, and some of the other resources that I've shared with you, and in addition to the continuing medical education modules.

You can also sign up for regular listserv notices about what's new in the Effective Health Care Program. You see on your screen where you can sign up for those as well. And on the homepage of the Effective Health Care Program there are regular research reports that are in draft form, as well as white papers that are in progress. And we always ask for comments. We'd love to hear your comments on these draft documents in progress. So that's another way that you can get involved. So, you are already a part of two partner organizations, but you're welcome to become a partner in your own organization if you're interested. And I'd be happy to talk with you more about that.

SLIDE 38

So, again, here's the URL where you can access the Effective Health Care Program on the Web, and then I'm also providing the place where you can order printed copies of the research summaries that I mentioned. You can order them in bulk quantities. You can either contact the AHRQ Publication Clearinghouse on your own at that phone number, or you can order via e-mail. You do need to have the titles handy. It would be even better if you have the publication number, and then, of course, the quantities that you want to order. And then you need to use the reference order code that you see here. So this is, again, all free to you as a partner organization.

Again, I am available for any questions you might, and my contact information will be available on the next slide.

SLIDE 39

I am in Chicago, so I'm one hour behind you, but I'm always really happy to answer any of your questions, so please feel free to reach out to me. I'm happy to help.

SLIDE 40

So, again, I do apologize for the disruption in our Web conference. I'm not sure what happened, but for those of you still with us, I thank you so much for your attention and also would love to take any of your questions. And again, as a reminder, you need to use the chat function in Fuze. That interface can be found by clicking the icon in the top bar on your screen. It looks like a cartoon dialogue bubble. Mac users can find it on the bottom right and PC users on the bottom left. My colleague, Karen Costa, is gathering the questions for us.

And while we're waiting for you to be thinking about your questions, I also wanted you to know that a transcript of this presentation will be available, as will a PDF of this presentation. It will be launched on the Michigan Primary Care Transformation Project Web site, so you certainly can access this presentation on the MiPCT Web site. So are there any questions?

Hi, Pam, this is Karen. We do have a few questions. So the first one is for you all. "Since the Michigan Primary Care Transformation Project is already a partner with AHRQ, can I just order the free summaries for my patients since I'm a part of this project? How do I do this?" And this question is from Emily.

Oh, okay. Hello, Emily. Yes, as a partner you are certainly able to order the research summaries for both clinicians and for patients, and, again, I provided the phone number for the Publication Clearinghouse. But, again, I'm happy to assist with that, and my contact information is right here on the screen. So please, please do reach out with help on that. So, yes, you can do that. Thank you, Emily.

Thank you, Pam. Next question is from Daniel. "Now that I better understand the resources available through AHRQ, I wonder if any groups have integrated them into an electronic health record."
Okay. And, Dr. Chang, are you still on the line?

I am.

So we work with a number of different groups to implement the evidence that we find from our systematic reviews. We do this mostly through guideline groups, which, hopefully, we think plug into quality measures. And usually that's kind of a pathway for integrating into electronic medical records. And we have seen that happen. It's a little bit of an organic process, because there are so many different electronic medical records, and, you know, different organizations use different systems, we hope that efforts like this will find people who are interested in using our tools to develop and to implement them into electronic medical records. So it's a little bit of an organic process, but we hope that they will continue to happen.

Great. Thank you, Dr. Chang. We also have another question. Just as a reminder, if you have any questions, please use your meeting chat function. For Mac users that's on the right-hand side, and for PC users it's on the left-hand side of your screen.

But our next question comes from Patrick. "I understand that AHRQ is doing comparative effectiveness research, but aren't the NIH and CDC also doing comparative effective research? If so, are each of the Federal groups doing similar types of CER, or are they focusing on different issues?"

Yeah, so this is Stephanie. I alluded to this on one of my slides where I talked about the primary research versus synthesizing them into systematic reviews. So while let's say it's a little bit of a spectrum, AHRQ works at kind of the synthesis level and a little bit of the comparative effectiveness research level. So while I'd say that's the beginning span of the translation, you know, research spectrum, I would say NIH is a more on the earlier side, so they are more bench research, clinical research, and then a little bit overlapping with their comparative effective research.

So I'd say comparative effective research is kind of in the area of a little bit of overlap. And then I mentioned the organization PCORI, which is newly developed, and they are also certainly functioning in that area. So, yes, you're exactly right that that's an area that is of keen interest. We do a lot of systematic reviews, and unfortunately, I talked about how we grade the evidence and say, you know, our confidence in it and make recommendations for research. And, unfortunately, too often we do recommend further research, and it, unfortunately, to date, has not been a well-funded area or an area of focus by NIH or AHRQ. It's an area within the scope, but not a specific area of focus, so I'm hopeful that this organization, PCORI, can really make that their focus and can take some of these questions and really advance the field of comparative effectiveness research.

Wonderful. Thank you so much. Our final question I have received is from Meredith. "You mentioned the 13 clinical areas that AHRQ focuses on. How are the topics for the research studies selected?"

So this is Stephanie. If you're talking about how topics are selected for systematic review, I would say that, first of all, I don't think we reviewed this in great detail, but I would note that all of our systematic review topics are nominated through the Web site, by either the public or a partner organization that thinks that there is an important question that they would like to know the answer to. So all of those are through our Effective Health Care Web site that Pam showed you a picture of...I'm going to see if I can pull it up. I'll go back to that just so that you can see it. There it is right there.

So on this Web site there's a place that says "Submit a suggestion for research." So if you have a question that you think is a good candidate for systematic review that would be the place to go. So then what happens is, we take that question, we go through a process of looking at and asking, is there enough primary research available that would help us to answer the question? We also ask, is there a partner, such as a clinical professional society or clinical practice guideline group, that is willing to partner with us to make sure that the research is used, translated and disseminated. Because the review itself is an important piece, but not usually sufficient in itself. So with the information that's gathered in the development process and finding a partner, we make a decision on whether it will go forward as a
systematic review or not. But it does all start with submitting the topic nomination by practicing clinicians or others.

SLIDES 41 AND 42

Thank you so much, Dr. Chang. So that was the last question. If anyone else has one, we have a little bit of time. But while we are waiting I did want to bring up the slides for continuing medical education. So for those of you who are interested in getting your CME credit, you need to go to the URL that's now on your screen and click on that, and then click on the green register button. And you need to complete the fields to register your attendance.

And just a note, we are going to be sending a follow-up email to those who participated in this Webinar, so we'll also send the information again about how to register for CME. And then we also do want your feedback in terms of an evaluation. So we'll be happy to hear from you, to get your comments and to hear how this all landed on you. So we thank you so much for your time and attention, and we'll leave the slide up on the screen for a little bit.

Yes, we do have another question here: Can RNs get credit for this? Yes, you just need to indicate in the registration portion of this page your profession. RNs can get credit as well, for the person who asked that question.

So we'll leave this slide up on the screen for a little while. But we will send it again via email. And I think we will close at this point. So again, our deepest apologies for the technical glitch. For those of you still with us, thank you for your patience and we hope that you got some valuable information from this Web conference. Please feel free to reach out to me. I'm happy to talk with you further if you have any questions. And thanks to Dr. Chang and to Dr. Malouin for participating as presenters.

Thank you.