

POSTER ABSTRACTS

16th Annual HMO Research Network Conference
March 21-24, 2010 – Austin, TX

Monday, March 22, 2010
3:15 - 4:15 pm • Texas Ballroom

PS1-30

O Say Can You C(ER) - An Inventory Of Comparative Effectiveness Research Capacity In The HMO Research Network

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Background and Aims: The HMO Research Network (HMORN) is uniquely positioned to conduct Comparative Effectiveness Research (CER). The 2009 health care reform debate; Recovery Act legislation and funding mandates; the Institute of Medicine (IOM) report of Initial National Priorities for Comparative Effectiveness Research and other forces have all worked to focus attention on CER as never before. We present results from a survey of HMORN leadership which explored the Network's perceived competitiveness in responding to the IOM-generated top 50 priority topics in CER. The survey results are cross-referenced with research interests of HMORN scientific staff. We also review existing methodological and administrative HMORN resources available to assist with proposing, launching and carrying out CER projects. Finally, we briefly summarize initiatives spearheaded by HMORN leadership to build additional CER capacity across the Network.

Methods: HMORN Board members were asked to complete an online survey, rating their perceptions of the Network's competitiveness in responding to the top two quartiles of initial national CER priorities outlined by the IOM. Response options were 'not competitive', 'a little competitive', 'somewhat competitive', 'quite competitive', 'very competitive' and 'unsure'. The initial survey link was sent July 17, 2009. Reminders were sent to non-responders on July 29 and August 14. The survey was completed by 88% of Network leaders (14 of 16). We cross-referenced CER priorities with research interests expressed by Network investigators in the HMORN Researcher Directory, available at www.hmoresearchnetwork.org.

Results: Overall, respondents view the HMORN as very well positioned to respond to the top two quartiles of IOM Comparative Effectiveness priorities. While some priorities align well with established Network collaborations (e.g., cardiovascular disease, cancer) the HMORN has not yet fully capitalized on other IOM CER priorities, even though capacity appears to exist (e.g., care coordination, inflammatory diseases, bone health, shared decision making, dissemination techniques).

Conclusions: In the CER arena, the HMORN has significant potential, with numerous opportunities to capitalize on its scientific and collaborative expertise. The Network is further improving its ability to respond to emerging CER funding opportunities by proactively inventorying scientific and methodological expertise, enhancing data capabilities, training staff and developing tools.