A special panel convened by the Institute of Medicine has identified 100 areas ripe for study as part of a federal comparative effectiveness research program.

The plan is based on the federal government’s use of new research funding to compare treatments for atrial fibrillation, strategies to prevent falls among the elderly, and methods to prevent and treat methicillin-resistant Staphylococcus aureus (MRSA), among others. A complete list of the research topics is available online at www.iom.edu/cer priorities.

When Congress passed the American Recovery and Reinvestment Act earlier this year, it included $1.1 billion for comparative effectiveness research. It also instructed the IOM to recommend national priorities for spending a portion of that money—the $400 million that will be spent at the discretion of the Health and Human Services secretary. The work of the IOM panel was sponsored by HHS.

In selecting the initial priorities for research, the panel considered the total burden of illness, current gaps in the medical literature, and the potential for the research to actually change practice.

The IOM panel suggested research questions that focus on comparing active treatments in patient populations that are typical of the types of patients seen in daily practice.

The panel also used cost as one of the criteria in determining which research topics would make its list. The panel did not discuss cost-effectiveness as a tool for decision making.

Dr. Sox said, “Gaps in the evidence will be filled as comparative-effectiveness research is carried out and new technologies will come along that require careful evaluation in order to facilitate decision making about them.”

The IOM panel recommended that HHS set up an advisory body that would organize, monitor, and evaluate the implementation of a comparative effectiveness research program. The panel also urged HHS to establish large-scale clinical and administrative data networks to encourage use of data gathered in day-to-day patient care.

The panel believed that a national plan for research workforce development that includes long-term funding for early career development.

The IOM recommendations appear to complement work done by another congressionally-mandated panel of experts. The Federal Coordinating Council for Comparative Effectiveness Research issued its report in June, which outlines a framework for spending comparative effectiveness research funding.

That panel concluded that the primary focus for HHS should be investing in data infrastructure that would link current data sources like patient registries. The group also recommended that funding be focused on the dissemination of research findings and research that fo-

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