Comparative effectiveness research (CER) provides data that can influence clinical decisions by informing patients, clinicians, and decision-makers about which interventions are most effective for which patients under specific circumstances. If health care outcomes can be expected to improve, physicians and other providers will have to routinely and appropriately integrate CER findings into their practice and facilitate improved decision making.

To better understand the attitudes of primary care physicians (PCPs) toward CER and potential barriers that may impact their use, a study entitled “Measuring Physicians’ Opinions of CER to Strengthen its Role in Patient-Centered Care” was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (1175-ACP). The resultant “Survey of Primary Care Societies” was conducted by the American College of Physicians (ACP) in collaboration with the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and, the American Osteopathic Association (AOA). The survey addressed four central questions: (1) Are PCPs familiar with CER and what is its perceived value for educating patients? (2) What are the main factors impacting a PCP’s confidence in applying CER findings to his/her practice? (3) What are the most trusted ways to make research evidence more accessible to PCPs? (4) What role should medical societies play to assist PCPs in accessing and applying CER results?

Key Findings

1. **PCPs have a low level of familiarity with the term comparative effectiveness research.** Although PCPs lack familiarity with CER by name, most respondents are confident they possess the abilities needed to use such research, i.e., finding, assessing, discussing with patients, and applying research findings related to treatment options.

2. **PCPs show strong support for CER when the concept is explained.** Most PCPs agree CER can improve the physician-patient relationship; how patients make health care decisions; and, the quality of patient care. Furthermore, they acknowledge CER should be used to develop clinical-practice guidelines. However, one in five PCPs is skeptical about the validity of most CER or feels CER restricts one’s freedom to choose treatments for patients.

3. **Lack of time is a major factor preventing use of CER findings.** PCPs are confident in their ability to find and use CER but they do not have time to gather the necessary research. Use of CER findings to inform patients of their options is uneven with about one-third (36%) applying CER in their practice today. However, in the next two to three years, the vast majority believes CER will be important in treatment decisions.

4. **PCPs trust information on new research findings when it is from peer-reviewed literature or from one’s medical society rather than one’s employer.** Peer-reviewed literature, clinical information reference tools, medical societies, and systematic review
American College of Physicians (1175-ACP)

*Measuring Physicians’ Opinions of CER to Strengthen Its Role in Patient-Centered Care*

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Articles are highly trusted sources of information on new research findings in contrast to one’s employer/institution or websites of government health agencies. Regardless of age, the preferred communication medium for obtaining CER findings is print.

5. **Medical societies should spend more time disseminating and translating research findings for clinical decision-making.** Physicians’ lack of time may underlie their desire for their medical society to act as a mediator; using research findings to set guidelines/policies and helping PCPs access and apply the evidence. To assist PCPs, medical societies should offer courses/sessions in communicating effectively with patients/families as well as provide tools for incorporating research results into physician-patient decision-making.

**Implications and Next Steps**

Regardless of one’s specialty area, PCPs show strong support for the concept of CER. For patient-centered CER to have optimal real-world impact and truly make the patient an active participant in the decision-making process, physicians will need to integrate CER findings into their practice and facilitate improved decision making.

These findings highlight the need for PCORI to continue to forge relationships with medical societies that deal with PCPs and identify new ways to make research evidence more accessible to practicing PCPs. For PCORI, this is the first step toward establishing a baseline for future action with the various medical societies.

**Comparative effectiveness:** ACP releases survey results on comparative effectiveness research; hosts webinar. *ACP Internist Weekly.* March 22, 2016.