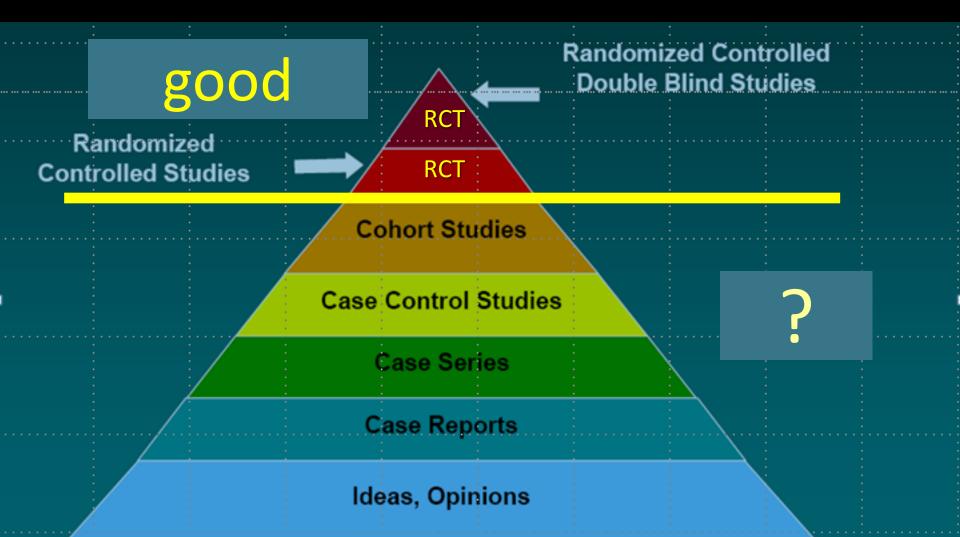
## **Recognizing High-Quality Observational Studies of Comparative Effectiveness**

Nancy A. Dreyer, MPH, PhD Outcome, Chief of Scientific Affairs June 24, 2010



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### **Using Evidence to Support Decisions**



Information is needed about real-world practices and outcomes that result from that behavior or treatment

- What interventions are best?
- For whom?
- When?





#### Guidelines for Quality – Observational Studies

- GRACE principles for observational studies of comparative effectiveness. Am J Man Care 2010;16(6):21-24
- ENcEPP Checklist for methodologic studies, 2010. <u>www.encepp.eu</u>
- ISPOR Good Research Practices for CER I, II, III. Value in Health 2009; 1044-1072
- GPP: Guidelines for good pharmacoepidemiology practices
  Pharmacoepidemiology & Drug Safety 2008:17:200-208
- STROBE: Strengthening the Reporting of Observational Studies in Epidemiology, Epidemiology 2007;18(6): 805-835
- AHRQ REGISTRIES HANDBOOK: Gliklich RE, Dreyer NA, eds. : Registries for Evaluating Patient Outcomes: A User's Guide. Prepared by Outcome DEcIDE Center. AHRQ Publ. No. 07-EHC001-1. Rockville, MD. 2007. 2<sup>nd</sup> edition, in press, 2010.



GRACE: Good ReseArch for Comparative Effectiveness

To develop principles of good practices for observational studies of comparative effectiveness to enhance quality and facilitate use for decision-making by physicians, patients and payers



www.graceprinciples.org





Built as a model for consensus

Principles posted online for public comment Input and review from broad group of collaborators Iterative postings/presentations/reviews/revisions 4th & most recent iteration – April, 2010

A living document

www.graceprinciples.org



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## **GRACE** Principles

#### 1) Study plan

- Clinically relevant
- Disease/conditions, treatments, comparators, target pop'n
- Measures of effectiveness, safety and tolerability
- 2) Transparent analysis and reporting
  - Data collection, including handling of missing data
  - Comparison to patients with similar likelihood of treatment and benefit
  - Consideration of alternative explanations
- 3) Validity of the interpretation



#### **Hierarchy of evidence**

[likelihood that data are confounded]

- 1. Determinants of use are not related to determinants of outcomes (e.g., treatment decisions driven by reimbursements, not patient characteristics)
- 2. No consistent determinants of treatment; determinants of treatments are largely known; or the risk of toxicity from treatment is unlikely to be related to the outcome(s) of interest
- 3. Confounding is likely to be present, but little relevant evidence is available



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# •Offers opportunities to further refine and extend principles and write publications

Dreyer NA, Schneeweiss S, McNeil B et al on Behalf of the Grace Initiative . Recognizing High-Quality Observational Studies of Comparative Effectiveness. Am J Managed Care Am J Man Care 2010;16(6):21-24

•Building a public library of case studies on observational studies that have been used for decision-making

Multi-society support and endorsement

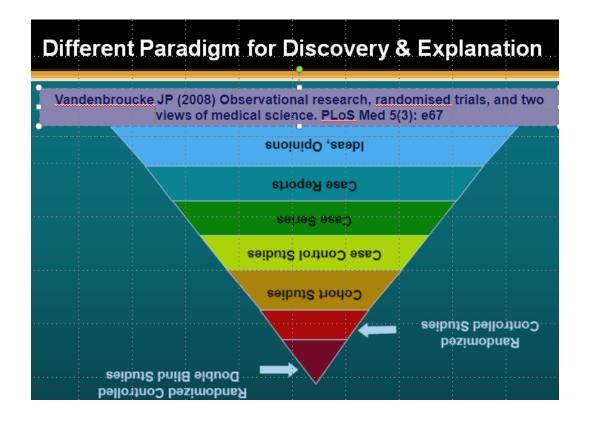


**GRACE** Principles are endorsed by the International Society of Pharmacoepidemiology



## Overview

Guidelines for good practice promote quality and better use of observational studies of comparative effectiveness





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## **Contact Information**

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