

# Comparative Effectiveness Research in Primary Practice

Editorial

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Recently, in the United States there has been some discussion about a new research direction named ‘comparative effectiveness research (CER).’ In Europe, a similar term is used for the same concept: ‘relative effectiveness’ CER can be defined as “conduct and synthesis of systematic research comparing different interventions and strategies to prevent, diagnose, treat, and monitor health conditions.” The main goal of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.<sup>1)</sup>

When a patient and physician are seeking the best treatment for the patient’s medical condition, they often do not have the scientific evidence they need to make a decision. Sometimes there may be studies that indicate that a treatment is efficacious relative to a placebo, but there may be no studies that directly compare the different available alternatives. CER is designed to fill this knowledge gap. In this sense, CER has six characteristics: 1) CER has the objective of directly informing a specific clinical decision from the patient perspective or a health policy decision from the population perspective, 2) CER compares at least two alternative interventions, each with the potential to be “best practice.”, 3) CER describes results at the population and subgroup levels, 4) CER measures outcomes (both benefits and harms) that are important to patients, CER employs methods and data sources appropriate for the decision of interest, and CER is conducted in settings that are similar to those in which the intervention will be used in practice.<sup>2)</sup>

In Korea, the concept of CER was introduced, but there has not been sufficient discussion or agreement on the need of official adoption. However, in Korea, the need for CER, such as

the rational use of insurance finance, insurance benefits decision based on evidence, or clinical decision based on direct evidence, is not different. Therefore, demand for these research activities will increase in the future in Korea. Recently, the National Evidence-based Healthcare Collaborating Agency has launched a research project about CER and the Korean Association of Medical Science has conducted a survey about CER research priority.

Primary care research, by nature, tends to be oriented towards effectiveness rather than efficacy, and real world setting research rather than controlled environment research. Therefore, we must discuss what research should be conducted in the area of primary care in the context of CER.

## CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

## REFERENCES

1. Federal Coordinating Council for Comparative Effectiveness Research. Report to the President and Congress. Washington (DC): US Department of Health and Human Services; 2009.
2. Institute of Medicine; Committee on Comparative Effectiveness Research Prioritization. Initial national priorities for comparative effectiveness research. Washington (DC): National Academies Press; 2009.