Appendix A: How This Study Was Conducted

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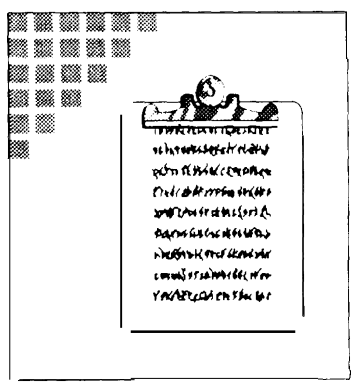
The Office of Technology Assessment (OTA) was first asked to examine issues relating to effectiveness research and health technology assessment in a July 1992 letter from Senators Kennedy and Hatch, on behalf of the Senate Committee on Labor and Human Resources. That letter asked that OTA "conduct an evaluation of the field of health technology assessment, identify the strengths and weaknesses of current efforts, and outline options that may help focus future efforts and resources (427). Types of activities to be covered in this evaluation were "literature synthesis, outcomes research, cost-effectiveness analysis, practice guidelines development, and others." Subsequently, Senator Grassley (of the congressional Technology Assessment Board) and Congressman Dingell (on behalf of the House Committee on Energy and Commerce) sent letters to OTA supporting this study (176,294).

OTA's congressional Technology Assessment Board approved the proposed OTA study of "Prospects for Health Technology Assessment" in August 1992. The study began two months later on October 1. Products associated with this study are this report *(Identifying Health Technologies That Work: Searching for Evidence)* and five background papers describing recent methodological advances and issues in greater detail (forthcoming).



THE ADVISORY PANEL

OTA advisory panels provide advice to project staff regarding the scope and direction of the project, possible study approaches, important perspectives to consider, and important resources to consult. Panel members also review drafts of documents produced

during the course of the study. No attempt is made to develop consensus among panel members; in fact, a wide diversity of views is sought. Although panel members provide indispensable advice and assistance, they do not write the report. OTA retains full responsibility for the contents and conclusions of its publications.

The advisory panel for this study initially consisted of 15 members with expertise ranging from ethics, medicine, economics, and law to research methodologies, clinical evaluation, and policymaking. Perspectives represented on the panel included third-party payers; manufacturers; researchers: clinicians; and defenders of several different intellectual approaches to clinical evaluation. A list of panel members can be found at the front of this report. One member resigned from the panel part way through the study after taking a position with the executive branch. (According to OTA policy, employees of the federal government participate in studies as observers, reviewers, and workshop participants but do not serve on OTA advisory panels.)

The advisory panel met twice during the course of the study. On February 9, 1993, panel members discussed the scope and approach of the study. On October 25, 1993, the panel reviewed and discussed curly drafts of some sections of the report.

INFORMATION SOURCES

The four types of information on which this study relied most heavily were the published health care literature; information provided by various federal agencies and offices about their activities; information from personal conversations, correspodence. presentations, and workshops; and contracted background papers on particular research methodologies.

Published Literature

Relevant published literature was identified through computerized searches and from the suggestions of the many people consulted during the course of this study. Because the scope of the study was quite broad, no single formal literature search strategy was defined and used. Given the diversity of relevant topics to this assessment, any such search would have yielded an unmanageable number of articles. Instead, OTA limited its search strategy to computerized searches of the health literature on selected topics (e.g., commentaries and reviews of cost-effectiveness analysis) and acquisition of publications suggested to project staff or cited in other relevant publications. Staff also monitored newsletters and other periodicals on effectiveness research, guidelines, and other relevant topics. The expertise of panelists, other reviewers, and contractors helped ensure that important publications were not missed.

Information on Federal Activities

OTA maintained ongoing contact with the Agency for Health Care Policy and Research and obtained from the agency information such as guidelines documents, lists of projects in the agency Medical Treatment Effectiveness Program, and other documents and information. OTA staff also met with the directors of many offices within the agency.

To obtain information on relevant activities elsewhere in the federal government, OTA sent letters to the administrators and directors of the Centers for Disease Control and Prevention, Health Care Financing Administration, each institute in the National Institutes of Health, and liaison staff at the Department of Veterans Affairs. The letters described the OTA study and asked for information on activities conducted or sponsored by those agencies that, in the opinion of that person, might be relevant to the study.[1] Similar information was requested of staff at the Office of Disease Prevention and Health Promotion by telephone. All agencies were responsive to the OTA request. with varying levels of detail.

[1] OTA staff contacted personnel in the Department of Defense as well but, due to resource constraints, did not pursue information on relevant activities of this department in any detail.

Information provided formally by the various agencies was augmented with staff-to-staff discussions, and published and unpublished information from other sources.

Workshops, Conferences, and Personal Contacts

As part of this study, OTA held two workshops. The first of these. cosponsored by the OTA study of *Technology, lnsurunce, and the Health Care System,* was on the topic of "Alternative Visions for Using Effectiveness and Appropriateness Information to Design Health Benefits: Implications for Health Care Reform and Technology Assessment" and took place on January 26, 1993. The purpose of the workshop was to explore and discuss how information on clinical effectiveness might be used in designing insurance benefits under some of the proposals for health care reform then being put forth.

A second workshop, on "Linking Medical Evidence With Clinical Practice: Progress and Barriers," took place on May 18, 1993. The goal of this workshop was to bring together researchers and practitioners to discuss barriers to the practical implementation of clinical practice guidelines and other forms of evidence about medical care. Information obtained in preparation for and during this workshop became the basis for much of chapter 8 of the report. Workshops participants for both workshops are listed in appendix B.

OTA staff also attended, as observers, numerous workshops and conferences on relevant topics sponsored by other organizations during the course of this study. Examples include:

- "The Role of Outcomes Research in the Reformed Health Care System" (University of Maryland Center for Health Policy Research, Oct. 4-6, 1992)
- "Medical Effectiveness Research and Clinical Practice Guidelines: Implications for State Governments" (AHCPR, NOV. 9-11, 1992)
- "Medical Effectiveness Research: Strategies for the Future" (AHCPR, Feb. 17-18, 1993)
- "Doing More Good Than Harm: The Evaluation of Interventions" (New York Academy of Sciences, Mar. 22-25, 1993)
- "Health Services Research: Implications for Policy, Management, and Clinical Practice" (Association for Health Services Research, June 27-29. 1993)
- "Forum Levels of Evidence Workshop" (AHCPR, NOV. 1-2, 1993)
- "Cost Analysis Methodology for Clinical Practice Guidelines" (AHCPR, Nov. 22-23, 1993)
- '*An Evidenced-Based Health Care System: The Case for Clinical Trials Registries" (NIH, Office of Medical Applications of Research, Dec. 6-7, 1993)
- "Research Synthesis: Social Science Informing Public Policy" (Russell Sage Foundation, June 21• 1994)

In addition to the discussion and presentations at panel meetings, workshops. conferences, and other organized events, OTA staff contacted numerous individuals to discuss issues, evidence, and experiences related to the topics covered in this report. Staff also attended relevant congressional hearings.

Contracted Papers

OTA commissioned with five individuals to provide detailed, policy relevant papers on five methodological topics of particular interest or importance to this study. The topics and contractors were:

- Measuring health status and quality of life through patients' reports: Floyd J. Fowler, University of Massachusetts, Boston, MA
- Analysis of large administrative and clinical databases: Jeffrey Whittle, Pittsburgh VA Hospital, Pittsburgh, PA
- Meta-analysis: Matthew P. Longnecker, University of California, Los Angeles, CA
- Large and simple clinical trials: Julie E. Buring, Michael A. Jonas. and Charles H. Hennekens, Brigham and Women's Hospital and Harvard Medical School, Boston, MA

- Economic data and analysis in clinical trials: Neil R. Powe and Robert I. Griffiths, Johns Hopkins University, Baltimore, MD

These five background papers are being published separately in a forthcoming volume. OTA also contracted with Craig Tanio, University of Pennsylvania, to provide some analysis and background regarding the medical evidence used for some clinical practice guidelines.

REVIEW PROCESS

An early draft of sections of the report was discussed at the advisory panel meeting in October 1993. The full draft was sent for review to advisory panel members in March 1994 and to approximately 100 outside experts for comment the following month. One-fourth of these experts were federal officials. The reminder comprised researchers, health insurers, technology assessment and benefits consultants, clinicians, and others with relevant expertise and perspectives.

A final draft, revised after considering all reviewer comments, was submitted to the Technology Assessment Board in June 1994.