Index

A	Agency for Health Care Policy and Research. See
ABMT HDC. See Autologous bone marrow trans-	also Patient Outcomes Research Teams
plant with high-dosage chemotherapy	activities chart, 13, 136
Academic Medical Center Consortium	BPH trial funding, 84
RAND Corporation cooperative effort, 234	budget, 97
ACC. See American College of Cardiology	clinical algorithms, 155
Acknowledgments, 203-209	clinical practice guidelines, 2, 9-10, 140-141,
ACP. See American College of Physicians	143, 145, 150, 155, 164, 166, 168, 211-214
ACP Observer, 227	comparative effectiveness studies, 82
Acquired immunodeficiency syndrome. See AIDS	components, 96
Active approaches to changing physician behavior	cost-effectiveness considerations, 122, 154
administrative approaches, 180-181, 197	creation of, 2, 23, 34, 73, 96, 135
clinical peer influence, 183	evidence rating systems, 156
cornbin ing feedback and economic incentives,	Forum for Quality and Effectiveness in Health
186-187, 197	Care, 140
continuous quality improvement, 187	guidelines dissemination, 190, 191
economic approaches, 179-180, 197	incorporating quality of life measurements into
feedback, 183-186	trials, 43
patient influences, 181-183	mandate, 2, 39, 73, 96, 135, 140
practice profiling, 183-186	Medical Treatment Effectiveness Program,
Activ ties of Daily Living scales, 40	33-34,97
Acute myocardialinfarction	RCT funding, 7
exclusion of elderly persons in trials, 45	research coordination efforts, 102-104
Physicians' Health Study. 54, 55, 56	role, 33, 34
PORT project, 69, 70, 71.72	sharing of information with NIH, 84-85
thromboly tic drug trials, 51-53, 55, 57, 178	use of patient representatives on guidelines
Administrative approaches to changing physician	panels, 155
behavior, 180-181, 197	AHA. See American Heart Association
Adolescents. See also Infants and children	AHCPR. See Agency for Health Care Policy and
preventive services, 221	Research
scoliosis-related morbidity. 156-157, 158,	AIDS. See also HIV
224-225	clinical trials registry, 86
Adrenoleukodystrophy	experimental treatments, 181
Lorenzo's oil treatment. 45	large, simple trials to identify effective treatment
Advisory Committee on Immunization Practices	55
clinical practice guidelines, 146, 150, 167,	procedure volume relationship to patient
221-223	outcome, 29
Aetna Life and Casualty Co.	SF-36 quality-of-life scale use in trials, 83
ABMT HDC trial support, 94	surrogate endpoint use in drug trials, 91
technology assessment activ ties. 138, 141	zidovudine treatment study,83
African Americans	ALD. See Adrenoleukodystrophy
coronary by pass surgery data, 47	

ALLHAT clinical trial of hypertension and choles-	Anesthesia monitoring guidelines, 193-194
terol-lowering treatments, 85, 87	Anisoylated plasm inogen-activator complex
AMA. See American Medical Association	acute myocardial infarction treatment, 52-53
Ambulatory Sentinel Practice Network, 88-89	Annals of Internal Medicine, 227,228
American Academy of Family Practice, 88	Appropriateness of care
American Academy of Pediatrics	"appropriate" definition, 30-31
immunization recommendations, 169	cost of care and, 5
infectious disease control monograph, 225-226	RAND study, 30-33, 154, 168
statement on appropriate use of tetracycline, 30	APSAC. See Anisoylated plasminogen-activator
American Cancer Society	complex
colorectal cancer screening, 166	Arthritis
American College of Cardiology	knee replacement surgery for elderly persons, 71
clinical practice guidelines, 192	opinion leaders influence on treatment, 183
American College of Physicians	patient education, 181
Clinical Efficacy Assessment Project, 135, 146,	Aspirin
150, 151, 164,226-228	role in preventing heart attacks, 54, 55, 56
clinical practice guideline process, 226-228	ASPN. See Ambulatory Sentinel Practice Network
colorectal cancer screening, 166	Asthma
Medical Necessity Program cooperation, 139	clinical practice guidelines, 146, 217, 218
technology assessment activities. 141	Australia
American College of Radiology	CEA standardization efforts, 128
Medical Necessity Program cooperation, 139	Autologous bone marrow transplant with high-
American College of Surgeons	dosage chemotherapy, 93,94, 181
Medical Necessity Program cooperation, 139	AZT. See zidovudine
American Diabetes Association	
collaboration with CDC's ACIP, 221	В
American Gastroenterological Association	Back injuries
colorectal cancer screening, 166	hospitalization for, 27
American Heart Association	Back pain
clinical practice guidelines, 192	PORT project, 69, 70,72
American Hospital Association	surgical treatment, 184-185
new technologies commentary periodical, 138	video disc for patient education, 182
American Lung Association collaboration with CDC's ACIP, 221	Bakketeig
American Medical Association	firms trial study, 59
clinical practice guidelines, 36, 229-231	Basic tools for measuring health status and
Diagnostic and Therapeutic Technology Assess-	outcomes
ment Program, 136-137, 146-147, 150, 151,	attributes, 40
153,229-231	mortality, 40
Directory of Practice Parameters, 139	patient self-assessment and, 40-41
opposition to NCHCT standards, 134	quality of life measurements, 41-42
Practice Parameter Update, 229	Bayesian approach to meta-analysis, 64
technology assessment activities, 141	Benign prostatic hyperplasia. See also Prostate
Teflon® treatment for urinary incontinence, 170	disease
American Psychological Association	clinical trials funding, 83
and AHCPR'S depression guidelines, 152	comparative outcomes of procedures, 51
American Society for Gastrointestinal Endoscopy	mortality rates, 49
colorectal cancer screening, 166	patient education efforts, 181-182
American Society of Anesthesiologists	patient self-assessment, 40
anesthesia monitoring guidelines, 193-194	PORT project, 84-85, 157
American Society of Hospital Pharmacists	treatment study, 28-29
study of controlled formularies, 126	Beta-Blocker Heart Attack Trial
American Urological Association	per-patient cost, 54
BPH trial funding, 84	Beta-blocking drugs
AM I. See Acute myocardial infarction	use after heart attack, 50, 54

Beta-carotene	Centers for Disease Control and Prevention
cancer prevention role, 54, 55, 56	Advisory Committee on Immunization Practices,
Blue Cross and Blue Shield Association	146, 150, 167,221-223
ABMT/HDC trial support, 94	components, 100
clinical practice guidelines in Illinois, 36	cost-effectiveness analyses, 123-124
cooperative effort with Kaiser Permanence Medi-	how-to-manual on decision analysis, cost mea-
cal Care Program, 138, 143	surement, and CEA, 123
Medical Necessity Program, 138, 139	mission, 13, 99
Technology Evaluation and Coverage program,	Morbidity and Mortality Weekly Report, 166-167,
138, 139	221
Bone marrow transplant. See Autologous bone mar-	prevention effectiveness focus, 99-100
row transplant with high-dosage chemotherapy	vacc ination recommendations, 140
BPH. See Benign prostatic hyperplasia	Cesarean delivery. See also Pregnancy
Breast cancer	c1 inical practice guidelines, 164
ABMT/HDC treatment, 93,94, 181	current practice profile, 185
age-specific survival rate study, 64	rate comparison in United States and Canada,
Brown and Fintor CEA for early detection,	193
112-113	rates in managed care settings, 179
mammography screening CEA, 123	Chalmers and colleagues
meta-analysis of alcohol in relation to, 62	meta-analysis reliability study, 61-62, 63
Brown and Fintor	CHAMPUS insurance program, 135
CEA for early detection of breast cancer,	Chassin
112-113, 115	practice variation, 37
B yar	Children. See Infants and children
database study criticism, 46	Chlamydia trachomatis guidelines, 221
·	Cholesterol reduction
C	ALLHAT study, 87
	clinical practice guidelines, 146, 217, 218
Cal ifornia use of clinical practice guidelines, 36	meta-analysis study, 62
Canada	CIGNA Corp.
CEA standardization efforts, 128-129	ABMT/HDC trial support, 94
Cesarean delivery rate compared with United	technology assessment division, 138
States, 193	Cleveland Health Qua] ity Choice Project
clinical practice guidelines, 36	report card program, 24
Cardiac angiography	Cleveland Metropolitan General Hospital
osmolality of radiographic material, 117	firms trial example, 57
Cardiac pacemakers	Clinical algorithms, 147, 148, 150, 155, 161,
decreased use of, 192-193	232-233
Cardiac surgery	Clinical-economic trials
mortality data, 186	"blinding" of patients and physicians, 116-117
Caret id endarterectomy	clinical protocol influence on resource use,
appropriateness of, 30, 32	116-117
mortality following, 47, 165	cost measurement difficulties, 118
Cataracts	cost variability and sample size, 117-118
AHCPR'S clinical practice guidelines, 152,213	examples, 117
PORT project, 68,69,71, 72,74, 82	generalizability, 118
retinal detachment and, 48-49, 71, 72, 74, 82	goals, 116
CCOP. See Community Clinical Oncology Program	Clinical Efficacy Assessment Project
CDC. See Centers for Disease Control and	ACP project for internal medicine, 135
Prevent ion	clinical practice guidelines, 146, 150, 151,
CEA. See Cost-effectiveness analysis	226-228
CEAP. See Clinical Efficacy Assessment Project	evidence basis for guidelines, 164
, , , , , , , , , , , , , , , , , , ,	Clinical management guidelines, 195

Clinical practice guidelines. See also appendix C;	Combinability of results issue in meta-analysis,
Physician behavior; specific federal government	62-63
agencies and private organizations by name	Community-based research
'basis for recommendations, 164-166	administrative barriers, 88
clinical algorithms, 147, 148, 150, 155, 161,	examples, 87-90
232-233	Community Clinical Oncology Program, 88
core tasks descriptions, 210-236	Comparability of cost-effectiveness analyses,
cost and cost-effectiveness issues, 153-154	1 12- I 14
defensive medicine and, 35	Comparative effectiveness trials, 82-83
definitions, 24-26, 139-140	Comparative crectiveness trials, 82-83 Comparative uses of administrative databases, 48-51
development-related issues overview, 147, 149	Congestive heart failure
federal efforts, 9-11, 145-146	digitalis treatment, 55,82-83
group interaction and decisionmaking techniques,	hospital length-of-stay guidelines, 194-195
11,157-164	Connecticut
guideline implementation, 190-197	geographic variation in inpatient care utilization,
guideline panel selection, 151-153	27
identifying and synthesizing evidence, 155-157	hospitalization rates for back injury, 27
impact of guidelines on practice, 173-198	Consensus Development Conference Program of
link between methods and recommendations,	NIH
168-169	basis for guidelines, 164
malpractice insurance and, 35	clinical practice guidelines process, 214-217
methodological research, 11, 15.168	direct mailings, 190
mode] for basing health insurance benefits on, 36	establishment of, 133
organization and administration of guideline	hearing impairment screening for infants, 153
activities, 166-168	methodology of research, 168, 170
overlap of recommendations, 168-169	physician practice change, 190, 192
patient health status and functioning, 154-155	public forums, 155
patient preferences, 155	purpose, 141, 146
policy options, 15-16	Continuous quality improvement, 187, 198
prioritizing guideline topics, 169-170	Coronary angiography
private efforts, 146-147	geographic variation in use, 32
research needs, 170-171	Coronary artery disease
scope, 153-155	treatment comparison, 49-50
state legislative activities, 35	Coronary bypass surgery
support for, 34	rates for African Americans, 47
technology assessment and, 9-10, 139-141	Cost-benefit analysis
topic selection criteria, 149-151	description, 108
Clinton administration	Cost-effectiveness analysis
effectiveness and cost-effectiveness research and,	analytic approaches, 107-108
36	clinical-economic trials, 116-118
health care reform proposal, 34	comparability issue, 8, 112-114
insurance coverage of new and experimental	conclusions, 127-130
technologies, 92	cost-utility analysis, 118-122
Cochrane, Archie	definition, 23-24
randomized controlled trials, 19-20	description, 7, 108
Cochrane Collaboration	federal activities, 9, 13, 122-125
centers, 81	international standardization efforts, 128-129
database development, 171	mechanics of, 110-111
features, 79-80	models for, 111
Codman, Earnest A.	origins, 109
patient outcomes research, 19	policy options, 14
Colonoscopy	private sector activities, 8, 125-127
rates of, 186	purposes, 108-109
Colorectal cancer	quality issue, 114-115
screening for, 166-167	technology assessment comparison, 132

uses of, 108-110	Prostate Cancer Intervention Versus Observation
Cost-Effectiveness Panel on Clinical Preventive	Trial, 82
Services	Rehabilitation Research and Development Ser-
ODPHP sponsorship of, 101	vice, 102
Cost-utility analysis	role, 13, 21
advantages, 118-119, 127	Depression
dangers of, 120-121.127-128	American Psychological Association's disagree-
description, 8, 108	ment with AHCPR'S guideline, 152
distributional considerations, 120-121	patient outcome effect, 30
measuring utilities, 119-120	DES. See Diethylstilbestrol
social decisions and, 121	Descriptive uses of administrative databases, 46-48
Council on Health Care Technology Assessment	Detailing form of peer influence, 183
establishment, 134-135	Diabetes
CQI. See Continuous quality improvement	insulin therapy trial, 46
CRC. See Colorectal cancer	laser treatments for diabetic retinopathy, 178-179
CUA. See Cost-utility analysis	patient involvement in treatment, 181
	Diagnostic and Therapeutic Technology Assessment
D	Program
Daniels and Schroeder	clinical practice guidelines, 146-147, 150, 151,
patient outcomes research, 28	153,229-231
Database studies	establishment of, 136-137
comparative uses, 48-51	Dickersin and Berlin
contributions, 74-75	meta-analysis studies, 62
descriptive uses, 46-48	Diethylstilbestrol
RCT comparison, 5, 46	inadequate research example, 20, 78
DATTA. See Diagnostic and Therapeutic Technolo-	Digitalis 55, 82, 82
gy Assessment Program	congestive heart failure treatment, 55, 82-83
Davis and colleagues	per-patient cost of study, 54
strategies to change physician behavior, 189-190	Dingell, Rep. John, 3, 199 Directory of Practice Parameters, 139
Decision analysis	Drug prescribing guidelines, 195. See <i>also</i> Food and
advantages and disadvantages, 65-66, 75	Drug Administration; Pharmaceutical companies
description, 65, 162-163	Duke Database for Cardiovascular Disease, 49-50
Decision support systems, 159-162	Duke Database for Cardiovascular Disease, 47 50
Decisionmaking	-
factors, 175-177, 178	E
group interaction and, 159-162	Ear infections
models, 173-175	acute ear infection management trial, 103
rules and procedures, 162-163	Economic approaches to changing physician
Defensive medicine	behavior, 179-180, 197
clinical practice guidelines and, 35 Delphi technique, 159, 160-161, 171,233,235-236	ECR1
Department of Defense	clearinghouse activities, 138
	Eddy clinical practice guideline definition, 139-140
CHAMPUS insurance program, 135 research role, 21	Effectiveness research. See also Cost-effectiveness
Department of Health and Human Services. See <i>spe</i> -	analysis
cific agencies by name	appropriateness of care, 5, 30-33
Department of Veterans Affairs. See also Veterans	clinical research infrastructure improvement,
Health Administration	87-90
BPH trial funding, 84-85	comparative evaluation of new technologies,
clinical trials registry, 86	90-95
comparative effectiveness studies, 82	comparative trials, 82-83
Health Services Research & Development	conclusions, 37-38, 104-105
Service, 102	definition, 23
Medical Research Service, 82,88, 102	federal funding and support, 4-5, 13,95-104
, , ,	J 11 / - / - / - / - / - / - / - / - / -

federal medical treatment effectiveness program, 33-34 gaps in existing federal effort, 77-95	Femur fracture procedure volume relationship to patient
	outcome, 29 Firms trials
geographic variations in medical practice. 26-28 health care reform and, 34-37	advantages. 57
history, 26	applications, 7, 58-59
ongoing trials registry, 85-87	basic concepts, 57
patient outcomes, 28-30	community-based research possibility, 89-90
quality-of-life assessment inclusion, 83-85	limitations, 57-58
research coordination, 102-104	methodological issues, 58
systematic reviews, 78-82	Food and Drug Administration
Efficacy and effectiveness comparison, 23	medical dev ice evaluation, 91
Elderly persons	meta-analysis uses. 64
arthritis and, 71	new technology evaluation role, 91-92
CEA of community-based care. 122	review of cost-related claims in drug advertising,
exclusion of in AM I trials, 45	9, 127
knee replacement surgery PORT, 71	role, 21
Medicare claims to estimate costs of health care,	surrogate endpoints in drug trials, 91
46	transition of drugs from prescription to over-the-
Pap screens study, 111	counter, 92
Eli Lilly and Co.	Formularies, 126, 180
cost-effectiveness analyses, 126	Forum for Quality and Effectiveness in Health Care
Emphysema	140
surgical treatment, 22	Foundation for Informed Medical Decisionmaking
European Union	v ideo disc technology for patient education,
CEA standardization efforts, 129	181- I 82
EuroQol index, 42	G
Evaluation of efficacy and safety	
DES example, 20	Gallstone lithotripsy
federal government role, 20-21	CEA of. 122 General Association Office
reasons for pub] ic lack of understanding, 21	General Accounting Office meta-analysis uses, 64
surgical technique examples, 22	Geographic variation in medical practice
terminology, 23-26	appropriateness ratings and, 31-33
Experimental studies	high-cost procedure use, 179-180
description, 43-46	surgical procedure studies, 26-28
Experimental technologies. See Insurance coverage	GISSI. See The Gruppo Italiano per lo Studio della
of new and experimental technologies	Streptochinasi Nell' Infarto Miocardio
	Glaxo, Inc.
F	cost-effectiveness analyses, 126
FDA. See Food and Drug Administration	Global Utilization of Streptokinase and Tissue Plas-
Fecal occult blood testing	minogen Activator for Occluded Coronary
colorectal cancer screening, 166	Arteries. 52-53
Federal government. See also specific agencies by	Glover
name	tonsillectomy study, 26
cost-effect iveness activities, 122-125	GM-CSF. See Granulocyte macrophage colony stim
directing and coordinating activities, 16-17	ulating factor
effectiveness research, 33-34, 77-105	Granulocytemacrophage colony stimulating factor
guidel ine activities, 210-225	Hodgkins disease adjuvant therapy, 117
health technology assessment role, 2-3, 13-17,	Grassley, Sen. Charles E., 3, 199
131-135	Group interaction and decisionmaking
Feedback influence on physician behavior, 183-187,	decision support systems, 159-162
198	formal group processes, 159

The Gruppo Italiano per 10 Studio della Streptochi-	Heart attack. See Acute myocardial infarction
nasi Nell'Infarto Miocardio, 52-53, 75, 87	Henry and Wilson
Guide to Clinical Preventive Services, 146, 224,225	meta-analysis reliability study, 61
GUSTO. See Global Utilization of Streptokinase	Hepatitis B vaccines
and Tissue Plasm inogen Activator for Occluded	cost-e ffectiveness study, 1 I 5
Coronary Arteries	Hershey and colleagues
	firms trials study, 58
Н	High blood pressure. See Hypertension
	Hip fracture
Hadorn	PORT project, 72
model for basing health insurance benefits on, 36	Hip replacement
Harvard Community Health Plan	cl in ical-economic trial of hospitalization after,
clinical algorithms, 147. 148, 150, 155, 232-233	117
clinical practice guidelines process, 231-234	HIV
cost-e ffectiveness considerations, 154	AHCPR guideline, 212, 213, 214
CQI methods to change practice, 187, 188	HMO Group
methodology of research, 168	TEMINEX technology>' assessment project,138
Hatch, Sen. Orrin, 3,199	HMOs. See Health maintenance organizations
HCFA. See Health Care Financing Administration	Hodgkins disease
HCHP. See Harvard Community Health Plan	clinical-economic trial on benefits of GM-CSF.
Health Care Financing Administration	117
adm in istration of Medicaid and Medicare pro-	Hospital Association of New York
grams. 101, 124	technology assessment manual for hospitals,138
basis for guidelines, 164	Hospitalization
cost-effectiveness analyses, 13, 124-125	for back injury, 27
database studies, 50-51	geographic variation in inpatient care utilization,
linkage of SEER-Medicare databases, 101	27
Office of Research and Demonstrations, 101	length-of-stay guidelines, 194-195
purpose, 13, 124	Medicaid prescription drug reimbursement limits
Health care reform	180-181
effectiveness research and, 34-37	for pneumonia, 71-72
Health effects evaluation techniques	relationship to physician reimbursement,179
basic tools, 40-43	Human immunodeficiency virus. See HIV
primary studies, 43-59	Hypertension
secondary techniques. 59-67	clinical practice guidelines, 146,217,218
Health Industry Manufacturer's Association	comparative effects of treatments study, 83,85
opposition to NCHCT standards, 134	Hysterectomy rates
Health Insurance Association of America	efforts to reduce, 183, 184-186
payment for new and experimental treatments, 93	geographical variation. 26-27
technology assessment activities, 138-139	
Health maintenance organizations. See also specific	
organizations by name	
collaborative effort on prevention strategies, 100	ICUs. See Intensive care units
controlled formularies, 126	Illinois
Healthy People 2000 report, 101	Blue Cross and Blue Shield clinical practice
Health technology assessment	guidelines,36
definitions, 9, 131-132	Mt. Sinai Hospital Cesarean delivery rates. 193
federal efforts, 9-10, 15, 131-135	Immunizations. See also Vaccinations
organizations involved in health technology as-	American Academy of Pediatrics recommenda-
sessment activities, 137	tions, 169
origins of, 133	CDC recommendations, 146.150, 167.221-223
private sector efforts, 9, 135-139	Impact of guidelines on practice
transition from public to private sector, 141-142	act ive approaches to changing behavior, 179- I 87
Health Utilities Index, 42	factors influencing. 195-197
Hearing impairment screening for infants, 153	guideline implementation, I 90- I 97

literature on physician behavior change, 187, 189-190, 198	K Kaiser Permanence Medical Care Program
passive approaches to changing behavior. 177-179, 198	cooperative effort with Blue Cross and Blue Shield Association, 138, 143
physician behavior, 173-177	report card project, 25
Indiana	Karnofsky Index. 40
Reganstrief Health Center firms trials study, 58-59	Kennedy, Sen. Edward, 3, 199 Klawansky and colleagues
Infants and children. See also Adolescents; Cesarean	meta-analysis study, 64
delivery: Pregnancy	Knee replacement surgery
acute ear infection management trial,103	PORT project, 71
community-based research, 89	
hearing impairment screening, 153	L
immunization recommendations, 169	Large, simple trials
Informed consent, 181	characteristics, 51
Institute of Medicine	current applications, 7, 55, 57
clinical practice guidelines, 34, 139, 140, I 41,	GISSI example, 52-53,75, 87
142, 150	head-to-head comparisons of treatments, 53
cost-effectiveness considerations,154	implications and limitations, 53-55, 75
Council on Health Care Technology Assessment,	ISIS example, 51-53, 87
134-135	need for simplicity in design, 54-55
database studies, 47	per-patient cost advantage, 54
Medical Technology Assessment Dirt' ctory,136,	Laser capsulotomy. See Cataracts
138 Insurance coverage of new and experimental	Lau, Antman, and colleagues
technologies. See also specific insurance compa-	AM I meta-analysis, 78
nies by name	Law and colleagues
autologous bone marrow transplant with high-	meta-analysis study of reducing cholesterol, 62
dosage chemotherapy example. 93,94	Leonard Davis Institute
concerns, 94, 95	CEA guidelines development, 127
"medically necessary" definition, 92-93	Lidocaine
Intensive care units	in myocardial infarction treatment, 49, 50, 78-7
length-of-stay guidelines, 194-195	"Linking Medical Evidence with Clinical practice"
Intermountain Health Systems	workshop, 201, 204
CQI methods to change practice, 187, 188	Lomas and colleagues
International Study of Infarct Survival, 51-53, 87	Cesarean delivery rate comparison, 193 Longitudinal Comparisons of Measures for Health
IOM. See Institute of Medicine	Outcomes, 122
ISIS. See International Study of Infarct Survival	Lorenzo's oil, 45
Italy	Luft and colleagues
acute myocardial infarction study, 52-53, 75, 87	procedure volume relationship to patient outcome, 29
J	Lusted
	decision analysis paper, 65
JCAHO. See Joint Commission on Accreditation of Healthcare Organizations	
Jefferson and Demichelli	M
literature review on cost-e ffectiveness of <i>hepati-</i>	Maine
tis B vaccines, 115	back surgery PORT, 70
Joint Commission on Accreditation of Healthcare	clinical practice guidelines legislation, 35
Organizations Indicator Monitoring System 25	hospitalization rates for back injury, 27 surgical procedure reduction study, 184-185
Indicator Monitoring System, 25	surgical procedure reduction study, 104-183

M-: M-4:1 A	1: (2 (4
Maine Medical Assessment Foundation, 184-185	protocol issue. 63-64
Malpractice insurance	publication bias issue, 63
clinical practice guidelines and, 35	random effects model, 63
Mammography CEA of breast concer sereeping 122	topics for, 64
CEA of breast cancer screening, 123 Markov model	MetaWorks, Inc.
	actil' i tics. 138
use in cost-e ffectiveness analysis, 111	Metropolitan Life Insurance Co.
Maryland	ABMT/HDC trial support, 94
clinical practice guidelines legislation, 35	Minnesota
Cochrane Collaboration center, 81	clinical practice guidelines legislation. 35
insurance coverage of new and experimental	technology assessment consensus document, 138
technologies. 92	MMAF. See Maine Medical Assessment Foundation
Maryland Quality Indicator Project	Morbidity and Mortality Weekly Report, 166-167,
report card program,24	221
Mason and colleagues	MOS. See Medical Outcomes Study
comparative study of cost per QALY of medical	Mt. Sinai Hospital (Chicago) Cesarean delivery
technologies, I I3-114	rates, 193
Massachusetts	Multiple sclerosis
anesthesia monitoring guidelines, 193-194	newly approved drug for, 182
geographic variation in inpatient care utilization,	
27	N
Matchar	National Association of Insurance Commissioners
benefits of decision analysis, 65	working group on payment for new and exper-
Medical devices	imental treatments. 93
FDA role in evaluating, 91.132-133	National Asthma and Prevention Education Pro-
Medical Necessity Program, 138, 139	gram, 217, 218
Medical Outcomes Study, 29-30, 41, 42	NationalCancer 1 nstitute
Medical school curricula	AB MT HDC trial, 93, 94
decisionmaking training, 190	clinical-economicstudy funding, 117
Medical Technology Assessment Directory, 136, 138	clinicalpractice guidelines, 146, 150, 164, 167,
Medical Treatment Effect iveness Program, 33-34,	219-221
97	colorectal cancer screening, 166
Medicare. See also Health Care Financing	community-based research. 88
Administration	cost-effectiveness considerations, 123, 154
database studies, 51	database studies, 50
diagnosis-based payment for inpatient services,	PDQ database, 86,146, 154, 167-168
179	screen ill: recommendations,140
effort to link with SEER registry, 99	SEER registry, 99
use of claims data to est i mate costs of health care	supporti\ecancer care, 154
for elderly persons, 46	National Center for Health Care Technologies."
utilization reviews, 190	I 33-134
MEDLINE®	National Center for Health Services Research
AIDS treatment trials, 86	clinical-economic studies, 117
augmented c1 inicaltrials database for, 82	Office of Health Technology Assessment, 134
constraints, 81	outcomes research program, 33
MEDTEP. See Medical Treatment Effectiveness	National Center for Health Statistics, 100"
Program	National Center for Nursing Research, 99
Meta-analysis. See also Systematic reviews	National Cholesterol Education Program. 217, 218
Bayesian approach, 64	National Committee for Quality Assurance
characteristic 59-61	report card project. 25
combinability of results issue, 62-63	National Eye Institute
cross-design syntheses, 64	ongoing studies, 99
fixed effects model, 63	quality-of-life measurements, 83, 84
nine steps of, 60-61	quarity-or-me measurements, 65, 64
pooled analyses comparison, 61	

National Foundation for Infantile Paralysis polio vaccine study, 51	New technology evaluation. See also Insurance coverage of new and experimental technologies
National Health Information Center, 101	avenues for enrollment in comparative evalua-
National Heart, Lung, and Blood Institute	tions, 90
basis for guidelines, 164	enhancing number and quality of, 90-91
cholesterol, asthma, and blood pressure guide-	FDA role, 91-92
lines, 140	New York
clinical practice guidelines, 146, 150, 151, 167,	cardiac surgery outcomes data, 24
217-219	Health Department's cardiac bypass surgery data
cost-effectiveness analyses, 123	form, 186
digitalis treatment study, 55,82-83	NHLBI. See National Heart, Lung, and Blood
literature reviews, 155	Institute
patient representatives, 155	NICHD. See National Institute for Child Health and
National High Blood Pressure Education Program,	Human Development
217, 218	NIH. See National Institutes of Health
National Institute for Allergies and Infectious	NIMH. See National Institute of Mental Health
Disease	NLM. See National Library of Medicine
incorporation of quality -of-] ife measurements in	Nominal Group Technique, 159
trials, 83	Norway
National Institute for Child Health and Human	health care priorities study, 121
Development	Nottingham Health Profile, 42
acute ear infection management trial, 103	,
meta-analysis study, 79	0
National Institute of Mental Health	•
CEA studies, 123	Observational studies
co-sponsorship of schizophrenia PORT, 103	description, 43
National Institute on Aging	Odone, Augusto and Michaela, 45
cost-effectiveness analyses, 123	Office of Disease Prevention and Health Promotion.
National Institutes of Health. See also Consensus	See also U.S. Preventive Services Task Force
Development Conference Program; Office of Med-	activities, 13, 100-101
ical Applications of Research; specific institutes by	budget, 100
name	cost-effectiveness analyses, 125
activities, 13	Healthy People 2000 report, 101
BPH trial funding, 84-85	Office of Health Technology Assessment
budget, 97,98	health technology assessment activities, 133
clinical trials registry, 86-87	policy options, 15
comparative effectiveness studies, 82	proposal to augment funds with private funds,
components, 98	135
cost-effectiveness activities, 122-123	purpose, 134, 143
database development, 171	Office of Malaria Control in War Areas, 99
effort to link Medicare with SEER registry, 99	Office of Medical Applications of Research, 86, See
features of studies. 97,99	also Consensus Development Conference Program
incorporating quality of life measurements into	clinical guideline process, 146, 150
trials, 43	establishment of, 133
role, 20-21	Office of Technology Assessment
sharing of information with AHCPR, 84-85	health technology assessment activities, 133
trialsponsorship, 79, 82	purpose of, 133
use of quality-of-life measurements, 83-84	study profile, 3, 199-202
National Library of Medicine, 81, 171,212	technology assessment definition, 131-132
NCHCT. See National Center for Health Care	Ohio
Technologies	Cleveland Metropolitan General Hospital firms
NCHSR. See National Center for Health Services	trial example, 58
Research	Wade Park Veterans Affairs Medical Center firms
NEI. See National Eve Institute	trial example, 58

OHTA. See Office of Health Technology	marketing directly to patients, 181
Assessment	Pharmacoeconomics, 111-112, 125 Physician behavior
OMAR. See Office of Medical Applications of	•
Research	activeappr()aches to changing, 1 1, 1 79- 1 87, 1 98
Ongoing clinicaltrials registry	behavioralmodels, 173-175, 176
barriers to, 86-87	conclusions, 197-198
purposes, 85-86	factors underling current practices. 1I, 175,177
Opinion leader\' influence on physician behavior,	178
183	impact of guidelines on, 1 90, 192-197, 198
Oregon	literature on, 187, 189-190
prioritization of health care services, 35, 42.120.	opinionleaders influence. 11. 183
130	passive approaches to changing. 11-12, 177-179,
Outcomes-based management. See also Patient	198
outcomes"	Physician Data Query database. 86, 146, 154,
definition, 23	167-168, 220-221
report cards, I 2,24-25	Physician ownership of facilities. 179
Outcomes research. See also Patient outcome\"	Physician Payment Review Commission
definition. 23	clinical practice guidelines and, 34
D	Physicians' Health Study
P	description, 56
Passive dissemination of information, 177-179, 198	large, simple trial example, 55
Patient education, 181-1 83, 197	per-patient cost, 54
Patient involvement in decisionmaking, 181-183	PIVOT. See Prostate Cancer Inter\' ention Versus
Patient outcomes	Observation Trial
Medical Outcomes Study, 29-30	Pneumonia 71.72
physician preferences and uncertainty as factors,	PORT project, 71-72
28	Poliovaccine, 51
procedure volume relationship to outcome, 29	Pooled analysis
prostate disease research, 28-29	meta-analysis comparison, 6 I
report card programs, 24-2	PORTs. See Patient Outcomes Research Teams
Patient Outcomes Research Teams	Practice Parameter Update, 229
AHCPR funding, 73, 79	Practice profiling influence on physician behavior,
components, 67-68	12, 183-186, 198
conference conclusion s." 73	Pregnancy. See also Cesarean delivery
contributions. 6.68, 70-72.75-76	Cochrane Collaboration on premature births, 80
cost-effectiveness analysis and. 122	large, simple trials for fetal movement counting, 55
description, 66-67	
future plans, 73	Preventive care guidelines, 192
goals, 67	Primary studies to evaluate health effects
interPORT work groups, 68	categories, 43-46
limitations and frustrations, 72-73	database studies, 46-51
planned and current projects, 69	firms trials, 57-59
structure, 67	large, simple trials. 5 I -57
topics addressed, 67	Private sector. See also specific organizations by
Patient reminders, 1 90,192	name
PDQ database. See Physician Data Query database	cost-effectiveness analysis, 125-127
Peer influence on physician behavior, 183	guidelineactivities, 225-236
Peripheral artery angioplasty, 47	health technology assessment, 9, 135-139
Peritonitis	Procedure volume relationship to patient outcome,
antibiotic treatment of spontaneous bacterial	29 Prophagica Ray mant Assassment Commission, 124
peritonitis, 117	Prospective Payment Assessment Commission, 134
Pharmaceutical companies 127 127	Prostate Cancer Intervention Versus Observation
cost-effectiveness analyses, 125-126	Trial. 82

Prostate disease. See also Benign prostatic hyperplasia CEA of prostate cancer screening, 123 PORT project, 69,70,72, 84-85 screening for, 181 Prostatectomy. See Benign prostatic hyperplasia; Surgery; Transurethral prostatectomy Prudential Insurance Co. of America ABMT/HDC trial support,94 technology assessment division, 138 Publication bias issue in meta-analysis,63	Report cards for patient outcomes, 12,24-25 Rhode Island surgery rates, 27 Risk Management Foundation of Harvard Medical Institutions anesthesia monitoring guidelines, 193-194 Roper, William effectiveness research proposal, 33 Rubin meta-analysis study characteristics, 63-64
Q QALYs. See Quality-adjusted life years Quality-adjusted life years inconsistencies in measurement and use of, 113, 115-116 value of life, 121 Quality of cost-effectiveness analyses, 114-115 Quality-of-life measurements	S Salivary glands surgery to protect glands during radiation therapy, 22 Salk polio vaccine study, 51 Schizophrenia PORT project, 103 Scoliosis morbidity among adolescents, 156-157, 158,
applications and limitations, 42-43 incorporating in clinical trials, 83-85 Quality of Well Being Scale, 41,42, 119 Quinidine FDA trial, 91-92 QWB Scale. See Quality of Well Being Scale	224-225 Secondary techniques to synthesize research results decision analysis, 65-67 meta-analysis and other systematic reviews, 59-65 SEER registry. See Surveillance, Epidemiology and End Results registry
RAND Corp. Academic Medical Center Consortium cooperative effort, 234 appropriateness of care, 30-33, 154, 168 basis for guidelines, 164 clinical practice guidelines, 141, 147, 153, 234-236 cost-effectiveness considerations, 154 decisionmaking support, 160-161, 163 Delphi group process method, 171,233,235-236 Health Insurance Experiment, 179 ratings of appropriateness, 31 Randomized controlled trials AHCPR funding, 7 criticisms of, 44-46 database study comparison, 46 description, 43-44 impact on physician behavior, 178 internal validity, 44 underuse in government's effectiveness initiative, 6-7,74-75	Sexually transmitted diseases. See also AIDS; HIV clinical practice guidelines, 221 SF-36 patient functioning questionnaire, 30,41,42 83 Sickle cell disease AHCPR guideline,212 Sickness Impact Profile, 41, 42,83 SIP. See Sickness Impact Profile Soumerai and colleagues feedback and reminder systems study, 190 Spain CEA standardization efforts, 129 Streptokinase acute myocardial infarction treatment, 52-53, 55 57,78 Stroke PORT project, 71, 120 Surgeon General's Report on Nutrition and Health, 101 Surgery. See also specific types of surgery by name anesthesia monitoring guidelines, 192, 193-194 benign prostatic hyperplasia treatment, 28-29
Ray and colleagues tetracycline appropriateness study, 30 RCTS. See Randomized controlled trials Reganstrief Health Center firms trials study, 58-59	cardiac surgery mortality data, 186 emphysema treatment, 22 hysterectomy rates, 26-27 to preserve salivary glands during radiation therapy, 22

procedure volume relationship to patient	appropriateness of treatment for coronary
outcome, 29	disease, 152, 165
tonsillectomy studies, 26, 27	coronary angiography and bypass surgery rates
wound infection study, 188	compared with United States, 32
Surveillance, Epidemiology' and End Results	tonsillectomy study, 26
registry, 99	University Hospitals Consortium
Systematic reviews. See also Meta-analysis	in-house technology assessment office, 138, 142
Cochrane Collaboration, 79-81	University of Pennsylvania
contributions, 78-79	Leonard Davis Institute CEA guidelines
improving efficiency of, 13, 81-82	development, 127
	Upper gastrointestinal tract endoscopy
Т	geographic variation in use, 32
Technology Assessment Group, Inc., 138	Urinary incontinence guidelines, 151, 152-153, 170 UR. See Utilization reviews
Technology Evaluation and Coverage program, 138,	U.S. Healthcare, Inc.
139	ABMT/HDC trial support, 94
Technology Reports, 138	report card project, 25
Teflon ®	U.S. Preventive Services Task Force
urinary incontinence treatment, 170	clinical practice guidelines, 146, 150, 154, 156,
TEMINEX technology assessment project, 138	164, 167, 223-225
Tennessee	colorectal cancer screening, 166
tetracycline appropriateness study, 30	Guide to Clinical Preventive Services, 146, 224,
Terms and definitions, 23-26	225
Test ordering guidelines, 195	meta-analysis and, 64
Tetracycline	ODPHP sponsorship of. 101
appropriateness of use study, 30	USPSTF. See U.S. Preventive Services Task Force
Thrombolytic dregs	Utah
effects on acute myocardial infarction, 51-53, 55,	CQI study, 187, 188
57, 178	Utilization reviews, 180, 190
Tissue-type plasminogen activator	
acute myocardial infarction treatment, 52-53, 55,	V
57 T. : 11	VA. See Department of Veterans Affairs
Tonsillectomy studies, 26,27,49	Vaccinations. See <i>also</i> Immunizations
TPA. See Tissue-type plasm inogen activator Transfusion practice guidelines, 195	allowing nurses to administer, 180
Transfusion practice guidennes, 193 Transurethral prostatectomy	CDC recommendations, 140
benign prostatic hyperplasia treatment, 28-29,84,	Vaccines
157	hepatitis B, 115
mortality rate, 47, 49	polio, 51
Travelers Corp.	Vermont
ABMT/HDC trial support, 94	clinical practice guidelines legislation, 35
Tufts University School of Dental Medicine	tonsillectomy rates. 27
surgery to protect salivary glands during radi-	Vermont Trials Network, 89
ation treatment, 22	Veterans Health Administration. See also Department of Veterans Affrica
TURP. See Transurethral prostatectomy	ment of Veterans Affairs activities, 101-102
	Video disc technology for patient education,
	181-182
u	181-182
Udvarhelyi and colleagues	W
fundamental principles of cost effectiveness,	W
114-115	Wade Park Veterans Affairs Medical Center
United HealthCare Corporation	firms trial example, 58
report card program, 24, 25	Wash ington
United Kingdom	back surgery PORT. 70

Wennberg and colleagues
benign prostatic hyperplasia treatment, 28-29
geographic variation in inpatient care utilization,
27
Women. See *also* Breast cancer; Cesarean delivery;
Pregnancy
clinical trials registry of studies involving, 86-87
Pap screens for elderly women study, 111
Women's Health Study
assessment of serious or unknown side effects.
116
description, 56

Woolf clinical practice guideline definition, 139

Yusuf and colleagues large, simple trial design, 54

Z Zidovudine AIDS treatment study, 83