

Innovative Adaptation and Dissemination of AHRQ Comparative Effectiveness Research Products

The New England RAPiD (Regional Adaptation for Payer Policy Decisions) Project

Description

The goal of this project was to adapt AHRQ evidence reviews to enhance their application by payers and other policymakers in New England. Specifically, the AHRQ information was supplemented with 1) information on regional use and 2) the results of cost-effectiveness and budget impact analyses.

Project Aims

The main aims of this study were to:

- 1) Form an independent New England “Comparative Effectiveness Council” (CEC).
- 2) Adapt AHRQ Executive Summaries for consideration and finalization by the New England CEC.
- 3) Disseminate adapted AHRQ Clinician/Policy maker Review Guides with final ratings of comparative clinical effectiveness and comparative value as determined by the CEC.
- 4) Evaluate the impact of this regional adaptation and dissemination process.

Findings

The reports and meetings led to changes in medical policy, including change to non-coverage for a surgical form of cardiac arrhythmia ablation, early coverage for a new treatment for severe depression, change in coverage for home diagnostic testing for obstructive sleep apnea, and creation of new referral guidelines for young children with ADHD.

Study Population

Policy Makers

Health Condition Addressed

Multiple

Dissemination Tool and/or Method

Reports
Action Guides

Principal Investigator:

Steven D. Pearson, MD

Institution/Partner:

Massachusetts General Hospital

Project Period:

09/30/2010 – 09/29/2013

Grant Number:

R18 HS019212

Publications: None as of December 17, 2014

Return to main iADAPT page.