

Suggesting a Topic for Effective Health Care Research

The Effective Health Care Program compares available health care tests and treatments to determine whether there are significant advantages or disadvantages with different approaches. The results of this comparative effectiveness research can help people make better decisions about what health care they want to have, and can help clinicians and health care purchasers to focus on the best tests and treatments.

To nominate a topic for research in this program, please complete this form. We need to understand important aspects of the health care service you are interested in, including to whom it applies, what benefits or harms are of greatest interest, and with what other health care services or tests you think it should be compared. Your answers to the following questions will help us phrase your suggestion as one or more research questions that could be answered through comparative effectiveness research. At the end of this form, you will also have the chance to phrase your own research question based on your answers.

Thank you for participating in the program!

1. Your Nomination – Please briefly describe in your own words the question about a health care test or treatment that interests or concerns you:

2. Why do you think your question is important? (you may select more than one category if appropriate)

- My question relates to a very common disease or problem
- People with this disease or problem have considerable health or financial hardships
- There is uncertainty about how well the test, treatment, or intervention works
- There is significant potential for side effects/harms using this test, treatment, or intervention
- Funding of this test, treatment, or intervention is uncertain or variable
- There is unequal access or application of this health care intervention across providers
- There is potential for cost savings from better information on this subject
- This is a new technology/development
- There is new evidence of clinical and/or cost effectiveness for this test, treatment, or intervention
- Other, please specify:

Note:

Key factors will be considered in the selection of topics for AHRQ Effective Health Care research. Please [click here](#) to view these factors.

3. What illness or health condition is related to your question? (You can also specify a particular health-promoting activity, such as breast-feeding)

Examples:

- *Early breast cancer*
- *Type II diabetes*
- *Morbid obesity*
- *Healthy eating habits and daily exercise*
- *Breast-feeding*

4. What group(s) or patients does your question apply to?

Examples:

- *Pregnant women with diabetes*
- *People with advanced colon cancer*
- *People at risk of developing heart disease*
- *Children with learning difficulties*

5. What is the specific purpose of the health care test or treatment you have a question about (mark all that you think apply)?

Identification of a disease or condition:

- Screening or diagnosis/identification for a particular disease, or risk assessment for a disease
- Risks or harms that can come from a disease identification tool or test
- Diagnostic tests and tools
- Diagnosis of co-occurring diseases

Treatment of a particular disease or condition:

- Intervention (such as a drug treatment, therapy, device)
- Management of a condition or particular system of care
- Delivery of a health service
- Referral
- Risks or harms associated with treatment of a disease or condition

Prevention of a particular disease or condition:

- Prevention or health promotion
- Early detection (screening) or genetic testing

Other:

- Specific population health concerns, such as ethnic group or gender
- Other, please specify:
- Don't know

Notes:

- *If you aren't certain about which category to select, you may select 'don't know'*

6. Does your question include a comparison of different health care approaches?

- Yes
- No

If yes, please list what you would like to see compared:

7. **Desired Health Improvements:** If your question focuses on:

Identification of a particular disease or condition, what improvements in identification or diagnosis would you like to see?

Treatment of a particular disease or condition, what improvements in patient symptoms or problems would you like to see?

8. **Harms:** Are there risks, side effects, or harms you are concerned about? If yes, please specify what those are:

Examples:

- What are the risks versus the benefits of different cholesterol-lowering treatments?
- How risky is open-heart surgery versus stent placement?

9. Based on your answers to the previous questions, what research question(s) would you like to have answered?

Examples:

- What are the health risks and benefits of Uterine Artery Embolization for treatment of fibroids in relation to other surgeries (e.g., hysterectomy, myomectomy)?
- How effective is [laboratory test Y] as a screening test for hypertension?
- In which patient populations does [procedure Z] as stand-alone therapy improve healing of pressure ulcers?

10. Are there health-care focused, disease-focused, or patient-focused organizations that you see as being relevant to this issue? Who do you think we should contact as we consider your nomination? Please note that this information will not influence the progress of your suggestion through the Effective Health Care Program's selection process, but it may be helpful to those considering your suggestion for further development.

Examples:

- American Heart Association and American College of Cardiologists
- Mental Health America
- Association of American Indian Physicians
- Depression and Related Affective Disorders Association
- Gerontological Society of America
- National Lipid Association

11. Other Information About You (OPTIONAL)

In order to help us to understand the context of your health care question, it would be helpful to know more about you. The answers you give will not influence the progress of your suggestion. Thank you.

a. Please choose a description that best describes your role or perspective: (you may select more than one category if appropriate)

- Patient / Consumer (an individual)
- Patient / Consumer (an organization)
- Physician
- Nurse / Nurse Practitioner / P.A.
- Pharmacist
- Other Healthcare Professional
- Professional Society
- Public policy Maker/ Legislator
- Continuous Quality Improvement Group
- Health Benefits Plan / Insurance Carrier
- Administrator – Hospital
- Administrator – Other Organization
- Health care Payer / Purchaser (Employer)
- Health care Payer / Purchaser (Federal Government)
- Health care Payer / Purchaser (State Government)
- Health care Industry (Device Manufacturer)
- Health care Industry (Drug manufacturer)
- Health care Industry (Other)
- Researcher
- Other

b. Is there any other information about you that is relevant to your question?

Please note that this information will not influence the progress of your suggestion through the Effective Health Care Program's selection process, but it may be helpful to those considering your suggestion for further development.

Examples:

- *I am the parent of a child with ADHD*
- *I work as a nurse in an Emergency department*
- *I take this drug to treat my depression*
- *I am working on a trial of this drug compared to best supportive care*

c. Are you making a suggestion as an individual or on behalf of an organization?

- Individual
- Organization
- Please state the name of the organization (optional):

d. Your name and contact information

You are NOT required to provide any personal identification in order to submit your idea. However, if we have questions about your idea, having your contact information and knowing if you are willing to be contacted for follow-up information would be useful. Your personal identification will not be displayed in the public reading room.

Your name:

Your email address:

May we contact you if we have questions about your nomination?

Yes

No

Thank you for suggesting a topic. If you have answered all of the necessary questions, checked your answers and are happy with your form please press “Submit.” If you prefer, you may email the completed form to Effectivehealthcare@ahrq.hhs.gov, or you may print out the completed form and mail it to:

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