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1. PsycInfo; (evidence adj2 need*).ti,ab; 2557 results.
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6. PsycInfo; ("feasibility assessment*" OR "plausibility assessment*").ti,ab; 34 results.
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8. PsycInfo; (assess* adj4 need*).ti,ab; 15182 results.
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12. HEALTH BUSINESS ELITE; (assess* adj4 need*).ti,ab; 2313 results.
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1. Medical technology innovation and the importance of comparative effectiveness research.

Citation: Journal of Medical Marketing, 01 January 2012, vol./is. 12/1(55-66), 17457904

Author(s): Giuliano, Karen K; Ferguson, Michael; Silfen, Eric

Language: English

Abstract: Recent attention has focused on comparative effectiveness research (CER) to determine the clinical effectiveness and safety as well as the economic impact of health care interventions, including health care reform legislation that provides for new funding to develop the infrastructure to support CER. The demand for CER will significantly impact the competitive landscape for many sectors of the health care industry. The development of convincing and credible evidence to support products and services has become a critical competitive issue. In some cases, it has become a requirement for new health technologies to gain market access, achieve and sustain premium pricing, and achieve targeted levels of market acceptance. This article is intended for senior business management in the health care industry to facilitate efforts to make strategic decisions about the level and type of clinical and economic evidence needed to achieve market success in this new landscape. This article focuses primarily on the strategy for medical technology in the prism of CER.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE

2. Tool to assess the cost and quality benefits of nursing innovation.

Citation: Nursing Management - UK, 01 July 2011, vol./is. 18/4(28-31), 13545760

Author(s): Ryrie, Iain; Anderson, Beth

Language: English

Abstract: Understanding the economic value of nursing services in a time of unprecedented public sector cuts is a challenge. The economic assessment tool (EAT) (RCN 2011) has been designed by the authors of the article for this purpose and generates return on investment dividends for nursing innovations and services. The EAT, which is built on the discipline of improvement and uses many of its tools and techniques, involves four stages: mapping, costing, calculating and reporting. The nursing profession systematically captures a range of clinical data as part of routine care to which monetary values can be assigned. The EAT exploits these data and provides the profession with the economic evidence it might need to sustain quality nursing services in financially uncertain times. INSET: Case study: Central and Eastern Cheshire Primary Care Trust.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE

Full Text: Available from *EBSCOhost* in *Nursing Management - UK*
Available from *EBSCOhost* in *Nursing Management - UK*
Available from *ProQuest* in *Nursing Management*
Available from *EBSCOhost* in *Nursing Management - UK*

3. Regulatory Benefit-Risk Assessment and Comparative Effectiveness Research.

Citation: PharmacoEconomics, 01 October 2010, vol./is. 28/10(855-865), 11707690

Author(s): Garrison, Jr., Louis P.

Language: English

Abstract: Over the past 5 years, we have witnessed growing interest in both comparative effectiveness research (CER) and regulatory benefit-risk assessment (BRA). Both deal with benefits and harms, although at different stages of the product lifecycle. There are growing pressures for a more systematic and quantitative approach to regulatory BRA. However, there is also a need for CER -beyond the evidence that can reasonably be generated during prelaunch product development. Important regulatory and policy

questions include the following: What would be a level playing field across disease areas and companies? Who should bear the costs of these studies? What role can benefit-risk modelling play? What is the value of research and how is it related to the prevalence of disease? What is the relationship between uncertainty and the value of evidence? We need to recognize the lifecycle nature of evidence generation, moving from the regulatory setting to the real world and affecting potentially hundreds of thousands, or even millions, of patients worldwide. We need to emphasize not only the public goods nature of information embedded in innovations, but also that it is global. Finally, we need to more systematically explore the benefits and costs of gathering further information - the value of research - recognizing that doing this requires a model or methodology, which we have, for systematically appraising our current state of knowledge and what could be gained from further research. All said, it would seem that BRA and CER should be neither strangers nor strange bedfellows, but may need to be coaxed into being bedfellows.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE

Full Text: Available from *EBSCOhost* in *PharmacoEconomics*
Available from *EBSCOhost* in *PharmacoEconomics*
Available from *ProQuest* in *PharmacoEconomics*

4. Is It Real? Can We Win? Is It Worth Doing?

Citation: Harvard Business Review, 01 December 2007, vol./is. 85/12(110-120), 00178012

Author(s): Day, George S.

Language: English

Abstract: Minor innovations make up most of a company's development portfolio, on average, but they never generate the growth companies seek. The solution, says Day -- the Geoffrey T. Boisi Professor of Marketing and a codirector of the Mack Center for Technological Innovation at Wharton -- is for companies to undertake a systematic, disciplined review of their innovation portfolios and increase the number of major innovations at an acceptable level of risk. Two tools can help them do this. The first, called the risk matrix, graphically reveals the distribution of risk across a company's entire innovation portfolio. The matrix allows companies to estimate each project's probability of success or failure, based on how big a stretch it is for the firm to undertake. The less familiar the product or technology and the intended market, the higher the risk. The second tool, dubbed the R-W-W (real-win-worth it) screen, allows companies to evaluate the risks and potential of individual projects by answering six fundamental questions about each one: Is the market real? explores customers' needs, their willingness to buy, and the size of the potential market. Is the product real? looks at the feasibility of producing the innovation. Can the product be competitive? and Can our company be competitive? investigate how well suited the company's resources and management are to compete in the marketplace with the product. Will the product be profitable at an acceptable risk? explores the financial analysis needed to assess an innovation's commercial viability. Last, Does launching the product make strategic sense? examines the project's fit with company strategy and whether management supports it. INSETS: Assessing Risk Across an Innovation Portfolio;Positioning Projects on the Matrix;Screening for Success;The Screening Team

Publication Type: Periodical

Source: HEALTH BUSINESS ELITE

Full Text: Available from *EBSCOhost* in *Harvard Business Review*

5. Do More with Less--The New eRO Model.

Citation: Applied Clinical Trials, 01 June 2005, vol./is. 14/6(134-134), 10648542

Author(s): Pratt, Timothy

Language: English

Abstract: The article presents the author's views on two factors, clinical expense and evidence, that pose the greatest challenges to corporations in marketing medical products in the United States. Essentially, companies seek solutions to meet the expense and evidence needs, yet remain risk-averse with respect to clinical work process innovation, not wishing to place product approvals at risk. The article also presents information on the electronic research organization that leverages the best of both the clinical research organization and electronic data capture worlds to effect substantial cost-savings through efficiencies and speed to market.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE