

For More Information

Articles

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“Bias in published cost effectiveness studies: a systematic review,” Chiam R. Bell, David. R. Urbach, Joel G. Ray, Ahmed Bayoumi, Allison B. Rosen, Dan Greenberg, Peter J. Neumann, *British Medical Journal*, February 2006

“Evidence-based Medicine: what it is and what it isn’t,” by David L Sackett, William M C Rosenberg, J A Muir Gray, R Brian Haynes, W Scott Richardson *British Medical Journal* 13 January 1996 <http://bmj.bmjournals.com/cgi/content/full/312/7023/71>

“The existence of publication bias and risk factors for its recurrence,” Kay Dickersin, *Journal of the American Medical Association*, March 1990

“The Flattening of Medical Publication,” Leonard A. Levin, *Archives of Ophthalmology*, December 2006 <http://archophth.ama-assn.org/current.dtl>

“Health Hazard: Computers Spilling Your History,” by Milt Freudenheim and Robert Pear, *New York Times*, Your Money (section), December 3, 2006

“How do primary care physicians seek answers to clinical questions? A literature review,” Herma C. H. Coumou, MD, PhD and Frans J. Meijman, MD, PhD, *Journal of the Medical Library Association*, January 2006

“An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU,” Pronovost P., Needham D., Berenholtz S., Sinopoli D., Chu H., Cosgrove S., Sexton B., Hyzy R., Welsh R., Roth G., Bander J., Kepros J., Goeschel C., *New England Journal of Medicine*, December 28, 2006

“Large Companies to Give Employees Online Access to Personal Health Information,” *Physician’s First Watch*, December 7, 2006

“The making of a new disease,” Joanna Breitstein, *Pharmaceutical Executive*, January 2004

“Major U.S. Employers Join to Provide Lifelong Personal Health Records for Employees,” Press Release, Omnimedix Institute, December 6, 2006

“The 100,000 Lives Campaign: Setting a Goal and a Deadline for Improving Health Care Quality,” Donald M. Berwick, MD, MPP, FRCP; David R. Calkins, MD, MPP; C. Joseph McCannon, BA; Andrew D. Hackbarth, BA, *Journal of the American Medical Association*, January 2006

“The Politics of Evidence-Based Medicine,” Marc A. Rodwin, *Journal of Health Politics, Policy and Law*, 26:2, April 2001 <http://www.ahrq.gov/clinic/jh ppl/rodwin.htm>

“Publication Bias in Editorial Decision Making,” Carin M. Olson; Drummond Rennie; Deborah Cook; Kay Dickersin; Annette Flanagan; Joseph W. Hogan; Qi Zhu; Jennifer Reiling; Brian Pace, *Journal of the American Medical Association*, June 2002

“Publication Bias of Randomized Controlled Trials in Emergency Medicine,” Maria B. Ospina, BScPs, MSc; Karen Kelly, BScN, PhD; Terry P. Klassen, MD, MSc, and Brian H. Rowe, MD, MSc, CCFP-EM, *Academic Emergency Medicine*, December 2006

“Rapid Response Teams—Walk, Don’t Run,” Bradford D. Winters; Julius Pham; Peter J. Pronovost, *Journal of the American Medical Association*, October 4, 2006

“Translating Research into Practice: Organizational Issues in Implementing Automated Decision Support for Hypertension in Three Medical Centers,” Mary K. Goldstein, MD, MS; Robert W. Coleman, MS; Samson W. Tu, MS; Ravi D. Shankar, MS; Martin J. O’Connor, MSc; Mark A. Musen, MD, PhD; Susana B. Martins, MD, MSc; Philip W. Lavori, PhD; Michael G. Shlipak, MD, MPH; Eugene Oddone, MD, MHSc; Aneel A. Advani, MD; Parisa Gholami, MPH, and Brian B. Hoffman, MD, *Journal of the American Medical Informatics Association*, September-October 2004

“Wal-Mart, Intel, Others to Create Massive Health Records Database,” by J. Nicholas Hoover, *Information Week*, December 6, 2006 www.informationweek.com

Books and Reports

Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice, Bernedette Melnyk and Ellen Fineout-Overholt, editors, Lippincott Williams & Wilkins, 2004

Institute of Medicine's Roundtable on Evidence-based Medicine
<http://www.iom.edu/CMS/28312/RT-EBM.aspx>

The IOM Roundtable on Evidence-based Medicine brings together key stakeholders from multiple sectors—patients, health providers, payers, employers, manufacturers, policy makers, and researchers—for cooperative consideration of the ways that evidence can be better developed and applied to drive improvements in the effectiveness and efficiency of medical care in the United States.

Online Journals and Databases

Using online databases can save physicians time and money. Although some services charge a subscription or membership fee, others are free or charge only by the article. This may end up as a cost savings overall.

“Physicians are always telling me they buy all these journals and they never read them,” says Gwyn Barley, Ph.D., director for the Center for Advancing Professional Excellence at the University of Colorado School of Medicine.

As a cost and time saving measure, she says she finds herself increasingly “not buying journals.” Instead, she goes online to look up what she needs. When she finds an article she really needs or wants to read, she’ll buy that one article. The article may seem expensive (prices vary, \$15 to \$30 or more) but still “is a lot less than the \$300 to \$500 subscription fee.” Working that way reduces the stacks of journals in her office, speeds access to pertinent information and reduces overall expense.

“I still have a pile of journals on the floor of my office but I’m trying to get away from that,” she says. By using online tools such as email alerts, she can quickly scan the latest information and flag the items she wants to follow up on without getting bogged down in stacks of print journals.

PACP Journal Club

<http://www.acpjc.org>

The American College of Physicians Journal Club analyzes and reviews the most significant literature on common internal medicine problems and presents the data in a flow-chart format that

includes evidence-based diagnostic, treatment, consultation and patient-education information. Membership in ACP is required for full-access to the site. A demonstration page allows non-members to try the system without membership.

BMJ Clinical Evidence

www.clinicalevidence.com

The journal *BMJ Clinical Evidence* describes itself as “a new kind of decision-support resource” that aims to provide physicians with easy-to-use resources, answer clinical questions quickly and efficiently, and help physicians keep up with the latest and most relevant research, guidelines and drug safety information. It summarizes current knowledge on prevention and treatment of clinical conditions, describes the best available evidence and also says so if no good evidence is found. The online journal is also available in PDA access versions and updates are available by email or RSS (Really Simple Syndication) feeds.

The Cochrane Collaboration

<http://www.cochrane.org/index.htm>

The not-for-profit Cochrane Collaboration is dedicated to making accurate, current information about the effects of healthcare available worldwide. Its Cochrane Database of Systematic Reviews is published quarterly as part of The Cochrane Library, a resource for reliable evidence from Cochrane and other systematic reviews and clinical trials that are widely considered to be the gold standard in evidence-based health care.

Core Evidence

<http://www.coremedicalpublishing.com/>

An international, peer-reviewed journal that rigorously reviews and assesses the evidence behind the use of drugs in specific indications and focuses on clinical effectiveness and outcomes to help physicians, healthcare administrators, formulary decision makers, prescribing advisors and pharmacists, and outcomes groups evaluate existing and new, emerging drugs.

EBM Online

<http://ebm.bmj.com/>

Evidence Based Medicine for Primary Care and Internal Medicine offers physicians a comprehensive digest of the most relevant new research from more than 50,000 articles in over 100 journals. EBM Online is published six times a year. Online tools include journal access, search tools, PowerPoint presentations, reprints and preprints, EBM courses, and links to other EBM

sites. Subscription required.

Evidence-based Oncology

<http://intl.elsevierhealth.com/journals/ctrv>

For each issue, the journal scans more than 70 journals in the field such as *British Journal of Cancer*, *Cancer Research*, *Gynecological Oncology*, *Journal of Clinical Oncology*, and *Annals of International Medicine*. It selects and reviews key articles and provides readers with structured abstracts and expert commentaries in a concise and easy-to-read format.

PDQ® for Cancer

www.cancer.gov/cancertopics/pdq/cancerdatabase

The National Cancer Institute's Physician Data Query (PDQ) provides physicians with a comprehensive, searchable cancer database of peer-reviewed summaries on cancer treatment, screening, prevention, genetics, and supportive care. Also included are complementary and alternative medicine and a registry of more than 4,000 open and 15,000 closed cancer clinical trials from around the world as well as directories of cancer care physicians, organizations and genetics services groups.

PIER

<http://pier.acponline.org/index.html>

Physician Information and Education Resource, or PIER, available to members of the American College of Physicians, finds and synthesizes the authoritative evidence-based guidelines on 400-plus common internal medicine problems, then presents the information in a standard format to improve clinical care. A PDA version is available.

PubMed

<http://www.pubmed.gov>

The journals database is only one part of the well known PubMed database, a service of the National Library of Medicine and National Institutes of Health. Other tools and features include TOXNET, ClinicalTrials.gov, Clinical Alerts, NLM Mobile, and others. Online tutorials and Frequently Asked Questions (FAQ) files help to make searches and retrievals more efficient. The PubMed help desk will also help formulate searches to help find the most relevant articles.

UpToDate

<http://www.uptodate.com>

Designed to serve as a diagnosis support tool, UpToDate is a

comprehensive evidence-based clinical information resource written by clinicians for clinicians. The system gives physicians point-of-care access to a concise, peer-reviewed, fully referenced library via the Internet, on CD-ROM and on PocketPC. Many prominent hospitals use it as part of clinical practice. UpToDate also offers AMA PRA Category 1 CME Credit and AANP contact hours with credits automatically tracked on both the CD-ROM and online versions.

Training

US Cochrane Center

<http://apps1.jhsph.edu/cochrane/index.htm>

A number of evidence-based courses and workshops are available at the U.S. Cochrane Center at Johns Hopkins Bloomberg School of Public Health, including the Cochrane Handsearcher Training Course (online) and Evidence-Based Glaucoma Course, workshops in evidence-based ophthalmology and systematic review. The site also links to training offered throughout the United States, including the Rocky Mountain EBHC Workshop at the University of Colorado Health Sciences Center, Information Mastery at the Center for Information Mastery, University of Virginia Health System, and many others. The US Cochrane Center also offers a search tool for Cochrane Library abstracts and a number of helpful EBM resources.

Evidence-based Medicine Tutorial

<http://library.umassmed.edu/EBM/index.cfm>

The Lamar Soutter Library at the University of Massachusetts Medical School offers multiple EBM resources including online tutorial exercises in four sections, prognosis, therapy, diagnosis and etiology.

Introduction to Evidence-based Medicine

<http://www.hsl.unc.edu/services/tutorials/EBM/index.htm>

This self-paced online tutorial in EBM basics from Duke University Medical Center and Health Sciences Library, UNC-Chapel Hill is designed to give health care practitioners or students a basic introduction to the principles of EBM.

EBM Centers

Evidence-based Medicine Resource Center

<http://www.ebmny.org>

This EBM Web site is a resource for physicians seeking evidence-based medicine databases, publications, teaching, and

learning resources. Physicians and other clinicians can access tool kits, practice tools and guidelines, tutorials, glossaries, online databases, references, bibliographies, and links to EBM resources to learn about and practice Evidence-based Medicine.

Centre for Evidence Based Medicine

<http://www.cebm.net/index.asp>

Established as the first of several EBM hubs, the Oxford (United Kingdom) Centre for Evidence-Based Medicine Website includes an EBM toolbox and sections on learning, practicing, and teaching EBM, including workshops on topics such as How to Practice Evidence-Based Healthcare and Evidence-Based Diagnostics; a service called CATbank that serves as a storage and retrieval site for physicians-created Critically Appraised Topics; glossaries and tutorials, and links to other EBM resources.

Centre for Evidence Based Medicine (Toronto, Canada)

<http://www.cebm.utoronto.ca>

The Toronto CEBM offers an introduction to EBM, a guide to practicing EBM, and resources such as Syllabi for Practicing EBM and Teaching EBM. It also includes a glossary of EBM terms, evidence resources, knowledge translation program, research, and handheld resources such as an EBM calculator and CQ (Clinical Question) Logbook. The site also serves as support for the book, *Evidence-based Medicine: How to practice and teach EBM*, by David L. Sackett, Sharon E. Straus, W. Scott Richardson, William Rosenberg, and R. Brian Haynes.

Web-based Resources

Center for the Advancement of Evidence Based Practice (CAEP)

<http://nursing.asu.edu/caep/index.htm>

The goal of CAEP at Arizona State University's College of Nursing and Healthcare Innovation is improving healthcare, patient outcomes, and systems through evidence-based best practices. They offer workshops, teaching, and mentoring institutes on EBP, a yearly national/international EBP conference, a mentorship program for nurses, and a 17-credit hour online Evidence-Based Practice Online Graduate Certificate Program for nurse clinicians, educators and other healthcare professionals.

Center for Medical Technology Policy (CMTP)

www.cmtipnet.org

The CMTP was launched in 2006 with the goal of developing research projects that will provide healthcare decision makers with evidence on the safety and effectiveness of new health technologies. “The primary goal of CMTP is to improve the process for generating reliable and credible information about the real world risks, benefits and costs of promising new medical technologies,” the website says.

National Guideline Clearinghouse™

<http://www.guideline.gov/>

The mission of this public resource is to provide a venue where physicians, nurses, and other health care professionals as well as providers, health plans, integrated delivery systems, purchasers, and others can search for, browse, retrieve and compare detailed information on evidence-based clinical practice guidelines. The site was created by the Agency for Healthcare Research and Quality (AHRQ) department of U.S. Health and Human Services and the American Association of Health Plans (which is now America’s Health Insurance Plans [AHIP]).

ListSers devoted to EBM

To join a listserv (an email group in which members share information on the topic), visit the Web site shown below and sign in)

Evidence-based Libraries Listserv

<http://www.jiscmail.ac.uk/cgi-bin/wa.exe?SUBED1=evidence-based-libraries&A=1>

Oxford Evidence Based Health Listserv

<http://www.jiscmail.ac.uk/cgi-bin/wa.exe?SUBED1=evidence-based-health&A=1>

Software and Other Tools

AdvancedMD

<http://www.advancedmd.com>

This Web-based practice management software program was designed for physicians who need an electronic medical record and billing system that does not change their workflow, and for physicians who may not be computer experts and may not know exactly what they need in such a system or what would be most compatible with their office practices. AdvancedMD CEO Jim Pack says the system has “great tools” because “we come from a billing and practice management side.” The medical office software is designed for small practices, group practices and

billing services.

Coronary Heart Disease Risk Assessment Tool

<http://hp2010.nhlbi.nih.net/atp/iii/calculator.asp?usertype=prof>
The National Cholesterol Education Program provides a Risk Assessment Tool for Estimating 10-year Risk of Developing Hard CHD (Myocardial Infarction and Coronary Death) using data from the Framingham Heart Study to rapidly assess 10-year risk in adults aged 20 or older who do not have diabetes or heart disease. Enter the patient's age, gender, total cholesterol, HDL, smoking status, systolic blood pressure and antihypertensive medication status to get an instant risk score. Supporting resources are linked to the risk calculator.

Epocrates

www.epocrates.com

A software company that provides physicians with access through their PDAs (personal digital assistants, or handheld computers) to critical clinical information and puts reference diagnostic, formulary and lab information at the physicians' fingertips.

Isabel Healthcare, Inc.

<http://www.isabelhealthcare.com>

Isabel is a clinical decision support system designed to enhance the quality of diagnosis decision making. For a given set of clinical features, Isabel instantly provides a checklist of likely diagnoses including bio-terrorism conditions, related diagnoses and causative drugs.

Lab Tests Online

<http://www.labtestsonline.org/>

Designed to give patients, caregivers, physicians and other healthcare professionals a better understanding of lab tests used in routine care and in diagnosis and treatment of a broad range of conditions and diseases. Information can be retrieved by test name (such as BUN, BNP, Creatine), by condition and disease name (Alzheimer's Disease, Hemochromatosis, Thalassemia), and screening category (Pregnancy, Newborns, Adults 50+) or by typing keywords into the search box. The site also includes primers on understanding tests and test topics in the news.

MEDLINE® on Tap

<http://mdot.nlm.nih.gov/proj/mdot/mdot.php>

When healthcare providers need MEDLINE® citations but a

desktop computer is not handy, this application allows health-care professionals to retrieve MEDLINE® citations on PDA handheld computer or PDA/cellphone using a wireless connection to the Internet. The application must be downloaded and installed on the PDA or other device.