

DOCTOR'S DIGEST PODCAST



The Concept of Evidence-based Medicine

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Although evidence-based medicine, or EBM, may look like a clinical topic at first glance, it's actually tied to the business of medicine as well. The basic concept is to develop a body of clinical evidence from electronic health records and health claims data. This data has led third-party payers to step up and use that evidence in two ways: to restructure reimbursement and to develop guidelines and best practices.

How do you feel about EBM? Some physicians hope that EBM will be able to speed up the time it takes for new treatments to move from bench to bedside. Others don't share that optimism. They worry that EBM may encourage "cookie-cutter medicine" that will minimize the unique relationship between the physician and the patient. It's possible to debate the merits, but it seems clear that EBM is going to influence the practice—and the business—of medicine for many years to come.

Even among its proponents, there is confusion today about how EBM can be applied in the clinical setting. Actually, the concept behind EBM is one that physicians have always used. When you're choosing a therapy for a patient, it's only natural for you to draw on your knowledge and experience with similar patients before you decide what's likely to work best. This is the principle behind EBM: to employ evidence derived from large population samples in order to treat a specific patient.

The formal application of EBM takes the process a step further to develop protocols and treatment guides that have the potential to streamline patient care. But it's important to keep in mind that EBM doesn't tell you what to do. It simply tells you what the alternatives are. Physicians sometimes confuse EBM with guidelines, but there is a difference. A prescriptive guideline may be based on evidence, but its purpose is to direct your actions in a given situation. Guidelines may direct you to do this first, then order that test, then discuss test results, then give this medicine, and so on. But EBM is different. EBM seeks to discover whether a given intervention, drug, or procedure administered to a population with the same condition will produce good outcomes, such as saving lives or prolonging illness-free survival.

This is an important difference, because if you assume that all EBM products are guidelines, then you may feel that you're being told what to do. Actually, EBM is intended to help you make informed choices; it is not meant to direct you to a particular choice.

For example, a journal may report that a particular drug may be beneficial in melanoma. We know this means that research in groups of patients with melanoma showed that, more often than not, patients improved after taking that drug. Of course, this does not mean we can guarantee that every patient who takes that drug will improve, because the research is based on groups of people, not individuals. Suppose your patient asks you how you know the drug is going to work. You could not say, "It's almost certain to work for you." But, in practicing EBM,

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you would be justified in saying, “In a lot of people with melanoma who are similar to you, this drug has worked more often than not.”

In essence, EBM is applied research. First you consult the literature. Then you assess what you find there and decide whether it meets the standards of quality scientific evidence. If it does, you next decide whether it can be applied to your patient. If the study does meet those standards, and if you think it can be applied to your patient, you may decide to use this evidence to care for your patient, or simply to inform your patient of his options.

EBM gives physicians a reliable framework for explaining medical information to patients. If you treat patients with cancer, they are likely to ask what treatment you plan to use, how often that treatment works, whether it will work for them, and what their chances for survival are. Information grounded in EBM will allow you to answer all of those questions with the latest and most applicable information. EBM can also work in the opposite way: it can help you explain to your patient why a treatment that worked for his friend may not be suitable for him.

In summary, if you view EBM or EBM products as resources for information that you can use as you see fit, it may make things easier, because you can be more confident in what you recommend to your patients. Remember, the goal of EBM is to assist you in making an informed choice, but not to direct that choice.

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