



Implementing Evidence-based Medicine

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In recent years, the body of medical knowledge has grown significantly as a result of electronic health records and health claims data. The availability of that data now makes it possible to compare quality-of-care statistics, which can be used to develop clinical guidelines, treatment guides, and other tools that can help raise the quality of care for all patients. Using proven clinical evidence to enhance your patient care is the essence of evidence-based medicine, or EBM.

Applying EBM to your practice can enhance the performance within your office and improve your patient outcomes. But exactly how you decide to apply EBM will vary greatly depending on the size and nature of your practice.

Large organizations like the VA and HMOs have the capability to measure outcomes and track physician performance to test the benefits of EBM. Individual hospitals and health systems, too, can track outcomes and give their physicians access to their technology so that they can contribute to the accumulation of clinical data. But it's a lot harder to do these things on the individual practice level.

After all, managed-care groups have the advantages of population, size, and access to the clinical information they need to create evidence-based guidelines. But if you're like most other physicians, you don't have those advantages. And you probably don't have the luxury of spreading the cost of implementing EBM across large numbers.

Most physicians aren't employed by large groups or HMOs. In fact, about two-thirds are in solo or group practices with fewer than half a dozen colleagues. In a relatively small practice, it's hard enough just to keep current with medical research while serving your patients.

So how do you implement EBM in your practice? It may be easier than you think. On the simplest level, you might install a computer with Internet access next to your nurses' station. With the Internet, suddenly you and your staff have the power to look things up. You can do a literature search on PubMed. Or you can use a point-of-care CME tool like UptoDate. As soon as that happens, you and your practice are using EBM! The goal of EBM is to enable you to become a better decision-maker based on clinically proven evidence. And the Internet instantly gives you access to that evidence.

Another way to implement EBM is to convert your practice to electronic medical records. Large organizations have already made good use of electronic records, which enable them to compare treatments in large populations over time. The VA was one of the pioneers in using records for this purpose. One area the VA focused on was tracking man-

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agement of diabetes, which led to an impressive success rate of approximately eighty-percent for VA patients with diabetes in meeting their hA1c goals.

The advantages of an electronic records system on the individual practice level are impressive. For one thing, while you are interacting with your patient, the chart can automatically check for such things as potential drug interactions and which antibiotic might be best for that particular patient, considering his condition, symptoms, and history. It may also check to see if your patient is overdue for a colonoscopy or a mammogram. And the chart will suggest the best, most often recommended course of treatment for any given condition. By helping you develop a number of clinical pathways to follow in your practice, electronic records can help you improve quality of care and prevent inappropriate lapses or variations in care.

Besides Internet access and electronic records, there are, of course, a number of other ways to implement EBM. But whatever you decide on, there will be challenges. One expert cites two key obstacles to adopting EBM. First is the cost in time and money to learn, train staff, and implement new procedures. Second is the physicians' assumption that they're already doing what needs to be done. It's important to step back and take a hard look at your present methods. For example, have you collected outcome data from your own practice? And have you analyzed that data against data reported by your hospital or HMO or your city or state? Conduct your own measurement, then decide how you'd like to close the gap between what the research shows and what you're doing in your practice—and suddenly you're on board with EBM.

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