Evidence-based Medicine

The Physician and the Patients

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Evidence-Based Medicine

- Aims to apply the best available evidence gained from the scientific method to clinical decision making

- The conscientious, explicit & judicious use of the current best evidence from clinical care research in making decisions about the care of individual patients
Evidence-Based Medicine

A systematic process of appraising and using current research findings, a step-by-step process that includes:

- Formulate a clear, clinical picture of patient needs
- Search current literature
- Evaluate the literature
- Decide which studies are valid
- Apply this information to care & mgmt of patients

Prudent Evaluation

- Source of the evidence
- Assumptions used to acquire the evidence
- Which patient demographic will be affected
- Cost of obtaining evidence
Source of Evidence

- Milliman and Roberts for In-patient
- InterQual Standards for Out-patient

United States Population, 2009

- White: 65%
- Black: 12%
- Hispanic: 16%
- Other: 7%

Source: Kaiser State Health Facts
http://statehealthfacts.org/comparecat.jsp?cat=5&rgn=6&rgn=1
United States Population, 2009

- 93% of the population counted in 2009 were United States Citizens
- 84% live in metropolitan areas
- Median Income = $49,945
Health Care Disparities

- Patient race
- Ethnicity
- Income
- Education

No cross-group comparison

Prediction of increased disparity over the next half century

Place of Residence

Source:
http://www.ahrq.gov/qual/nhdro3/nhdrsum03.htm

Health Care Disparities

- Access
- Use
- Patient Experience of Care
Patient Experience of Care

- Racial
- Ethnic
- Socioeconomic
- Geographic Location
Impediments to Health Care

- Inadequately Insured
- Sicker Patients
- Uninsured
- Poorer Environment
- Inadequate Medicaid/Medicare plans

Evidence-Based Medicine
Pay for Performance
Adverse High Risk Health Profile

Diabetes
Hypertension
Kidney Disease/Failure
Hypercholesterolemia
Cancer
Disincentives - Pay for Performance

For Physicians & Medical Groups
- Discourages Enrollment of High Risk Patients

Geographic Physician Shortage

Defacto Discrimination
- Racial
- Ethnic
- Social
- Economic

Increase Quality Health Care

Expand the population upon whom the evidence is based

Include physicians and medical groups (serving high risk populations) in QIP

Advocate for payment reforms such that ALL populations are taken care of
Why Care?

Americans need to be competitive.
Poor health plus poor education lead to a poor ability to survive and thrive in a global economy.
The United States is currently behind the rest of the world in quality of education.
A healthier population decreases financial burden on the economy.
Healthy, working people pay taxes and that is the bottom line.