

# Evidence-based Medicine

## The Physician and the Patients

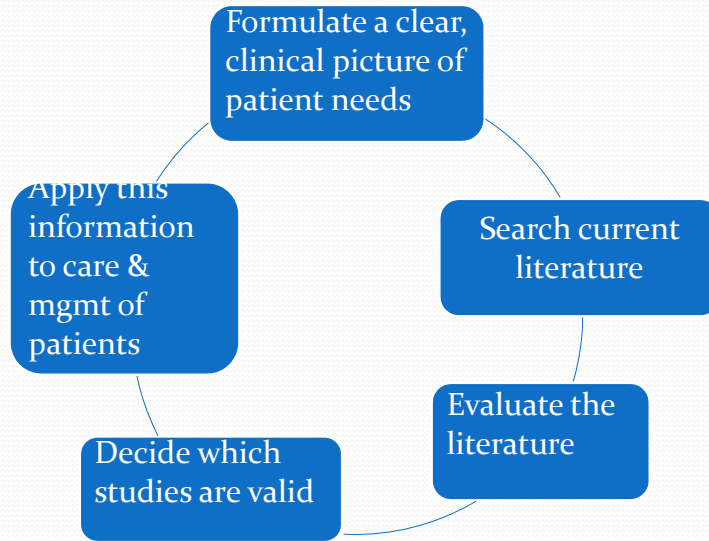
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### Evidence-Based Medicine

- 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:



## Prudent Evaluation

Requires that specific questions be posed in evaluating the evidence presented

Source of the evidence

Assumptions used to acquire the evidence

Which patient demographic will be affected

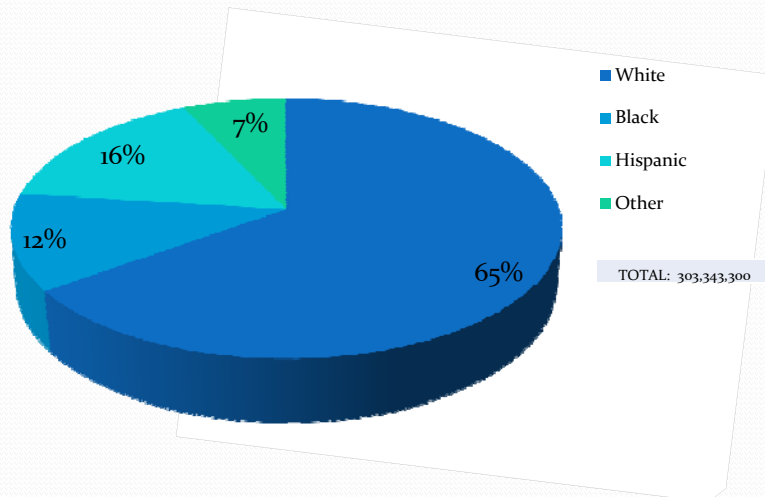
Cost of obtaining evidence

### Source of Evidence

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



### United States Population, 2009



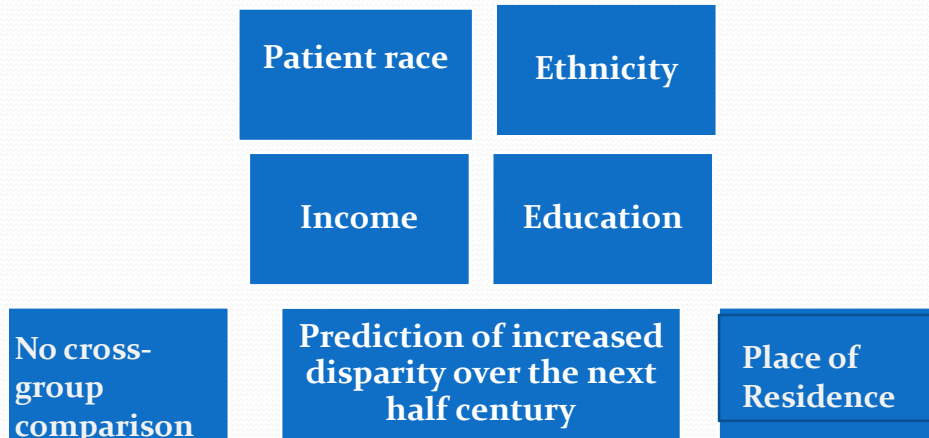
Source: Kaiser State Health Facts  
<http://statehealthfacts.org/comparecat.jsp?cat=i&rgn=6&rgn=1>



## 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



Source:

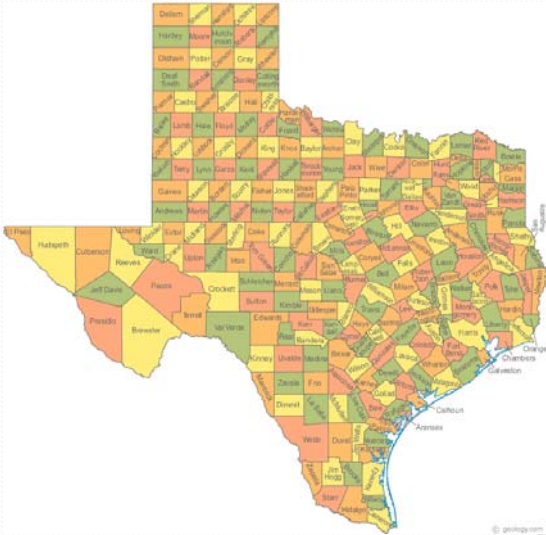
<http://www.ahrq.gov/qual/nhd03/nhdrsum03.htm>

## Health Care Disparities



# Patient Experience of Care

- ➔ Racial
- ➔ Ethnic
- ➔ Socioeconomic
- ➔ Geographic Location



Texas Counties

## 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



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.