

Evidence-based answers at the point-of care

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Course objectives

- Gauge knowledge of current best practices
- Recognize the frequency of clinical questions and the impact of unanswered questions on quality of care
- Understand how to use online resources to get evidence-based answers

Best Practices Challenge

How well can we answer clinical questions without a resource to help us?

Interactive in-session presentation of clinical questions

Of the clinical cases presented, how many did you feel unsure about *or* get wrong?

1. One
2. Two
3. Three
4. Four
5. Zero

Your colleagues

- Approximately 15% of physicians fail the ABIM recertification exam and 5%-10% fail the ABFM exam

www.abim.org/moc/im.shtm Accessed 01/25/07; www.theabfm.org/about/stats_exams.aspx Accessed 01/25/07

How well do we answer questions in our practices?

Research shows that:

- Only 30% of questions get answered
- 70% of answers would have changed a management decision and thus impacted your patient

Covell, DG, et al. Ann Intern Med 1985;103:596; Gorman, PN, et al. Med Decision Making 1995; 15:113; Ely, JW, et al. BMJ 1999;319:358; Ely, JW et al. JAMIA 2005;12:2:217; Schilling LM, et al. Acad Med 2005; 80(1):51.

In your practice, how often do you typically have an important question? ?

1. 5 or more times per day
2. 3-4 times per day
3. 1-2 times per day
4. 2-4 times per week
5. 1 per week or less

How often do we have questions?

Research shows that:

- Questions arise in 50 to 70 percent of office visits
- On a typical full clinical day that would amount to 5-11 questions

Covell, DG, et al. Ann Intern Med 1985;103:596; Gorman, PN, et al. Med Decision Making 1995; 15:113; Ely, JW, et al. BMJ 1999;319:358; Ely, JW et al. JAMIA 2005;12:2:217.

Why don't we look up the answers to clinical questions?

Research shows common obstacles are:

- Lack of time
- The expectation that no useful information will be found
- The volume of medical information is overwhelming

Covell, DG, et al. Ann Intern Med 1985;103:596; Gorman, PN, et al. Med Decision Making 1995; 15:113; Ely, JW, et al. BMJ 1999;319:358; Ely, JW et al. JAMIA 2005;12:2:217.

New generation of tools to address this need

Point-of-care clinical resources synthesize the available evidence and knowledge into practical management recommendations which can be quickly found while at the point-of-care.

EBM in clinical practice

Conscientious, explicit and judicious use of the current best evidence in making decisions about the care of patients.

Oxford - Centre for Evidence-Based Medicine

Characteristics of a good resource

Content

- Comprehensive topic coverage that anticipates and answers clinical questions likely to occur
- Specific information that can be applied directly to patient care
- Detailed treatment recommendations with full prescribing information
- Evidence-based rationale for recommendations incorporates research, clinical experience and expert opinion
- Practical treatment recommendations – even when evidence is insufficient
- Trusted, authoritative resources
- Regular updates

Ely, JW et al. JAMIA 2005;12:2:217

Characteristics of a good resource

Access

- Includes alternate and abbreviated clinically-oriented terms
- User-friendly intuitive search function
- Clinical versus disease oriented organization
- Links to cited studies, articles and related topics
- Fast and easy access to information in user-friendly formats

Ely, JW et al. JAMIA 2005;12:2:217

Summary of selected resources

Recommended by AAFP - American Academy of Family Physicians

- DynaMed** (www.ebscohost.com/dynamed)
- Clinically organized summaries of 2,000+ medical topics
 - Links to PubMed abstracts and drug information
 - Written by 160 health care professionals
 - Free Weekly Update service available
 - Available on Web and PDA
 - CME available

www.dynamicmedical.com, Accessed 11/21/07

...selected resources

- FirstCONSULT/MDConsult** (www.mdconsult.com)
- Continuously updated files, with a uniform structure, on more than 600 medical conditions and a differential diagnosis tool organized by chief complaint
 - Links to MDConsult portfolio of books, journals, guidelines and FDA drug news updates
 - More than 300 authors, writers, editors and reviewers
 - CME
 - Available on Web and PDA
 - Recommended by AAFP

www.mdconsult.com Accessed 11/21/2007

...selected resources

- InfoPOEMS/InfoRetriever** (www.infopoems.com)
- Access to POEMS – patient oriented evidence that matters
 - Synopses of relevant research, clinical decision rules, diagnostic test and H&PE calculators, Cochrane reviews, guidelines
 - Five-Minute Clinical Consult
 - Daily InfoPOEMS alerts
 - CME
 - Web, Windows PC and PDA

www.infopoems.com, Accessed 12/20/07

...selected resources

- UpToDate** (www.uptodate.com)
- Synthesized evidence-based information, new release issued every four months
 - More than 7,000 topics covering 13 specialties in internal medicine, women's health and pediatrics; graded screening and treatment recommendations
 - 3,600+ authors, editors and reviewers
 - Drug database and interactions program
 - 22,000 graphics, charts, tables, algorithms
 - CME available
 - Web, Desktop and PDA
 - An official educational program of, or offered, in cooperation with major national medical societies including AAFP, SGIM, AAP, ACOG and subspecialty societies

www.uptodate.com Accessed 12/20/07

...selected resources

Medline (www.pubmed.gov)

- Free comprehensive database of abstracts for published articles from about 5,000 indexed journals—on the web
- Not considered a point-of-care tool; good for research and very rare conditions

www.ncbi.nlm.nih.gov/entrez Accessed 01/25/07

Point-of-care information tools ?

Have you ever used...

1. DynaMed
2. FIRSTConsult/MDConsult
3. InfoPOEMS/InfoRetriever
4. UpToDate
5. Used more than one of above
6. Used none of above

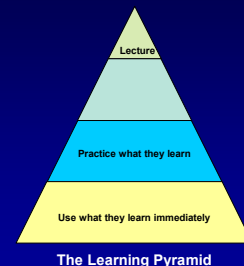
In-session demonstration of searches using selected electronic resources to answer clinical questions

- DynaMed
- FirstCONSULT
- InfoPOEMS/InfoRetriever
- UpToDate
- Medline/PubMed

Use of resources at point-of-care creates sustainable learning

Retention rate of learners is:

- 5% when they learn from a lecture
- Dramatically increases to 75% when learners practice what they learn
- Further increases to 90% when learners use what they learn immediately at the point-of-care



The Learning Pyramid, National Training Laboratories for Applied Behavioral Science, Alexandria, VA.

Access to point-of-care tools changes practice

In a study of physicians who had access to a point-of-care tool (UpToDate) compared to a control group who did not:

- 79% more questions were answered
- 75% more answers led to a change in patient approach

Blackman, D, Cifu, A, Levinson, W. J Gen Intern Med 2002; 17Suppl1:220.

Access to point-of-care tools changes practice

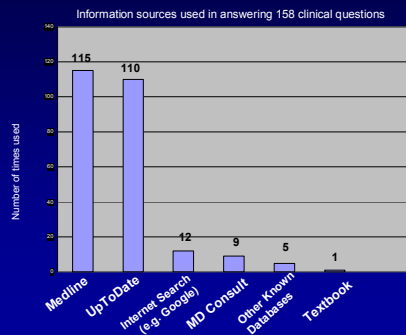
In a study of physicians who had access to a range of point-of-care tools:

- 89% of questions were answered (compared to a norm of 30%)
- 78% of answers changed patient care

Tools included: Medline, UpToDate, MDConsult, Harrison's Online, Cochrane Library, Micromedex, EBM Reviews/ ACP Journal Club, Bookmarked Web sites (e.g. Centers for Disease Control and National Guidelines Clearinghouse)

Schilling LM, et al. Acad Med 2005; 80(1):51.

Point-of-care tools get used



Challenges for all doctors:

- We can't remember everything
- Medical knowledge is constantly changing
 - 1,500 new articles are added to Medline each day
- We need tools to find and apply the best available evidence
 - Answer more questions
 - Provide better care
 - PLUS, Improve your knowledge base, because you are applying what you learn in real-time

Apply what you have learned

- Use these resources in your practice
- Free trials of AAFP recommended resources available through the AAFP at:
www.aafp.org/online/en/home/clinical.html
 - DynaMed
 - InfoPOEMS
 - MD Consult
 - *UpToDate*