Thoughts on Integrating Evidence Based Medicine into Care Management

As payers and providers come under new pressure to reduce the cost of high quality care, the benefits of using evidence based protocols to plan and deliver care can be tremendous. Organizations that have effectively incorporated the latest evidence based medicine (EBM) into their care delivery report significant reductions in complications, decreased readmissions, and rising patient satisfaction levels. In addition, deploying an evidence based approach to managing care can be a source of competitive advantage for both payers and providers as they come under pressure to increase efficiency and reduce the variability of care delivered across the continuum.

While most payers and providers recognize the importance of evidence in driving high quality, cost appropriate care, only a minority have made significant inroads into solving the puzzle of embedding the latest evidence based protocols into clinicians' workflows. Having spoken to numerous payer and provider organizations on this topic over the past few years, here is a listing of best practices which we hope will be of use to provider organizations, but also of interest to commercial payers and other healthcare stakeholders as well.

1. **Embrace the shift from utilization review to active care management using interdisciplinary 'huddles' based on EBM**

As payers and providers explore new reimbursement methods such as prospective bundled payments, the nature of care management teams is changing. Utilization managers formerly spent the majority of their time doing retrospective or concurrent documentation for the purposes of limiting denials and maximizing fee-for-service reimbursements. Now, care managers must actively identify patients who present a potential financial risk to the institution under new reimbursement models (e.g. bundled payments), and seek ways to mitigate those risks through targeted interventions and care coordination without negatively impacting outcomes. The transition requires a shift in mindset and skillset as interactions with the broader clinical team, the patient, and providers across the continuum of care become increasingly important.
An emerging best practice to cope with this transition is the use of interdisciplinary 'huddles' that bring together care managers, physicians, ancillary professionals, pharmacy, social workers and staff nurses. The objectives of these sessions include evaluating patient progression along appropriate clinical care pathways, identifying barriers to patient progression, reviewing possible resource utilization and discharge needs, initiating interventions and assigning action items. The format is often a daily meeting lasting around 30 minutes with a care manager 'quarterback' charge with focusing attention on high priority patients. Grounding such 'huddles' in the latest evidence based medicine greatly increases the chances of success for a number of reasons. First, evidence based pathways provide a single 'baseline' all parties can refer back to and track progress against. Second, it helps increase the efficiency and reduce the variability of the care delivered. Third, it provides a means for managers to document and monitor care delivery for the purposes of internal quality reviews and external audits (e.g. RAC audits). For example, one non-profit hospital we spoke to had instituted such huddles for patients facing potentially expensive orthopedic surgeries such as knee and hip replacements. By openly discussing possibilities of treating patients with non-surgical interventions such as weight loss and exercise and actively involving patients via the use of decision support tools they saw a reduction in surgeries of approximately 15% in the first year — with no observable negative impact on outcomes.

2. **Build Evidence Based Medicine into Nursing Care Plans without Interrupting their workflow**

While the use of EBM for active care management is still in its early stages of incorporation for many provider organizations, taking EBM 'onto the floor is even more nascent. Most nurses are well trained in some form of the typical six-step care planning process running from assessment, diagnosis and documentation of anticipated outcomes to the development of the treatment plan, interventions list and evaluation process. Yet relatively few provider organizations have found ways to effectively and appropriately standardize this process while simultaneously grounding such nursing plans in accepted evidence based guidelines.

Recognizing this gap in the market, a number of clinical guideline publishers and software vendors have invested in developing applications that seek to embed content into nursing care plans and nursing order sets in order to bring the latest EBM to the bedside. In many cases these companies are also seeking to connect such systems to clinical documentation (e.g. via a two way connection to the hospital's electronic medical records system, order set software or computerized physician order entry application). These efforts are still in the relatively early stages of development and adoption, but using such a vendor can still be an effective way to ensure nursing care is delivered based on the latest research, to avoid a time consuming process of developing protocols from scratch, and to ensure easy documentation and monitoring of care delivery. Of course, careful vendor selection, nursing input, customization, and effective implementation are vital to avoid wasting precious resources on yet another application that goes unused.
Beyond the obvious vendor selection criteria (cost, breadth, depth and quality of content etc.) there are a number of other factors to consider here that may be more easily overlooked. First, a new solution needs to fit seamlessly into your nurses’ current workflow. Specifically it is vital that it interfaces effectively with any existing EMR system you have in place today; even a few extra mouse clicks can seal the fate of a new software tool. Second, it is vital that your vendor offers sufficient post-sale support including adequate on-site and on-line training sessions to help ensure and, ideally, measure the use of the application in the crucial first few months after deployment. Third, if payers recognize and respect the evidence base a provider is using, this can help align care teams, facilitate information sharing and performance tracking and ensure a more productive dialogue across the payer-provider divide.

3. Do it your way, ensure a high degree of physician involvement, and foster a culture of continuous improvement

Standardization without sufficient flexibility to account for comorbidities or other complicating factors will likely meet with strong resistance. It is no surprise then, that many clinicians have an understandable fear that the use of evidence based guidelines will lead to 'cookie-cutter' care delivery that is only appropriate for the elusive 'average' patient. Also, in many provider organizations evidence based guidelines have historically been used primarily for the purposes of utilization management. As a result, there is often skepticism among physicians about using a tool some associate more with the HMO's of the 1990's than with an opportunity to enhance the quality of care today. A few simple rules of thumb can help mitigate the risks these obstacles pose to successfully building evidence based medicine into care delivery in an organization.

First, organizations that have started slowly - often with a small number of test programs in a handful of departments - have proven far more successful than ones that seek to change habits and overcome such concerns overnight. For example, one large faith based hospital in the North East started by deploying evidence based guidelines for cardiology care to care managers and instituting multi-disciplinary rounding. In time staff nurses were encouraged to adapt the guidelines to develop cardiology specific recovery course maps. Only when these pilot programs were able to demonstrate improvements against national quality benchmarks and reduced average lengths of stay of more than 30 percent were these successes championed and similar initiatives rolled out across the organization. Second, if there is one truly global rule in healthcare it is to ensure that physicians drive any major changes in care delivery; so where better to draw our next example from than Australia? About 7 years ago, a large hospital system in Brisbane had the ambitious goal of developing standardized care pathways for use by clinicians across the network to manage all inpatient care delivery and transitions of care in the outpatient setting. To jump start the process, the CEO and CMO selected a US based EBM vendor but they knew that rolling guidelines out across the organization would be a non-starter unless the physicians truly felt they owned the protocols being used. So they set up physician-led committees from across the organization to review the vendor's guidelines and modify them as they felt was appropriate based on their own population, resources, and clinical expertise. The organization now uses standardized care pathways across the network and reports improved patient outcomes, reduced lengths of stay and improved patient satisfaction levels.
Finally, it is important to recognize that the evidence base underpinning the majority of clinical decisions that are made is actually surprisingly slim. Recognizing this, leading organizations are trying to collect their own data to support their local EBM based efforts. Advancements in health IT (e.g. health information exchanges) and the advent of 'big data' are greatly facilitating this process. The real key, though, is to allocate sufficient resources and design an appropriate organizational structure to ensure the organization is continuously identifying opportunities, monitoring outcomes and reporting to management and clinical staff regarding the impact of EBM on quality and efficiency. A care management program is only as good as the tools and governance structures it has in place to support it.

Closing Thoughts

As hospitals and physician organizations look to take on risk and emerging business models such as ACOs continue to spread across the country, implementing EBM to power care management activities is likely to directly impact their financial viability. Nonetheless, if the current wave of initiatives to increase the value our healthcare systems delivers are to succeed where successive efforts have failed in the past, it is vital that quality is not compromised or perceived as being compromised in the quest for efficiency. Deployed appropriately, evidence based care guidelines have the capacity to help organizations achieve both cost reduction and quality improvement goals. In doing so, they will significantly improve their chances of surviving and even thriving in today's increasingly competitive environment.