Evidence-based Practice

Educational Briefing

Executive Summary

Evidence-based practice (EBP) is the explicit use of the best available medical evidence in making clinical decisions. Needing to improve cost efficiency and boost care quality, providers are investing significant time and resources into the creation and adoption of EBPs. These practices guide clinicians in providing patients with the right care, at the right level, at the right time.

Why is Evidence-based Practice a key issue for providers?

As providers assume greater cost accountability, it is more important to define and execute evidence-based standards of care that promote quality and efficiency gains. EBP optimizes patient outcomes, since all patients are cared for in a manner supported by medical evidence and clinical expertise. Additionally, adopting EBP is one of the primary mechanisms for reducing the growth of inpatient costs. Though the impact varies by situation, EBP can improve efficiency by preventing undesirable clinical outcomes and reducing unnecessary utilization (e.g., diagnostic tests, procedures, pharmacy) through care standardization, leading to an overall reduction in cost per case and length-of-stay.

How does Evidence-based Practice work?

Providers derive EBP from the integration of three components:

<table>
<thead>
<tr>
<th>EBP Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>Patient Values and Preferences</td>
<td>A patient’s unique beliefs, concerns, expectations, and values</td>
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<tr>
<td>Clinical Expertise</td>
<td>A clinician’s cumulated experience, education, and clinical skills</td>
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<tr>
<td>External Research Evidence</td>
<td>Research that is clinically relevant and conducted using a sound methodology</td>
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Providers are building protocols supported by a range of evidence, from randomized controlled trials to clinical consensus among an organization’s providers. Whether EBP standards are based on clinical trials or common practice, they represent a general agreement on how to deliver care (and appropriately use resources) within a given clinical area. Providers generally follow six steps to form their evidence-based clinical guidelines:

1. Allow physician champions, content experts to draft internal guidelines based on latest evidence
2. Send draft to department chairs and medical directors, request feedback
3. Discuss concerns one-on-one, obtain evidence to support suggested changes
4. Incorporate evidence-based feedback into guidelines
5. Send final draft to all physicians, other stakeholders affected by guidelines
6. Present guidelines at department meetings to promote utilization, solicit feedback

Iterative process repeated as new evidence published

Sources: Advisory Board Research and Analysis; Duke University Medical Center Library and UNC Health Sciences Library.

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How does Evidence-based Practice affect providers?

Clinical

The integration of EBP’s three components into clinical decisions enhances the opportunity for optimal clinical outcomes. EBP promotes the implementation of research and evidence into the practice of patient care, which positively elevates a provider’s quality standards. Also, providers can prevent under- and overtreatment through care standardization, which positively impacts clinical outcomes.

Financial

Providers are assuming more cost accountability under payment reform, and EBP is a key to succeeding under the various value-based purchasing payment models. To varying degrees, all of the models link finances to quality, making adoption of EBP critical to providing the highest standard of care to all patients in the most efficient way possible. Evidence-based organizations manage their costs better, because clinical best practices focus on appropriate utilization rather than wastefulness, which results in direct savings.

Operational

Providers must ensure clinicians across the organization consistently follow evidence-based guidelines in order to achieve optimal quality and efficiency benefits. Organizations who have achieved this “culture of adherence” to evidence-based practices have infrastructure and processes in place to support the following four focus areas:

1. **Prioritization** – efforts are ranked in order of the greatest opportunities for quality and efficiency gains
2. **Correctness** – evidence-based guidelines are from trustworthy sources of the most up-to-date clinical evidence
3. **Adherence** – providers surround clinicians with effective messaging, data, and other supports to promote EBP uptake
4. **Scalability** – a provider’s infrastructure supports organization-wide standardization

EBP’s Impact on Value-based Purchasing Payment Models

**Degree of Provider Cost Accountability**

- **Focus: Efficiency**
  - Throughput
  - Supply Management

- **Focus: Quality**
  - Adherence to EBP
  - Reduced Readmissions

- **Focus: Utilization**
  - Chronic Care Management
  - Disease Prevention

- **Bundled Pricing**

Source: Advisory Board Research and Analysis