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Opinion

Clinical guidelines at point of care needed to improve quality, safety

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For more than 25 years, starting with work done by Dr. John Wennberg at Dartmouth Medical School, researchers documented that the variability in health care delivery has produced a broad range of financial and clinical outcomes. Although research clearly shows the benefit of following standardized, evidence-based treatments, few physicians or organizations use these proven methods. During these many years, organizations attempted to implement evidence-based medicine guidelines, but obstacles to efficient and effective delivery of those guidelines at the point of care proved insurmountable.

The two reports by the Institute of Medicine on medical errors, coupled with the focus on medication safety by the [Leapfrog Group](#), has renewed the interest in guidelines as a response to these patient safety and quality of care challenges facing healthcare.

It is clear that limitations in medical knowledge and the subsequent design of intelligent, effective guidelines are not the problem. It has always been the delivery of those guidelines in an easily accessible, usable format with relevant clinical information at the point of care that has challenged quality specialists and informaticists. With the introduction of Web technology and the push toward solutions for patient safety, organizations have the opportunity to boldly embrace these new capabilities to finally provide clinicians with the clinical knowledge and evidence-based medicine support that they want and need.

For many years, physicians were unfairly saddled with the reputation that they are loathe to use computers and new technology. A short tour through any hospital proves this myth wrong – many physicians employ PDAs, e-mail, and online medical references as an integral part of their clinical workflow. Daily computer use by physicians is between 65% and 90%, according to studies by the Advisory Board and others. In addition, physicians have always requested and utilized computer-based diagnostic and therapeutic equipment to treat their patients.

Those organizations that want to enhance patient safety through the use of clinical guidelines finally have both the political and technological climate to make this goal a reality. The Leapfrog Group, representing the interests of employers and their employees, promotes the use of computerized physician order entry (CPOE) with clinical decision support at the point of care to reduce medical errors. Hospitals that do not embrace Leapfrog Group standards risk losing market share to competitors that do. In addition, physicians demand easy-to-use, workflow-efficient solutions that enhance their own ability to deliver safe care. Hospitals that do not implement such tools also risk losing patients and physicians to competitors. In the future, payers – including many large employers – plan to offer financial incentives to organizations that embrace well-implemented patient safety and quality solutions and will reimburse them at a higher rate than organizations that don't.

Over the next few years, the way physicians practice medicine will fundamentally shift as they spend more time analyzing patient data and planning care, and less time tracking down results or trying to recall distant clinical facts. Computers are excellent at storing and recalling information. In contrast, physicians are superior at recognizing patterns and applying experience. Providing physicians with reliable, easy-to-use clinical guidelines at the point of care will be a giant step in transforming medicine, enhancing patient safety and enriching physicians' work environment.

Finally, the power to change care delivery in this way remains in the hands of the leaders of our health care institutions. Only through their investment in proven technology solutions, such as CPOE with clinical decision support, will physicians have the tools they need to reduce variability of care, deliver desired clinical and financial outcomes and offer the highest level possible of safe patient care.

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