EVIDENCE-BASED MEDICINE AND GUIDELINES

As policymakers explore avenues to improve healthcare quality and reduce costs, evidence-based medicine is poised to be part of the solution by helping to ensure that patients receive the right care, at the right time, and in the right setting. MCG’s comprehensive care guidelines incorporate the most current evidence and describe best practices for treating patients across the continuum of care. By helping busy healthcare professionals more easily deliver and document appropriate care, MCG’s clinical decision support tools promote better patient outcomes and optimal resource use. When efficiency and quality converge, the result is effective care.

BACKGROUND
The tremendous variation in healthcare — such as differing hospital lengths of stay for the same condition in different regions of the United States — suggests a sizable potential for improving both the quality and efficiency of care. MCG’s guidelines can help providers identify quality care practices — practices that effectively marshal treatment resources and avoid the underuse or overuse of medical resources — while providing an evidence-based foundation for care management.

QUESTIONS & ANSWERS

1. What are the care guidelines and who uses them?
MCG’s guidelines provide clear descriptions of best practices for treating patients across the continuum of care. They are not a prescription or a set of rules for medical practice. Instead, they offer possible approaches, based on medical literature and epidemiological analysis. Written by an experienced staff of physicians, nurses, and other clinicians drawing on the best current medical evidence, MCG’s guidelines are a compilation of annotated, evidence-based best practices, care pathways, goal and benchmark lengths of stay, and other care management tools. Updated annually, they are designed to help healthcare professionals provide quality care by reducing the underuse, overuse, and misuse of medical resources. To do so, the guidelines:
   • Provide evidence-based utilization criteria
   • Provide planning tools to coordinate care, anticipate patient needs, and avoid care delays
   • Incorporate nationally recognized quality measures
   • Provide patient education tools

The care guidelines are used by federal and state government contractors and more than 2,200 hospitals, physician groups, health plans and other healthcare organizations to support the care of a majority of Americans.

2. What are some ways the guidelines can be used to increase efficiency and improve a patient’s health status?
MCG’s guidelines are medical decision-making tools for use in a doctor’s office, a hospital, an emergency department, other care facilities, or a patient’s home. Once the patient is admitted to a facility, the guidelines help track day-to-day progress. Care managers can identify treatment omissions and alert the attending physician, plan for the next care step, and prepare the patient for discharge. In this way, MCG’s guidelines function like a quality and safety checklist.

As part of the healthcare delivery process, MCG’s guidelines can also help clinicians coordinate care with other disciplines, such as ambulatory case management and disease management. This approach helps make patient transitions from one care setting (e.g., hospital) to another level of care safe and effective. Most importantly, hospital staff and physician groups can use the guidelines to examine their own processes and performance as they seek to improve what they do. These and many other uses help drive effective care — the right care, efficiently delivered.

3. What is the spectrum of healthcare services covered by the guidelines?
MCG’s guidelines (Inpatient & Surgical Care, General Recovery Care, Ambulatory Care, Home Care, Recovery Facility Care, Behavioral Health Care, Chronic Care, and Patient Information) span the continuum of healthcare delivery and are accessible through a variety of options — from Web-based reference tools to interactive solutions producing real-time management reports.

4. Will the use of the guidelines replace the judgment of the attending physician?
No. MCG’s guidelines require clinical judgment, as do any guidelines used by physicians, nurses, and other providers. The care guidelines are a body of literature cast in a form readily usable by busy clinicians. As such, they are tools to support medical decision making and are not offered as a substitute for sound clinical judgment applied to an individual patient’s condition.

For more information, visit www.careguidelines.com or email MCG.GR@careguidelines.com.
5. What is the authority of the guidelines? How are they developed?
MCG’s clinical staff develop the guidelines by applying the principles of evidence-based medicine. All content is reviewed annually. More than 20,000 unique references are cited in the current guidelines edition. MCG’s epidemiologists examine databases that cover a significant portion of the U.S. population, to validate that these published research results are achievable in real-life situations.

In creating the care guidelines, MCG’s clinical editors draw on published articles, clinical databases, textbooks, and nationally recognized guidelines. The editors use the following generally accepted hierarchy to weigh and grade the evidence, beginning with the strongest:

- Evidence Grade 1: Randomized controlled trials
- Evidence Grade 2: Other peer-reviewed published sources
- Evidence Grade 3: Unpublished data (e.g., large database analyses)

6. How can the guidelines support programs designed to improve the quality of care?
MCG’s guidelines enable users to track and analyze variations in care. Government and industry supported quality measurement programs can use this analysis to identify opportunities to improve care quality and efficiency. To help healthcare professionals integrate best practices into their own programs, MCG’s care guidelines provide a range of tools and resources:

- Interactive software simplifies the documentation of variances from best practice and includes integrated quality measures, allowing healthcare professionals to identify improvement opportunities.
- Patient education information for clinicians helps guide clinicians in providing thorough instruction to patients on self-care management.
- Care pathways incorporate evidence-based care elements, recovery milestones, and quality measures, promoting proactive care and discharge planning.

7. How can the guidelines improve patient safety?
Unexplained variations in healthcare services and inconsistent treatment patterns may indicate systemic inefficiencies that can undermine patient safety. By supporting clear communication and evidence-based decision making, MCG’s guidelines and embedded care management tools help remedy underlying causes of clinical variation and make care delivery settings safer for patients. These tools include:

- Guidance that helps identify potentially harmful omissions and delays in care
- Recovery milestones that allow comparisons between a patient’s actual clinical status and optimal recovery path and help care givers anticipate next steps
- Tools that provide information for safe and effective discharge to next level of care
- Extensive care planning materials that help coordinate care across the continuum and evaluate patient psychosocial, nutritional, and educational needs
- Patient information handouts (covering preoperative information, inpatient care plans, and discharge instructions) written at a fourth- to sixth-grade reading level with easily readable type and graphics that support comprehension and retention by those with poor literacy skills or limited vision

8. How do the guidelines fit into a healthcare organization’s current operations?
Decision support tools must fit smoothly into the day-to-day work of busy staff. MCG guideline recommendations are concise, actionable, and measurable. Supporting evidence is easily accessible, and our Web-based and interactive solutions support both onsite and remote care management. The guidelines incorporate background information and a concise description of proper use, complemented by MCG training opportunities. The guidelines can be modified to meet local requirements, and implementation is most effective when healthcare providers are actively engaged in the process.

9. Does the Goal Length of Stay dictate how long patients may stay in a hospital?
The Goal Length of Stay information provided in MCG’s guidelines is premised on recovery times possible in the most efficient healthcare facilities. These target lengths of stay cover the entire spectrum of medical and surgical patients, assuming the patient experiences optimal care and optimal recovery. These targets are typically used to plan inpatient care and project the length of stay a patient may need. If the patient has an optimal recovery, if an extended stay is not required, and if adequate discharge planning has been done, the patient often can go home within the Goal Length of Stay. Most importantly, the guidelines provide clinical indicators of when it is appropriate to transition a patient to the next level of care. As with coverage and payment decisions, each patient’s individual circumstances must be factored into the attending healthcare professional’s clinical judgment to determine treatment patterns and target length of stay.

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