

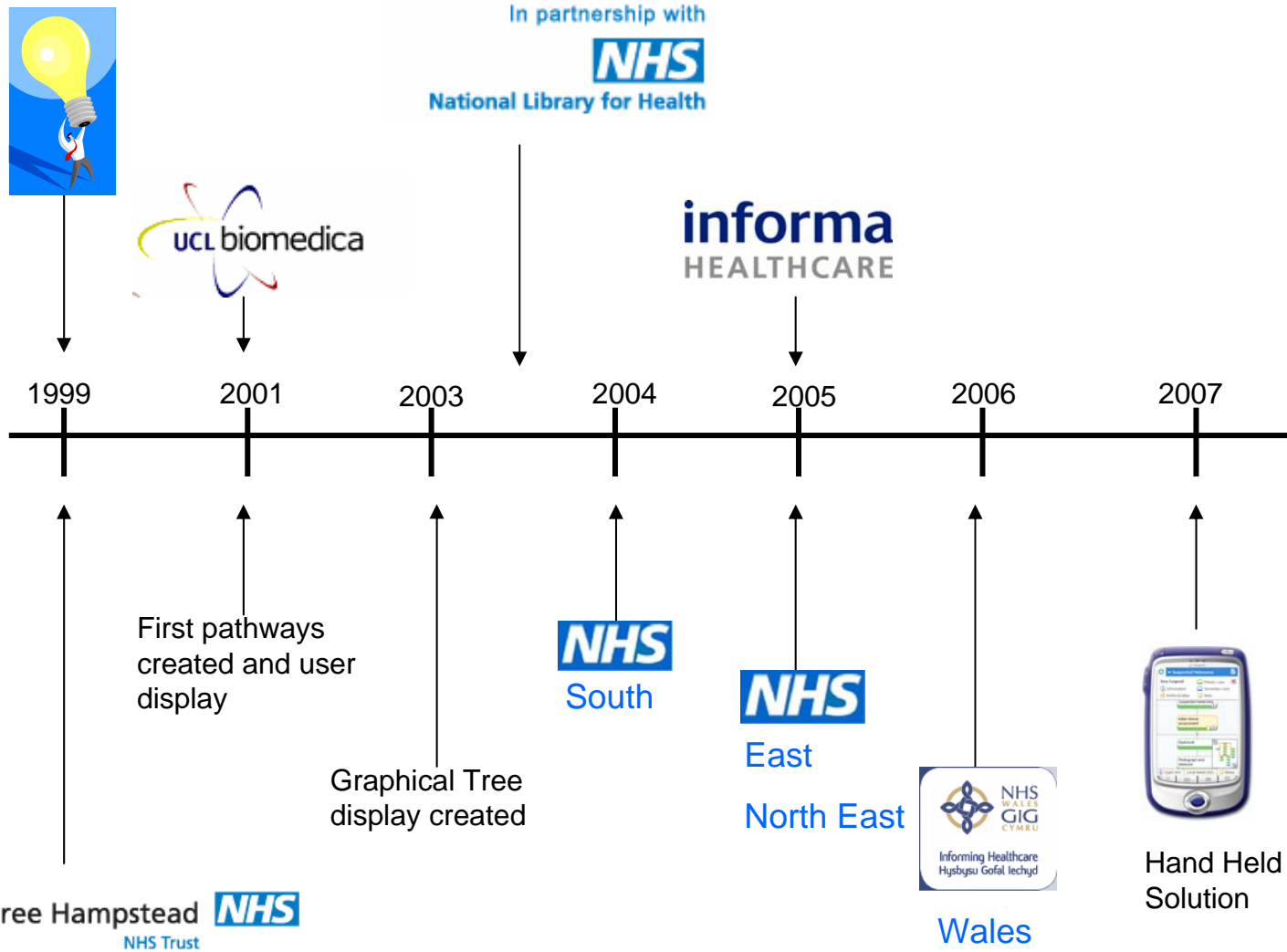


Mobilising best practice across healthcare

Agenda

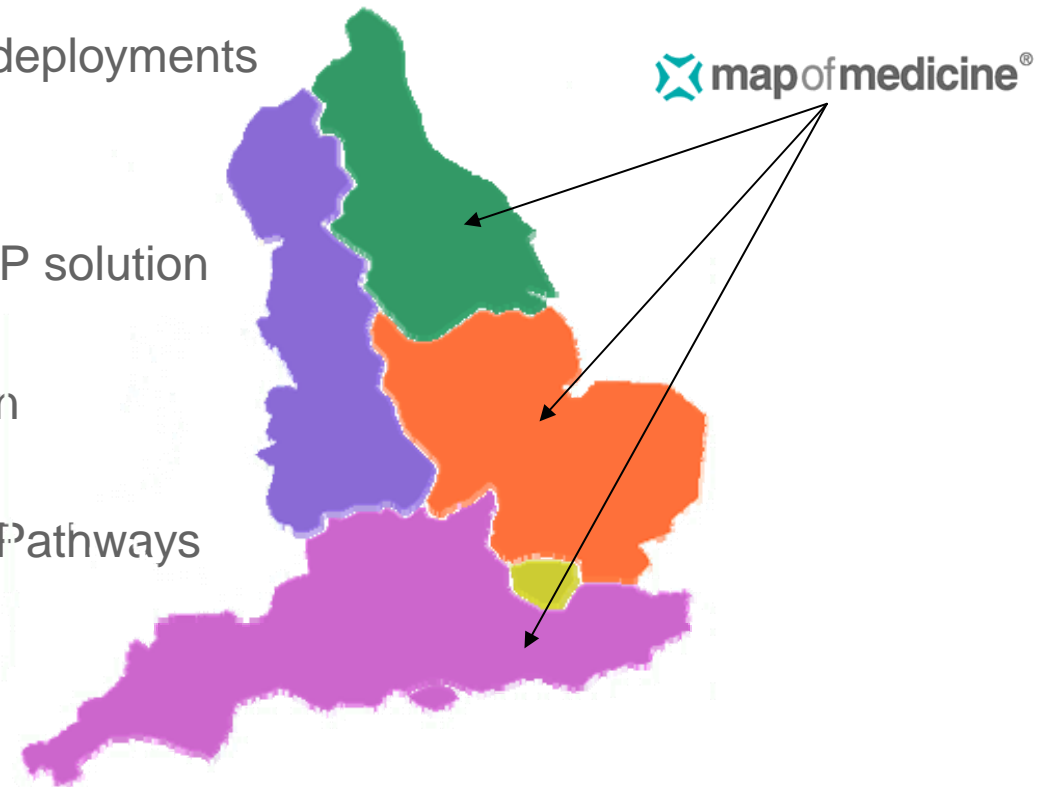
- Background
- A Problem
- A Solution
- Demonstration
- Benefits Summary
- Discussion & Next Steps

Map of Medicine History



Background: Recent Progress

- UK Adoption
 - 3/5th of England – 215 deployments
 - Wales
- Available globally as an ASP solution
- Kenyan Pilot – PDA solution
- Content now has over 250 Pathways



A Problem in Healthcare

- Overload:
 - Growing information base
- Clinical governance
 - Overload of guidelines
 - Addressing students, locum and agency staff – limited local knowledge
- Increasing patient safety issues and rising patient expectations
 - Less patient time, more referrals
 - Recent Data
 - Medical errors
 - Rising cost of claims
 - Value of evidence

Overload: Growing Information Base

- The amount of biomedical knowledge doubles every 20 years*

Per day**:

5000 biomedical articles

1260 new articles in Medline

- *Example:* the total number of medical articles dealing with fibromyalgia has increased 5-fold during the past decade***
- More than 35,000 journals in publication

* Jeremy C Wyatt, Frank Sullivan. Keeping up: learning in the workplace. BMJ 2005;331:1129-1132 (12 November)

** Prof. Paul Glasziou, 2005

*** Don Goldenberg and Nicole Smith. Fibromyalgia, Rheumatologists, and the Medical Literature: A Shaky Alliance. J Rheumatol 2003;30:151-3

Clinical Governance: Overload

- In the UK, in guidelines alone, there is an overwhelming number and volume:

*Example GP Practice - 855 different guidelines:**

- *a pile 68 cm high*
- *weighing 28 kg*
- Significant variation:**
 - *Content*
 - *Development*
 - *Dissemination*
 - *Implementation*
 - *Evaluation*



How do we stay current and consistent?

* Guidelines in general practice: the new Tower of Babel? *BMJ* 1998;317:862-863

** Guidelines on anticoagulant treatment in atrial fibrillation in Great Britain: variation in content and implications for treatment. *BMJ* 1998;316:509-513

Clinical Governance

Need to address student, trainee, and locum staff....

- Especially relevant for the UK where the ratio of junior to senior doctors is 1.4:1 (the EU average is 1:4)*
- About 25% of NHS consultations are provided by locum staff
 - Limited clinical and/or local knowledge

* Tony Sheldon. *Pressure mounts over European Working Time Directive*. BMJ 2004;328:911 (17 April)

Patient Safety

Docs have less time with patients and referrals are increasing:

- An average face to face GP appointment is just 8.2 minutes in the UK*
- The much increased number of inappropriate referrals**

* Brian H McKinstry, *Telephone consultations may not save time*, *BMJ* 2002;325:1242

** G J Elwyn, N C H Stott, *Avoidable referrals? Analysis of 170 consecutive referrals to secondary care*. *BMJ* 1994;309:576-578 (3 September)

** D T Lipman. *Appropriateness of referrals to hospital. Appropriateness of referrals to hospital*. *BMJ* 1994;309:1233 (5 November)

Patient Safety: Recent Data

Cost of Medical Errors

US: Medical errors are the third leading cause of death*

\$76 billion is spent each year fixing adverse drug events**

A 700-bed hospital spends more than \$2.8 million annually fixing preventable adverse drug events***

UK**:** About 10% of patients in NHS unintentionally harmed

Patient safety incidents cost the NHS an estimated £3 billion a year

50% of these patient safety incidents could have been avoided

* Barbara Starfield, *Is US Health Really the Best in the World?* JAMA. Vol 284 July 26, 2000

** Johnson, Bootman. *Drug-related morbidity and mortality. A cost-of-illness model.* Arch Intern Med. 1995 Oct 9;155(18):1949-56

*** Bates et al. The cost of adverse drug events in hospitalised patients. JAMA 1997;277;307-311

**** National Audit Office (2005) *A Safer Place for Patients: Learning to improve patient safety*

Patient Safety: Recent Data

Power of Evidence

80% of physicians changed their care as a result of evidence*

as follows:

Avoided hospitalisation in 12%

Reduced overall length of stay in hospital in 19%

Changed diagnostic tests in 51% and drug choices in 45%

Avoided additional tests or procedures in 49%

Adhering to evidence-based guidelines for treating hypertension alone could save at least \$1.2 billion annually in US**

* Marshall J G. *The impact of the hospital library on clinical decision making: the Rochester study*. Bull Med Libr Assoc. 1992 April; 80(2): 169–178

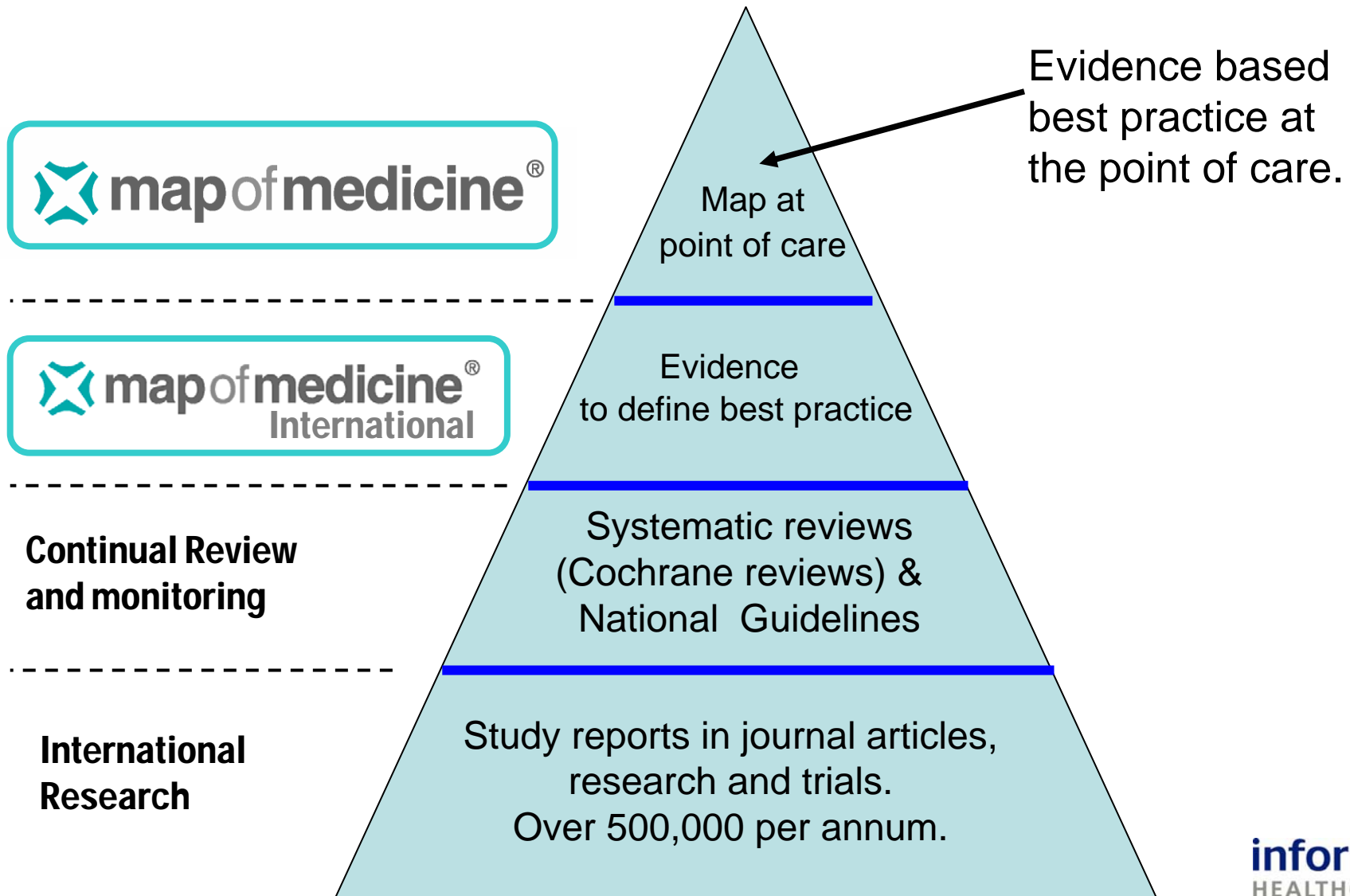
** Fischer MA, Avorn J. *Economic implications of evidence-based prescribing for hypertension: can better care cost less?* JAMA 2004;291:1850-6.

A Solution: The Map of Medicine

- Clinical, evidence based best practice at the point of care to assist clinicians
- Single point of access to the latest research and trial data reviewed by 500+ clinicians
- All evidence is disseminated to ensure that it is relevant and appropriate to the care context

A Solution: The Map of Medicine

- Information Overload:
 - Distilled accurate information
 - Over 250 evidence-based patient journeys
 - Spanning all care settings
 - Created by clinicians for clinicians
 - Annually reviewed and updated
- Clinical Governance
 - Localisable and customisable
 - Easy addition of local instructions
 - Managed process for consistency
- Patient Safety
 - Consistently available to support doctors
 - Accessible at the point of care
 - Make the right referrals when needed
- Links to NLH and other national knowledge sources – a total healthcare knowledge solution



Evidence Sources



Centre for Reviews and Dissemination



CMA INFOBASE
clinical practice guidelines



EMBASE.com



The NHS Health Technology Assessment Programme



Australian Government
National Health &
Medical Research Council



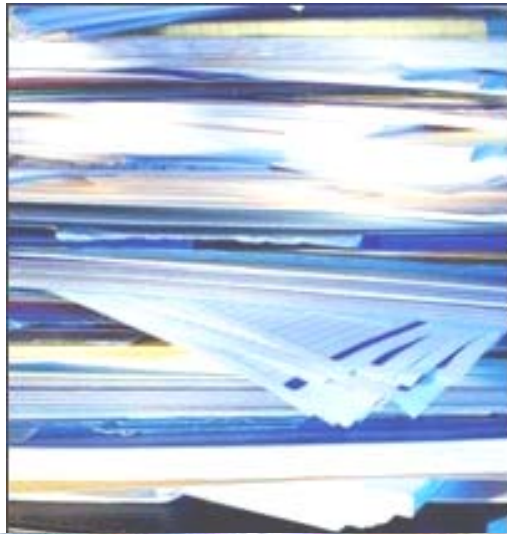
NHS
National Institute for
Health and Clinical Excellence



Australian Government
National Health and Medical Research Council

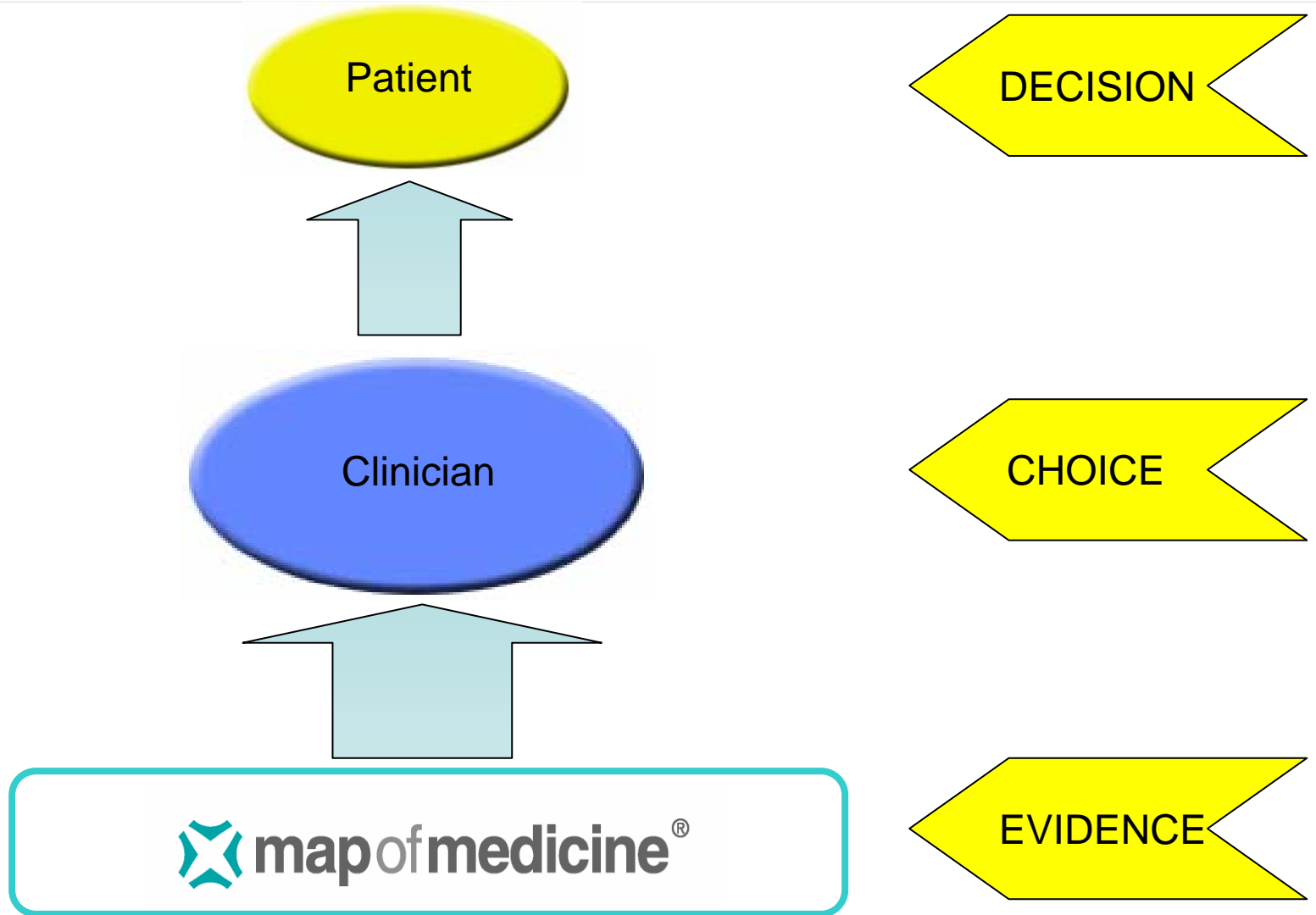


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HEALTHCARE

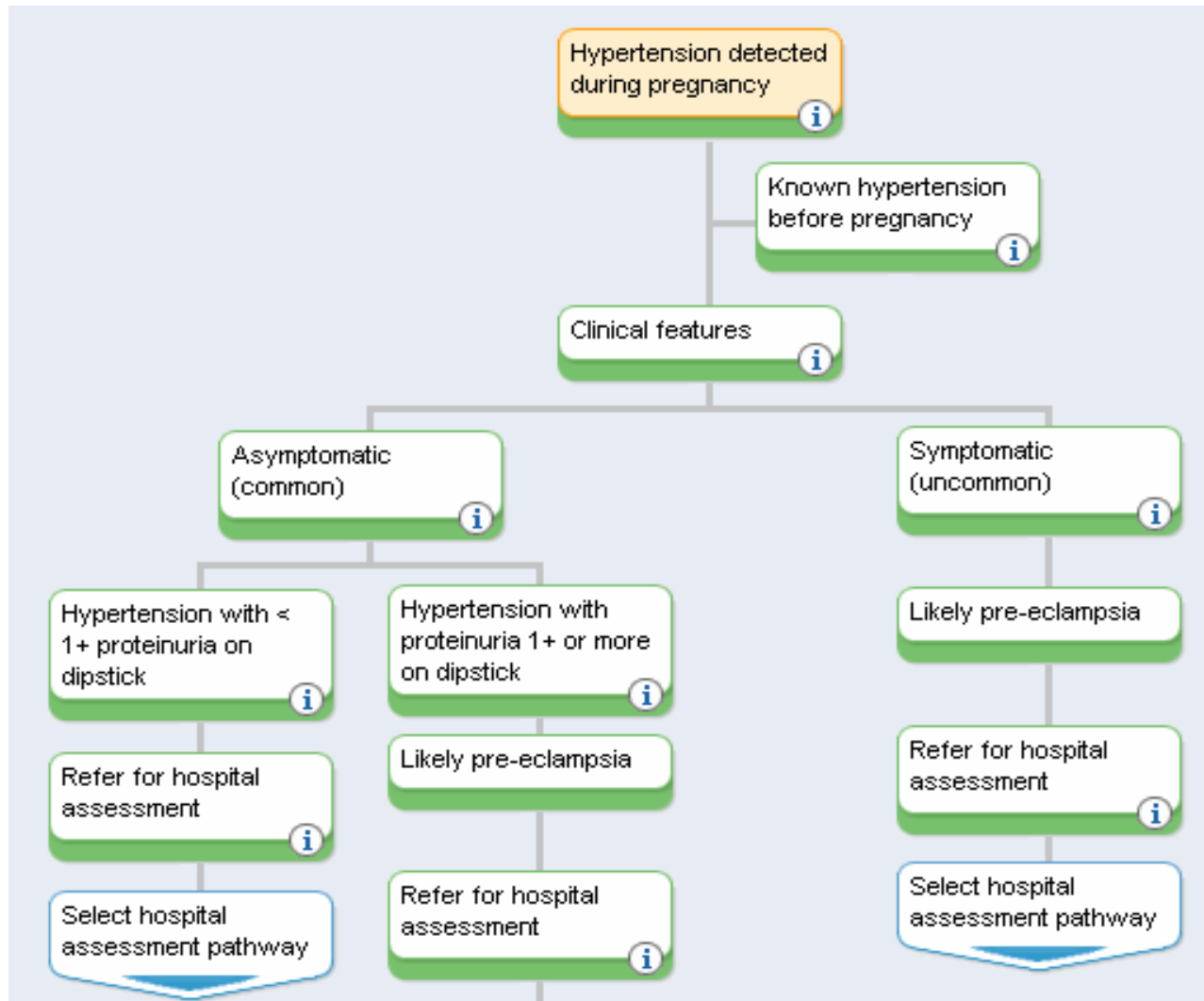


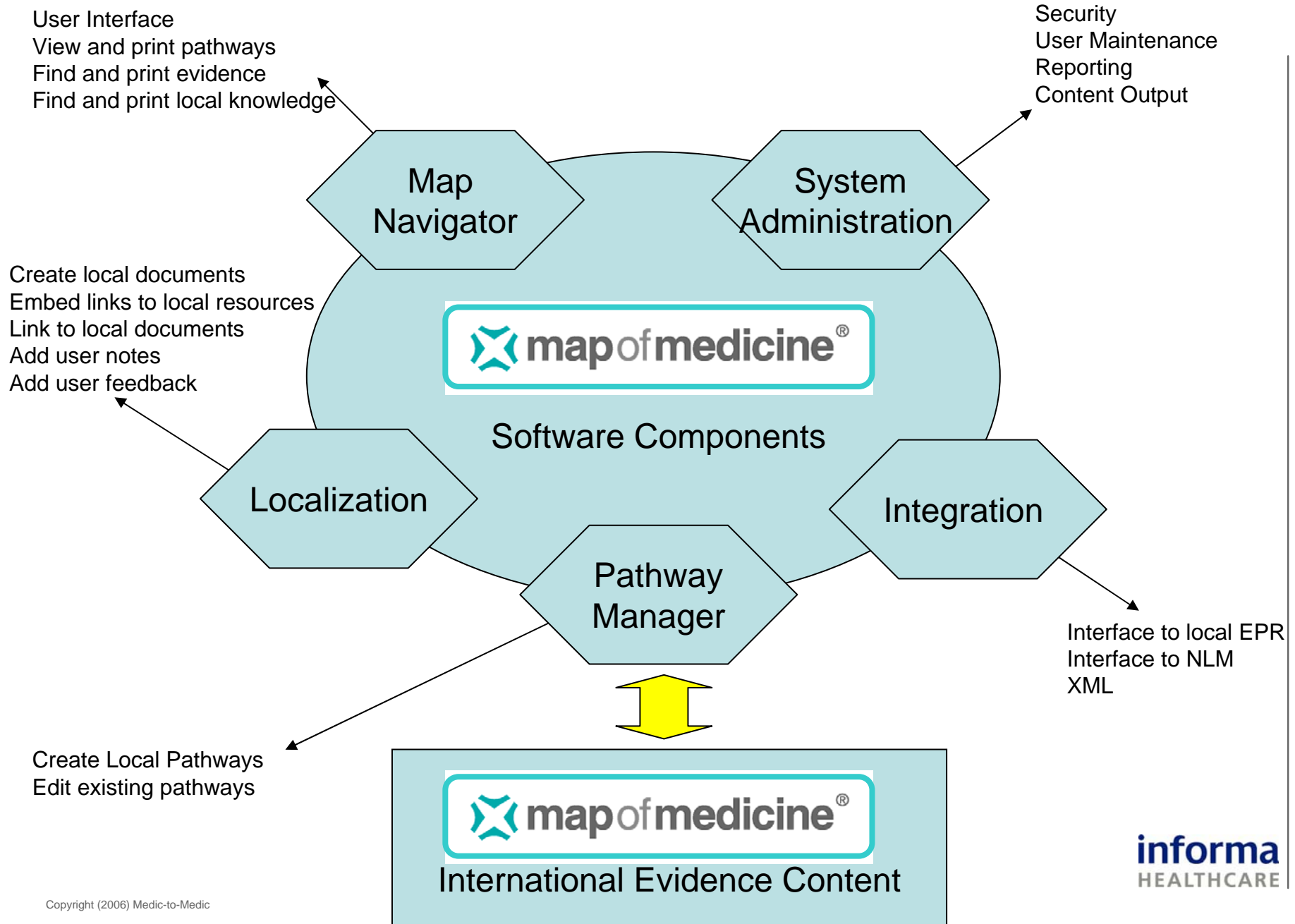
COLLATE + FILTER





Graphical Tree – A Clinicians Tool

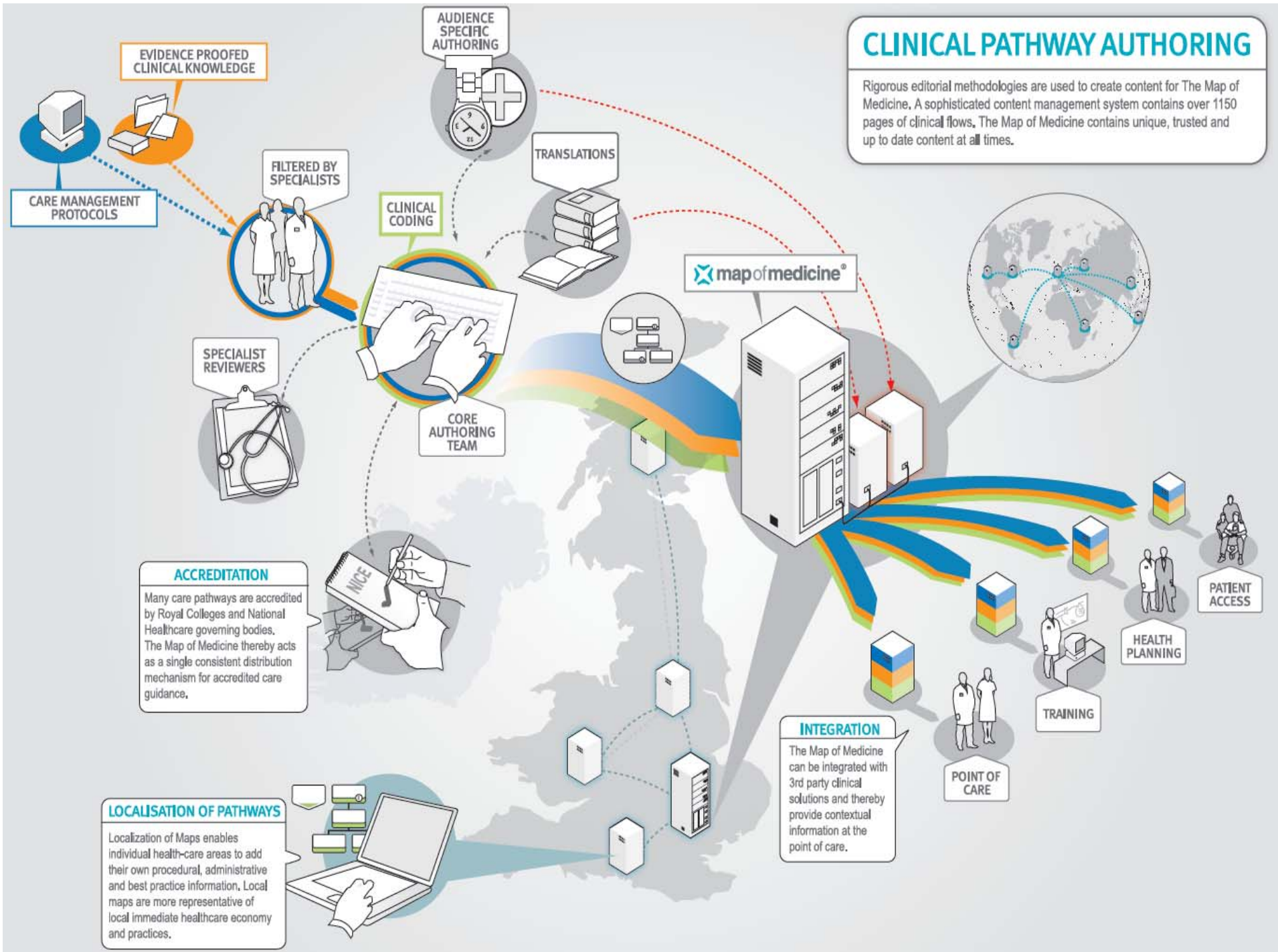


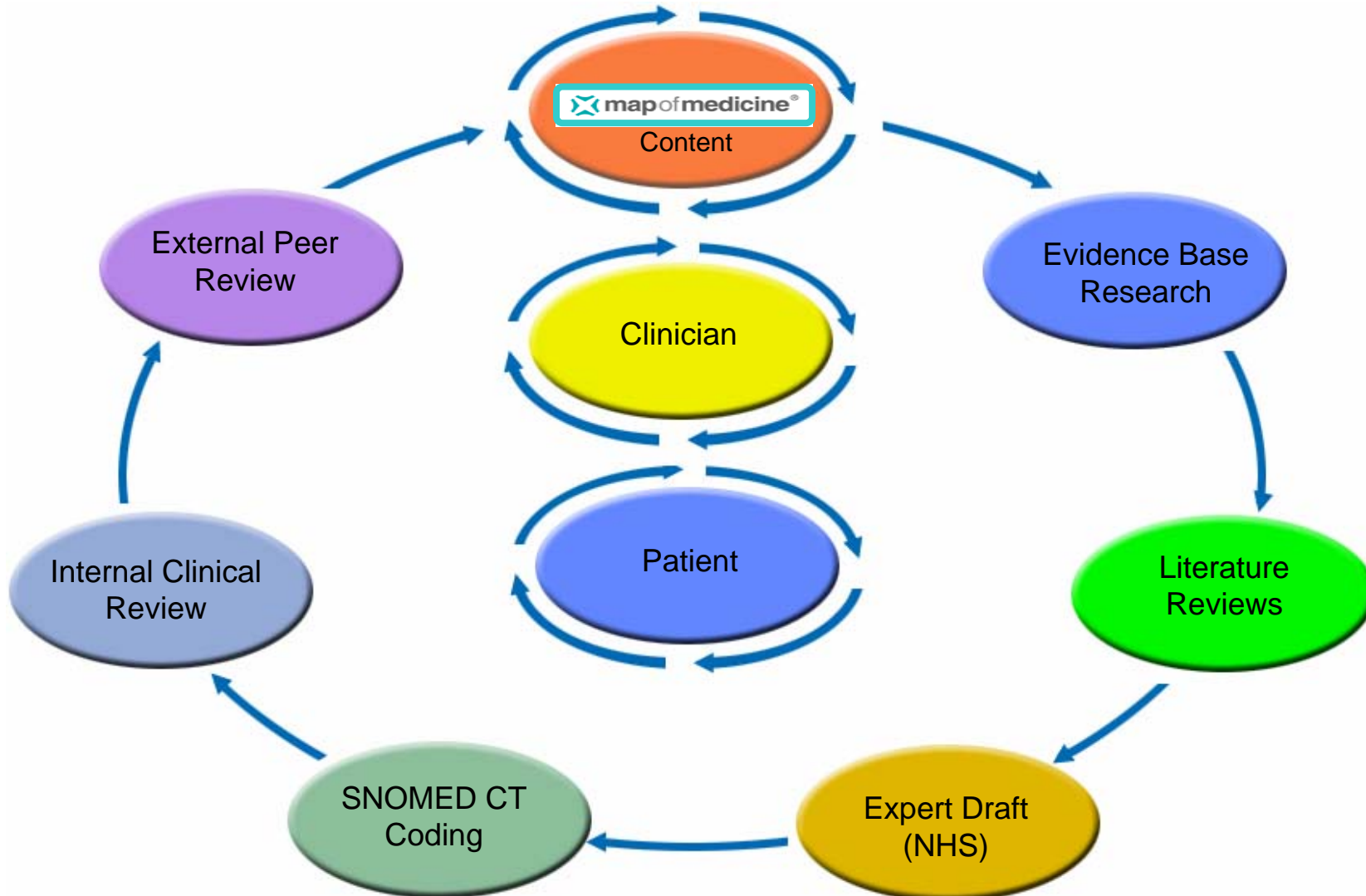


A Brief Demonstration

CLINICAL PATHWAY AUTHORIZING

Rigorous editorial methodologies are used to create content for The Map of Medicine. A sophisticated content management system contains over 1150 pages of clinical flows. The Map of Medicine contains unique, trusted and up to date content at all times.





The Map of Medicine – Benefits Summary

For clinicians

- Up to date and evidence-based
- Time saving
 - Your visualised thought- and workflow
 - Fast and simple to use – “Less is More”
- A personalized source of structured and visual clinical and admin information

For managers / planners / insurers

- Driving standardisation of practice - minimizing risk
- Enhancing patient safety
- Supporting clinical governance - a single source of best practice guidance
- Minimizes the risks of poor referrals, inappropriate tests and procedures
- Facilitating strategic planning and efficient use of resources

For IT professionals

- Easy to implement and maintain
- Web based component of IT transformation
- Supports implementation of international terminology (e.g. SNOMED-CT) and messaging standards (e.g. HL7v3)

Discussion

Thank you for your time