INTRODUCTION

Most health technology assessment (HTA) centers are associated with payors or government agencies. They most frequently review and analyze emerging and costly technologies. But hospitals often have to make decisions about processes of care that have impact not only on cost, but on the quality and safety of patient care.

In 2006, our academic medical center created a Center for Evidence-based Practice (CEP) for the purposes of gathering scientific evidence and applying it to decision making about purchasing, formularies, and clinical practice. CEP is now four years old, and some trends in its activities can be seen.

CEP information products

CEP has two primary information products: Evidence Reviews and Evidence Advisories. Evidence Reviews are systematic reviews of published clinical studies on a well-defined topic, similar to evidence reports published by other health technology assessment organizations. Evidence Advisories are shorter-form reports usually based on limited searches of guidelines and systematic reviews. We also perform Evidence Inventories (see poster 527) which report on the quantity and type of evidence for a particular topic. All the products have some common features, including summary points in a box on the cover page and a structured review protocol as part of the methods section.

Our work is not limited to these standard reports. CEP has also completed projects to gather and analyze evidence on a contract basis for in-house clients and outside agencies such as the Healthcare Information and Control Practices Advisory Committee of the US Centers for Disease Control and Prevention.

Sample CEP report topics

Process of care
Management of central catheters in hemodialysis patients (R) Prevention of catheter-related bloodstream infections in home infusion patients (R) Guidelines for care after percutaneous coronary intervention (A) Transfusion protocols for orthopedic surgery patients (R) Complications of percutaneous coronary intervention (A) Management of retroperitoneal bleeding in coronary cath pts (R) Management of the second-stage of labor (A) Glycemic control in critically ill patients (A) Symptom-triggered vs. fixed-schedule treatment in alcohol withdrawal syndrome (R)

Drug
Gastrointestinal bleeding risks with celecoxib (R) Torsoside for edema in heart failure patients (R) Incretins for type 2 diabetes in inpatients (A) Recombinant factor VIIa for anticoagulation reversal (R) Low molecular weight heparins for prevention of VTE in home infusion patients (R) Dextran for patients with influenza-related respiratory failure (R) Indications for robotic-assisted surgery (I)

Diagnostic test
Cardiac CT for acute chest pain (R) Screening tests for recent heavy alcohol use (R)

Device
Vertos MILD for lumbar decompression (A) Antimicrobial sutures for preventing surgical site infections (R) Portable intermittent compression devices to prevent VTE (A) Ex-PRESS glaucoma shunt for ocular drainage (A) Bispectral index monitoring for comatose patients (A) Comparative effectiveness of thermometers (A) ECMO for patients with influenza-related respiratory failure (R) Indications for robotic-assisted surgery (I)

CONCLUSION

Our center has completed more than 100 reports since its inception four years ago. Users of our reports come from both clinical and administrative units of our hospitals. Most of the growth in CEP report production has been in short-form evidence advisories; they have contributed to a reduction in average report completion time to about 4 weeks, which is rapid by the standards of other HTA providers.