Introduction
Most health technology assessment (HTA) centers are associated with payers 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 medical center created a Center for Evidence-based Practice (CEP) for the purpose of gathering scientific evidence and applying it to decision-making about technology acquisition, and clinical practice. CEP is now five years old, and some trends in the evidence reports can be seen.

CEP organization and staffing

CEP is one of several offices reporting to the chief medical officer of the health system (CMO) that are dedicated to improving the quality and safety of care throughout our medical center.

The center is staffed by two part-time co-directors who report to the CMO. Both co-directors have degrees in clinical epidemiology and have regular clinical duties in UPHS hospitals. Three full-time HTA analysts produce the majority of the evidence reports.

Other center members include an infection control physician, five clinical liaisons (physicians and nurses), a health economist, a librarian, and administrator. Total staffing is 5.5 full-time equivalents. The center’s budget is US $750,000 per year.

CEP information products

CEP has two primary information products: Evidence Reviews and Evidence Advisories. Evidence Reviews are systematic reviews of published 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 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.

Our work is not limited to these standard reports. CEP has also completed projects to gather and analyze evidence on a contract basis for outside agencies such as the Healthcare Information Control Practices Advisory Committee of the US Centers for Disease Control and Prevention. The latter projects usually take much longer than our usual reports.

CEP report and publication production

The number of reports initiated at the center grew between 2007 and 2009 as staffing increased and potential clients became more aware of CEP. Production leveled off in 2010 and is now about 40 reports per year. It will likely increase again in 2012 because of the addition of a third analyst to the staff. Results of some of our evidence reviews are published in the peer-reviewed literature. CEP has published over 30 articles to date.

Rapid HTA

A distinction between CEP evidence reports and Cochrane reviews is the rapid turnaround time for our evidence reviews.

The graph at right shows median days from a client’s request to the time evidence tables are completed and the first draft of the report is ready. Time to finalize reports is often longer because of delays in outside review. Time to complete full evidence reviews has decreased over CEP’s five-year history, as the result of hiring additional research analysts and sharpening the focus of reports.

Dissemination of evidence

Putting evidence into clinical practice is the primary mission of our center. Thus dissemination of our findings to physicians, nurses, and administrators is of great importance to our success.

The primary means of dissemination, besides e-mailing reports to the people who commissioned them, is an intranet site. The site was developed using SharePoint software and is searchable.

We help drive traffic to the site by e-mailing short summaries of evidence reports to clinicians in our health system. The plurality of reports are completed for clinical departments at the UPHS hospitals: to support their own quality improvement efforts and help with decisions about new technologies.

Report topics

While report production has increased over the five-year history of the center, the breakdown of topics between drugs, devices, and processes of care has remained mostly unchanged.

“Process of care” topics are a particular focus for our center. Most HTA and comparative effectiveness reports are compiled from the payer perspective, and deal with new and potentially costly medical technologies. But many important clinical decisions involve processes of care: the organization and utilization of services in the hospital.

Conclusion

Our center has completed more than 150 reports since its inception five 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.