1. BACKGROUND:

- Variations in physician practice are well-documented, despite the existence of best practices.
- Difficulty in translating research into practice, as well as industry influence, are two factors responsible for unnecessary variation.
- For academic medical centers (AMCs), these variations may lead to inefficiencies resulting in lesser quality patient care and opportunity costs, such as the inability to reinvest in education, research, and patient care.

2. PURPOSE:

- To support the quality, safety, and cost-effectiveness of patient care, the AMC created a Center for Evidence-based Practice (CEP) designed to synthesize scientific evidence for AMC decision making about clinical policy.

3. DESCRIPTION:

- CEP opened in July 2006, is funded by the AMC Chief Medical Officer, and is staffed by two hospitalist co-directors trained in epidemiology, two health technology assessment (HTA) analysts, primary care and infectious diseases physician liaisons, a librarian, a health economist, and an administrator, all totaling 4.5 full-time equivalents (Figure 1).
- Approximately 100 reports (guidelines, standalone evidence reviews, and short advisories) have been completed to date for medical, nursing, and administrative leaders, as well as standing and ad hoc committees (e.g. Anticoagulation Task Force). Topics have included lower-cost practices, like the use of heparin versus saline for catheter flushing, to higher-cost and emerging technologies, like the use of telemedicine in critical care (Table 1 and Figure 2).
- Evidence reviews are shared publicly through the National Guideline Clearinghouse, the Cochrane indexed Centre for Reviews and Dissemination HTA Database, peer-reviewed publications, and conference abstracts.
- CEP offers education through workshops, an elective for residents, faculty CME, and academic detailing.

4. RESULTS:

- Variation in physician practice is well documented, despite the existence of best practices.
- Difficulty in translating research into practice, as well as industry influence, are two factors responsible for unnecessary variation.
- For academic medical centers (AMCs), these variations can lead to inefficiencies resulting in lesser quality patient care and opportunity costs, such as the inability to reinvest in education, research, and patient care.

5. CONCLUSIONS:

- A small center funded by an AMC can offer systematic evaluations of high-impact clinical issues.
- Such evaluations can promote a culture of evidence-based decision-making, offer educational and publishing opportunities, and facilitate constructive relations between the AMC and outside organizations.