

Debate over 'evidence-based medicine' heats up

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No one's opposed to encouraging physicians to treat patients in accordance with the latest findings of scientific research, because who doesn't want high-quality health care?

But skeptics fret that encouragement could well turn into coercion.

Private and public health insurers are developing measures of physician and hospital quality. Supporting these measures is what's called "evidence-based medicine" — the current best evidence about what works for preventing and treating various illnesses.

Evidence-based medicine consists of medical "practices that we know work," said Dr. Jeff Robertson, an executive vice president with The Regence Group, Portland, Ore.-based Northwest operator of Blue Cross and Blue Shield firms. It's the result, he said, of controlled scientific studies with results that are statistically significant.

Evidence-based medicine also is employed by organizations creating "practice guidelines" to assist doctors in treating patients by, according to one definition, "specifying the process of diagnosing and treating particular conditions."

Critics, however, worry that insurers will abuse evidence-based medicine to create a new form of managed care aimed at controlling health costs by, once again, interfering with the doctor-patient relationship.

"Looming on the visible horizon of American health care is a new attempt to control the practice of medicine and limit — indeed, ration — patient access to health-care services," said Twila Brace, president of St. Paul-based Citizens' Council of Health Care, in a recent report,

"How Technocrats are Taking Over the Practice of Medicine."

"While doctors often refer to it as 'cook-book' medicine, this quickly advancing strategy is best known by the name 'evidence-based medicine,'" she said.

Such guidelines for doctors are not guidelines at all, in the view of Brace, a registered nurse: "These so-called 'best practices' are poised to become coercive mandates" imposed by Medicare, other government agencies and private health insurance companies.

"The public should be alarmed," declared Brace, who recently spoke about this issue at a health-care conference sponsored by Seattle-based Washington Policy Center.

Paul Guppy, research vice president at the Washington Policy Center, said he sees possible problems with this approach. It's fine for government and insurers to offer doctors practice guidelines to assist them in making decisions about how to treat patients — as long as doctors retain the final say. The reason: Evidence-based medicine is developed from large groups of patients and circumstances for individual patients may vary.

"It's when the coercive part kicks in that we begin to get concerned," Guppy said.

The Washington Policy Center and Citizens' Council on Health Care are free-market in their orientation. The council's stated mission is "to enable individual control in health-care decisions by supporting free-market principles."

Evidence-based medicine lately has drawn the attention of state and federal governments, whose budgets are straining under the burden of heavy health-care costs.

"We face a crisis in this state, and in this

nation, with rising costs of health care," Gov. Christine Gregoire said in April, while announcing the appointment of Steven Hill as administrator of the Washington Health Care Authority, which pays for state employee health insurance.

While state revenue is growing at an annual rate of 4 percent to 6 percent, health-care costs are climbing at a 10 percent rate, she said, leaving less money for education, social services and public safety. Washington spends about \$8 billion a year on health care.

Gregoire said she believes the state can save money by using evidence-based medicine to, among other things, eliminate medical procedures "of questionable value."

The possible implication: If the state budget crunch worsens, the Health Care Authority, Medicaid and other state health programs could end up paying less — or not at all — for medical care that's inconsistent with evidence-based medicine.

The Legislature earlier this year passed a measure, HB 1512, directing the Health Care Authority and the Department of Social and Health Services to work with other state agencies — as well as doctors, hospitals and businesses — to use evidence-based medicine principles to develop common performance measures.

In April, Medicare invited feedback from experts about using evidence-based medicine to determine whether it should cover medical services deemed "reasonable and necessary for the diagnosis or treatment or illness or injury."

At the local level, the newly formed Puget Sound Health Alliance plans to adopt nationally developed quality measures founded on evidence-based medicine. The Alliance

consists of local governments, businesses, insurers and health professionals. Its stated goal: to improve health-care quality and reduce costs in King, Kitsap, Pierce and Snohomish counties.

Evidence-based medicine itself is nothing new. But it came sharply into focus when in 2003 *The New England Journal of Medicine* published a Rand Corp. study finding that patients receive medical care as recommended by evidence-based medicine only about half the time.

The findings were shocking, said Robertson, at The Regence Group. They pointed up a huge gap in the quality of health care, as well as the possibility of doing something about it.

If patients were to receive evidence-based medical care even 75 percent of the time, never mind all the time, Robertson said, "the cost savings and improvement in the quality of life would be phenomenal."

How could doctors be moved collectively toward evidence-based medicine? Furnish them with information and work collaboratively with them to develop quality measures and guidelines — or jam it down their throats with threats of financial penalties?

Officials at Regence BlueShield and Premera BlueCross, the state's two largest health insurers, say these two carriers have opted for collaboration.

"Physicians are afraid that people will look over their shoulders and tell them what to do," said Premera Medical Director Dr. Mark Sollek. To allay that fear, he said, the development of quality measures must involve physicians in the process.

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