



Utilizing Evidence-Based Medicine Will Encourage and Reward Effective Care, Promote Value and Increase Quality

Health Plans, Government, and Employers Should Adopt Policies that Speed Adoption of Evidence-Based Medical Practices and Reduce the Use of Unproven and/or Ineffective Treatments.

Issue: Our health system gets only fair marks for providing care consistent with established guidelines for clinical practice. The Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, concluded today's health care system is "too tolerant of mismatches between knowledge and action." Several programs, such as the BlueCross, BlueShield Association (BCBSA) Technology Evaluation Center, assess scientific evidence for medical technologies. By linking benefit design to medical practices with demonstrated effectiveness employers and government can enhance the health and quality of life of employees and their dependents and improve their return on benefits investment.

Position: The National Business Group on Health, representing approximately 300 large employers who provide coverage for 55 million Americans, believes that in order to receive the highest quality and most effective care, benefits must be structured on effective practices.

The National Business Group on Health supports the following principles for evidence-based medicine:

- Identify a core schedule of benefits for which there is already scientific evidence of effectiveness. Employers could use the schedule to: assess their current plans, revise employee cost-sharing, and bolster pay-for-performance initiatives. The schedule might also form the core of a benefits plan for sponsors considering more limited coverage and/or by individuals who cannot afford or do not want a comprehensive plan.
- Define a process for quickly translating evidence-based assessments to coverage and provider payment policies.

Evidence-Based Medicine Will Help Improve Quality and Patient Outcomes

- A 2003 Rand Corporation report found that clinicians follow evidence based guidelines are followed by clinicians in less than 55% of patient diagnoses.
- For myocardial infarction survivors, prescribed aspirin or beta-blockers have lower mortality rates than those who are not prescribed these drugs. In addition, where clinicians use more warfarin and stroke unit referrals, stroke mortality declines by 20%.

Evidence-Based Medicine Will Help Control Costs and Reduce Inefficiencies

- Estimates of the amount of unnecessary, duplicative, and inefficient care run as high as one-third of total annual health care spending.
- Merenstein, et al (2006) found that providers ordered unwarranted tests more than 40 percent of the time during annual health exams.
- In the United States research into preventing and treating AIDS has cost \$30 billion since 1981. Had the research results not been applied to practice, more than 50% of hospital beds in the US would be filled with AIDS patients, at a cost of \$1.4 trillion.

Align Benefits with Evidence Based Medicine

- Linking benefit design to medical practices with demonstrated effectiveness enhances health and quality of life of employees and their dependents. Evidence-based medicine will reduce the use of unproven and/or ineffective treatments, thus protecting the health care investments of employers and employees.
- According to Shortell, et al (2003), "Large physician groups are using only one-third of recommended care-management processes for asthma, congestive heart failure, depression, and diabetes. The four conditions account for about 140,000 deaths and more than \$143 billion in costs each year in the U.S."