

“Asthma can be a highly variable disease. While there is good evidence for quality care, the general applicability of this evidence is limited by real-world circumstances. An over-reliance on evidence in the name of efficient health care can have the opposite, unintended consequence of restricting access to appropriate care for millions.”

Bill McLin, Executive Director, Asthma/Allergy Foundation of America (AAFA)

“Without the collective resources of the Working Group, there is no way that our sole organization acting by itself could stay abreast of the ever-widening initiatives by others beneath the protective cloak of ‘evidence based medicine.’ Nor could we unilaterally summon the creativity and the energy needed to respond so that a participatory process could be guided and unfold fairly for everyone impacted.”

Nancy Muller, Executive Director, National Association For Continence (NFC)

“The gap between our knowledge base and ordinary clinical practice can be deadly. Closing this gap is perhaps the most important area in medicine. Designing clinician-friendly decision support systems that both help structure clinical decision making and provide benchmarks for patient progress is one appealing strategy for closing the gap. Ultimately, decisions must be those of clinicians and their patients and will, by necessity, be unique for the individual.”

David Shern, CEO, Mental Health America

For a list of the National Working Group on Evidence-Based Health Care’s participating organizations visit: www.evidencebasedhealthcare.org.

The National Working Group on Evidence-Based Health Care represents consumers, caregivers, practitioners and researchers committed to promoting accurate and appropriate evidence-based policies and practices to improve the quality of health care in the United States. We are dedicated to health care that relies on the most up-to-date research, clinician expertise and patient values.

The Core Values of the Working Group:

- Communicate the importance of and appropriate use of evidence in public policy decisions.
- Establish a forum for information on federal and state initiatives to review policy trends around EBH.
- Advocate for transparency and inclusion of all stakeholders in evidence-based policies and decisions.
- Develop consensus for common principles on EBH.

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THE NATIONAL WORKING GROUP ON EVIDENCE-BASED HEALTH CARE



*Protecting patients and ensuring
balanced evidence-based health care policy
through education and advocacy.*

What is Evidence-Based Health Care?

Evidence-Based Health Care (EBH) is a concept of determining a patient's treatment by balancing scientific evidence, practitioner judgment and patient experience and preferences.



SCIENCE BASE

+



CLINICIAN EXPERTISE

+



PATIENT'S
EXPERIENCES/PREFERENCES

=

EVIDENCE-BASED HEALTH CARE

The Situation

It's important that the health care we receive is based on solid science. Yet nearly half of the health care services delivered in our country do not meet basic quality standards. We must move to improve care with evidence-based medicine, without viewing it solely as a way to cut costs. Improving quality care and making the best use of health care resources are not contradictory goals. Members of the Working Group are health care consumers, professionals and advocates committed to improving the quality of care by balancing scientific evidence with clinician judgment and input from patients themselves.

Why Isn't Published Evidence Enough?

Up-to-date scientific research gleaned from clinical studies is an essential component of good health care.



But the science is just the beginning. Patients have different histories, needs and experiences. In determining treatment for an individual patient, the clinician must take into account relevant scientific evidence and the patient's unique situation as well as his or her own experience and judgment. Published evidence is not enough because:

- Relying on scientific evidence alone to develop medical practice guidelines can lead to "one-size-fits-all" treatment.
- Study designs often do not contain representation of culturally and ethnically diverse populations that is adequate to draw conclusions about the effectiveness of a treatment for their condition. This could result in research that draws wrong or harmful conclusions about treatment for culturally diverse populations, children, older adults and those with multiple health conditions.
- The inappropriate application of "evidence" in the development and promotion of inflexible policies can restrict patient access to quality care.
- The evidence of many published studies is based on the *efficacy* of a treatment under controlled conditions rather than the *effectiveness* of treatment in real world settings.



What Can I Do?



Patient input and involvement is crucial. Individuals and organizations can join the National Working Group on Evidence-Based Health Care at www.evidencebasedhealthcare.org. By joining the Working Group, individuals can receive assistance on:

- Communicating with elected representatives, policymakers, the media and other community members about the importance of EBH.
- Communicating with academic and research communities about the need for more research on all age, racial and ethnic groups to clarify the different disease experiences of all kinds of patients including treatment and health outcomes.
- Offering input during public comment periods for:
 - The Drug Effectiveness Review Project: www.ohsu.edu/drugeffectiveness/timeline/index.htm
 - The Centers for Medicare & Medicaid Services, Medicare Coverage Decisions: www.cms.hhs.gov/InfoExchange
 - The Food and Drug Administration, Patient Involvement: www.fda.gov/ohrms/dockets/default.htm
 - The Agency for Healthcare and Research Quality Health Effectiveness Review: <http://effectivehealthcare.ahrq.gov/synthesize/reports/draft.cfm>

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