Accelerating the Adoption of Evidence-Based Practices
New West Physicians’ Approach

BACKGROUND

New West Physicians was formed in 1994 by a group of primary care physicians (PCPs) who were united by a desire to share a common structure and purpose. While uncertain about the future of health care, the medical group believed that if they could demonstrate their ability to provide true value, they would be successful. New West leadership recognized early on that much of what determines quality and cost outcomes stems directly from the care decisions of the PCP, and while most physicians understand the value of integrating new scientific discoveries into their practice, few have sufficient time to sift through the endless stream of new research. Furthermore, New West realized that clinical inertia could make changing practice patterns difficult, and the traditional fee-for-service payment system made the adoption of new, un-reimbursable activities extremely unlikely. Consequently, in 1997, New West leadership developed the Bench to Bedside Program aimed at implementing new evidence-based medicine (EBM) into practice within just 12 weeks of a clinical study’s publication, a process that historically had taken as long as 5 to 15 years to complete.

APPROACH

New West’s Bench to Bedside Program uses a simple approach. Each month, the Chief Medical Officer (CMO) reviews the relevant literature for both primary care and major medical specialties to identify studies with the strength of evidence to affect current practices patterns. Such studies then undergo a deeper review. If a study is decided to be particularly relevant, it will be presented for a vote during the monthly meeting of the Medical Management Committee – a group which includes one physician representative from each of the 17 practice sites.

When a new EBM practice has been determined to merit systemwide adoption, New West communicates the clinical practice change to its providers through multiple mediums. First, the organization leverages the New West Forum, a quarterly periodical written by the CMO, to share key findings and recommendations for clinical practice. Then, the recommended practice changes are reviewed at the quarterly shareholder meeting, which is attended by all providers. If a new EBM practice is found to conflict with major practice patterns, New West convenes the Physician Review Committee, a group comprised of primary care representatives and specialty representatives relevant to the practice under review. The Committee will then make joint decisions regarding the development of optimal care algorithms to define new clinical practice patterns.

New West also has a referral department which supports the adoption of new EBM practices by reviewing requests for tests, procedures, and referrals that run contrary to the recommended algorithm. If the referral RN is unclear on why there is a deviation from the recommended care practices, the case is sent to the CMO for review. The CMO will then either approve an exception or discuss the deviation with the physician to reinforce the evidence-based practice. If physicians overtly disregard recommended care practices, their referrals may be redirected. This process ensures that physicians are aware of the instances when they have deviated from the established care guidelines, and have an incentive to align with the EBM standards. Interestingly, while New West’s physicians recognize that the Bench to Bedside Program places them under increased scrutiny, they have embraced the premise that quick implementation of EBM improves the quality and efficiency of care.

RESULTS TO DATE

New West has found the Bench to Bedside Program to be an inexpensive and easily scalable innovation that has improved quality, efficiency, and costs for nearly 20 years. The Program has also highlighted high-performing physicians and motivated others to improve. New West has successfully implemented many EBM changes to care using this program. For example, New West has ceased to provide prostate cancer screenings for individuals over 70, due to evidence that doing so does not improve outcomes and increases costs and patient morbidity. When two high-quality studies showed that vertebroplasty and kyphoplasty for osteoporotic compression fractures provided no benefit for the test population, use of both procedures among New West’s medical group fell by over 90% within twelve weeks of publication.
CHALLENGES WITH IMPLEMENTATION

According to New West, challenges to implementing the Bench to Beside Program have not been substantial, though certain difficulties associated with accelerated EBM adoption do exist. For example, consensus guidelines are also subject to a 5- to 15-year delay in implementation and can hamper rapid adoption when the consensus guideline is in conflict with the best medical evidence. Additionally, the lack of evidence for the benefit of an intervention may simply be related to insufficient study of the intervention. This can be problematic if the intervention is actively promulgated without adequate study. One of the best examples of this is stem cell therapy for osteoarthritis.

Overall, New West recognizes that digesting the literature for best medical evidence is a daunting challenge but it is not insurmountable. There are multiple journal review services with which the literature can be screened, with a deep dive into the important studies. Most of the relevant, large, randomized, evidenced-based studies are fortunately published in the major journals.

KEY LEARNINGS

- Care redesign efforts need to be supported at the highest levels of leadership.
- Structures that include physician representation can aide in the cultural buy-in process.
- Physicians are constrained by time but can make substantial advancements in their practice approach given the right structure and resources.
- Redirecting referrals can be used to incentivize the use of EBM practices.

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