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Translation of Evidence into Practice: An Experience from the Internal Medicine and Primary Care Practices in the United States

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Background: Variability in patient care is staggering. There is a quality gap between evidence, physician's perception of care they provide, and their actual practice pattern.

Purpose: The purpose of this program by the American College of Physicians is to help physicians use evidence-based medicine and clinical decision support tools to help guide their decision making. We help physicians identify and measure key quality indicators to demonstrate continuous improvement in health status indicators for their patients.

Methods: This program utilizes a pre-post intervention design to evaluate physicians' knowledge, attitude, and behavior for management of their patients. Physicians are asked to collect actual practice data from patient chart abstraction to help analyze their own practice patterns and identify gaps. The intervention for this program is a web-based educational program focusing on various disease conditions and utilized to increase physicians' awareness of the standards of care. Physicians can participate in any number of programs based on their topic of interest. We teach physicians how to implement clinical quality improvement tools and techniques and educate office-based physicians on evidence-based "best practices". Confidential reports and feedback are provided to the physicians with information on their quality indicators. Physicians also receive help from experts through conference calls to interact and get guidance with the process for practice improvement and help them set goals to change their practice by developing implementation strategies based on the data they provided.

Results: Our results have shown an improvement in physicians' knowledge and behaviour as well as changes in the process and outcome measures.

Discussion: By participating in this project, physicians demonstrate: 1) their ability to assess the quality of care they provide; 2) the care was based on best available evidence and clinical guidelines; and 3) they compare the care they provided with national benchmarks as well as their peers.