Evidence Based Practice: Technology challenges for behavioral health

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What is EBP?

- Evidence-based practice sounds simple but implementation and ongoing application is a strategic challenge.
- EBP is the process of systematically finding, appraising, and using real-time research findings as the basis for clinical decisions
- Using facts to determine action
Evidence Based Practice

- Consumers benefit when health care professionals implement evidence-based policies, and have a critical attitude to their own practice and to evidence.
- Therefore “best practice”, by definition, is ever changing rather than one set of pathways and guidelines that are developed at any given point in time.

Do we already practice like that?

- Studies done in England have shown significant variation in how clinicians in the same specialty provide interventions to their patients with the same illness.
- That variation is also evident in how clinicians go about determining (diagnosing) the illness.
How do we do it?

- EBP requires a bottom-up approach that integrates the best external evidence with individual clinical expertise and consumer-choice.
- It is NOT a slavish, cook-book approach care.
- External clinical evidence can inform, but can never replace, individual clinical expertise.
- It is clinical judgment and expertise that must be used to determine if (or how) a specific EPB matches a specific consumer clinical state, predicament, and preferences.

How can technology help?

- Promulgate standards for the determination of the illness.
- Provide real-time access to the latest research/findings.
- Provide correction/guidance to clinicians while care provision is occurring.
- Make the wide-spread distribution of a treatment protocol practical.
What is needed?

- Focus on outcomes of treatment rather than method of treatment (e.g., effect rather than procedure code)
- Work flow that assures that clinicians are actually using the technology tools rather than just being compliant with documentation standards

What are barriers?

- Overworked and/or under-trained staff
- Lack of agreement on desired outcome
- Lack of specificity of the DSM (although this is not a problem if one uses natural groupings)
- Lack of wide spread use of software embedded into the clinical workflow.
Final Thought

- Knowing is not enough, we must apply. Willing is not enough, we must do.

Goethe, 1883