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New Research From EBRI:                                        Study Notes Potential Gains From Evidence-Based Medicine

WASHINGTON—Using the best available evidence to make medical care decisions for patients could produce notable benefits to the nation’s health care system, according to a study released today by the nonpartisan Employee Benefit Research Institute (EBRI), and there are signs of growing interest in the use of evidence-based medicine in the U.S. health system.

Evidence-based medicine requires the integration of clinical expertise with evidence from systematic research to achieve the best outcome for each patient. The study concluded that the relatively new concept of evidence-based medicine can be more explicitly linked with changes in health plan design to achieve health improvements and to discourage unnecessary services and costs that do not improve patient care.

While some health professionals and others in the U.S. medical system have shown an interest in using evidence-based medicine, the study noted, “Recent efforts to move in this direction have not been particularly successful.” But it added that these efforts “have led to the identification of obstacles that, if overcome, will increase the chances of significant progress in this effort.”

Major obstacles to the use of evidence-based medicine include a perceived lack of sufficient evidence to proceed, credibility and transparency issues, benefit design language, financial relationships, and administrative costs, the study said. “None of these challenges is insurmountable, however, and for each there are examples of progress already made,” it added.

Published in the February 2006 EBRI Issue Brief, available at www.ebri.org, the study was written by Dr. John Santa, medical director for the Center for Evidence-based Policy at the Oregon Health and Science University, and Mark Gibson, center deputy director. The Milbank Memorial Fund supported Santa’s research.

The study cites Oregon as one example of progress toward a greater use of evidence-based medicine. That state has developed a unique health benefit design for Medicaid patients, using a program organized around combinations of conditions and treatments that use medical evidence in determining covered conditions and approved treatments. The study reports that health plans currently administering the Oregon Health Plan for Medicaid patients have been profitable over the course of several changes in the plan. In some cases, conditions and treatments are not approved for Oregon Health Plan participants.

The study concludes: “Using the best evidence for treatment and insurance coverage more strategically offers decision makers the opportunity to make more defensible decisions about what services to cover in explicit settings. It is hard to argue that eliminating coverage for all services for some individuals results in better outcomes than eliminating or reducing coverage for ineffective services.”

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