Quality Measures
Improving Patient Outcomes and Reducing Costs

DynaMed
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- Improve Compliance with Core Measures
- Comply with Stage One Meaningful Use
- Create Clinical Care Pathways
- Reduce Costs for Patient Care

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What Are Quality Measures?
According to the Centers for Medicare & Medicaid Services (CMS), Quality Measures are "tools that help us measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care."1

Why Are Quality Measures Important?
Quality Measures have been established by national health care agencies such as the Agency for Healthcare Research and Quality (AHRQ)—a division of the U.S. Department of Health and Human Services—and organizations such as the National Quality Forum (NQF) that aim to improve the quality of patient care and to reduce the occurrence of hospitals and health care facilities charging for items and services that were preventable, such as those outlined by NQF’s Never Events.

These measures are critical for the well-being of patients as well as for our national economy—findings from a study released in August 2010, commissioned by the Society of Actuaries (SOA) and completed by consultants with Millimen, Inc., estimate that measurable medical errors cost the U.S. economy $19.5 billion annually.2 Never has there been a more urgent need for a tool that provides clinicians with the most current evidence to support their patient care decisions.

DynaMed Supports Quality Measure Achievements
With clinically organized summaries for more than 3,200 topics, EBSCO’s DynaMed is an invaluable evidence-based reference tool for supporting use of Quality Measures.

DynaMed is an evidence-based clinical reference tool created by physicians for physicians and other health care professionals for use primarily at the point-of-care. Utilizing the best available evidence for clinical decision-making, DynaMed can help to improve patient outcomes and reduce health care costs.

Clinical Pathways and Core Measures
Updated daily, DynaMed monitors the content of over 500 medical journals and systematic evidence review databases. Because of the currency and quality of the medical content, health care organizations can utilize the information in DynaMed to create Clinical Pathways (Care Pathways), which are standards of care used to reduce the variability of clinical practice.

In addition, DynaMed can improve hospital compliance with Core Measures, which are a set of standardized and nationally-accepted performance measures developed by The Joint Commission, with the goal of improving the quality of health care. These Core Measures were derived largely from a set of quality indicators defined by the CMS and have been shown to reduce the risk of complications and decrease the recurrence of a condition or illness, consequently lowering readmission rates (beginning in 2012, Medicare payments to hospitals with high readmission rates will be reduced).3 DynaMed allows clinicians to easily see the relevant Core Measures at the point-of-care because the Core Measures are listed in the Quality Improvement section of corresponding DynaMed topics.

1 Centers for Medicare & Medicaid Services
Reported Evidence vs.
Critically Analyzed Evidence
Critically analyzed information provided by DynaMed is paramount to improving patient outcomes. Without it, physicians may rely on the information published in medical journals without critical appraisal, where reported evidence and critically analyzed evidence could provide different conclusions for patient care.

Sample Critical Appraisal — Target HbA1c for Patients with Diabetes
Reported Evidence:
The standard of care (most guidelines) suggest target HbA1c < 7%. New evidence was reported in NEJM 2008 June 12—the NEJM conclusion stated target HbA1c < 6.5% yielded a 10% relative reduction in combined outcome of major macrovascular and microvascular events, primarily a consequence of a 21% relative reduction in nephropathy.

A doctor reading this conclusion in NEJM would interpret this to mean a lower target reduces overall complications, and especially kidney disease. It would be logical to suggest lower targets to patients.

Critical Analysis with DynaMed:
The critically analyzed summary of the same trial (DynaMed summary) reports the only “complication” actually reduced was a measure of protein in the urine, not the more severe complications (i.e., ending up on dialysis, having an MI, preventing blindness) that were the key reasons for treating the diabetes.

The critically analyzed summary also reports that the more aggressive target puts more patients in the hospital—this makes sense because more aggressive sugar lowering can lead to more patients with low sugar problems, including seizures and passing out.

Conclusion:
By limiting reading to the leading journal alone, doctors could easily choose to make patient care more aggressive, in turn increasing costs and causing harm, all to achieve the “benefit” that was actually not a benefit, as the critical analysis had shown.

Critical Analysis for Best Available Evidence
Using DynaMed, hospitals can reduce the cost of caring for patients simply by making physicians aware of the best available treatment evidence for a medical condition. While physicians can make valid treatment assessments without DynaMed, they might not be treating patients using the latest, most-efficient and best method available. Even though evidence suggests beneficial care, it is often not done because our health care system is unaware of the evidence.

Sample DynaMed Summary — Digital Radius Fracture Treatment Overview
Vitamin C reduces risk of complex regional pain syndrome following wrist fracture (level 1 [likely reliable] evidence)

- Based on randomized trial with 427 wrist fractures published in J Bone Joint Surgery Am 2007 Jul;89(7):1424
- 10% of patients developed this complication without vitamin C; such a complication could cost $10,000/year and lead to permanent disability
- Vitamin C treatment costs $2-4, and prevented this complication for 1 in 13 people treated
- Every $30-50 spent on vitamin C can prevent $10,000/year and permanent disability
- This is not something that vitamin C manufacturers will advertise to the general public—the need to know is in a very unique context

Without the evidence-based information support from DynaMed, how would physicians be aware of this low-cost prevention option?

DynaMed—A Critical Appraisal of Evidence

Whether used for the creation of Clinical Pathways, to improve compliance with Core Measures, or to create clinical decision support rules to comply with Stage One Meaningful Use, DynaMed ensures that the best available evidence is driving clinical decision support.
DynaMed™ is a clinical reference tool created by physicians for physicians and other health care professionals for use at the point-of-care. With clinically-organized summaries for thousands of topics, DynaMed balances the latest content and resources with validity, relevance and convenience. DynaMed is an indispensable resource for answering most clinical questions during practice, and issued by over 500,000 clinicians worldwide.

Updated daily, DynaMed monitors the content of over 500 medical journals on a daily basis through Systematic Literature Surveillance, and is the only resource that applies the 7-step systematic evidence-based process to all of its content, assuring that the science backing the recommendations is sound.