



Introduction for London

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Agenda

1. Getting evidence into practice
 - Background
 - Challenges
2. Map of Medicine demonstration
 - Localisation and innovation
 - Standardized operating processes and procedures
 - Commissioning
3. Summary
4. Questions and Answers

1. Getting evidence into practice:

“The appropriate application of what we already know about the diagnosis and treatment of disease will have a far greater impact on quality and safety than any new medical technology likely to be developed in the next decade”

Sir Muir Gray

Director, National Knowledge Service and Director, National Screening Service, NHS England

Semmelweis, Vienna 1847

- High rates of death due to puerperal fever (childbed fever)
- Women delivered by physicians or students mortality rate (13–18%)
- Women delivered by midwives or trainees (2%)

Prof. Klein:

Inadequate hospital ventilation

Prof. Semmelweis:

Handling cadavers prior to delivery

Instituted mandatory hand washing

Mortality plummeted to 2%



Best, M et al. Qual Saf Health Care 2004;13:233-234

Condition

Senile cataract

Breast cancer

Prenatal care

Low back pain

Coronary artery disease

Hypertension

Congestive heart failure

Cerebrovascular disease

Chronic obstructive pulmonary disease

Depression

Orthopaedic conditions

Osteoarthritis

Colorectal cancer

Asthma

Benign prostatic hypertrophy

Hyperlipidemia

Diabetes mellitus

Headache

Urinary tract infection

Community acquired pneumonia

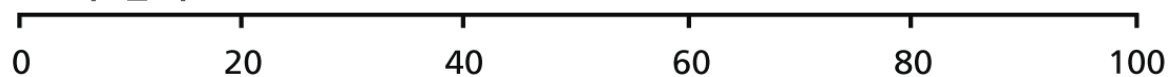
Sexually transmitted disease

Peptic ulcer disease

Atrial fibrillation

Hip fracture

Alcohol dependence



Closing the Gap

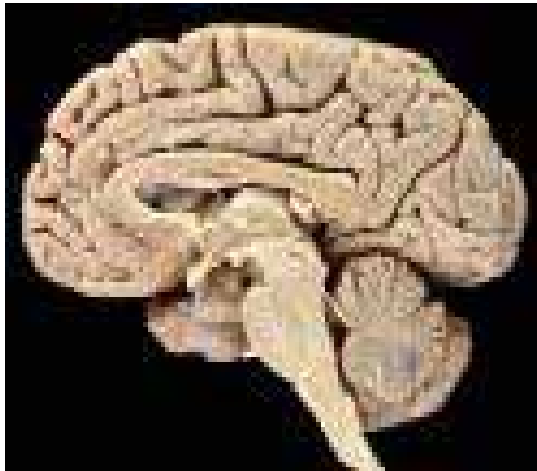
US data collated by Professor
Bill Runciman, President,
Australian Patient Safety
Foundation from McGlynn et al;
NEJM 2003, 2006

Percentage of Recommended Care Received

The Challenge to getting evidence into practice

1. Quality and safety in the face of information and technology overload
 - Takes too long to “know what I don’t know”
2. Specialty silos + locum / agency staff / re-structuring
 - Patient safety and medico-legal issues
3. Clinicians beliefs about standard operating procedures
 - Cook-book” medicine; stifles innovation
4. Financial sustainability
 - Does quality cost more?

Even with the best of intentions...



200 MB capacity*



GAP



150,000 articles/month**

300,000 RCTs

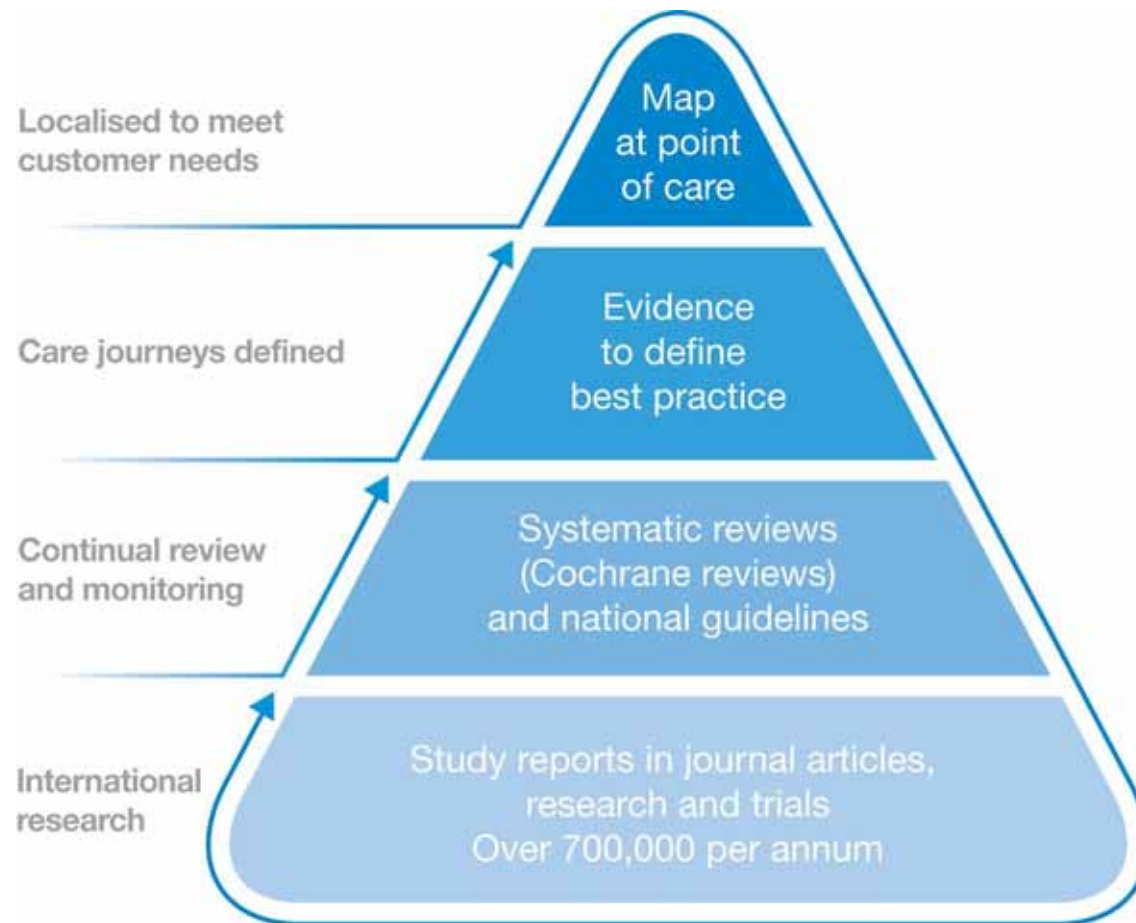
20,000 biomedical journals

2,618 active performance measures

100,000 genetic tests over next few years

**Ann Intern Med 2001;135:309-12

“Less is more”



Integrating into everyday practice

Meta-analysis

68% effective, (n= 6,000 clinicians), (n=130,000 patients)

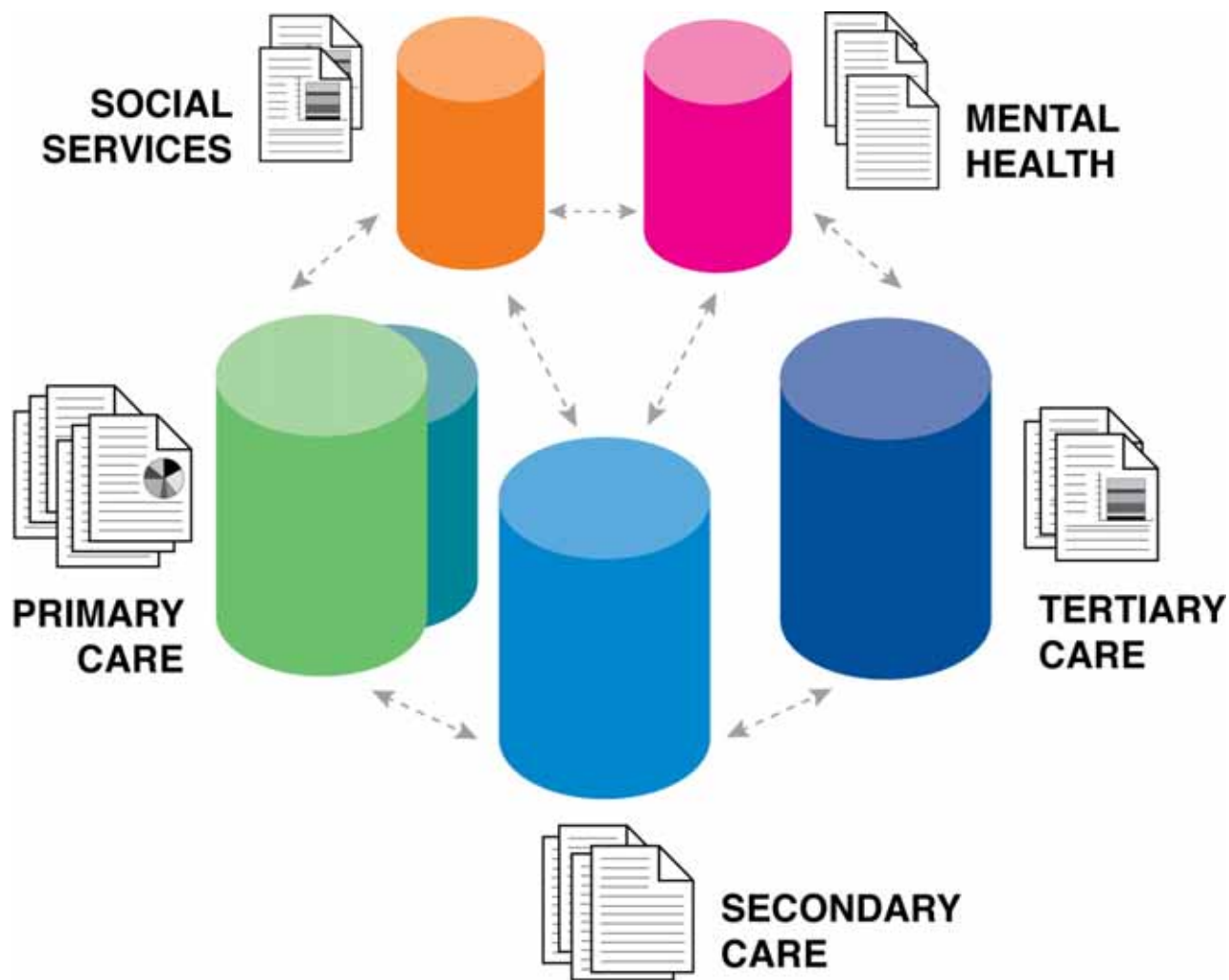
Predictors of Success N=70 studies	Adjusted odds ratio
Automatic provision of decision support as part of workflow	112

• “75% of interventions succeeded when the decision support was

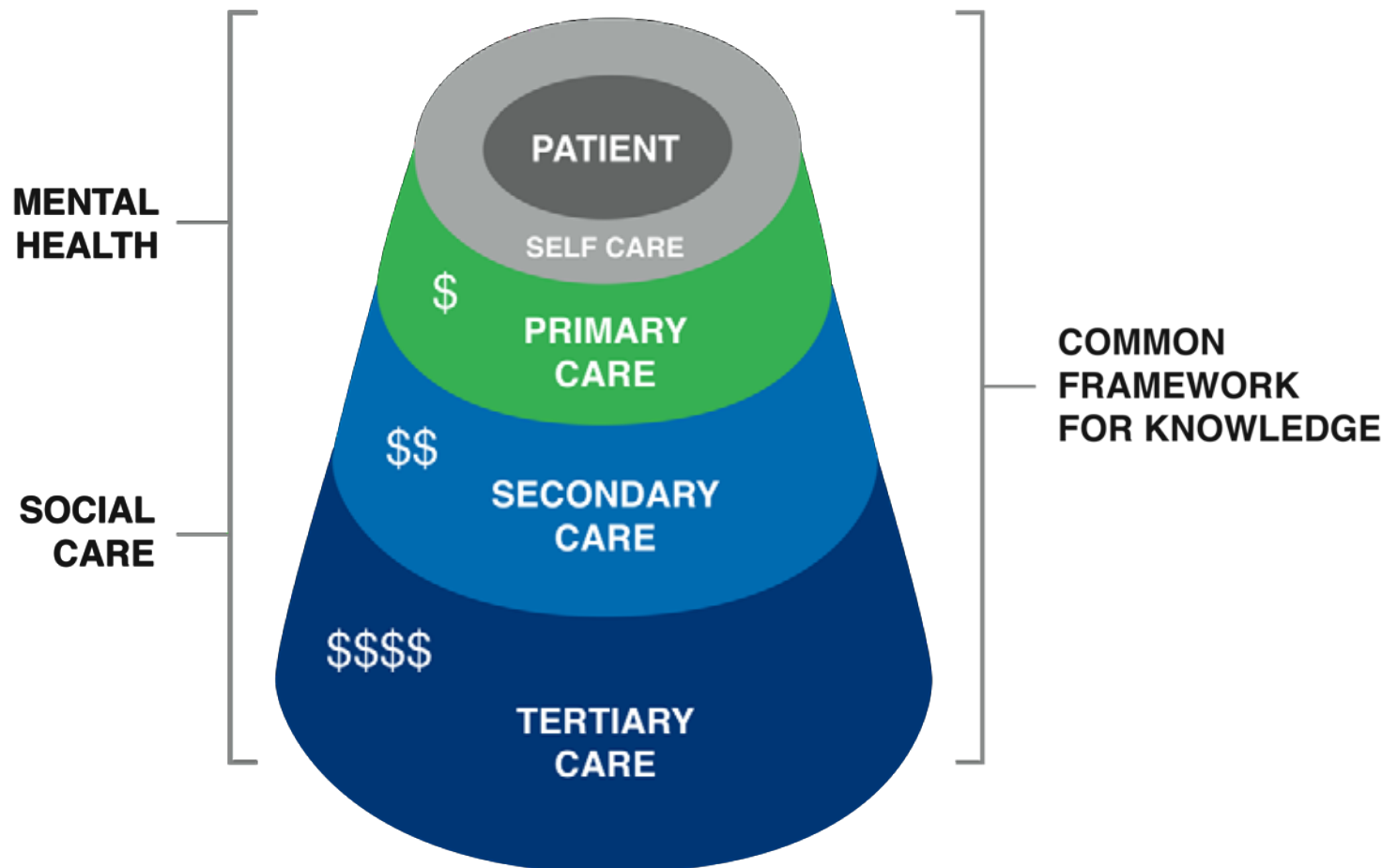


the advice...”

Silos of care each with their own information resources



To a model where the patient is at the centre



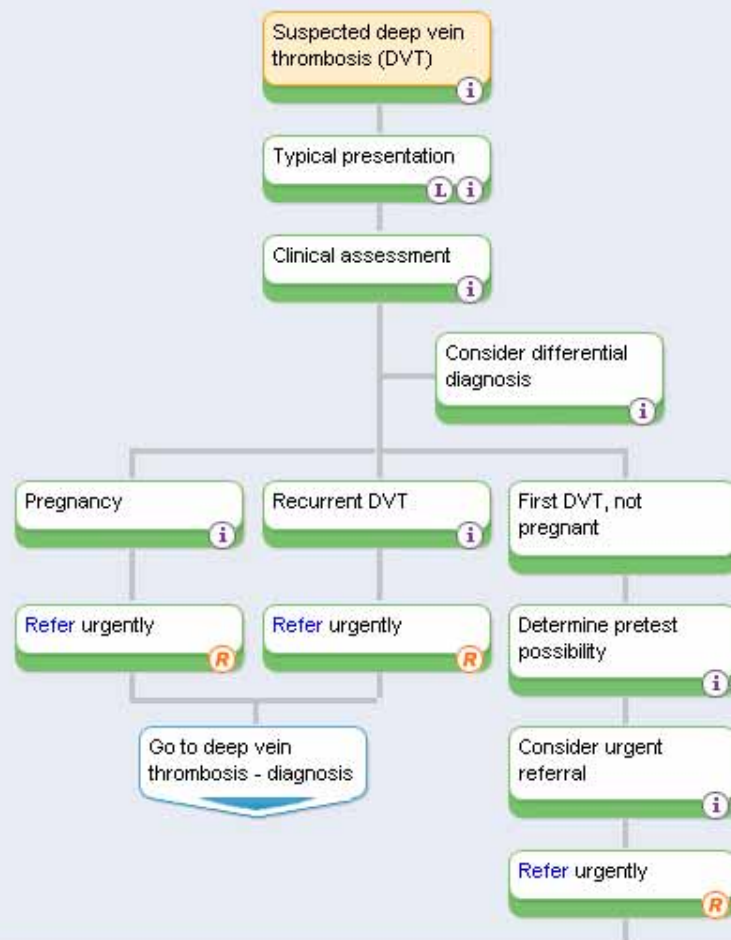
Deep vein thrombosis - primary care

Print page | Feedback (3) | Referral Letters | Return Home

Medicine / Haematology and haemostasis / Deep vein thrombosis

Search: [e.g. asthma or "chest pain"] Search

Key



Suspected deep vein thrombosis (DVT)

Quick info | Notes | Add local info

Definition:

- DVT is defined as a total or partial blockage by a blood clot of a deep vein in the legs – calf DVT affects the veins of the calf and proximal DVT affects veins above the knee

Incidence:

- the annual incidence of DVT is approximately 1/1000 people

Risk factors include:

- age
- recent surgery
- immobility including air travel
- past history of DVT

Search National Library for Health

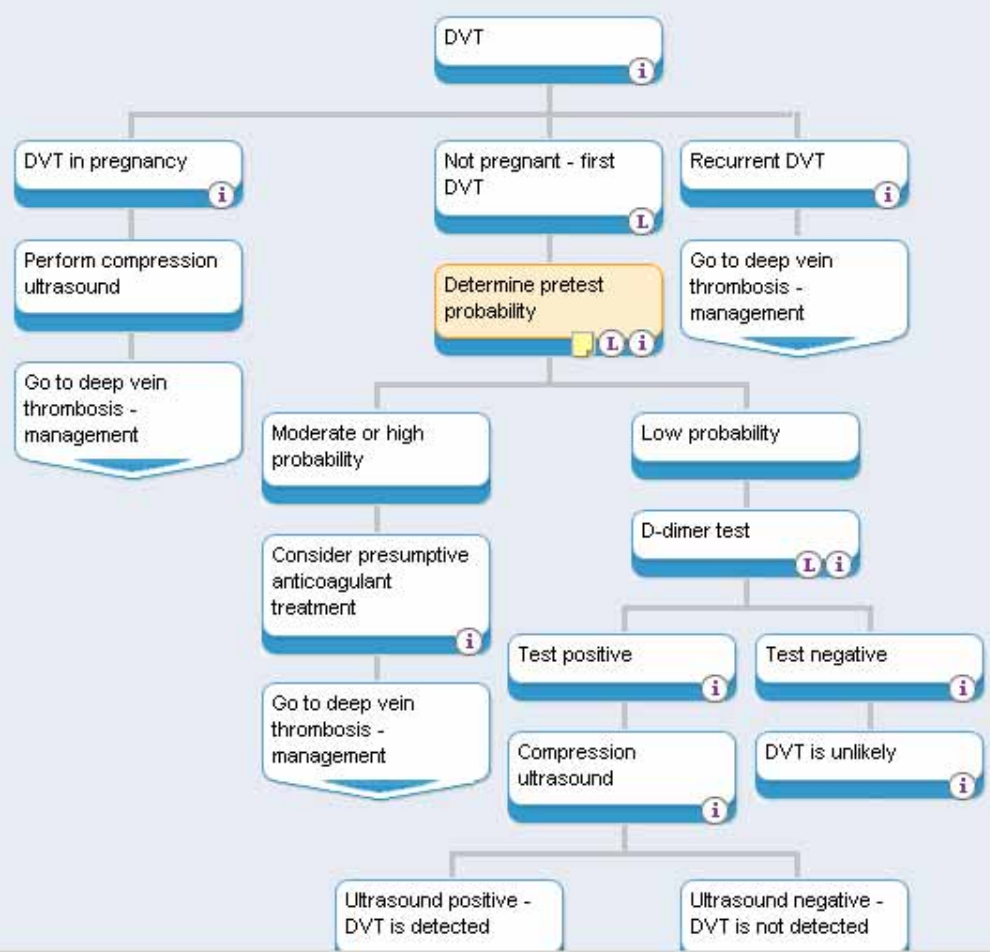
Deep vein thrombosis - diagnosis

Print page Feedback (3) Referral Letters Return Home

Medicine / Haematology and haemostasis / Deep vein thrombosis

Search: [e.g. asthma or "chest pain"] Search

Key



Determine pretest probability

Quick info Notes Local info

Local administrative information

[Link to local pretest probability scoring system](#)

Alternatively:

Call the Haematology Registrar on Ext 2311 or bleep 7788 for further information as needed.

S-Devon | 08-May-2008

[Edit local admin info](#)

Search National Library for Health

Improving patient experience

- Overall improvement to the pathway and services
- Improving transfer of care for patients (referral management improvement)
- Reducing variations in care and waiting times
- Patient empowered by public access to pathways

Wirral Age-related Macular Degeneration

- Patient population of 313,500 with 26,000 new cases annually
- Waiting time up to three months to be treated against a guideline of two weeks
- Redesign of pathway and establishment of AMD Treatment Centre
- Implementation of AMD-specific 'Medicines Management Protocol'
- Lower cost of service provision by approx 20%
- Overall savings from the new service – approx. £200,000 per year

Encouraging collaboration

- Multi-disciplinary teams working together across care settings
- Bringing together multiple organisations, including social care
- Improved communication throughout a healthcare community

Western Cheshire Cellulitis

- Patient population of 240,000
- Support the introduction of new procedures to treat patients with intravenous (IV) antibiotics in the community
- Hospital admissions reduced – appropriate admissions
- Per patient saving of treatment in the community, rather than a hospital admission, £2,000+

2. Demonstration (live)

With discussion of:

- What is the Map?
- Content development process and accreditation
- Use in commissioning
- Does quality cost more? Examples of use of the Map

3. Summary of what is the Map of Medicine?

Clinically driven framework for sharing knowledge across the silos of care

Supports the **multidisciplinary team** across the silos of care – everyone on the same page

Localisable benchmark for clinical processes

User-friendly journey-based interface to support care pathways

Contains validated **evidence-based** information embedded within expert opinion to support education and training

Built using **open international technology standards** and can interface with any modern electronic patient record (EPR) application

The Challenge to getting evidence into practice

1. Quality and safety in the face of information and technology overload
 - Summarize and integrate into clinical thought-flow and work-flow
2. Specialty silos plus locum / agency staff / re-structuring
 - Single but localizable repository of information and consistent communications
3. How to change clinicians beliefs about standard operating procedures
 - Intuitive user interfaces and prove the case
4. Financial sustainability
 - Quality is cost neutral (facilitates re-allocation of resources)

* Guidelines in general practice: the new Tower of Babel? *BMJ* 1998;317:862-863

4. Questions ?

Thank you

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