

The case for reforms that support the collection and dissemination of scientific evidence to inform health-care decisions is clear. According to the prestigious Institute of Medicine, half or less of what physicians do is actually backed up by valid research.¹ All too often physicians lack the reliable, unbiased evidence they need to predict whether the drugs, tests, devices, surgeries, and hospitalizations they recommend are likely to prove beneficial to their patients.

Even when evidence exists, it sometimes goes unused. Patients routinely fail to get treatment that could help them, sometimes because they lack insurance, but often because doctors simply do not follow existing science that would help them to decide which treatment is best.

The dearth of evidence has profound consequences for patients and for the nation. Not surprisingly, given the absence of evidence, it is estimated that as much as 20 to 30 cents of every health care dollar may be spent on useless treatment, drugs, tests, procedures, and hospitalizations that offer no improvement in outcomes.² Such unnecessary care wastes billions of dollars a year,³ and sometimes wastes lives.⁴ It leaves patients vulnerable to harm from medical error, hospital borne infection, and the additional risks inherent in any invasive treatment.⁵

Contrary to the fears of some critics of system reforms, the increased use of scientific evidence in medicine will not lead to rationing care, nor will it interfere with relationships between patients and their doctors. Rather, sound evidence allows doctors to give their patients the preventive care they need, ensure the best treatments for disease, and avoid mistakes that can lead to harm.

Many experts agree that the time for the nation to invest in research to fill the substantial gaps in medical evidence is now. The 2009 American Recovery and Reinvestment Act included \$1.1 billion to fund studies aimed at comparing the effectiveness of various health-care treatments. This investment represents a down payment on the studies needed to allow doctors to base treatment decisions on credible scientific evidence. It will begin the work of ensuring that patients of all races and ages have access to treatment that is tailor-made for them. The fund will help disseminate the information doctors and patients need to share in medical decisions.

While experts concur about the urgent need for evidence, until now there has been little data about voters' opinions on the topic. The polling data in this report represents an important first step in probing what voters think about these crucial topics. The poll asked California voters a series of questions on a range of views about the importance of evidence-based medicine. The results are meant to inform advocates and policymakers about where voters stand on this important issue.

The poll indicates that some voters are overly optimistic about the current use of evidence in treatment decisions. A majority of voters believe that most health care is now based on scientific evidence. A higher percentage of voters feel this way about their own health care. In spite of this misperception, the poll shows widespread and strong support for common-sense reforms. For example, voters strongly support ensuring that both doctors and patients have access to scientific evidence about effective prevention,

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diagnosis and treatment. To ensure such access, voters overwhelmingly support requiring doctors to notify patients if there is a treatment backed by scientific evidence. Voters similarly believe they should be told if there is no scientific evidence supporting a recommended treatment.

Although a slim majority of voters believe that doctors are providing the proper amount of treatment, nearly three quarters of voters support reforms that would change payment methods to ensure that treatment is based on evidence and not just the volume of services delivered, as is currently the case for much of the health care system.

Given this support, it is surprising that public demand for policies to support more use of evidence-based medicine is not stronger, especially considering the fact that only about half of the treatment doctors provide is based on evidence, and the well-documented harm patients suffer because of this.

However, policymakers should be careful not to interpret the lack of voter outcry on this issue as a sign that evidence-based medicine is not important to voters. Voters understand the importance of medicine being well grounded in science. If voters are not more outspoken on these issues, it may be because they mistakenly believe they are already receiving care based on scientific evidence.

Regardless of their misperceptions about the current state of medical evidence, voters demonstrate a keen instinct for sensible reforms. Policymakers should use the guidance voters have provided to craft and enact policies that will guarantee true quality and accountability in our health care system.

What is Evidence-Based Medicine?

Doctors and patients need to base their treatment choices on the best available scientific evidence. Unfortunately, this is not always possible. In a landmark 2008 report, the prestigious Institute of Medicine reported that half or less of what physicians do is backed up with valid scientific evidence.⁶ In some cases, doctors do not use evidence because of the absence of sound research. Even when good evidence exists, it is not always widely disseminated, understood, or applied.⁷

Underuse, overuse and misuse of the lack of credible evidence and the failure to use it has real consequences for patients. Many patients do not receive care they need, care that has been shown to be effective in preventing and diagnosing disease, or treating symptoms. Even hospitals considered among the best in the country under use evidence-based, necessary care, such as beta-blockers,⁸ which should be delivered within 24 hours of a heart attack and have been shown to prevent heart damage or death.⁹

At the other end of the spectrum, Americans are often provided care that is not necessary, care that will not help them live better or longer, and which may put them at risk of suffering serious harm from side effects, infections, and medical errors. Too many Americans are sent to specialists, given diagnostic and imaging tests, prescribed medication, admitted to hospitals and subjected to overly aggressive care.¹⁰

Elective surgeries and tests are misused when they are delivered to patients who would not have wanted them had they been fully informed about the potential risks, as well as the benefits.¹¹

Underuse, overuse and misuse of medical services wastes money. When care is underused, preventable conditions or diseases that would respond to treatment can advance to more serious problems, requiring additional, often more expensive care. In contrast, because so much unnecessary care is provided, it is estimated that as much as 30 cents of every health care dollar is spent on medical services that do nothing to improve or lengthen patients' lives.¹² an unknown additional amount of money is wasted when patients undergo elective surgeries they would have chosen to delay or forego, had they understood what was at stake.

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Perception vs. reality: Evidence-Based Medicine, California Voters, and the Implications for Health Care Reform

Challenges for doctors

Why don't doctors apply evidence that's available now? Many do. But with more than half a million medical studies published each year,¹³ keeping up with medical evidence can be a challenge for even the most dedicated physician.

Doctors and patients are also vulnerable to aggressive medical marketing. Physicians who accept gifts and free samples from pharmaceutical companies, and who interact the most with drug sales representatives are the most likely to prescribe the wrong medications, or the wrong

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dose. The press routinely reports on the results of studies uncritically, and their stories can lead patients to demand drugs, tests, and procedures that are unlikely to improve their health.¹⁴

Independent, well-designed medical studies, and better access to the resulting evidence through well organized dissemination systems will improve both the quality of health care and health outcomes.¹⁵ It will also help ensure that we do not waste money on ineffective, unwanted, and potentially harmful treatments.

Comparative effectiveness research

Much more research is needed to guide doctors and patients as they determine the best treatment decisions for each patient. Such "comparative effectiveness research," can range from systematic reviews of existing medical literature to large, randomized clinical

trials.

systematic reviews categorize, assess, and seek consensus on the results of existing research.

sound clinical trials randomly assign patients to one or another treatment option to determine which is most effective.

randomized clinical trials are expensive and can take years to complete, but they are considered the “gold standard,” the best way to know if a particular treatment or test actually

works, and for which patients. in some cases, clinical trials have shown that commonly used

treatments are ineffective, or even dangerous. for example, doctors have stopped treating heart arrhythmia with certain medications shown through trials to increase the risk of death.¹⁶

the federal government’s 2009 fiscal stimulus package, the american recovery and reinvestment

Act, includes \$1.1 billion to compare the effectiveness of various health-care treatments.

Getting the word out

In 2008, some 671,904¹⁷ medical studies were published worldwide, and that number increases each year. the rigor of methodology and the validity of the conclusions in these

studies vary widely. there is no comprehensive nationwide system to help physicians and

patients evaluate the relative strength and importance of new findings. some physicians do a

better job than others of using the most up-to-date, valid medical evidence. for example, the

quality of care delivered by “organized multi-specialty group practices,” is generally higher than

average because their physicians do a better job of tracking the best scientific evidence and

following it.¹⁸

Making informed choices

Patients need sound evidence, too, especially when it comes to making a decision about

an elective test or surgery. But that information isn’t always readily available to them.

Many

physicians are not well trained when it comes to relating complex medical information to their

patients, and they may not know what aspects of a treatment will matter to each patient.¹⁹

for example, an orthopedist may recommend knee replacement as the best way to relieve

arthritis pain, while the patient may feel the recovery time needed, and the risks of surgery are not outweighed by the potential pain relief. one canadian study of patients who were waiting for hip or knee surgery found that only half actually wanted the surgery their physician had recommended.²⁰ at other times, patients simply need more time than allotted in the average doctor visit to absorb what they are hearing.²¹

researchers are now investigating the best ways to help patients understand the tradeoffs involved in elective procedures and tests. several states are considering legislation that would require physicians to make sure their patients are fully informed, as they share in decisions about how they wish to be treated.