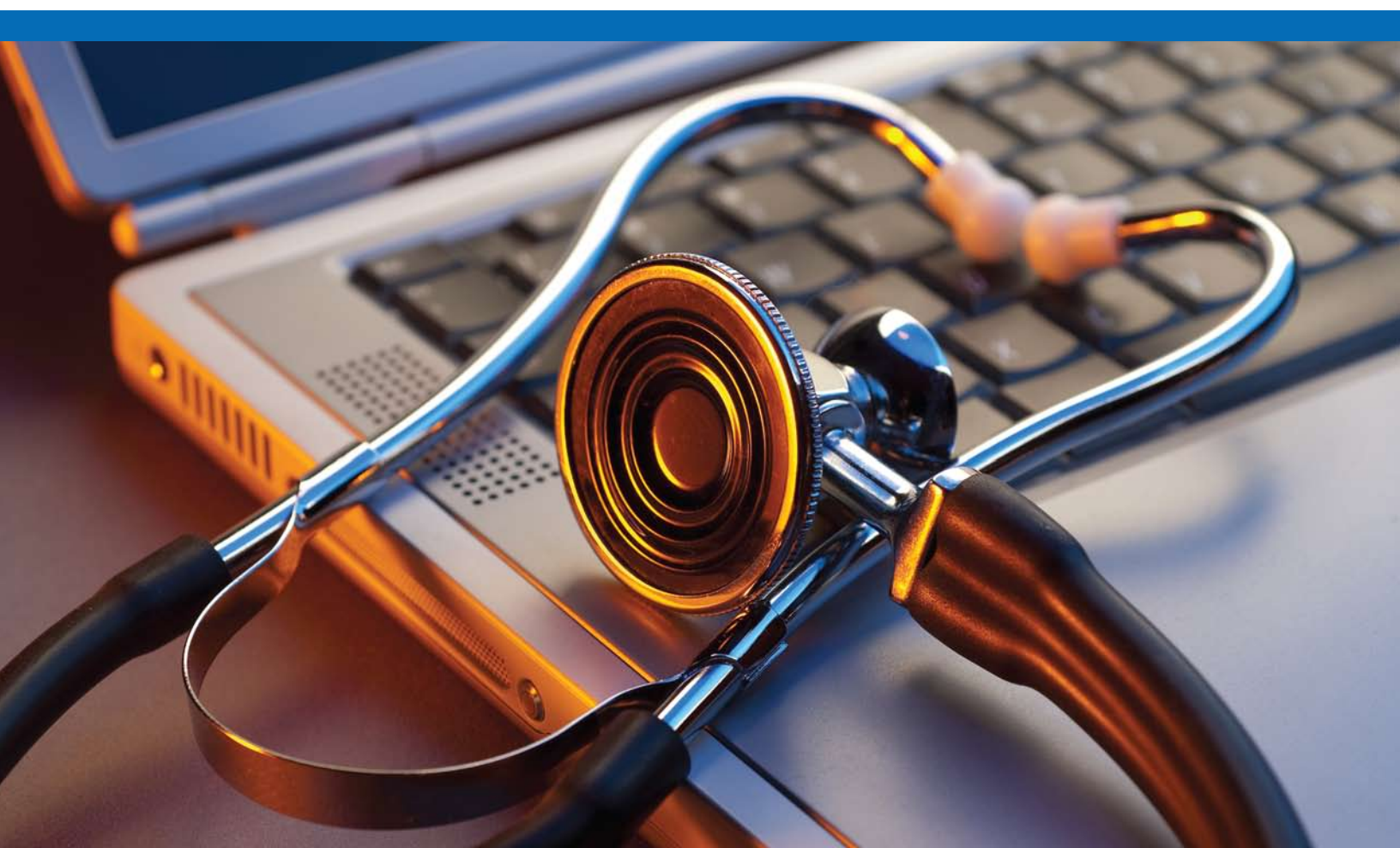




Campaign for
Effective Patient Care

Perception vs. Reality:

Evidence-Based Medicine, California Voters, and the
Implications for Health Care Reform



A report for the Campaign for Effective Patient Care
By Shannon Brownlee

“We live in a world where much of what we do in medicine lacks appropriate scientific evidence. How we decide ranges from our experience with the last patient we saw, to a series of anecdotes, to a group of experts getting together to say, ‘I think this is best,’ to scientific trials with varying degrees of rigor. Evidence-based medicine is information that’s scientifically sound. While such science is often lacking, we should be honest about the basis for all our decisions and apply the most solid evidence we can find.”

— MEG DURBIN, MD, PRIMARY CARE PHYSICIAN AND
REGIONAL DIRECTOR FOR MANAGED CARE AT PALO ALTO MEDICAL FOUNDATION



The Campaign for Effective Patient Care

WHO WE ARE:

The Campaign for Effective Patient Care, a nonprofit 501(c)4 organization formed in 2009 with initial support from AARP, the California Association of Physician Groups, and Blue Shield of California, advocates for safe, scientifically sound health care for Californians. Through education and advocacy, the Campaign for Effective Patient Care will support policymakers in developing an understanding of evidence-based medicine as essential to an effectively functioning health care delivery system. In the coming years, the Campaign for Effective Patient Care will work with policymakers to assure that the necessary infrastructure and incentives are in place in California to support the use of current, objective scientific evidence in medical decision making by doctors and patients.

OUR MISSION:

The Campaign for Effective Patient Care is an education and advocacy organization committed to fostering policies to improve California patients' health and health care. Through policies that substantially increase the use of solid scientific evidence in the everyday practice of health care, patients can have greater confidence that they are receiving the right care, at the right time and in the right place. We support policies that promote the use of up-to-date, trusted research so patients and their providers will make better, more informed decisions to improve patients' health and well being.

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www.CampaignforEffectivePatientCare.org



Campaign for Effective Patient Care

Dear Readers:

California voters support health policy reforms that ensure that doctors are able to rely on scientific evidence to inform the everyday practice of medicine. Voters want to be assured that their doctors will share the existence of this scientific evidence, or the lack of it, with patients. While California voters want these reforms, some believe, contrary to the facts, that most or all of the health care they receive already is supported by science. These are findings from a Summer 2009 survey commissioned by the Campaign for Effective Patient Care.

The Campaign for Effective Patient Care was founded in 2009, with initial support from AARP, the California Association of Physician Groups, and Blue Shield of California, to advocate for the necessary infrastructure and incentives to support the use of current, objective, scientific evidence in medical decision making by doctors and patients. The Campaign for Effective Patient Care believes the practice of medicine should be based on solid science, and that when health care is divorced from evidence, patient outcomes are likely to suffer. We commissioned this poll to increase understanding about voters' views regarding the use of science in the delivery of their health care.

Policymakers should not interpret the lack of public outcry over the failure of so much care to be grounded in science as a lack of public support for an evidence-based health-care system. Rather, it reflects a misperception about the care that Californians are receiving now. While studies by the Institute of Medicine and others show that only half or less of the care delivered in the U.S. is supported by scientific evidence, the majority of voters believe that most or almost all of the care they receive is well grounded in evidence.

Despite the gap between perceptions and reality, our poll clearly shows that voters want their care to reflect up-to-date, valid science. The Campaign for Effective Patient Care will work to support public policy that promotes evidence-based care so that patients can have real confidence that they are receiving the most effective care available.

Sincerely,

Maryann O'Sullivan
Executive Director

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Introduction

Comprehensive reforms to increase the use of valid evidence in medical practice are overdue and could significantly improve health outcomes for patients. A Summer 2009 Lake Research Partners poll of California voters, commissioned by the Campaign for Effective Patient Care and summarized in this document, provides valuable insight into voter attitudes about evidence-based medicine, and shows strong support for related health care reforms.

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.

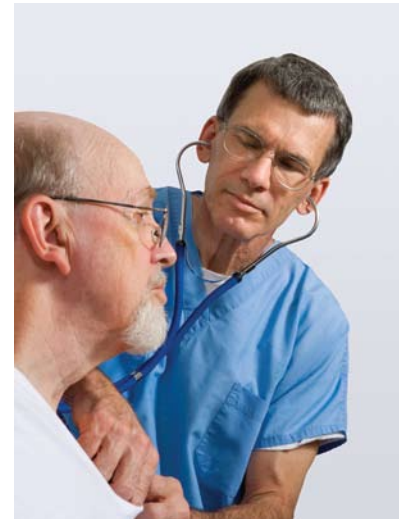
The dearth of evidence has profound consequences for patients and for the nation. Not surprisingly, given the absence of evidence, it is estimated that as much as 20 to 30 cents of every health care dollar may be spent on useless treatment, drugs, tests, procedures, and hospitalizations that offer no 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,



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

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.

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 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

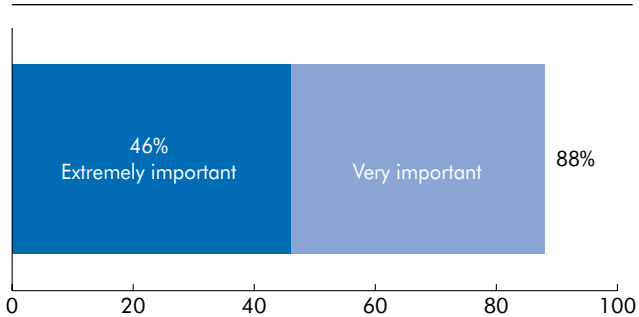
For example, an orthopedist may recommend knee replacement as the best way to relieve arthritis pain, while the patient may feel the recovery time needed, and the risks of surgery are not outweighed by the potential pain relief. One Canadian study of patients who were waiting for hip or knee surgery 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.²²

Poll Result Highlights

Voters strongly support health-care reforms that ensure doctors and patients have access to scientific evidence

Poll Result: Voters strongly support ensuring that doctors have access to scientific evidence.



Lake Research Partners Poll July 2009

California voters want their doctors to have access to the most credible, up-to-date research, and they overwhelmingly support health-care reform that will make such evidence available:

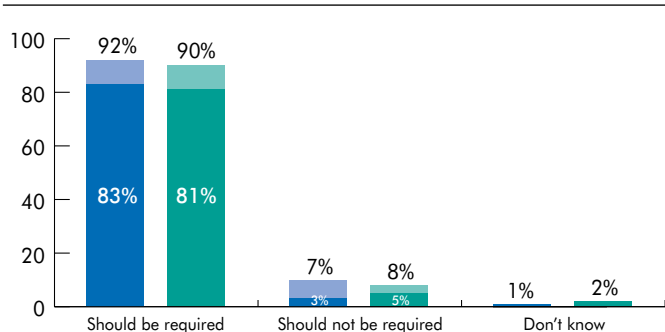
- 88% of California voters believe it is important (46% think it's extremely important) that reforms include provisions to ensure that doctors have access to scientific evidence that compares the effectiveness of different treatments;
- 86% of California voters think it is important (44% feel that it is extremely important) that reforms include provisions to ensure that doctors will provide patients with easy-to-understand scientific information about the most effective treatments and drugs.

“To practice evidence-based medicine is to remind myself to constantly challenge what I’m about to do. As a human being, it’s easy to get caught in a rut: ‘That’s how I did it yesterday, that’s how I’m going to do it today.’ It’s extremely important for physicians to be challenging what they think they know as truth.”

— MEG DURBIN, MD, PRIMARY CARE PHYSICIAN AND REGIONAL DIRECTOR FOR MANAGED CARE AT THE PALO ALTO MEDICAL FOUNDATION

Poll Result: Voters overwhelmingly support requiring doctors to notify patients if there is a treatment that is:

- Backed up by scientific evidence
- Not backed up by scientific evidence



(Darker color indicates intensity)

Lake Research Partners Poll July 2009

Voters would require doctors to disclose the existence or absence of evidence when making treatment recommendations

Voters want to be fully informed about available scientific evidence for recommended treatments:

- When there is strong scientific evidence that a particular treatment works best for a patient’s condition, 92% of voters would require doctors to let patients know about that treatment, and 83% of them feel strongly about it;
- 90% of California voters believe (81% strongly) that doctors should be required to tell their patients if there is no scientific evidence to support a treatment recommendation they are making.

“The medical community has had a difficult time acknowledging the uncertainty of medicine, either to ourselves or to our patients. Right now we have good data on what works and what doesn’t work on only a small percentage of the care we provide. Patients deserve to know when their doctor’s recommendation is backed up with good evidence and when it isn’t.”

— MICHAEL WILKES, MD, PROFESSOR OF MEDICINE, VICE DEAN OF EDUCATION, UNIVERSITY OF CALIFORNIA, DAVIS

Voters are strongly motivated to support health-care reform measures when they are informed about serious patient safety problems

California voters appreciate the role that access to scientific evidence plays in protecting patient safety:

- 80% of California voters are more likely to support reform (45% are much more likely) when they know that Americans have a greater chance of dying from a medical error than from car accidents, breast cancer, and AIDS combined;
- 77% of voters are more likely (42% are much more likely) to support reform if they know that hospitalization exposes patients to potentially life threatening infections when they are not given recommended antibiotics.

How Our Current Health-Care System Puts Patients at Risk of Harm

Inappropriate medical treatment puts patients in harm’s way because medical services involve the risk of injury — sometimes serious injury, or even death. Being hospitalized, for example, exposes patients to the risks of medication mistakes, hospital-acquired infections, and other errors.²³ Hospital-acquired infections cause as many as 90,000 deaths annually.²⁴ Preventable errors cause as many as 98,000 deaths a year²⁵ while medication errors are responsible for another 7,000 deaths.²⁶ Deaths resulting from all of these problems combined amounts to the equivalent of a jumbo jet crashing every single day.²⁷

The rate at which patients are hurt by the health-care system would not be tolerated in other sectors of the economy. A recent study estimated that if all hospitals performed as well as the best group of hospitals for patient safety, over 44,000 deaths among Medicare beneficiaries would have been avoided during the years 2002 through 2004.²⁸

Voters recognize the dangers of patients receiving not enough or too much health care

When the practice of medicine fails to incorporate valid evidence it is much more likely that patients will receive too little, too much or the wrong kind of care. Voters appreciate that all of these scenarios can harm patients and majorities consider both the provision of unneeded care and the failure to provide necessary care to be serious or extremely serious problems:

- 79% of voters think it is an extremely, very or somewhat serious problem that doctors sometimes fail to provide patients with necessary medical treatments. (58% think it is an extremely serious or very serious problem);
- 80% of voters think it is an extremely, very or somewhat serious problem when doctors provide unneeded medical treatments (54% think it is an extremely serious or very serious problem).

Underuse and Overuse

Underuse

Far too often, Americans do not receive care they need, care that has been shown to be effective in preventing and treating disease. In a landmark study Rand Corp. researchers found that, on average, recommended care was delivered only 55% of the time to U.S. adults suffering from 30 acute or chronic conditions — even adults who had health insurance.²⁹ For example, just 40% of adults age 40 and over with diagnosed diabetes receive all three recommended services for diabetics: regular blood tests, an annual dilated eye examination and a foot exam, which can detect complications that could cause blindness or lead to amputations, but are often overlooked.³⁰

Overuse

Patients are also put in jeopardy when care is overused. The widespread overuse of antibiotics is a good example. This practice has contributed to an alarming epidemic of antibiotic-resistant “super bugs.” Antibiotics are routinely prescribed for common colds and other viral infections for which they are ineffective. They are prescribed inappropriately for ear infections in children 13 million times a year — 802 times out of every 1,000 doctor visits for ear infections — despite findings that more than 80% of infections get better within three days without antibiotics.³¹ Research at Dartmouth suggests that as much as 20 to 30 percent of medical care is unnecessary.³²

“Evidence-based medicine is the background for everything I do. I want to be very careful that anything I touch will have positive outcomes for our patients. So we use the best medical evidence available to guide our clinical directions.”

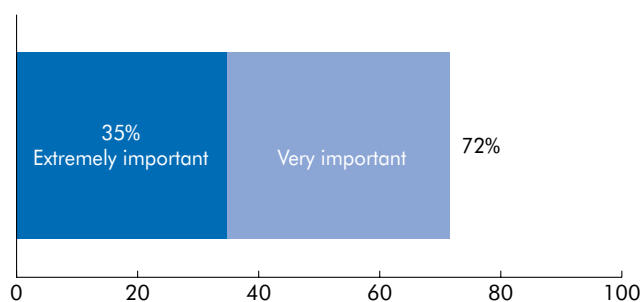
— JERRY PENSO, MD, MBA, ASSOCIATE MEDICAL DIRECTOR,
QUALITY PROGRAMS, SHARP REES-STEALY MEDICAL GROUP

Voters believe that health-care decisions are affected by how doctors are paid and are willing to support payment systems that reward scientifically based practice

While a slim majority of voters believe that doctors are currently providing the proper amount of care regardless of financial incentives, 39% believe that doctors have an incentive to provide more care than is necessary. Whether or not they believe that doctors are providing appropriate treatment in the current system, a large majority of voters want health-care reform to ensure that treatments are based on evidence, not just financial incentives:

- 72% of California voters want health-care reform to ensure that payment is not related simply to the number of services provided but to whether patients receive the treatments that scientific evidence indicates are best for them (35% think such assurances are extremely important).

Poll Result: Voters support payment reform to ensure payment is not related only to the number of services but to whether treatment is scientifically backed for particular patients.



Lake Research Partners Poll July 2009

Money Matters

When it comes to using up-to-date medical evidence, how doctors are paid makes a difference. There are three main methods of paying physicians. Fee-for-service, the most common method, reimburses the doctor for each service he or she delivers. Each office visit gets a certain payment. So does every surgery, procedure, or test.

Some doctors receive a salary from an “organized multispecialty group practice.” Organized practices are often reimbursed on a fee-for-service basis by insurers and patients, but the individual physicians within the group work for a salary.

Some physicians are paid on a “capitated” or per patient basis. They accept a monthly or yearly fee for each patient in return for delivering whatever care the patient needs. The amount physicians are paid per patient may be adjusted to take into account how sick their patients are.

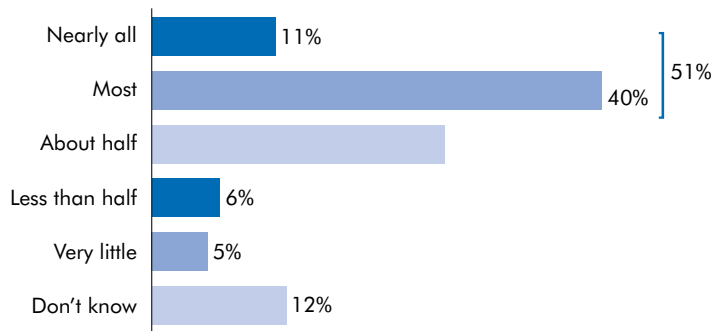
Each type of payment can have an impact on how well physicians use medical evidence – and how likely they are to under treat or over treat. Physicians in salaried, organized group practices tend to do a better job of adhering to valid evidence. They are more likely to deliver needed care, and are less likely to overuse medical services.³³

Voter Perception vs. Reality

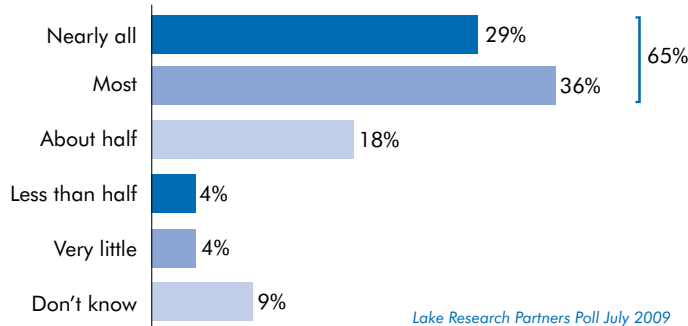
Voters are not fully aware of the shortcomings in the current system. They are over confident about the health-care system’s ability to employ evidence and, in spite of their instincts to support sensible reforms, many are apparently unaware of the urgent need for change.

Poll Result: A slim majority of voters believe most health care is backed up by scientific evidence, while a more substantial portion feel confident that the care they personally receive is evidence based.

How much health care in the US is evidence based?



How much of your health care is evidence based?



Lake Research Partners Poll July 2009

Voters believe decisions in the current system are based on evidence.

Misperception: Many California voters believe that they are currently receiving care based on sound medical evidence. The mismatch between reality and voters’ perceptions is most acute when voters consider *their own* health care:

- 65% of voters think that most or nearly all of the health care they receive is backed up by scientific evidence, with 26% thinking that half or less is backed up by science;
- However, confidence diminishes when voters are asked about the health care that “most people” receive. Only a slim majority, 51%, believes that nearly all or most care is backed up by good science.

Reality: In a landmark 2008 report, the prestigious Institute of Medicine reported that at most half of the care that doctors deliver is evidence-based.³⁴ Of course, some of the medical services doctors provide have been proven through decades of use. Other treatments, however, may or may not help patients. Systematic research has found some widely used treatments to be useless, or even harmful to patients. The Institute of Medicine also found that even when evidence exists, physicians and patients do not always have access to or fully understand it. In some cases physicians simply do not use existing evidence.

Voters have greater faith than is warranted in their ability to get the medical information they need.

Misperception: The role of patients in decision making about their own care is important but voters show an unwarranted amount of confidence in their ability to get the information they need to make well informed choices:

- 84% of voters believe that when they and their families are faced with a serious medical condition, they are probably or definitely well informed and get the information they need from their doctors to make informed decisions.

Reality: Patients routinely fail to receive credible, timely information about their treatment options. This is particularly true for elective procedures. While some physicians are excellent communicators, many do not know how to convey relevant scientific information in a way that

helps patients understand it. Not surprisingly, patients frequently have a poor grasp of the potential benefits and harms of elective surgeries they are considering,³⁵ and there is widespread misuse of such care. Lacking good information, patients are often not able to make an informed choice, a situation that leads millions of Americans to undergo surgeries, other invasive procedures and tests that they would not have wanted had they clearly understood their options.

Misuse

Care is misused when patients receive a treatment, such as an elective surgery, that they would not have chosen, had they been fully informed of the tradeoffs involved. In the case of elective procedures such as back surgery or knee replacement patients are not always given the information they need to make an informed choice. Many surgeries have never been proven to be effective, but patients do not always receive that information. Other elective procedures may be effective but are not necessarily what an individual patient would choose, if fully informed. Patients may not receive clear, understandable information about potential risks posed by surgery in general, or by a particular procedure being considered.

Many patients are also poorly informed about the potential consequences of elective tests.³⁶ The prostate specific antigen (PSA) test, for example, has never been shown to reduce the risk of mortality from prostate cancer, even though it can detect cancers at an early stage.³⁷ When the test leads men to be treated — usually with surgery or radiation — they may not understand the tradeoffs involved. Many experts believe that for many patients there may be little benefit from being treated early. On the other hand, treatment poses significant risks, including incontinence and impotence.

Voters appear unaware of the obstacles to integrating new scientific evidence into the everyday practice of medicine.

Misperception: Voters believe that new scientific evidence gets put to use relatively quickly:

- 38% of voters think that new scientific evidence gets put into practice in less than a year and another 29% think it gets put into practice within one to three years.

Reality: Some valid evidence is rapidly used, but all too often, it takes many years for physicians to incorporate sound science into their practice. There are several reasons for this. The sheer volume of published studies — more than 600,000 a year³⁸ — makes it difficult for any individual physician to keep up. Many doctors don't use available clearinghouses for data, relying instead on their medical training. Pharmaceutical marketing can sometimes persuade doctors to ignore good science. At other times, physicians may rush to use — and patients may demand — a new device, surgical technique, or test long before it has been shown to be safe and effective. For example, vertebroplasty, a procedure which involves injecting bone cement into vertebrae, was put into widespread use despite a lack of evidence for efficacy. Two recent studies have now shown that the procedure is no better at relieving back pain than sham surgery.³⁹ The question remains whether doctors will note these studies in making future decisions about the use of this procedure.

“Clearly, it’s not practical for an individual to keep up with all the new scientific evidence in the field on one’s own. If I read two hours a day seven days a week, and attended all the conferences on cutting-edge findings, I might still be behind. To fill in the gaps, colleagues in my medical group support one another in order to stay current.”

— MARK BIRD, MD, ANESTHESIOLOGIST AND STAFF PHYSICIAN AT
KAISER PERMANENTE, FORMER BOARD MEMBER AT KAISER PERMANENTE

“Evidence-based medicine means a clinical-practice approach guided by the current scientific understanding. What the present understanding of science tells us today may be different from what we find out 10 years from now, such as was the case with hormone replacement therapy. The lesson is that we need to be able to change when new evidence emerges. When new data comes before us we need to incorporate it in our practice.”

— MICHAEL ZIMMERMAN, MD, CHIEF MEDICAL OFFICER FOR AFFINITY MEDICAL GROUP,
REPRESENTING 600 PRIVATE PRACTITIONERS IN ALAMEDA AND CONTRA COSTA COUNTIES

Conclusion

The Campaign for Effective Patient Care Summer 2009 poll makes it clear that voters want evidence-based medicine: they want doctors and patients to have access to the best evidence; they would require doctors to disclose whether there are evidence-based treatment options available and to disclose when evidence does not exist. Voters also recognize that under treatment and over treatment are serious problems. Nevertheless, voters seem to labor under misconceptions about the reality of the status quo. A slight majority of voters believe that most health care is based on evidence, and larger percentages believe that their own care is based on evidence. Voters also think they are receiving the right kind of information to make informed choices about treatment, and they are overly optimistic about how quickly new evidence is put into practice.

What happens when voters learn about the very real failures in the current system? We have some indication of the answer from the poll. When voters are informed about serious consequences of errors in the current system, they are much more likely to support reforms that make scientific evidence more available. Policymakers should take action to increase the use of reliable scientific evidence in the practice of medicine, and steer our health care system toward accountability that will help guarantee the best possible patient outcomes.

Poll Methodology

Lake Research Partners designed and administered this survey, which was conducted by telephone using professional interviewers between July 6 and July 13, 2009. The survey reached a total of 800 people who voted in the November 2008 election in California. Telephone numbers for the sample were generated by random digit dial methodology. The margin of error for this survey is +/- 3.5%.

Endnotes

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