The Role of Clinical Content in Reducing Care Costs

Driving More Effective, High-Value Care
There is a cost to being less informed in a hospital setting.

Two out of three clinical encounters generate questions for the care team, and 60 percent of these clinical questions go unanswered due to time and access limitations. For example, while evidence-based care has been proven to improve quality and value, many nurses don’t have access to research that can inform an evidence-based approach. Often, nurses turn to their colleagues for information—resulting in inconsistent care and decisions.

Among physicians, the desire for digital access to information on medical conditions, advanced treatments and new prescription drugs is increasing.

*However, satisfaction with electronic health record (EHR) clinical decision tools is low, ranging from 28 percent to 39 percent for three of the most popular EHRs, research shows.*

Lack of easy access to credible care information increases the potential for unnecessary tests, as well as increased costs—and puts patients at risk.
The value of current, evidence-based clinical content is especially critical in an era of value-based care.

The move toward value-based payment has intensified. More and more, payments are tied to outcomes, not volumes, with financial incentives for positive outcomes and penalties for readmissions.

The result:

Greater emphasis on managing the health of populations and coordinating care while improving value.

Across the industry, there are signs that the move toward value is picking up pace:

► The physician Quality Payment Program—the Medicare Access and CHIP Reauthorization Act (MACRA)—ties a greater portion of physician payment to quality and value.

► Commercial insurers are following suit, with an increasing percentage of risk-based payments for providers.

► Meanwhile, accountable care organizations that perform best are better able to control care delivery costs.6

90 percent of Medicare payments will be tied to quality or value.
The impact of consumerism in healthcare also drives the need for evidence-based content at the point of care.

Deductibles are rising, and a greater portion of the cost of care is falling on consumers. Now more than ever, consumers are looking at online physician ratings to shop around for providers based on quality and cost. This makes the need to reduce healthcare costs more critical than ever.

Dr. Kern recalls a similar condition beginning with the word “Osgood.”

She steps out of the exam room to look up the condition on the clinical search engine on her mobile device and discovers the condition is “Osgood-Schlatter Disease,” which can cause a painful, bony lump to form beneath the knee.

Dr. Kern reviews the current treatment recommendations and discovers the condition usually disappears when the child stops growing. The recommended treatment is rest.

She explains the detailed findings to the mother and daughter, who are pleased with the prognosis.

Cost savings: $629

Katie, a 12-year-old girl, complains of severe left knee pain after a soccer match. An X-ray at an urgent care center did not show a break, but she still experiences pain when playing sports. Her mother wants Katie’s physician, Dr. Kern, to order an MRI.

Healthcare leaders need a way to get current, evidence-based clinical content sooner to provide better care for patients.
For hospitals, it’s imperative that all of the care team’s actions provide value.

Three key factors differentiate high-value providers from their peers:

1. Decisions are made based on evidence (ordering the right tests, not all of the tests).
2. Care teams use the information available to prevent complications.
3. Care is coordinated throughout the continuum and managed after discharge, preventing readmissions and associated financial penalties.

George, a 72-year-old man, is involved in a low-speed motor vehicle accident. He goes to the emergency department (ED). He appears to be in good shape physically, but an abdominal/pelvic CT reveals a 2.5 cm right adrenal mass.

The ED physician recommends a biopsy to be performed with interventional radiology, but the patient decides to first speak with his internist of more than a decade, Dr. Welker.

The night before the patient’s appointment, Dr. Welker uses a clinical search engine to search for information on adrenal incidentaloma. He learns that a review of the CT scan and outpatient hormonal testing are the recommended approach.

The hormone tests are negative, so Dr. Welker recommends the patient return for a CT scan in six months.

Cost savings: $2,921
Eighty-five percent of physicians believe access to evidence-based recommendations at the point of care could reduce care costs.8

Putting current, credible clinical content at the fingertips of physicians and nurses empowers consistent decision making that leads to high-quality care and better outcomes.

Use of clinical search engines demonstrates immediate and long-term impact in reducing costs by:

► Enabling physicians to choose high-value, lower-cost alternatives for care.
► Helping to reduce preventable errors.
► Giving physicians the tools they need to detect disease earlier.

One leading clinical search engine, ClinicalKey, helps physicians find answers to clinical questions 48 percent faster.9

Manny, a 62-year-old hypertensive smoker, discusses a two-month history of aching pain in his right calf with his physician, Dr. Bailey. The pain routinely appears midway through a walk down Manny’s long driveway and resolves quickly when he stops walking. Upon examination, Dr. Bailey diagnoses the patient with claudication, a condition in which cramping pain in the leg is induced by exercise—typically caused by obstruction of the arteries.

Dr. Bailey doesn’t believe an angiography is needed, but wants to double check. Using a clinical search engine, Dr. Bailey discovers that an ankle-brachial index is the primary method for diagnosis. This noninvasive test provides results that are comparable to an angiography—at a much lower cost.

Dr. Bailey performs ankle-brachial index for Manny in the office setting, finds no signs of peripheral arterial disease and confirms the diagnosis of claudication.

Cost Savings: $3,191
Where are physicians and nurses getting their clinical care information?

The risk:
Some care team members aren’t using reputable sites for their information. Forty-two percent of physicians relied on Wikipedia as a source of clinical content in 2016, and 32 percent search for professional videos on YouTube. This puts quality of care and cost at risk.

In 2016, nearly half of physicians searched for clinical content on their smartphones in between patients, and one out of four did so at the point of care.

The opportunity:
To support optimal outcomes and higher quality, information must be provided to physicians and nurses in their workflow:
► In the EHR.
► On their mobile devices.

The key for hospitals:
Supporting access to trusted, evidence-based content at nurses’ and physicians’ fingertips.
ClinicalKey gives clinicians the trusted clinical answers they need to deliver high-quality, low-cost care.

Using ClinicalKey, clinicians can:

► Quickly confirm diagnosis, treatment plans or medication dosages for best practices using easy-to-scan, clinically focused medical topic summaries.
► Plan care and surgeries more effectively.
► Research unusual, rare or complex conditions.
► Begin treatment earlier and care for patients in a much more cost-efficient manner.
When deeper research and review is needed to treat unusual, rare or complex conditions, ClinicalKey provides the industry’s most trusted, most complete collection of clinical content.

Using ClinicalKey, clinicians not only have access to full-text journal articles and reference books, but also Clinical Overviews, videos, patient education handouts, drug information and more.

ClinicalKey is continuously updated and draws answers from the largest collection of clinical resources—eliminating clinicians’ reliance on less accurate sources. Information at all levels, from expert opinion to primary data, is available, providing your care team with the resources to answer any clinical question, all from one source.

ClinicalKey provides current, credible, evidence-based content.
Here’s what physicians are saying about ClinicalKey:

“I used ClinicalKey to find a video for a case I was doing and to find an important article for an operation. The ability to access videos is very important to me. With ClinicalKey, the information I need is in one place.”
— SURGEON FROM A NONPROFIT HEALTH CARE ORGANIZATION

“I use ClinicalKey to refresh my memory on a rare illness that I encounter. ClinicalKey gets right to the point and makes it easy to get to my topic search result. This clinical information is more streamlined than on other sites, and the search engine is better—allowing you to search within books.”
— ANESTHESIOLOGIST FROM A PRIVATE RESEARCH UNIVERSITY

“ClinicalKey gives me nice reviews that help me with differential diagnosis. It lets me carry lots of information in a very portable manner. I use it via my mobile app quite a bit.”
— VASCULAR SURGEON FROM A MULTISPECIALTY ACADEMIC HOSPITAL

What could cost savings such as these mean for your healthcare organization?

For more information on how ClinicalKey can help your providers deliver high-quality, cost-effective care, visit www.clinicalkey.com/info.
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