

# Why Evidence-Based Medicine?

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## **Because it works.**

Evidence Based Medicine (EBM) is an approach in medical practice that intends to optimise clinical decision making by applying the evidence from well-designed and validated scientific studies and research.

The best practice approach of applying EBM involves integrating individual clinical expertise with the most reliable clinical evidence available from systematic research and applying this evidence to individual patient clinical problems and circumstances.

EBM guidelines have undergone considerable transformation over the last number of years. Significant advances include specific linkages of systemic research evidence summaries to the strength and direction of recommendations, consideration of important individual 'patient' factors and the transparent reporting of clinical practice guidelines in simple and clear language.

Various studies are showing a growing acceptance amongst health practitioners and insurance authorities in viewing EBM as the most rational and objective method of effectively guiding better health and return to work outcomes, and reducing disability durations.

By understanding EBM, it is logical that we draw your attention to an evidence based resource which is increasingly gaining

acceptance and implementation in Australia from a number of Insurers and compensation schemes. The resource we refer to is the Official Disability Guidelines (ODG). ODG is an electronic EBM guideline tool and by their reckoning is the most widely adopted guideline in the workers' compensation setting in the US and overseas. It is also being recognised and utilised in other healthcare compensation settings.

Although the benefits of using evidence-based medicine (EBM) are often extolled due to improved outcomes in healthcare systems that have adopted medical treatment guidelines, up until last year there had never been an academic study published in a peer-reviewed medical journal that proved if EBM could deliver these results from a compliance standpoint on a closed claim file.

In May 2016, the independent, retrospective study, entitled, "A New Method of Assessing the Impact of Evidence-Based Medicine on Claim Outcomes" (Bernacki, et al), was published, with results that demonstrated what EBM users have been saying all along: It works. The study compared the relationship between outcomes for 45,951 indemnity claims filed between 2008

and 2013 in terms of duration and medical utilisation and costs, to their adherence to EBM guidelines. The authors sought to challenge or confirm the following:

*The goal of EBM guidelines in workers' compensation is to improve the quality of care for injured workers by using an objective standard for treatment. The philosophy is that properly constituted guidelines -*

1. *Achieve better and more predictable results for the majority of patients;*
2. *Establish a standard of care with projected disability duration;*
3. *Define necessity and appropriateness of medical treatments;*
4. *Provide expectations for recovery, cost, and risks for complications.*

To do so, the authors chose the ODG published by the Work Loss Data Institute. The question the investigation assessed was, "If injured workers are managed under EBM guidelines as defined by ODG, do they have better outcomes in terms of absence from work and total medical care cost?" As it turns out, they do.

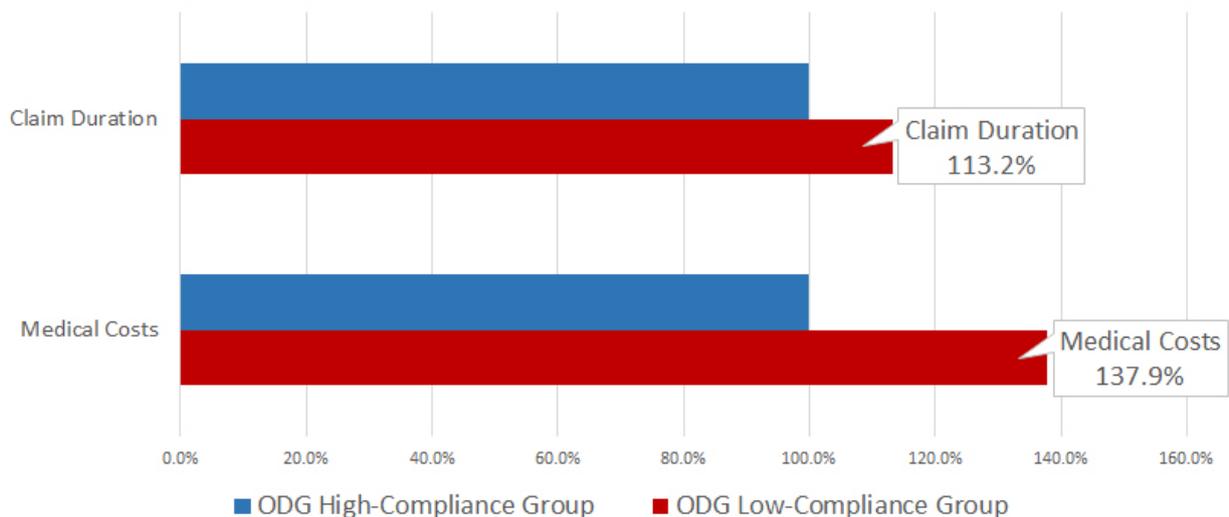
Adherence to ODG led to faster return to work, and lower medical costs across the board.

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Claim Outcomes, ODG Compliance



The authors assigned a compliance score to the claims, indicating roughly how many of the treatments were consistent with the recommendations from the ODG guidelines. The low compliance group exceeded the high compliance group by 37.8% in medical costs and 13.2% in claim duration across all levels of medical complexity.

Also, as medical complexity increased, so did the difference in duration and medial spend between the low and high compliance group. Lastly, there was a striking difference in the number of inappropriate procedures performed by the low compliance group as compared to the high compliance group, demonstrating that inappropriate care to the injured worker is a primary driver of claim duration and medical costs.

The results coincide with the intention of EBM guidelines, which is to combine best practice protocols and optimal care pathways while avoiding potentially harmful, inappropriate care to the injured worker. Even better, actual outcomes data from ODG users and U.S. State adoptions mirror the study results. For example, since the State of Texas adopted ODG, they have experienced

34% savings in lost time, 30% drop in medical costs, and a 51% drop in premiums.

The State of Ohio has had savings of 66% in absence, 60% in medical cost, 77% in treatment delay, all with 84% provider approval, since their ODG adoption. Oklahoma experienced a cumulative 44% drop in loss-cost rates since adopting ODG, and North Dakota has become the perennial #1 in a National Workers' Comp Premium Ranking, with 40% premium reductions and a \$52M credit.

There's no better way to tout evidence based medicine than to use actual evidence. Although "A New Method of Assessing the Impact of Evidence-Based Medicine on Claim Outcomes" was the first academic study of its nature, the conclusion made by Bernacki, et al, demonstrates what many have known all along: Evidence-based medicine works.

For the full article on "A New Method of Assessing the Impact of Evidence-

Based Medicine on Claim Outcomes", [please click here.](#)

In conclusion, there are many benefits to implementing an evidence based clinical guideline tool. There are also many examples of how ODG in particular can be used to benefit the individual ("the patient") through timely and evidence based treatments and return to work strategies.

If you would like to know more about EBM and/or ODG and what differentiates ODG from other EBM tools, please contact us via [contact@mlcoa.com.au](mailto:contact@mlcoa.com.au)

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