The Role of Evidence-Based Clinical Practice in Emerging Home Care Models

By Carolyn J. Humphrey and Karen B. Utterback,
Continuing to deliver traditional clinical services “because that’s the way we’ve always done it” will be a death knell for home health organizations that don’t radically change their procedures. Although all patient care services are provided under physician orders, how these orders are implemented often varies based on professional practices and organizational policies, procedures, and protocols.

When care decisions are based on a three-part process called evidence-based practice, high-quality patient outcomes are more likely. Using evidence-based practices as a cornerstone to an organization’s clinical care is a focus of reimbursement changes in the Affordable Care Act. Additional benefits include cutting costs, improving the quality of patient care, and positioning the business to be a successful player in the post-acute care value continuum.

What is Evidence-based Practice?

The evidence-based practice movement started in 1972 when a British epidemiologist criticized the medical profession for not compiling and analyzing the results of numerous studies that supported the effectiveness of administering corticosteroids to high-risk pregnant women in preterm labor. When the review was finally completed, it indicated that using the therapy reduced the odds of premature infant death from 50 percent to 30 percent.

The diffusion and adoption of ideas associated with evidence-based healthcare during the 1990s are still powerful and relevant to the current problems and challenges healthcare faces today. In the past 10 years, numerous academic centers, professional schools, and organizations have tested and refined treatment models. These models integrate clinical observations by expert practitioners with scientific research. This has resulted in the development of evidence-based practice guidelines and protocols that provide support for clinicians and organizations to adopt best practices.

The term evidence-based practice easily can be misunderstood both by professionals and non-professionals and often is thought to be only the result of one scientific article. It is essential to understand that research- and evidence-based theories and studies alone are not evidence-based practice. With the preponderance of health information on the Internet, it is difficult for both consumers and professionals to sort out what is truly scientific evidence. It takes knowledge of the subject matter, ability to analyze research, and professional expertise to determine the strength and applicability of evidence-based resources.

Evidence-based Practice

Evidence-based practice is a problem-solving approach to clinical care that incorporates the conscientious use of current best evidence from well-designed studies, a clinician’s expertise, and patient values and preferences. All three of these key components must be present for evidence-based practice to be effective and result in the best possible patient outcomes.

The three components of the evidence-based practice process are interrelated and affect clinical decisions. When evidence-based practice is provided as part of the caring process, it leads to the best clinical decision-making, as well as the best outcomes for patients and their families. To be successful, the entire process must be established in an evidence-based practice culture that provides support throughout the organization.

Comprehensive Evidence-based Practice Model

Evidence-based Practice in Home Care

Currently, there are no professional organizations that review and develop clinical evidence specific to home care. However, professional services are delivered to patients experiencing a variety of diagnoses and conditions. As a result, evidence-based protocols and guidelines from scientific literature, governmental agencies, and professional and diagnosis-related organizations can be successfully adopted and applied to home care patients.

Additionally, a significant body of work on evidence-based practice for home care has been done by the Centers for Medicare & Medicaid Services and its contractors and Quality Improvement Organizations. The Home Health Quality Improvement National Campaign created resources to improve patient care processes. The Collaboration for Home Care Advances in Management and Practice program, based at The Center for Home Care Policy and Research of the Visiting Nurse Service of New York, also is a rapidly growing best practice resource. Work is being conducted in a few areas to develop a home care best practice system.

Strategies for Transitioning to Evidence-based Practice

The first step in transitioning an agency into using evidence-based practice is to conduct an organizational assessment to identify anticipated issues and potential approaches that administration can implement to support the change. Although each home care organization is unique, common potential barriers exist that home care providers may experience when transitioning to evidence-based practice.

“We have to follow what’s in the regulations”

The primary obstacle to changing home care practice patterns is a perceived conflict between evidence-based practice and Medicare regulations. Medicare continues to be the largest payer for home care services, with the majority of other payers using Medicare regulations as their reimbursement guide. Home care clinicians, unique from their colleagues in other settings, must constantly integrate Medicare coverage criteria, guidelines, regulations and other non-clinical requirements into their patient care and documentation. Additionally, since the organization is unable to submit payment requests until specific documentation is completed, clinicians are focused on delivering care under Medicare parameters.

By focusing on assuring payment criteria is met, clinicians and organizations easily can lose sight of the equally important responsibility of ensuring that clinical staff and organizational policies use current and best clinical practices. Additionally, administrators and managers need to be aware of upcoming reimbursement changes. The changes will replace a fee-for-service methodology based on the number and type of service units provided with one centered on patient outcomes that are based on evidence.

Although regulatory and accrediting organizations provide rules for compliance, they were never intended to provide the clinical guidelines that tell nurses and therapists how to practice. To be compliant, agencies must show why they adhere to the rules, but there are no directions on how to reach compliance. Using evidence-based clinical practices does not conflict with being compliant and licensed. If it is perceived as doing so, everyone in the agency should be involved in clarifying the issue to determine how to integrate evidence-based practice into how care is currently delivered.

“We work under physician orders”

It is true that regulations and laws require that home care clinicians work under specific medical orders from the patient’s physician or primary care provider. Licensed, skilled home care professional clinicians are required to develop the plan of care based on both physician orders and the nursing/therapy orders that they create. The nursing/therapy orders are based on the clinician’s professional expertise and the organization’s policies and procedures.

The incredible amount of new disease and clinical information is often difficult to understand and remember, and much of it isn’t scientific or relevant. This is the area that can be creatively supported by the agency’s IT system. If the physician orders do not include current best practice, approach the physician and share research from the scientific literature, your agency’s clinical and patient data and from other reliable sources. Continue to stress that using evidence-based practice isn’t an issue of being wrong or right, it’s simply providing care differently and better, based on a scientifically proven way.

“The agency’s IT system is more focused on back office than clinical practice”

Many home care technology systems have clinical content that may not be based on evidence and the content may be outdated and incorrect. Because many IT systems provide customers simply a framework for entering their own clinical content, there are wide differences between agencies. The vendor may not have clinical experts available for ongoing questions, updating content, or verification of what organizations need to integrate evidence-based practice and participate in new opportunities.

You can address this by identifying the sources and rationale that your current technology provider uses to support your system’s clinical content. Since payment soon
will be based on using clinical evidence, explore how your provider plans to move your clinical information into that environment.

You can also ensure that your agency’s need for evidence-based clinical content matches or exceeds the time, money, and research that your IT vendor has committed to meet your organization’s regulatory, technology, and business needs. Establish with your IT vendor that your organization’s need for an evidence-based clinical care and documentation platform requires a new type of ongoing communication. This communication should include clinical problem identification and a strategic relationship between the company and your organization.

“No one really knows about evidence-based practice”

There is a major knowledge deficit about evidence-based practice from everyone involved in healthcare at all provider levels. Many nurse clinicians’ – and managers’ – familiarity with evidence-based practice varies from a low level to nonexistent.

According to one study, a majority of nurses (75 percent) reported that they often or regularly needed information for their practice and that they felt more comfortable asking colleagues or peers than searching the Internet. When asked what scientific information sources they consulted, 58 percent didn’t use any research reports to support practice, 82 percent never used a hospital library, and 46 percent were unaware of the term “evidence-based practice.” This led the authors of this study to conclude that, “They don’t understand or value research and have received little or no training in the use of tools that would help them find evidence on which to base their practice.”

Basing management decisions on theories and the newest literature has received little attention in business education and is not routinely practiced in the workplace. As Dr. Denise Rousseau, professor of Organizational Behaviour at Carnegie Mellon University, stated, “For the most part, managers looking to cure their organizational ills rely on obsolete knowledge they picked up in school, long-standing but never proven traditions, patterns gleaned from experience, methods they happen to be skilled in applying, and information from vendors.” She goes on to explain that the label evidence-based practice can be used to characterize superficial practices (another company’s so-called best practice or the latest best practice tool consultants are selling). Highly developed in medicine, this technique is just beginning to be applied to business and public administration.

Top-down organizational support requires that those at the highest levels have foundational knowledge, strong beliefs about the importance of basing care on evidence, and critical thinking skills that can ensure the change is continuously reinforced.

Suggestions for developing an organizational culture that openly supports evidence-based practice include:

- Encourage an environment that supports clinical inquiry — where clinical questions can be asked, answers retrieved from reliable sources (instead of only colleagues), and then decisions made based upon evidence-based, relevant factors, clinician input, and patient values.
- Choose partners that have transitioned agencies to an evidence-based culture so they can inform and support your goals.
- Provide resources for initial and continuing education opportunities for all departments, not just clinical staff.
- Integrate evidence-based clinical competencies into performance appraisals.
- Integrate awards and recognition for successful evidence-based practice implementation and outcome management products into current quality activities.
- Implement a plan to integrate evidence-based practice into your current information technology solution or identify specific electronic measures, beyond standard operational data, that support analysis of clinical and professional outcomes from evidence.
- Provide consistent organizational communication sharing changes, activities and results of using evidence-based practices should be widely shared with internal and external customers.

Evidence-based practice is critically important in emerging healthcare models. Home care executives must take the lead in creating an organizational culture that supports evidence-based practice that will improve all areas of the business. Developing an effective and successful transition plan requires identifying anticipated barriers and strategies for success. Home health agencies that follow the plan will have an opportunity to move in sync with other provider innovators and leaders, or even excel.

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