National Academy of Clinical **Biochemistry (NACB)** Laboratory Medicine Practice Guidelines (LMPG): **Evidence-Based Practice for** Point of Care Testing 2004



# Why the Rise in EBM?

- Need for fact-based medical decisions
- Patients questioning treatment options and risks
- To justify increasing costs of patient care
- Shortage of resources (beds, nursing, lab)
- Risk of lawsuits (follow standards of practice)
- Support for alternative means of improved patient outcomes (home care, surgicenters)
- Pressure for shorter stays, faster turn-around
- Clinician time constraints, rapid rise in literature and limited ability to stay abreast of latest developments
- CMS National Voluntary Hospital Reporting Initiatives: inform providers, payors and public of how well hospitals adhere to accepted evidence-based guidelines for treatment of heart attack, heart failure and pneumonia – link accreditation and reimbursement to hospital quality measures (ORYX)

# What Portion of Healthcare is Evidence Based?

Setting	RCT (Type I)	Non- experimental (Type II)	Not Supported	Interventions /patients
General Med (UK)	53%	29%	18%	108/108
Cancer Center (US)	24%	21%	55%	154/??
Anesthesia (Australia)	32%	65%	3.3%	???
Pediatric Surg (UK)	11%	66%	23%	281/281
General (Spain)	38%	4%	58%	2341/ 1990

## What Portion of Healthcare is Evidence Based?

- <u>General Med</u> Ellis J, et al. Inpatient general medicine is evidence based. Lancet 1995;346:407-10.
- <u>Cancer Center</u> Djulbegovic B, et al. The quality of medical evidence in hematology-oncology. Am J Med 1999;106:198-205.
- <u>Anesthesia</u> Myles PS, et al. Is anaesthesia evidence-based? A survey of anaesthetic practice Br J Anaesth 1999;82:591-5.
- <u>Ped Surg</u> Kenny SE, et al. Evidence-based surgery: Interventions in a regional paediatric surgical unit. Arch Dis Child 1997;76:50-3.



<u>Gen Med</u> – Suarez-Varela MM, et al. Evidence based general practice. Eur J Epidemiol 1999;15:815-9.

# Point of Care Testing

- The field is young
- Proliferation of misinformation Faster is often understood to mean better outcomes without research to back this conclusion
- Hospital pressure to move patients faster, want faster turnaround of lab results – POCT seen as a solution to remove patient bottlenecks
- Physicians want the latest technology new technology equates with better patient care
- Each lab must research new test requests to determine clinical utility, cost effectiveness, management and reimbursement issues.



#### The Need for Evidence-Based POCT

- Clinicians, staff and laboratorians need guidance to apply POCT in the most effective manner for patient benefit.
- This guidance should be based on a concurrence of the scientific evidence to date.
- This need for evidence-based practice was the concept behind the NACB Laboratory Medicine Practice Guidelines for POCT



#### Evidence-Based Practice for POCT Focus Group Chairs

- Cardiac Robert H. Christenson, Ph.D.
- Diabetes Christopher Price, Ph.D.
- Reproduction Ann M. Gronowski, Ph.D.
- Infectious Disease Robert Sautter, Ph.D.
- Coagulation Marcia Zucker, Ph.D.
- Parathyroid Lori J. Sokoll, Ph.D.
- Drugs Ian Watson, Ph.D.
- Bilirubin Screening Steven Kazmierczak, Ph.D.
- Critical Care Greg Shipp, M.D.
- Renal William A. Clarke, Ph.D.
- Occult Blood Kent Lewandrowski, M.D.
- pH James Nichols, Ph.D.
- Introductory Comments Ellis Jacobs, Ph.D.

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NACB Laboratory Medicine Practice Guidelines	The National Academy of Clinical Biochemistry Laboratory Medicine Practice Guidelines Draft Guidelines	<u>•</u>
COOPE	Evidence Based Practice for POCT	
Published Guidelines	Comments should be directed to James H. Nichols	
Cardiac Markers - 1999	<u>Word Document</u> <u>PDF Format</u>	
Diabetes Mellitus - 2002     Emergency Taxicology - 2002	Organizing Committee:	
Hepatic Injury - 2000     Thyroid Disease - 2002	James H. Nichols, Ph.D., FACB (Chair) Baystate Health System, Springfield, MA	
Draft Guidelines Open for Comment	Robert H. Christenson, Ph.D., FACB University of Maryland School of Medicine, Baltimore, MD	
Evidence Based Practice for	William Clarke, Ph.D. Johns Hopkins Medical Institutions, Baltimore, MD	
POCT - 2004     Biomarkers of Acute Coronary     Syndrome and Heart Failure -     2004	Ann Gronowski, Ph.D., FACB Washington University, St. Louis, MO	
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## Evidence Based Practice for POCT Sponsors



- Sponsors provide an Educational Grant to NACB for the development and publication of practice guidelines
- A variety of sponsorship levels are available

