A Systematic Evaluation of Evidence Based Medicine Tools for Point-of-Care

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Background

- Point-of-care EBM tools proliferating
- Deciding on "right" tool is difficult as products vary in
 - Complexity
 - Content
 - Accessibility
 - Intended audience

Purpose

- Systematically compare and contrast EBM point-of-care tools
- Proactively identify and learn about point-ofcare products available on the market

Methods

- Identify EBM point-of-care tools:
 - Literature search in Medline, CINAHL, LISTA
 - Medlib-L discussions
 - Hand searched journals, including:
 - JMLA
 - Medical Reference Services Quarterly
 - Hall of Exhibits at MLA Annual Meeting 2006 in Phoenix, AZ
 - Open Access Medicine (OAM) Sources on the Web Evidence-Based Medical Information – Open vs. Closed Access – Dean Giustini –

http://www.slais.ubc.ca/courses/libr538f/04-05-wt2/sourcesofevidence.pdf

Inclusion Criteria

- Product must claim to provide evidence based information for direct patient care
- Products not marketed as point-of-care tools are excluded

Products Included in the Study

- ACP PIER
- Clinical Evidence*
- Clinical Resources @ Ovid
- Diseasedex General Medicine
- DynaMed
- eMedicine
- Evidence Matters
- FirstConsult
- Harrison's Practice: Answers on Demand
- HealthGate**
- InfoPOEMS/InfoRetriever
- Prodigy Knowledge*
- UpToDate
- Zynx Evidence Evidence
- *United Kingdom
- **excluded from final ranking

Products Not Included in the Study

- Bandolier
- Best Treatments
- Cleveland Clinic Disease Management
- Cochrane Database of Systematic Reviews
- Doctor Evidence
- Evidence-Based On-Call Database
- FPIN Clinical Queries
- MD Consult

Criteria Studied

- Identified categories and assigned a score
- After reviews completed, categories were weighted by importance to increase relevancy ranking
- Data gathered in 6 main categories
 - General Information 5 subcategories
 - Content 4 subcategories
 - Searching 2 subcategories
 - Results 4 subcategories
 - Other Features 4 subcategories

Definitions – Evidence-based Medicine

- The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
 - Sacket DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine: how to practice and teach EBM. New York: Churchill-Livingstone; 2000.

Definitions – Point-of-Care

- Any location where patient care is provided, including, e.g., the bedside, radiology suite, emergency room, clinic, or ambulance
 - Taber CW, Thomas CL. Taber's cyclopedic medical dictionary. Philadelphia: F.A.Davis; 1997.

Definitions – Background Questions

- Asks for general knowledge about a disorder
- Who, what, when, where, why, how
 - Example:
 What is diabetes?
 Where is the pancreas?
 - Sacket DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine: how to practice and teach EBM. New York: Churchill-Livingstone; 2000.

Definitions – Foreground Questions

- Ask for specific knowledge about managing patients with a disorder
- PICO <u>Patient</u>, <u>Intervention</u>, <u>Comparison</u> (if relevant), <u>Outcome</u>
 - Example: In young children, is cefdinir (Omnicef) or Amoxicillin and Clavulanic Acid (Augmentin) more effective in resolving otitis media.
 - Sacket DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine: how to practice and teach EBM. New York: Churchill-Livingstone; 2000.

Categories – General Information

- Is the product really point-of-care?
- General Information
 - Subscription models (free, individual, institutional)
 - We did not attempt to add cost into our product evaluation as this would vary greatly by type/size of institution
 - When possible, we did gather data on pricing models/structure
 - Access models (IP, password, simultaneous users)
- Target Audience
- Marketing Claims

Categories - Content

- Scope
 - Volume (number of documents) -
 - Problematic measure every vendor counts differently
 - We collected data and tried to "normalize" scores we gave to products
 - Breadth (number of subject areas)
 - Depth (number of levels within subjects)
 - Drug Information
- Patient Handouts
 - availability and languages included
- CE Credits and for which practitioners

Categories - Content

- Practice Guidelines
 - Inclusion
 - Frequency of embedded in topic
 - Access to the guideline provided

Categories – Quality Control

- Authorship
 - Individual(s) identified
 - Credentials
 - Peer review
- Updating
 - How often are new topics added
 - How often are records updated/revised
- Bias

Categories - Searching

- Types of searching
 - keyword, browse, drug, advanced
- Usability
 - Ease of navigation
 - Ease of printing
 - Other output available
 - Help

Categories - Results

- Type of question answered
 - Background, foreground
- Presentation of results
 - Readability and organization
- Evidence grading
 - Frequency, clarity, system used
- Evidence summary

Categories - Results

• References

- Integrated in text
- Bibliography
- OpenURL links
- PubMed links

Categories – Other Features

- Customization
- Integration with other technologies (PDA, EMR, etc.)
- Unique or useful features
- Coming features

Raw Ranking of Products

- 1. ACP PIER
- 2. eMedicine
- 3. DynaMed
- 4. Clinical Evidence*
- 5. Clinical Resources @ Ovid
- 6. UpToDate
- 7. Diseasedex General Medicine
- 8. FirstConsult
- 9. InfoPOEMS/InfoRetriever
- 10. Zynx Evidence
- 11. Harrison's Practice: Answers on Demand
- 12. Prodigy Knowledge*
- 13. Evidence Matters

*United Kingdom

Weighting of Categories

- Categories were weighted to allow some areas to be more important than others
- Used 3 different weighting schemes
 - 1 just weighted "evidence" categories
 - 2 just indicated some categories as "important"
 - 3 assigned levels of importance to categories
- Spreadsheet has a place where weighting can be changed to reflect individual institution's needs

Weighting of Categories for Evidence

- Used an important/not as important system
- Important categories were multiplied by 1
- Not as important categories were multiplied by 0.5
- "Important" Categories for Evidence:
 - Does it grade the evidence
 - Summary of evidence
 - Updating
 - Authorship
 - References within text
 - Bib. at the end

Ranking of Products by Evidence

- 1. ACP PIER
- 2. Clinical Evidence*
- 3. DynaMed
- 4. Clinical Resources @ Ovid
- 5. eMedicine
- 6. UpToDate
- 7. Diseasedex General Medicine
- 8. InfoPOEMS/InfoRetriever
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- 10. Zynx Evidence
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Weighting of Categories – Important/Not as Important

- Expanded the important/not as important system used for evidence
- Not as important categories were multiplied by 0.5

Weighting of Categories – Important/Not as Important

- Important Categories:
 - Breadth
 - Depth
 - Drug information
 - Individual author listed
 - Peer Review
 - Updating
 - Keyword
 - Browse
 - Drug search

- Ease of navigation
- Type of question answered
- Ease of reading
- Grading the evidence
- Summary of evidence
- Bibliography at the end
- Links to PubMed
- PDA
- EMR integration

Ranking of Products by Important/Not as Important

- 1. ACP PIER
- 2. Clinical Evidence*
- 3. DynaMed
- 4. eMedicine
- 5. Diseasedex General Medicine
- 6. Clinical Resources @ Ovid
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Weighting of Categories – Levels of Importance

- We assigned values to provide gradations of importance to the data collected
- Values assigned
 - 1 least important
 - 2 moderately important
 - 3 most important

Weighting of Categories – Levels of Importance

- Categories Weighted as Most Important (3)
 - Breadth
 - Depth
 - Frequency of updating records
 - Keyword searching
 - Ease of navigation
 - Answering foreground (PICO) questions
 - Ease of reading
 - Clarity and organization of results
 - Grading the evidence
 - Summary of evidence

Weighting of Categories – Levels of Importance

- Categories Weighted as Moderately Important (2)
 - Drug information
 - Where drug information is available
 - Practice Guidelines- frequency of availability
 - Practice Guidelines links to online full-text
 - Peer review of entries
 - Frequency of new topics added
 - Searching by browsing
 - Searching by drug name
 - Ease of printing
 - Answering background questions
 - References within text
 - Bibliography available at the end
 - Available on PDA
 - Available within EMR

Weighting of Categories – Levels of Importance

- Content 31%
- Quality Control 11%
- Searching 18%
- Results 32%
- Features 7%

Ranking of Products by Levels of Importance

- 1. ACP PIER
- 2. Clinical Evidence
- 3. Diseasedex General Medicine
- 4. DynaMed
- 5. InfoPOEMS/InfoRetriever
- 6. Zynx Evidence
- 7. eMedicine
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- 13. Evidence Matters

*United Kingdom

Comparison of Rankings

Raw	Evidence	Important/Not As Important	Levels
ACP PIER	ACP PIER	ACP PIER	ACP PIER
eMedicine	Clinical Evidence*	Clinical Evidence*	Clinical Evidence*
DynaMed	DynaMed	DynaMed	Diseasedex – General Medicine
Clinical Evidence*	Clinical Resources @ Ovid	eMedicine	DynaMed
Clinical Resources @ Ovid	eMedicine	Diseasedex – General Medicine	InfoPOEMS/InfoRetriever
UpToDate	UpToDate	Clinical Resources @ Ovid	Zynx Evidence
Diseasedex – General Medicine	Diseasedex – General Medicine	UpToDate	eMedicine
FirstConsult	InfoPOEMS/InfoRetriever	InfoPOEMS/InfoRetriever	Clinical Resources @ Ovid
InfoPOEMS/InfoRetriever	FirstConsult	FirstConsult	UpToDate
Zynx Evidence	Zynx Evidence	Zynx Evidence	FirstConsult
Harrison's Practice: Answers on Demand	Evidence Matters	Harrison's Practice: Answers on Demand	Prodigy Knowledge*
Prodigy Knowledge*	Harrison's Practice: Answers on Demand	Evidence Matters	Harrison's Practice: Answers on Demand
Evidence Matters	Prodigy Knowledge*	Prodigy Knowledge*	Evidence Matters

*United Kingdom

Exceptions

- Evidence Matters
 - Analysis showed not a point-of-care tool
 - Useful research tool
 - Unique use of PICO question in formulating queries
 - "On the fly" creation/manipulation of data from journal articles

Exceptions

• HealthGate

- Not ranked with other products because so different
- Purpose is to provide a forum for structured collaboration and provide actionable evidence for groups such as hospital quality control committees working on standard documents such as order entry, discharge planning, etc.
- Synthesized evidence is available to authors but not to users of the end-products (the final CPOE, for example)
- Other evidence products purchased by an institution can be integrated into HealthGate

Exceptions

- Diseasedex General Medicine and Zynx Evidence
 - Both products are similar to others considered in this study
 - But, both are parts of larger products that are used at the point-ofcare that may make them more accessible to health care providers
 - Diseasedex General Medicine is a component of Micromedex which covers a variety of areas including drugs, alternative medicine, toxicology & laboratory information, etc.
 - Zynx Evidence has components for order sets and care plans
 - Both products can be integrated into the EMR so can be accessed along with patient data

Conclusion

- Evaluating products a subjective process
- Standard measures can help show product distinctions
- Individual institution needs important part of consideration

Future Directions

- Consider having practitioners rate which categories on the form are most important
- Consider having practitioners try top resources to get real-life perspective
- Investigate relationships with institutional departments involved in EMR for true pointof-care access for health care providers

Keeping Current

- JMLA -
 - Electronic Resources Reviews
- MLA News
- Medical Reference Services Quarterly

Acknowledgement

 Friedman PW, Ketchum AM. A reusable template for evaluating point-of-care information products. 2004 MLA Annual Meeting; May 21-26, 2004; Washington DC; 2004. Available from:

http://www.hsls.pitt.edu/services/instruction/presentations/mla2004/friedman04.ppt

Questions?

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Presentation Files

http://ils.mdacc.tmc.edu/papers.html

- PowerPoint slides
- Excel file with data collected on individual products
- Blank spreadsheet to use on your own