

# Closing the Gap: Tackling Variability in Care



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– DIANA NOLE  
CEO  
WOLTERS KLUWER HEALTH

Should where you live affect what treatment you are offered for a condition? Should your zip code determine whether or not you will have a potentially unnecessary test or surgery? Variations in care — according to region, state or even country — add up to wasteful spending, both for patients and the healthcare provider. In fact, wasteful clinical spending represents 20 percent of the extra cost of healthcare.<sup>1</sup>

More than numbers, variability affects real people’s lives and real outcomes. “For example, a 70-year-old man with early stage prostate cancer is four times more likely to undergo surgery to have all or part of his prostate removed if he lives in some regions of the United States compared with others, even though there is evidence that defines when surgery is necessary and when it isn’t,” said Diana Nole, CEO of Wolters Kluwer Health.

There are so many places along the patient journey where variation can impede effective care, beginning with whether the patient goes to the doctor at all. From there, it includes what questions the doctor asks, how complete the patient’s medical record is and what treatment the doctor recommends. Then, how is care delivered in the hospital, and does the patient have what he or she needs to succeed at home? There is constant pressure on clinicians to demonstrate mastery of the latest clinical information, and the volume of research continues to grow relentlessly. “For example, we provide access to 30,000 new research articles per month,” adds Nole. These are just one of the ways to help clinicians stay abreast of new medical evidence to influence how they practice patient care.

Wolters Kluwer provides a suite of evidence-based resources that helps guide decision-making at each stop along the patient journey, specifically, these four touch points:

## 1. Patient screening, pre-treatment

We know that for most conditions, early detection greatly improves outcomes. This relies on the patient empowered to take charge of his or her health and follow best practices for screenings.

Emmi, an engagement platform, uses technology to help get patients actively involved in their care. Patients receive a personalized message or call from their provider encouraging them to participate, beginning a conversation beyond the clinical care setting. “General reminders about things like wellness visits for an annual mammogram have been shown to help people remember to make and keep appointments,” Nole said.

## 2. Diagnosis

While practicing medicine is an art that relies on skill, experience and sometimes instinct, closing the gap on variations in care requires careful attention to new *evidence*. The problem is that clinicians often don’t have the latest medical knowledge on a particular condition, because it can take up to 17 years for research to be translated into an everyday clinical best practice.<sup>2</sup>

UpToDate® is an evidence-based clinical decision-support resource used by clinicians to answer their questions and provide clinical recommendations based on the latest research about specific conditions and treatment options. With UpToDate Advanced (which Wolters Kluwer is premiering at HIMSS18), the clinician uses a visual question-and-answer workflow approach to navigate a clinical question. “Following this evidence-based decision pathway helps a clinician and patient arrive at a reliable evidence-based outcome,” Nole said. “In fact, a recently published study in Japan showed that use of evidence-based tools like this reduced diagnostic errors from 24 percent down to 2 percent.”<sup>3</sup>

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### 3. Inpatient care

We can also reduce variability at the point of care. Research shows that clinicians can help reduce the risk of sepsis — a life-threatening condition that leads to more than 750,000 deaths yearly and costs U.S. hospitals \$20 billion annually — if they can detect worsening patient conditions earlier.<sup>4</sup>

By using technology specifically designed to monitor patients, such as the [Point of Care Advisor](#), hospitals can reduce the number of sepsis cases and mortalities, Nole said. Although clinicians have struggled to trust alerting systems because of the number of false positives, advances in AI have greatly improved these systems. “We can use machine learning to learn from false alerts and prevent them in the future,” Nole said.

### 4. Patient engagement, post-treatment

Physicians can diagnose and treat correctly, and nurses can use the latest monitoring tools to keep the patient safe in the hospital, but ultimately, it circles back to patients once they are home.

“A patient needs to have good engagement on what he or she has to do to have a good outcome,” Nole explained. For hip replacement surgery, for example, patients need to be educated about what to expect, and what to have in place at home to make a successful transition. Then, the clinician needs a way to follow up with the patient to monitor pain and compliance with instructions and make sure recovery is on track. “We can reduce readmissions and improve the patient experience

with a patient engagement system such as Emmi,” Nole said. Emmi also helps engage patients with chronic conditions, such as diabetes.

Everyone involved in patient care wants the best outcome. The challenge is to connect the disparate parts of the health system and harmonize them into one complete picture. Wolters Kluwer is working to build an ecosystem that mines evidence and uses technology to close the variability gap so both patients and provider can benefit from the very best knowledge and evidence in the industry.

#### REFERENCES:

<sup>1</sup> Donald M. Berwick, MD, MPP; Andrew D. Hackbarth, MPhil, “Eliminating Waste in US Health Care,” *Journal of the American Medical Association*, 307, no. 14 (April 11, 2012): 1513-1516.

<sup>2</sup> E. Andrew Balas, Suzanne A. Boren, “Managing clinical knowledge for health care improvement,” J. Bemmel, A.T. McCray, editors. *Yearbook of Medical Informatics 2000: Patient-Centered Systems*. Stuttgart, Germany: Schattauer Verlagsgesellschaft mbH, (2000): 65-70.

<sup>3</sup> Taro Shimizu, Takaaki Nemoto, Yasuharu Tokuda, “Effectiveness of a Clinical Knowledge Support System for Reducing Diagnostic Errors in Outpatient Care in Japan: A Retrospective Study,” *International Journal of Medical Informatics*, 109, (January 2018): 1-4.

<sup>4</sup> The Website of Wolters Kluwer, “POC Advisor™ Sepsis Module.”



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#### About Wolters Kluwer Health:

Wolters Kluwer Health solutions deliver clarity when and where it matters most — so every patient benefits from the best knowledge and evidence. Focused on reducing the variability that impedes effective care around the world, our trusted medical content and technology solutions engage clinicians making decisions about care, healthcare leaders paving the road to value-based care, patients taking a more active role in their health, researchers defining the cutting edge of medicine, and students preparing to become the next generation of healthcare professionals.

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