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Independent Writer



Portfolio Sample

Client: Six Degrees HealthCare Consulting
Project: Op-Ed for Continuing Campaign:
“Attention Must be Paid”: Safeguarding
Patient-Centered Care

Six Degrees leads an effort by physician and patient organizations nationwide to effectively target methods of healthcare reform. This Op-Ed piece spoke specifically to efforts in Washington to institute new guiding principles for healthcare statewide. The desired tone was firm and logical, avoiding antagonism or lack of corrective direction.

Headline: Washington’s Gold Standard Must Keep Patients as Priority

When you go to the doctor, you probably want a few key things. A thorough examination. An ear to listen to your concerns and thoughts. An expert source for individual recommendations, according to your needs and desires.

This is personalized healthcare, and it’s increasingly seen as the sound method of fixing the ailing healthcare system. Government leaders and policymakers are beginning to agree. In the state of Washington, Governor Gregoire has proposed an initiative to institute evidence-based medicine, the “gold standard” of healthcare, statewide. This plan is one that proposes to give patients their money’s worth and more, providing the quality healthcare that is worth the higher premiums and co-payments some patients are already paying.

But there’s a problem. The goal and idea of evidence-based medicine is being misunderstood, or paid lip service, by a new budget provision suggested by the state legislature.

This provision requests resources to hire more people to perform three tasks:

- Oversee how Medicaid patients are treated
- Prevent “inappropriate and off-label use of certain prescription drugs” (using medications for conditions other than those they have been approved for)
- Assure that “expensive procedures are being delivered in accordance with clinical guidelines”

In addition, the provision is designed to punish physicians who have “demonstrated substandard practice patterns.”

These look and sound reasonable at first pass. But they represent some troubling moves.

Evidence-based medicine is rooted in several unshakable tenets of healthcare. First, physicians have a vast amount of expertise, learned from years of study and years of practice. In addition, they have a growing and significant amount of knowledge in their patients. Every appointment affords them an opportunity to learn more about their patients: their bodies, needs, and desires.

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It is this knowledge base that is part of the evidence in evidence-based medicine. When combined with careful study of medical trials and advances, it results in a truly individual case and recommendation.

For patients, this means that the care appropriate for them has been determined by an understanding expert, who considers personal attributes and needs in addition to the latest medical study. Most importantly, it means that each patient may have an entirely different route to wellness than anyone else, even with the same conditions.

The problem with the legislature’s provision is that it ignores the role of evidence-gathering in favor of generalized guidelines and strictures. It suggests that all patients should be treated the same. And this is downright dangerous.

The fact is off-label prescriptions are used frequently, often for patients for whom all other medications have failed, or for those with specific needs that the doctor knows and understands. It is standard of care for many, and clinical trial evidence supports their use. A blanket statement outlawing off-label medication use will leave a large proportion of patients out of luck.

In addition, an over-reliance on clinical guidelines negates the entire purpose of evidence-based medicine. Guidelines are helpful, but when used to control decisions rather than provide guidance or support, as this provision suggests, they quickly become mandates. Anything other than what is stated in guidelines then could be considered substandard practices, meaning punishment for physicians in terms of salary and patient base.

This all adds up to more incentive for physicians and the system to ignore individual needs and merely provide the medicine that works for most. This is not evidence-based medicine. And it is not quality healthcare.

Practicing physicians who see patients every day and concerned citizens and patients, such as ourselves, will continue to work to make our voices heard by policymakers who consider methods of improving the healthcare system. We applaud the commitment to improving a struggling system, and Governor Gregoire’s evidence-based medicine initiative. However, we are committed to reminding policy and decision makers about what this truly means, and what makes quality healthcare. We must ensure that efforts to improve the current healthcare system do what they are supposed to: help our patients.