

FOREWORD: THE IMPORTANCE OF ADOPTING EVIDENCE-BASED MANAGEMENT IN HEALTHCARE

For healthcare to be safe, effective, efficient, and reliable, people involved in the healthcare system need to get a lot of things right—not just the individual clinical decisions about prevention and care for each patient, but also the management and policy decisions about how to organize, manage, and pay for that care. As a nation, we have come to embrace the truth that getting the clinical decisions right requires wide-scale application of the principles of evidence-based medicine. We are only now, late in the game, recognizing that systematic use of evidence also could improve the big decisions affecting care throughout a hospital, health plan, physician practice, nursing home, or community. In fact, successful implementation of evidence-based medicine requires the support of evidence-based management. *Healthcare can be only as good as the system that provides it*, and therefore true improvement will require us to embrace evidence-based management.

This book, bringing together the thoughts of health services researchers and healthcare managers—a significant feat in itself—provides important conceptual thinking and illustrative case studies to help move us in this direction.

Widespread application of evidence-based management will not be easy or quick. The history of evidence-based medicine is long and tortuous, and achieving evidence-based management is likely to be even harder. Indeed, managers may find much of the conceptual foundation for evaluating clinical interventions irrelevant. Biology does not exhibit local variation the way physician practices or hospital or health plan administrations do, and the assessment of strategies and programs can rarely be standardized. Attempting to reproduce the successes of one setting in other locations will bring new insights and challenges, since the variability in organizational characteristics is likely to influence the outcome. In addition, the methods and tools likely to yield fruitful results are fairly nascent.

Forward progress will require innovative approaches and their application in a context of considerable urgency, as the challenge to deliver care that is safe, high quality, and efficient continues. As several of the chapters point out, progress will depend on attitude changes and transformed educational strategies among healthcare leaders and managers.

We recognize the imperative of achieving a far more impressive return on the substantial expenditures allocated to healthcare. At the Agency for Healthcare Research and Quality, we have spent several years obtaining systematic input from users (and nonusers) of management evidence and calibrating our research initiatives to attempt to meet the needs of health system leaders and managers. Enthusiasm for celebrating the chapters here should be tempered by a clear-eyed appreciation of the challenges inherent in embedding evidence in all aspects of healthcare delivery.

Description is not the same as problem solving. Descriptions and trend data are extraordinarily useful as ways to identify an issue, and even as a “call to arms.” For example, the impact of the Institute of Medicine’s identification of almost 100,000 deaths per year from medical errors cannot be overstated. To act on evidence, however, managers need information at a much more granular and actionable level—what kind of system change, with what kind of implementation strategy, is likely to reduce which kind of error? Actionability will be a key requirement in future research.

Actionability or utility must be informed by managers’ needs for information and beliefs regarding that information. Researchers might believe they are in the best position to make an educated and neutral definition of what constitutes “good evidence,” but those who are making management decisions often have good reasons for holding a contrary view. For example, research may show what works *most* of the time, but decision makers need to know what is likely to work in their particular circumstances. In this situation, asking for advice from colleagues in similar institutions may be more rational than consulting cross-sectional data analyses.

The imperative to change healthcare delivery dramatically has been articulated in numerous reports from authoritative bodies. Inquiries intended to illuminate how managers can transform a “broken” system are a leading frontier of healthcare research. Collaborative work between researchers and managers—as in this book—is likely to be particularly effective in achieving evidence-based management. Of particular note, the urgency perceived by managers to do “something” now should not be an excuse to overlook the impact of system changes. Understanding both the interventions that worked and those that failed to achieve their promise (and *why*) will be essential to improving healthcare delivery on a scale that is desperately needed. In addition, as this text shows, encouraging healthcare leaders to use evidence in their decision making is likely to require changing the educational and accrediting systems in which they operate.

This book makes an important contribution to the field by focusing on how managers can and do use the evidence we have. An appropriate next step for all invested in healthcare is to seek ways to broaden such prac-

tices and expand the knowledge base, so that evidence-based management becomes the rule rather than the exception. We look forward to working with all stakeholders to help make that happen.

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