

Are physicians seeing the outcomes they (and their patients) want? Is it possible for physicians to use evidence-based medicine to make better clinical decisions? Can an empirical “probability-based approach to medicine” transform your own clinical practice? The odds are in the patient’s favor. Dr. Allen Shaughnessy explains.

## **ENHANCING CARE BY HELPING PHYSICIANS TO MAKE BETTER DECISIONS AT THE POC**

**Presented by Allen Shaughnessy, PharmD, MMedEd**

“A lot of what we do in medicine is not valuable to people,” announced Allen F. Shaughnessy, PharmD, MMedEd as he opened his presentation at the Innovators Forum. “If we want people to live long, healthy, functional, pain-free lives, we need a change in how we think about outcomes.”

Dr. Allen Shaughnessy and his colleague David C. Slawson, MD have discovered a solution. Shaughnessy, professor of family medicine at Tufts University and Slawson, B. Lewis Barnett, Jr., professor of family medicine and Director of Information Sciences for the University of Virginia Health System have devoted two decades of research to how evidence-based medicine (EBM) and information mastery can help health care providers reach the very best outcomes for their patients in a landscape of always-changing medical guidelines and daily-published journal articles.

Shaughnessy contends that not all new information should change clinical practice. To illustrate the difference between a disease-oriented outcome to patient care and a patient-oriented outcome, Shaughnessy played a couple of film clips from the 2011 movie “Moneyball.” The movie starred Brad Pitt as Oakland As manager Billy Beane, who transformed his losing team into winners in 2002 through the use of “Sabermetrics,” objective empirical evidence measuring how his players actually performed on the field.

Shaughnessy joked that the “disease-oriented approach to baseball” failed to work until the coach took a “probability-based approach” to the game. “There are 49 different guidelines on the treatment of hypertension,” Shaughnessy pointed out, explaining that while prescribing at least one antihypertensive does lower blood pressure (a disease-oriented approach) it also increases the risk of adverse cardiovascular events (a patient-centered approach.)

Noticing a need to assist health care professionals in integrating EBM into their everyday practices, Shaughnessy and Slawson developed an Information Mastery seminar in the mid-1990s. The men have traveled extensively to conduct seminars in such varied locations as Saudi Arabia and Spain with a particular emphasis on the UK, where the two men’s research was embraced early on. Attesting to their seminars’ success, Scott and White Hospital in Temple, TX was named the highest quality hospital system in the US in 2002-2004 after the men led a series of Information Mastery sessions for more than 350 physicians at the hospital.

In 1997 Shaughnessy and Slawson launched their popular daily email of EBM best practices for Family Medicine providers (infoPOEMS) which gained a readership of several hundred thousand subscribers. After more than a decade of conducting Information Mastery seminars in person, the two men created **Clinical Information Sciences** (CIS), a website and online curriculum of more than 20 modules on Information Mastery.

CIS aims to help residencies, hospitals and accountable care organizations master the concepts from their seminars and provides a Certificate of Information Mastery for participants at the course's conclusion. A basic course for residency programs consists of 14 30-45 minute modules and CIS also offers advanced courses. The on-line offerings have expanded the men's reach for their seminars; as of 2015, the website is being translated into Mandarin for use at the University of Hong Kong. A sampling of CIS' online demo includes such modules as "Evidence-Informed Decision Making: An Introduction"; "Safety, Quality and Evidence"; and "Evaluating New Medicines: Understanding the Sales Process."

Allen Shaughnessy is Professor of Family Medicine at Tufts University, and received his Doctor of Pharmacy degree from the Medical University of South Carolina and his Masters of Medical Education from the University of Dundee. He has completed a faculty development fellowship and a Primary Care Health Policy Fellowship with the Department of Health and Human Services. In 2002, Shaughnessy and Slawson were honored with the Society of Teacher of Family Medicine's Innovative Program Award for their work in developing their Information Mastery curriculum.

"What we think happens and what actually happens are two different things," Shaughnessy concluded at the Innovators Forum. "Our goal is to help clinicians regain authority and autonomy. We need to help physicians to start thinking in a different way about how to manage patients."

To learn more about CIS and Information Mastery, [visit clinicalinformationsciences.com](http://clinicalinformationsciences.com)