
Reducing Clinical Variation for Better Outcomes

By Emily Paulsen

It's important for the practice to understand—and agree on—why you're addressing clinical variation.

No two patients are exactly alike—nor are two physicians. Customizing a care plan, for example, or integrating new evidence-based data from a medical conference is considered good medicine. But unnecessary clinical variation based on preference, convenience, or habit (rather than current guidelines or evidence) can lead to overtreatment or undertreatment, place undue stress on staff, contribute to inequities in health care, and result in poorer outcomes for patients.

Frank Federico, RPh, vice president and senior safety expert at the Institute for Healthcare Improvement, admits that addressing clinical variation is not an easy undertaking. However, this undertaking offers considerable benefits for clinicians, staff, and, most of all, patients. Here are some tips for success.

Identify the rationale. Before you can figure out *how* to address clinical variation, it's important for the practice to understand—and agree on—*why* you're addressing it. Start the conversation with clinicians and staff. Common reasons include:

- Improving outcomes
- Creating a smoother workflow and lowering stress among clinical staff
- Achieving more equitable care
- Obtaining better reimbursement

Choose a priority area, and start small. Consider your patient population and determine which disease process or patient group you will focus on first. It will then become easier to identify and address clinical variation in other areas, says Federico.

Conduct an internal peer review. A friendly internal review process can encourage clinicians to share evidence-



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based practices and experience. For example, staff can pull sample EHRs of one doctor's patients (e.g., patients at high risk for hospital readmission) and ask other doctors in the practice to review and give feedback. Another approach involves identifying a guideline that the physicians agree upon and then pulling a sampling of EHRs to determine whether the practice is following those procedures.

Make it easy for physicians to keep up with new medical evidence. Practices should develop ways to help physicians stay current, for example, by making evolving guidelines easily available at the point of care. Some EHRs have features that can help.

Seek resources and support from professional societies and other organizations. The Medical Group Management Association, Healthcare Financial Management Association, and specialty associations offer how-to guides and other information about unnecessary clinical variation.

Addressing clinical variation may not be easy, says Federico, but it can be well worth the effort to achieve better patient outcomes and a smoother workflow.