

LETTERS TO THE EDITOR

USING POEMs IN PRACTICE

To the Editor:

To continue to improve quality of care while minimizing cost, it is essential that physicians begin to embrace the principles of evidence-based medicine (EBM) and implement them in their clinical practices. The series in *The Journal of Family Practice* on Patient-Oriented Evidence that Matters (POEMs) is a major step in incorporating EBM into primary care. POEMs are an easily digestible form of the best recent evidence that is relevant to primary care physicians. I think POEMs have contributed a great deal in getting the readers of the *Journal* to think about EBM and how to practice higher quality care.

However, I think that POEMs will have very little impact on clinical practice by themselves. That is because getting physicians to change their practice behavior requires not only providing information that is valid, useful, and easy to read but also that this information is available at the time the physician is making a clinical decision, at the point of care. Therefore, although the POEMs are a good first step toward higher quality care, the greatest hurdle still remains, incorporating POEMs into everyday clinical practice.

To determine how to clear this hurdle, we must first think about how primary care physicians currently obtain information for the purpose of clinical decision making. Research has shown that physicians are most likely to go to quick reference guides, such as the *Physicians' Desk Reference*, *The Washington Manual of Medical Therapeutics*,

The Harriet Lane Handbook: A Manual for Pediatric House Officers, or the *Sanford Guide to Antimicrobial Therapy*. None of these guides is particularly evidence-based. The reason physicians use them is that they give practical information quickly. Although POEMs and other evidence-based sources of information are available (United States Preventive Services Task Force guidelines, for example), this information is not widely used because it is not organized in a way that makes it usable in the course of a 10- or 15-minute patient visit.

So how do we organize POEMs or other evidence-based information in a manner that makes it usable at the point of care? I think the only way to do it is electronically. It is conceivable that these sources could be linked into a database that is searchable by medical problem, medication, and so forth. This could be organized into a hypertext format where the first screen shows the basic recommendation for the medical problem, and the physician could dig deeper, if desired, to explore the evidence on which the recommendation is based.

An even better scenario would be to automate this process by linking such an EBM database with an electronic medical record (EMR). One could envision a scenario where a physician enters a diagnosis and a test or medication into the EMR, and a link appears that tells the physician that there is an evidence-based recommendation that could help support his or her decision. It could also provide alerts or warnings when tests or medications are ordered that are inappropriate for the diagnosis given. For this to work, it would

need to be informative but unobtrusive and would have to allow multiple layers of complexity, depending on the physician's need and time.

Such a scenario is not futuristic. It is technically feasible, and in fact, similar ideas are being discussed among medical informaticians. For this to become a reality, there needs to be an ongoing dialogue between the experts in primary care informatics (eg, the Primary Care Working Group of the American Medical Informatics Association) and the experts in evidence-based medicine. I am confident that by putting the best ideas of these 2 groups together we will be able to explore ways to make POEMs truly useful to the practicing physician. Once this happens, I believe that POEMs will begin to have a significant positive impact on quality and outcomes of care.

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POEMs INSPIRE SONNETS

To the Editor:

Like most family medicine residency programs, we have been conducting some form of article review for quite a while. At the Medical College of Georgia Department of Family Medicine, we have been reviewing articles with levels of organization ranging from informal presentations to more developed journal club (JC) presentations and discussions for at least 15 years. In September 1997, the *Journal* changed the name of its research reviews from "Journal Club" to Patient-Oriented Evidence that Matters (POEMs), and in September 1998 we began using reviews in that form in our monthly JC.

Each monthly JC/POEMs discussion has raised questions about bits of information (statistics, research design, assessment methodology, new terms, and so forth) that some valiant soul attempted to address in the discussion, often with more heat

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than light. We felt we were losing some of the valuable teachable moments and thought we could recapture some of those by writing a postmortem after each JC meeting. Its goal was to answer some of the niggling questions raised during the monthly presentation and discussion of POEMs. The result: a 1-page follow-up to each JC that attempts to explain, in a simple way, some of the technical bits and pieces people were wondering about. Playing off the POEMs acronym, we named this 1-sheet monthly publication "SONNETS" (Simple Or Not so simple Needed Explanations of Technical Stuff). As the name implies, we designed it to be an easy-to-read, informative, and brief method of capitalizing on the curiosity piqued by something in JC.

Response from the family medicine faculty and residents has been positive. This notable example came from one of our young new faculty members following a recent edition: "This is great work! I hope that everyone reads this when they get back in from the holidays. It is concise, easy to read and, I think, useful. It is a great follow up to journal club. Keep up this effort."

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