Increasing Clinical Effectiveness (ICE)

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Content

• Introduction (5 min)
• The Increasing Clinical Effectiveness (ICE) Award (10 min)
• Discussion on how IFCC can promote the ICE Award (5 min)
• A possible IFCC initiative on clinical effectiveness (5 min)
• Discussion on possible IFCC initiative (15 min)
Introduction -1

• Laboratory medicine specialists and their partners in the diagnostics industry have been successful in enabling high quality, low cost diagnostics.

• Whilst this achievement is commendable and generally good for patients there is a downside. Unthinking clinicians can use a ‘scattergun’ approach to investigation, which can result in:
  • A high percentage of unnecessary tests (over-diagnosis)
  • Perception that the laboratory is a ‘factory’ not a clinical specialty
  • Rising costs for the clinical laboratory
  • Challenges in introducing new, specialist, ‘high cost’ investigations
Introduction -2

• Today laboratory medicine specialists recognise the need for a more discriminatory and evidence-based approach:
  • Workload management (laboratory utilisation in some countries)
  • Education of clinicians on appropriate use of the laboratory
  • Initiatives to demonstrate the clinical effectiveness of appropriate laboratory investigations

• IFCC has committed to two clinical effectiveness projects:
  • Partners in the ICE Award
  • An IFCC-led initiative on a standard approach to demonstrating clinical effectiveness
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The ICE Award

An initiative of the Clinical Laboratory Management Association (CLMA) in collaboration with a number of partners – one of which is IFCC
ICE has been launched to encourage laboratory medicine specialists to collaborate with clinical colleagues to demonstrate that optimal use of the laboratory can have a measurable positive impact on patient outcomes.

ICE is open to any laboratory medicine specialist. He/she is invited to submit an abstract that describes testing-related interventions and the quantifiable positive impact for patients that they produced.
• Abstracts should be a maximum of 750 words and comprise:
  • Statement of problem and background (goal, context, rationale)
  • Intervention/study plan/measures (intervention choice, study design, measure appropriateness)
  • Data analysis and results (actual data, quality assessment of data, data Interpretation, limitations, findings)
  • Discussion and lessons learned (conclusions, generalizability, implications for others)

• Information and advice available from [www.clma.org/ICE](http://www.clma.org/ICE)
• Abstracts are scored according to a published scoresheet by independent experts

• All abstracts that meet minimum requirements are invited to display posters at a relevant scientific congress

• The winning abstract(s) are presented as oral communications at a relevant scientific congress. Speaker benefits are provided.
• ICE Award 2015/16 – closing date 11 December 2015
  • 23 abstracts from 8 countries
    • US 9; UK 5; Italy 2; Turkey 2; Ethiopia 2; Canada 1; India 1; Uganda 1
  • Assessed by 8 experts
  • 13 met minimum requirements
  • 3 winners identified
• ICE Award Winners 2015/16
  • “High sensitivity cardiac troponin I enables early, safe discharge of patients”. Royal Wolverhampton NHS Trust, UK (Clare Ford)
  • “Improving stat ‘Protime’ turnaround to improve emergency department patient throughput”. Kaiser Permanente South Sacramento Medical Center, US (Susan Traub)
  • “Gene Expert MTB/RIF assay for the diagnosis for smear negative pulmonary tuberculosis”. Jimma University, Jimma, Ethiopia (Mulualem Tadesse)
• Presentations will be made at CLMA ‘Knowledge Lab 2016’
  • March 20 -23 in Orlando, Florida
• ICE Award 2016/17
  • Abstract submission will open June 2016
  • Abstract submission will close mid-November 2016
  • Winners will be announced in January 2017

• Presentations of two winners will be made at EuroMedLab Athens 2017 as part of an IFCC symposium on ‘Increasing Clinical Effectiveness’

• NOW is a good time to be promoting the Award
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How can IFCC promote the ICE Award?

• Article on 2015/16 Award in IFCC e-News - April
• Announcement of abstract submission opening date:
  • IFCC News – June
  • Letter to IFCC National representatives – June

• Other suggestions – discuss!
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Possible IFCC Clinical Effectiveness Project

• Concept: ‘A growing clinical effectiveness library’

Clinical effectiveness of laboratory medicine
Clinical effectiveness library: Concept

Specific clinical outcome

Impact of laboratory medicine
- Current
- Potential

Study to gain evidence of impact
- Literature
- New study

Results and conclusions

Publication in ‘standard format’

Guidance

Library
Steps to a clinical effectiveness library

• Recruit volunteers interested in project
  • Identify a project lead
  • Identify facilitators and authors

• Prepare a ‘how to’ guide
  • Standard format for performing and reporting studies
  • Starting point is a single, measurable, clinical outcome
  • End point is an article (?? & webinar) in standard format

• Decide where library should be based
• Obtain resources for short- and long-term needs
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Clinical effectiveness library: Discussion

• What do you think of the concept?
  • How would you improve it?
• How do we identify interested people?
• What are the key components of the ‘how to’ guide?
• Where should we publish?
• What resources are needed:
  • Short term?
  • Long term?
• Other comments?