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ARTICLE

DE-ADOPTING INEFFECTIVE CARE: STRUCTURAL MECHANISMS FOR CLINICAL EFFICIENCY

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The clinical evidence gap is not only a failure to adopt new, beneficial treatments but also a persistent inability to "de-adopt" practices proven to be ineffective. Millions, and often billions, of dollars are wasted on clinical interventions that persist simply because the healthcare system lacks the structural mechanisms to remove them from routine practice. This systemic inertia keeps non-beneficial treatments in use long after high-quality evidence has demonstrated their lack of value.

THE PERSISTENCE OF LOW-VALUE CARE

Traditional implementation science treats the transfer of knowledge as a linear problem—moving information from a research publication to a clinical setting. This linear approach is insufficient for de-adoption because it relies on individual clinician awareness and administrative oversight rather than an integrated system of change. Consequently, outdated practices remain embedded in standard care for decades. Examples of this waste include:

- **Bone Cement for Spine Fractures:** Research indicates no clinical benefit for its use in osteoporosis-related spine fractures, yet the practice continues to consume significant healthcare resources.

- **Cervical Cancer Screening:** Routine screening in women under 30 is widely recognized as providing no benefit, yet it remains a persistent clinical activity.

Without a structural way to link new evidence directly to clinical behavior, these non-beneficial practices remain a financial and clinical liability.

THE CIRCLE DATASET INTERVENTION: INTEGRATED ARCHITECTURE FOR REAL-TIME DE-ADOPTION

A primary feature of **Circle Datasets** is the creation of an **integrated architecture** where evidence generation and clinical practice occur simultaneously. Unlike traditional methods that treat research as a separate, retrospective activity, the Circle Platform utilizes a **prospective, protocol-driven framework.**

By utilizing the **Observational Protocol (OP)**, health systems can define clinical benchmarks and "de-adoption" triggers based on real-world evidence from the moment data is collected. Because these datasets are "regulatory-ready" at the time of completion, they provide the verifiable, deterministic evidence required to justify rapid shifts in clinical guidelines and payer coverage. This structural mechanism allows healthcare executives to bypass the 17-year wait for evidence synthesis and systematically eliminate wasteful practices based on the latest verified data.

Download RegenMed white paper "Bridging The 17 Years Evidence to Practice Gap" to go deeper.

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