

Health Care Research in the Real World

We've all seen the headlines: "New Treatment for Old Disease Shows Promise!" or "Safety Concerns Raised With Experimental Treatment"

We all imagine there are people out there –health care researchers – thoughtfully gathering the facts and weighing all the evidence, finding answers to the important questions.

Does it work? (This is not a simple issue. Does it provide a permanent cure or just temporary relief of symptoms?)

Is this treatment safe? Are there any drawbacks or unforeseen consequences?

Is it expensive? Is the expected improvement worth the price?

As healthcare consumers, we want there to be investigations into the outcomes of a treatment, for better or worse. As healthcare providers, good research is even more important.

Clinical research gives us Evidence-Based Guidelines so we can formulate more effective treatment plans. Research is the only way for our professions to substantiate the safety and cost-effectiveness of hands-on care. As we move forward, convincing the guardians of the public purse (government/insurance companies) to fund particular healthcare practices (thus making effective care available to more people) will require solid evidence.

How can our professions do better when it comes to amassing and applying research to our dealings with patients and third parties, when individual practitioners are occupied with the task of building and maintaining busy practices? Very few people on the front lines of healthcare have the expertise or inclination to conduct large scale community research into the effectiveness and safety of the care we provide to the public every day.

Real-life clinical investigations would seem on the surface to be too large an endeavor for any one of us as individual practitioners. We hope that someone else will do the research that could make our lives better and benefit our patients.

While it is true that:

- Population studies are important.
- Constructing novel research methodology and tools is complicated.
- Enlisting research experts and mobilizing funding is daunting.
- Amassing data, analyzing it and devising a way to apply the findings to groups of people can take a very long time.
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I would like to remind you that:

- Individual case studies are the currency of health care research; like population-based studies, they have their place.
- There is nothing complicated about the methods of basic clinical research because it's Record Keeping 101! It is easy to use good standard forms for all new patients to document their history, physical examination findings and plans for care based on a clinical impression that is supported by the facts.
- You don't have to invent new methods to assess the effectiveness of your care for particular conditions. Utilizing special tools to assess outcomes of care (Visual Analog Scales, Roland-Morris, etc.) is a simple way to do research right in your office. 'Patient Based Outcomes Assessment Instruments' fit the bill.
- You don't need more than a fleeting familiarity with the concepts of clinical research, you just need to appreciate that it costs next to nothing to do grass-roots, front line investigations. You don't need to recruit perfect strangers into your study – just your current and new patients.
- Amassing data is what you are supposed to be doing anyway – it's called Clinical Record Keeping! Good clinical records let you collect evidence which you can later analyze as to outcomes.

Yes, research does take time. And patients. And patience.

But we absolutely need to do it. And each one of us CAN do it.

It simply requires us to keep good records. If we can collect enough subjective and objective facts, we can answer the important questions:

"Does this treatment work for this particular condition?"

"How well does it work? How many treatments should it take? Will maintenance care be required?"

"Are there any possible side-effects or safety issues we should be aware of?"

I think we all want to have a sense that what we do for a living actually works.

That can only happen when we do a better job of keeping clinical notes.

Set yourself up with the right paperwork and assessment tools and then make a commitment to collecting the evidence. Remember, the only proof of your competence in practice is found inside each patient's file.

I am confident that the case for hands-on healthcare will be proven – one patient at a time – but we must use the right forms, put everything in writing and keep files that we can be proud of.

Good record keeping is the key to Evidence Based Care and it is in our hands.

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