

## BRIDGING THE GAP BETWEEN RESEARCH AND POLICY MAKING IN QUALITY IMPROVEMENT

Introduction

Jonathan Lomas

Canadian Health Services Research Foundation



## DOES RESEARCH GUIDE ACTION?

Medline search (1966-02) to identify articles stating:

a. "need more research" or "need less research"

Need more: 161/162

Need less 1/162

b. "more questions than answers" or "more answers than questions"

More questions 163/166

More answers 3/166

David, AS, BMJ 2001; 323:1462-3

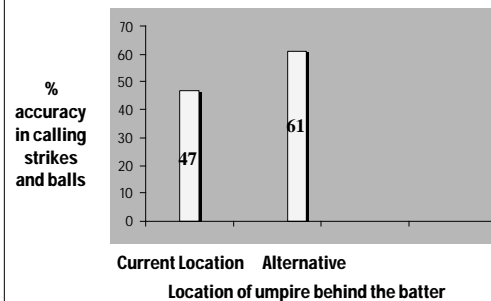
## DO RESEARCHERS USE RESEARCH?

"A student of management and organisation theory could only be stunned by how little the efforts to improve quality have learnt from current thinking in management and from the experience of other industries"

Koeck C BMJ 1998; 317: 1267-8

## SCIENTIFIC BASIS OF BASEBALL

The Evidence



Source: Ford et al., J. Sport Behaviour 1999; 22:38

## SCIENTIFIC BASIS OF BASEBALL

### The Response

"Oh sure, a scientific test. I don't think it's going to make a great change here. I can't even fathom what he [the researcher] is saying."

Marty Springhead  
Executive Director of Umpires  
Globe and Mail, May 6, 1999

## 'SINGLE-CASE' vs 'COLLECTIVE INTEREST' DECISION MAKING

'Single case' scenario:

"HB is a young woman well known to her family physician..."

'Collective' scenario:

"Consider young women who are well known to their family physicians..."

'SINGLE-CASE' vs 'COLLECTIVE INTEREST'  
DECISION MAKING (cont'd)

	Scenario		
	single case	collective	
Willingness to perform an extra, expensive test	30%	17%	<.005
Follow-up by office visit instead of telephone	13%	9%	<.005

"The discrepancy between the collective and individual perspectives may create tension between health policy makers and medical practitioners"

Redelmeier & Tversky, NEJM 1990; 322: 1162-4

**IS THE GLASS HALF FULL OR HALF EMPTY?**

- Review of 124 decisions in Berkshire District Health Authority in the UK in 1997/98
  - decision: "a statement of intent to introduce, change or withdraw a service"
- Assessed all for availability of Cochrane evidence to support decision
- Assessed random 10 for availability of non-RCT quantitative studies to support decision

**IS THE GLASS HALF FULL OR HALF EMPTY?**

Cochrane RCTs

Evidence to support decision	34%
Equivocal evidence to support decision	13
No evidence to support decision	52
Evidence which did not support decision	1

Non-RCTs

Evidence to support decision	50%
No evidence to support decision	50

**LET'S WAIT FOR THE RESEARCH**

- Premature adoption, e.g. hormone replacement therapy, EC/IC bypass surgery
- Have to see the forest to look after the trees, e.g. low volume surgery and overall mortality
- Barrier against narrow interest groups, e.g. flu and relenza, beta-interferon and MS

**THERE'S NO POINT IN WAITING FOR THE RESEARCH**

- The gray area of practice, e.g. up to 40% not overuse, underuse or misuse, but uncertain use
- Patient preferences, e.g. access to AIDS drugs, cesarean section for previous cesarean women

**UNCERTAINTY**

"We must alter our civilization from one of answers to one which feels satisfaction, not anxiety, when doubt is established. To be comfortable with panic when it is appropriate. If ours is the advanced civilization we pretend it is, there should be no need to act as if all decisions were designed to establish certainties."

Ralston Saul, 1992 pp. 584-585.

'Voltaire's Bastards, The Dictatorship of Reason in the West'. New York: The Free Press