

IMPLEMENTING EVIDENCE BASED CLINICAL PRACTICE THE WAY FORWARD



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Strategic Research Development Committee (SRDC)

SRDC is a principal committee of Australia's National Health and Medical Research Council. The SRDC's role is to promote research in areas where:

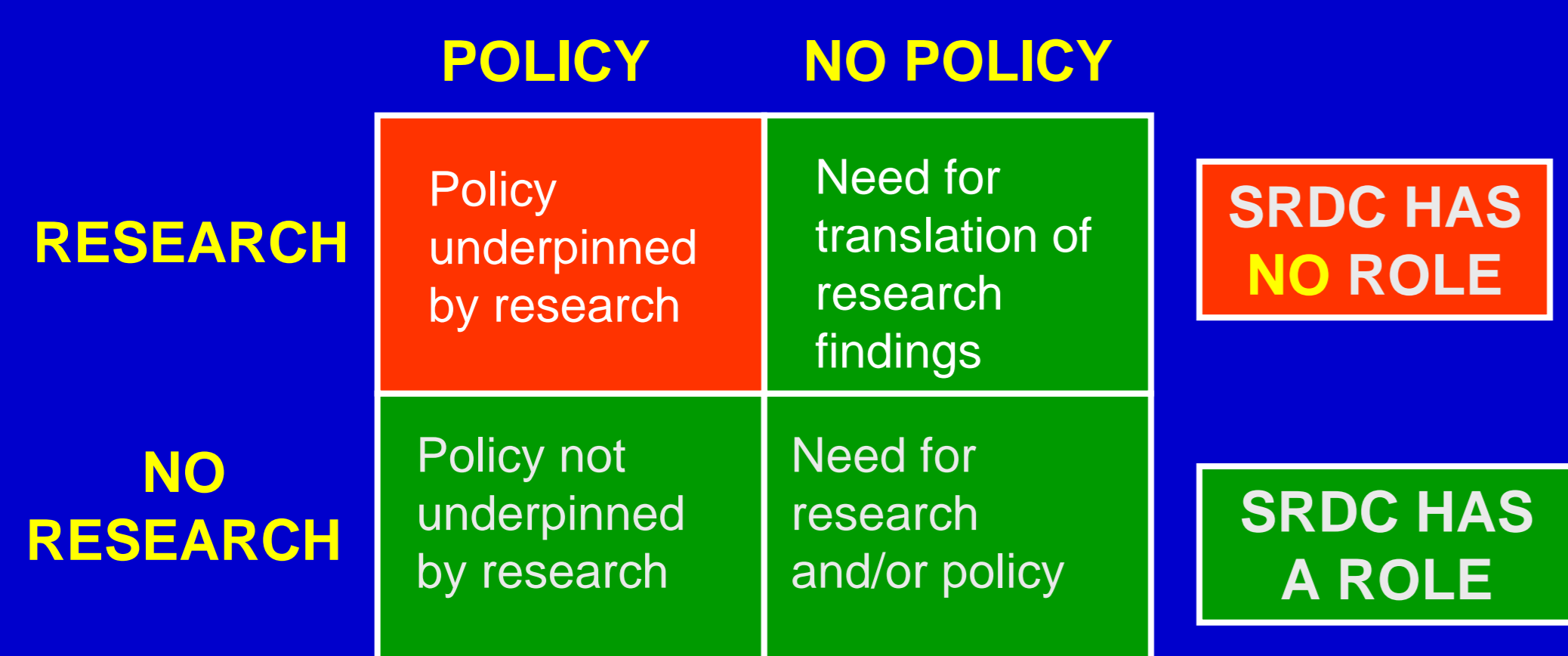
- there are identified gaps;
- current knowledge is not reflective of their importance to health in Australia.

SRDC and Evidence Based Clinical Practice (EBCP) Research

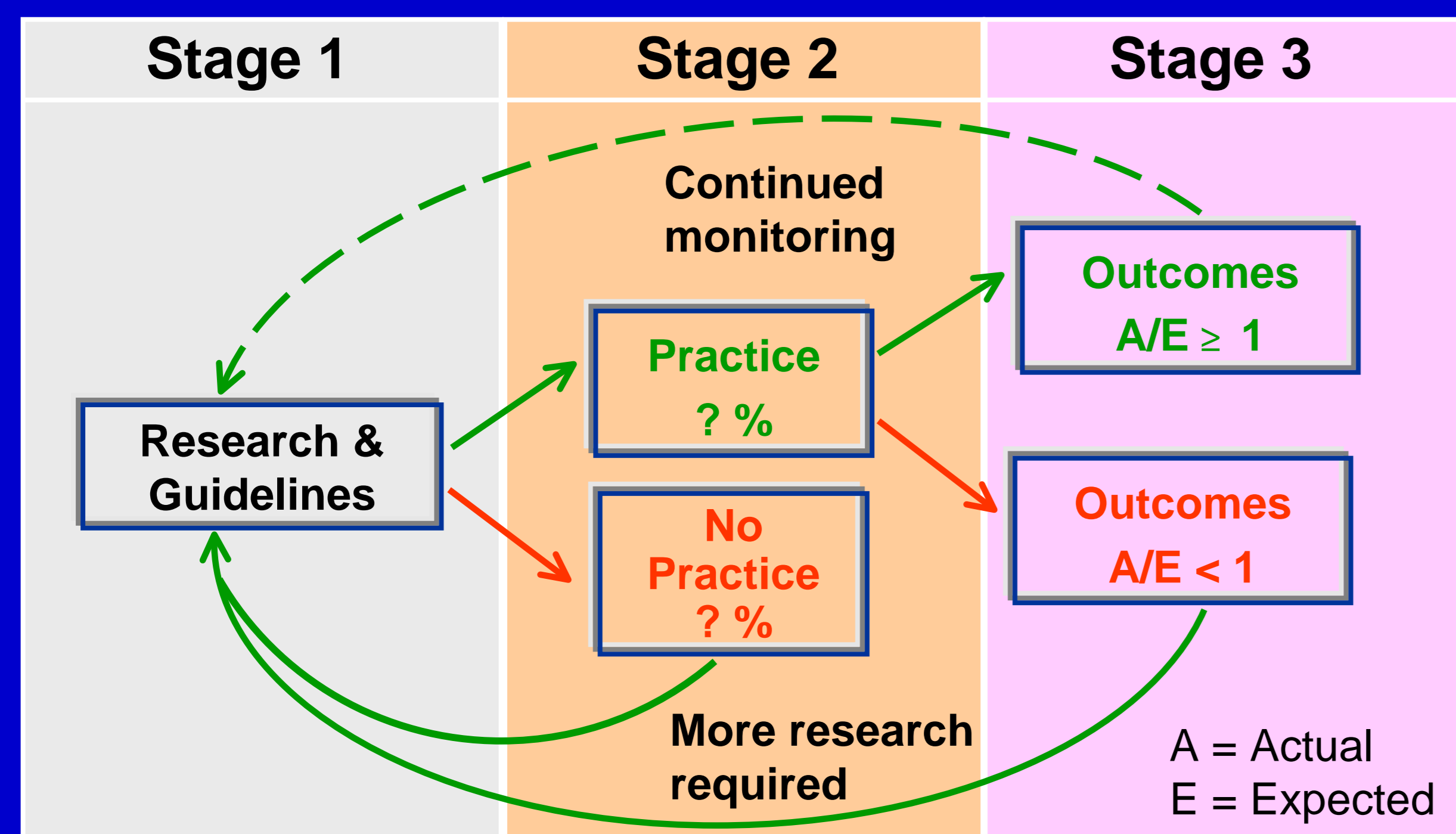
Where existing policy and clinical practice are founded on a strong evidence base there is no role for the SRDC.

The SRDC has a role where there is a health need but:

- existing policy and practice is not evidence based;
- research findings have not been translated in to policy and practice;
- there is an absence of research to inform policy and practice.



SRDC's Rationale for Evidence Based Clinical Practice Research



Stage 1 = Research and development of guidelines.
 Stage 2 = Translation and translational research.
 Stage 3 = Health and services outcomes research and evaluation.

The SRDC's research effort has been targeted primarily towards Stages 2 and 3.

SRDC's Evidence Based Clinical Practice Research Initiatives

- Evidence Based Clinical Practice Research Program (EBCPRP - 1999-2000).** Fourteen projects funded:
 - identify facilitating factors and barriers to translation.
- Survey of former SRDC EBCPRP Applicants (2002)**
 - examine EBCP research capacity issues in Australia;
 - determine areas still requiring a targeted research approach.
- Evidence Based Epilogue Studies (2001-ongoing)**
 Follow-up on outcomes of EBCPRP. Thirteen projects funded:
 - determine sustainability of changes to policy and/or practice.

Outcomes of SRDC's EBCP Research Initiatives

1. Evidence Based Clinical Practice Research Program

Table 1 Summary of major facilitating factors and barriers to translation.

Facilitating Factors	Barriers
Perception of local ownership	Lack of consensus on best practice - too many guidelines
Support of senior clinicians, health professionals and patients	Lack of skills to implement new practice
Support of senior administration	Additional workload to implement change
Promotional programs for guidelines	Fear of medico-legal issues
	Patient preference

2. Survey of former SRDC EBCPRP Applicants

Table 2 Summary of EBCP survey outcomes.

EBCP Research Strengths	EBCP Research Needs
Good research capacity	More funding overall
Publication/dissemination of outcomes	Targeted funding for research in - rural/regional areas - allied health
Changes to some policy	- appropriate use of screening & diagnostic tests
Continued interest in evidence based research	Limitations of randomised controlled trials ~ more use of N = 1 methods

3. Evidence Based Epilogues (preliminary analysis only)

Table 3 Summary of Epilogue outcomes.

- Changes to practice are unlikely to be sustained in the longer term, especially where changes are dependent on:
 - designated project officers or additional staff;
- To be effective, guidelines need be short;
- Computer based decision support systems may be beneficial but need to be accessible on the internet.

Conclusions

While support for the concept of evidence based clinical practice is widespread among health care professionals, there is an apparent **disparity** between **attitude** and **behaviour**.

More research is required to elucidate the issues associated with:

- the **research/policy gap**;
- the **policy/practice gap**;
- the long term **sustainability** of evidence based changes to practice.

Furthermore, where **disparity** exists between **actual outcomes** and **expected outcomes** of implementing evidence based practice there is clearly a need for further research.

The ideal result of applying evidence based clinical practice is '**best patient outcome, at least cost**'. Therefore, **economic analysis** is crucial to the success of evidence based clinical practice, as health care funders must be convinced that interventions are not only **clinically effective**, but are also **cost effective**.