

GUEST EDITORIAL PREFACE

Special Issue on Global Effectiveness Research in Health Care

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It has been fifteen years since the Institute of Medicine exposed the sharp divide between health care that is received in the United States and the care that ideally should be rendered. A call was given to focus on six parameters that, together, provide an opportunity for improvement on the system level, the organizational level and the individual patient level. These six “Aims for Improvement” are each important, yet, we need all of them to be addressed if we are to really “cross the quality chasm.”

The six aims are well known by now; health care must be safe, effective, patient-centered, timely, cost-efficient, and equitable. Many great strides have been achieved in each area but all have particular challenges that must be overcome. This special issue of our journal focuses on effectiveness. How do we obtain the care provided to match the science? What can we do to set systems in place to always use evidenced-based principles in our practice? This would have a two-fold effect of assuring that the care given is appropriate, meaning that it is not under-utilized or over-utilized.

Effective health care is elusive. Practitioners are creatures of habit and use methods of treatment familiar to them. It has been estimated, for example, that only about half of physicians rely on clinical experience rather than on evidence to make decisions (Institute of Medicine, 2015). We all recognize that the body of knowledge in the field is constantly being updated, but trying to keep current is difficult. We have decision support systems to help our caregivers understand which tools, techniques, equipment and protocols are warranted yet, often times, they are not used.

This is not just a United States phenomenon. Global health care is making significant advances especially in the area of basic public health. However, when the health services provided are considered, the evidence is not supporting the care. While the world develops and many

countries have to consider the dual burden of both infectious and non-communicable diseases, the appropriate care needs to be rendered. We must support the appropriate medical interventions thereby creating value for the various stakeholders.

There are limited funds in the world of health care. Nowadays we are more than ever expected to do our jobs correctly and achieve the results needed. However, the effectiveness of our services cannot be satisfied only with quick-fix medical care interventions. Even for a conscientious doctor it is very difficult to practice medicine with evidence produced (cf. dilemma of evidence-burdened medicine, see e.g. Hedge 2006). Thus, at the age of aging societies we need also the proactive effective services for those who are still healthy and well. Using medical care methods for all will result in very low cost-effectiveness and even malpractice.

Inputs to the system need to be designed to deliver the desired outputs (results). We must agree on ways to measure effectiveness and to actually use the results to educate everyone involved so improvements will follow. There are an abundance of areas that can be measured, though. Appropriate care is provided through many mechanisms. Some have hard science expectations, like the choice of medicine that should be used. Others are softer, more nebulous factors, such as care coordination and integration. Effectiveness can also be examined where care is provided, through specific centers or more generalized as within a total health care system.

INSIDE THIS ISSUE

Effectiveness research can take many forms. This special issue examines research studies that have occurred in four countries over three continents. They each have a unique focus area but all are examining how the health care system in their region can be better utilized.

The first article examines how a regulatory agency makes decisions on the approval of medicine. Based in Europe, this study was longitudinal and tracked several measures that included consideration of generics, time of approval, and the objectives of the clinical trials or, in other words, its efficacy. These relate to the aim of effectiveness but also to efficiency and patient safety. The benefits and risks associated with the agency approval decisions are identified.

The second article is from a study in India and relates to the selection of outpatient health care facilities. Factors affecting patient choice were examined using patient satisfaction levels and preferences. The research has implications for improvement to utilization (effectiveness) by measuring if the patient actually accessed the services. The additional aims of efficiency and equity of care are also considered through the results.

The third article is from research conducted in Finland and focuses on geriatric service integration. Three levels of effectiveness are examined; community, client and network level. Measures were designed to include the perspectives of effectiveness. The study describes how this selection process was done. It also identifies improvements that will be able to guide future system reform.

The last article gives a much broader perspective into effectiveness research. Using China's recent health care system reform, the authors focus on one particular provision, the use of public hospitals. In China, an attempt is being made to guide patients away from going directly to the hospitals (overutilization) and instead utilizing outpatient stations for gate-keeping. Qualitative interview technique was used and challenges implementing the changes needed were identified at the public hospitals. Recommendations to produce better effectiveness are reported.

CONCLUSION

The American Recovery and Reinvestment Act of 2009 codified comparative effectiveness research in the United States. Three government agencies received funds under the act to reduce ineffective and costly medical treatments. They are the U.S. Department of Health and Human Services, the National Institute of Health and the Agency for Healthcare Research and Quality. The research has been jump-started with many grants being awarded to fund studies to discover the most effective treatments. Other industrialized nations are also embracing this need, for example, as provided by the National Institute for Health and Clinical Excellence in the United Kingdom and the Institut National de La Sante in France.

The Patient-Centered Outcomes Research Institute was established to oversee this comparative effectiveness research and is charged with releasing the findings associated with the studies being conducted. The intent is not only to provide the evidence to the professional caregivers to improve healthcare delivery and outcomes, but also to provide reliable and useful information to help patients and their families make informed healthcare decisions about their health and healthcare options. (Patient-Centered Outcomes Research, 2015)

This “stakeholder-driven” approach to comparative effectiveness research is what is needed if we are to truly improve the care of patients. A call has been made to involve key stakeholders in all aspects of research (Selby, Forsythe & Sox, 2015) and I invite you to review these four articles as examples.

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