

Introduction to Evidence-Based Decision Making in a Public Workers' Compensation Agency



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KEYWORDS

- Evidence based • Public policy • Workers' compensation • Policy development
- Industrial insurance

KEY POINTS

- Successful policy development and implementation are associated with needs distinct from those of individual clinical encounters.
- The principles of evidence-based medicine remain valuable when applied to population health concerns.
- Characteristics of Washington's Department of Labor and Industries (L&I) promote the inclusion of original research and evidence-based medicine principles that contribute to quality policy development.
- Washington relies on evidence-based policy to direct resources toward those interventions that work.

INTRODUCTION

The Department of Labor and Industries (L&I) is charged with allocating industrial insurance resources to deliver "sure and certain relief for workers, injured in their work, and their families and dependents."¹ To ensure the responsible stewardship of these resources on behalf of the public, L&I uses as a guide the principle that resources should be directed toward those interventions that work, redirecting resources away from ineffective practices. The paradigm shift and tools that have accompanied the ascendance of the evidence-based medicine movement lend natural support to this objective, consistent with the movement's goals of deemphasizing "intuition, unsystematic clinical experience, and pathophysiologic rationale as

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sufficient grounds for clinical decision making” as well as to stress “the examination of evidence from clinical research.”²

Defined as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients, [t]he practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”³ To reap the benefits of the research that is the underpinning of evidence-based medicine, L&I has formalized the use of evidence throughout the methods the agency uses to translate medical research into the public policies that protect injured workers and prevent the development and progression of disability.

As a public health agency, regulator, and implementer of policies targeting the health of the entire injured worker population in Washington State, the scope of L&I’s work is necessarily population based, and is thus broader than the integration of clinical acumen and external systematic research on behalf of individual patients described by Sackett and colleagues.³ Such a population perspective brings with it peculiar needs, the consideration of which continue to be articulated in recent literature recommending the principles and actions that evidence-based medicine should incorporate to best serve patients.⁴

The evidence-based policy literature describes multiple barriers perceived to impair the successful use of academic research in policy development for public health entities, such as L&I. After describing some of those barriers, this article details several of the organizational characteristics and process solutions that have permitted the agency to overcome such hurdles, giving rise to the decisive role that peer-reviewed medical literature now plays in policy development at L&I.

PUBLIC POLICY AND THE TRANSLATION OF EVIDENCE

Translating the research foundation on which evidence-based medicine rests into public health policy entails difficulties. As Rütten⁵ explains, “there are several papers emphasizing that the ‘golden standard’ of evidence-based medicine, with a certain hierarchy of evidence and an emphasis on randomized control trials (RCTs), does not fit well to evidence-based policy.” Distinguishing between the effectiveness of policies containing interventions deemed effective from the effectiveness of those interventions, Rütten⁵ also concludes “that interventions proven to be most effective at population level will have no chance to affect the population if the respective policy processes fail to implement them properly.”⁵

Other investigators have also commented on the broader demands made of evidence-based material by the needs of public policy. Boaz and colleagues⁶ note that “reviews are now being undertaken for quite diverse purposes. They do not just seek to answer the ‘What works?’ questions that have been considered to be appropriate to medicine. In public policy even that question must be reformulated as ‘What works, for whom, in what circumstances?’”⁶ In addition, in considering guidelines and coverage policies based on available evidence, public agencies must consider 3 dimensions of evidence: effectiveness, harms, and costs, as is the case with the Health Technology Assessment Program described later.

The character of the policy process also figures prominently in such discourse. Incorporating the research base of evidence-based medicine into health policy that successfully brings the benefits of interventions to populations of people invokes additional considerations not necessarily at work in the decisions made by the individual provider and patient. For example, Bartlett⁷ describes how “policy-making is not a rational linear process going from the definition of ends, the gathering of evidence, the formulation of a

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