

# Taking the final step from the bench to the hospital or clinic bedside

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A new Regenstrief Institute and Indiana University Center for Aging Research (IUCAR) study provides effective strategies to help hospital systems, physicians and other care providers to overcome end zone hurdles and actually take evidence-based research to the patient's hospital or clinic bedside.

The paper has been published online by the *Journal of Clinical Interventions in Aging*, a peer-reviewed, open access publication.

"Much good evidence-based research is conducted and published in peer reviewed publications every year. But unfortunately it's not making its way into medical practice. For example, after numerous studies, the [Food and Drug Administration](#) in 1996 approved donepezil, a medication for Alzheimer disease. Yet today, doctors are prescribing this drug to less than 20 percent of eligible individuals," said first author Malaz Boustani, M.D., IU School of Medicine associate professor of medicine. He is a Regenstrief Institute investigator and an IUCAR center scientist.

"Physicians and other health-care providers need help. Our work provides a blueprint emphasizing how to conduct a non-hierarchical group approach to making that last and most important leap from [scientific discovery](#) to the real world," added Dr. Boustani.

The paper includes a case study of the [Aging Brain](#) Care Medical Home (ABC-MedHome), which has successfully brought evidence-based

medicine to both the patient and the family caregiver. The program identifies, assesses and manages the biopsychosocial needs of older patients suffering from dementia or depression (and those of their family caregivers) receiving care within the primary care practice with Wishard Health Service, an urban public health care system.

To use the example of a relay race, the model outlined in the JCIA paper enables the doctors, nurses, social workers, administrators and others who directly provide care to patients to seize the baton and provide locally sensitive treatment based on evidence-based research.

"And with so many policy changes, providers can't do things the way they have always done them. Our paper offers a process to help them select evidence-based modifications and innovations to how they provide and evaluate care to ensure that patients receive the best care possible," said Dr. Boustani.

Provided by Indiana University School of Medicine

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