

Towards thirty years of evidence-based practice (IV): A critical reflection on the knowledge management in healthcare sector.

Hacia treinta años de práctica basada en evidencia (IV): Una mirada crítica a la gestión del conocimiento en el sector salud.

Miguel Angel Cardozo-Montilla.¹

Affiliations:

¹Faculty of Economics and Social Sciences, Universidad Católica Andrés Bello, Caracas, Venezuela.

Corresponding author: Miguel A. Cardozo-Montilla. Avda. Teherán, Urb. Montalbán, Universidad Católica Andrés Bello, Edif. de Postgrado, Postgrado en Gerencia de Servicios Asistenciales en Salud. Caracas 1020, Venezuela. **E-mail:** michaeliarchangelo2006@gmail.com

The contribution of research to the general improvement of health, in the context of evidence-based practice, is only possible if the results of the knowledge generation processes are known, understood and used in clinical, managerial and political instances. However, it has not yet been possible to completely bridge the gap between such spheres and research, due to reasons that range from failures in the supply of evidence until the unbalanced development of skills among those decision makers in the firsts, for its finding and critical appraisal, whether it has been previously processed and summarized, or not.

Although very early in the history of evidence-based practice, a series of recommendations for the production, selection, integration and synthesis of the best knowledge were provided, especially in order to transform it into relatively easy to use products for health personnel and other stakeholders, such as the practice guidelines,¹ prestigious organizations such as the FDI World Dental Federation have recognized that the barriers that persist for their adoption do not refer only to the absence of evidence on certain topics but also to the insufficiency of concise and understandable information products based on what has already been constructed and evaluated, and the difficult access to this knowledge.²

The last of these barriers is perhaps that can be overcome more quickly, and it has been suggested that one way of doing this is through the establishment of alliances with information providers in order for these to provide decision makers with specialized information search services within the framework of evidence-based practice, which in fact already exist.³ But these services, apart from not being sufficient for the effective translation of the evidence into practice, may be inaccessible due to financial limitations. As such, the greatest efforts should be concentrated on the creation of autonomous capabilities for the full knowledge management in the different instances of the health systems.

These capabilities include the skills that direct health care providers, managers, and policy makers must possess to locate, retrieve, and critically evaluate the evidence for its further use, and also, if additional barriers such as the gaps in valid and relevant knowledge are taken into consideration, other skills that allow, as far as possible, its generation in those instances, which cannot be fully achieved, and perhaps not even in part, given the time and effort that these stakeholders have to invest in the tasks more

Cite as:

Cardozo-Montilla MA.

Towards thirty years of evidence-based practice (IV): A critical reflection on the knowledge management in healthcare sector.

J Oral Res 2020; 9(6):443-445.

Doi:[10.17126/joralres.2020.099](https://doi.org/10.17126/joralres.2020.099)

linked to the nature of their daily activities, although some strategies have been proposed to accelerate the obtaining of evidence in the field of application, such as the one represented by the rapid reviews approach to inform, within very short terms, management decisions and the design of health policies.⁴

But beyond the latter, and because of the aforementioned, researchers who carry out their work in environments far from the decision-making spheres should develop a set of skills that allow them to guide a good part of their efforts to build highly demanded evidence that conforms to high quality standards, to prepare “digestible” information products derived from the integration and synthesis of that evidence, to increase the effectiveness of the dissemination of the results of their research through a greater use of information and communication technologies, and to improve their disposition and skills to increase the quality of such knowledge based on the results of their evaluation in those fields of application.^{5,6} The complexity of the problem, however, makes it necessary to create capabilities in the research and application fields alike for its effective linkage, and the same evidence-based practice has also motivated the launch of some integrative initiatives oriented in this sense.

A good example of this is SUPPORT (Supporting Policy Relevant Reviews and Trials), a multilateral project promoted and coordinated by the Norwegian Knowledge Centre for the Health Services, and financed under within the European Union’s Sixth Framework Programme, with the aim of non only producing summaries of reliable and relevant evidence in the field of maternal and child health, for policy makers and researchers in low -and middle- income countries, but also of increasing the capabilities of the latter to provide and of the former to find and use that kind of knowledge,⁷ and among whose results is a set of articles published in 2009 as a series, in a

supplement of the journal *Health Research Policy and Systems*, conceived as tools for the development of key skills, by these health policy makers, that ensure the adequate identification, critical appraisal and use of relevant research results of interest to better inform their decisions.^{8,9}

Initiatives such as SUPPORT, or the review centres, on one hand, and the training centres, on the other, through which the Alliance for Health Policy and Systems Research has sought to transfer evidence to the strategic levels of the health systems of countries with these characteristics and to create capabilities for its procurement and use in those same instances,¹⁰ are also a sign of the growing influence of the principles of evidence-based practice in the global context and, in this case, of what awareness about the problems related to knowledge management within this framework has begun to promote in recent years, even though this is still insufficient.

For this reason, there is still an urgent need for policies, both national and local, that take into account the barriers in the field of research and knowledge management in the health sector, as this would guide the generation of intersection frameworks of interests and objectives related to health care, science and technology, and, of course, education. Another important unfinished business as far as evidence-based practice is concerned.

REFERENCES.

1. Haynes RB, Hayward RS, Lomas J. Bridges between health care research evidence and clinical practice. *J Am Med Assoc.* 1995;2(6):342-50.
2. FDI World Dental Federation. FDI policy statement on evidence-based dentistry: adopted by the FDI General Assembly, September 2016, Poznan, Poland. *Int Dent J.* 2017;67(1):12-3.
3. Ganshorn H, Giustini D. New directions in health sciences libraries in Canada: research and evidence based practice are key. *Health Info Libr J.* 2017;34(3):252-7.
4. Langlois EV, Straus SE, Mijumbi-Deve R, Lewin S, Tricco AC. The need for rapid reviews to inform health policy and systems. In: Tricco AC, Langlois EV, Straus SE, editors. *Rapid reviews to strengthen health policy and systems: a practical guide.* Geneva: WHO; 2017.
5. Cases M, Furlong LI, Albanell J, Altman RB, Bellazzi R, Boyer S, Brand A, Brookes AJ, Brunak S, Clark TW, Gea J, Ghazal P, Graf N, Guigó R, Klein TE, López-Bigas N, Maojo V, Mons B, Musen M, Oliveira JL, Rowe A, Ruch P, Shabo A, Shortliffe EH, Valencia A, van der Lei J, Mayer MA, Sanz F. Improving data and knowledge management to better integrate health care and research. *J Intern Med.* 2013;274(4):321-8.
6. Chan T, Trueger NS, Roland D, Thoma B. Evidence-based medicine in the era of social media: scholarly engagement through participation and online interaction. *CJEM.* 2018;20(1):3-8.
7. European Commission, Directorate-General for Research. *International cooperation in FP6: project synopses.* Luxembourg: Office for Official Publications of the European Communities; 2007.
8. Oxman AD, Lavis JN, Lewin S, Fretheim A, editors. *SUPPORT Tools for evidence-informed health Policymaking (STP).* Oslo: Norwegian Knowledge Centre for the Health Services; 2010.
9. Norwegian Knowledge Centre for the Health Services. *Final report summary - SUPPORT (The SUPPORT Collaboration: Supporting Policy Relevant Reviews and Trials).* Luxembourg: EU Publications Office; 2011.
10. WHO; Alliance for Health Policy and System Research. *Annual report 2016: partnership and policy engagement.* Geneva: WHO; 2017.