



Michael J. Dunn, MD

# Patient care research raises quality

Michael J. Dunn, MD, Dean, Medical College of Wisconsin

**T**ranslational research has two facets: the transition from “bench to bedside” that turns laboratory discoveries into new treatments, and, equally important, the movement of treatments from clinical research into common practice beyond the realm of academic medicine. The former is often narrowly focused natural science while the latter—outcomes research—is broad, sociological and psychological in nature.

In addition to adoption of new treatment protocols, outcomes researchers analyze the delivery of patient care, searching for factors that influence the quality of care patients receive, patient satisfaction and the effect of care on quality of life. They mine databases for effective patterns of care and explore innovative solutions for delivering information to support patient decision-making.

At the Medical College of Wisconsin, our understanding of the critical role of outcomes research in improving the practice of medicine led to the establishment of the Center for Patient Care and Outcomes Research under the direction of nationally known health sciences researcher Ann B. Nattinger, MD, Professor of Medicine and Chief of General Internal Medicine. The Center is a nexus for more than 100 faculty members throughout the College who are studying medical effectiveness.

“We are interested in how clinical trials and best practices get translated to care,” Dr. Nattinger said. “What are the barriers to quality care? What information do patients need? How do socioeconomic factors affect the care we should be providing?”

Funding comes from a variety of sources, which indicates the importance of outcomes research and the wide range of constituencies who benefit from it. The National Institutes of Health, Veterans Administration (VA), various health care payers and private donors including the Robert Wood Johnson Foundation, support these efforts.

One study currently underway is using tumor registry data from the National Cancer Institute (NCI) to answer questions about the effectiveness of breast cancer treatment. Specifically, what effects do the patient volume of hospitals and surgeons have on care? Do patients of hospitals with a higher number of breast cancer patients and surgeons who see a higher volume of these cases have better 5-year survival outcomes?

A recently completed study, also using NCI data, showed that distance from a hospital with radiotherapy services is a factor in treatment choices among women with early stage breast cancer. According to the study, women who live 15 miles or more from the treatment center are only half as likely to choose

lumpectomy over mastectomy.

Additional results from the study show that only half of women who live 40 miles or more away who choose lumpectomy are likely to complete the recommended follow-up radiotherapy compared to women who live within 10 miles. In these cases, choosing the less radical treatment could result in a higher risk of recurrence if there is a high likelihood that necessary follow-up care will not be received. Studies such as this make it clear that factors beyond the diagnosis itself need to be considered when helping patients make treatment decisions.

Another project, focused on providing patient education for an informed, appropriate decision, is the creation of an interactive CD-ROM for women deciding whether to start hormone replacement therapy (HRT). Developing this computer-assisted decision-making tool entailed gathering data to determine how best to communicate clearly the risks inherent in HRT and present numeric data so as to inform rather than overwhelm. The CD-ROM will be piloted among VA patients in Milwaukee, Madison and Chicago.

Doctor Nattinger notes that many factors from education to availability of transportation can affect care outcomes in particular and public health in general. Information from outcomes research is vital for policy makers

---

dealing with issues of access to health care and payment as well as for hospitals and physicians seeking to implement best practices.

Only through the cooperation of physicians in community practice can the research carried out at academic health centers be completely translated into the “real world” our patients live in. Participating in important research can add a rewarding dimension to the practice of medicine. The Center also holds seminars on current topics in patient care and outcomes research twice each month, which are open to community physicians. If you are interested in participating in patient care and outcomes studies, would like additional information on the science of outcomes research or are interested in attending a seminar, please contact the Center at 414.456.8847.

.....



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the State Medical Society of Wisconsin and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the SMS take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article contact the *WMJ* Managing Editor at 800.362.9080 or e-mail [wmj@wismed.org](mailto:wmj@wismed.org).

© 2001 State Medical Society of Wisconsin