Journal of Novel Physiotherapies
ISSN: 2165-7025

Opinion Open Access

Health Services Research in Rehabilitation and Disability – The Time is now

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Introduction

The explicit mission of the Taskforce *is* to facilitate collaboration and increase the scope and effectiveness of rehabilitation-relevant health services research. The intent of this article is to provide a brief overview of health services research (HSR) and to emphasize the importance of disability and rehabilitation investigators participating in this dynamic field [1].

Batavia and DeJong wrote on the importance of increasing capacity for HSR in disability and rehabilitation more than 25 years ago, and much of the rationale they provided could simply be reiterated today. While progress has been made since 1990, many of the barriers they described remain. Fortunately, the timing and opportunities for affecting substantial change have never been better. As we describe below, healthcare reform is shining a spotlight on post-acute rehabilitation, which is 1) effectively elevating the relevance of research from the field, 2) promoting collaborative opportunities with investigators from other disciplines [2].

Health system administrators, clinical managers, and frontline clinicians are ultimately tasked with the design and delivery of patient care. Relevant HSR can and should directly influence those complex decisions and processes. That said, HSR investigators can play an important role in promoting and facilitating research-to-practice translation. Below, I list three ways we can strengthen the relationship between research and practice, each followed by brief suggestions for HSR investigators to consider [3].

First, we can help providers value the research questions and recognize the benefits of implementing the evidence from a given study. Investigators can enhance understanding by framing the study objectives in relatable terms and clearly articulating potential clinical implications. This extends beyond the language used in the Introduction and Discussion to describe the study's rationale and conclusions, respectively. The presentation of results can also be improved by emphasizing clinical meaningfulness over statistical significance.

Second, we can help guide practice by addressing the components of care of interest to providers. Providers are concerned with the effectiveness, efficiency, and costs of treatment, and are simultaneously responsible for maintaining the structures, processes, and outcomes of care. However, traditional research studies are purposely singularly focused. It would be naïve and impractical to suggest that individual studies include variables from all possible aspects of clinical care. However, it is reasonable to suggest that investigators interpret their specific findings in the context of everyday clinical practice; i.e., connect the dots for providers by addressing the current standard(s) of care, relative resource requirements, implementation strategies, and projected impacts on a specified volume of patients. Third, we can foster inclusion of non-researcher stakeholders.

Conclusion

Clinical practice is inherently multidisciplinary. While translational research and HSR have inspired the 'team science' movement, these teams are still predominantly researchers, simply from different disciplines. Including stakeholders (providers, consumers, etc.) in the research process essentially guarantees more relevant research questions and greater likelihood of implementation. These contributions can be described in the Methods and/or recognized in the Acknowledgements of resultant manuscripts.

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Received November 25, 2021; **Accepted** December 10, 2021; **Published** December 17, 2021

Citation: Roy A (2021) Health Services Research in Rehabilitation and Disability – The Time is now. J Nov Physiother 11: 496.