BOOK REVIEWS


A flood of publications followed the introduction of evidence-based practice to this country in the mid 1990s and many of the books were concerned with explaining the subject in primary care. Perhaps this reflects particular interest in the topic in a discipline that had not previously believed it had an evidence base to justify its patterns of practice. Whatever the reasons for the initial interest, there is now a veritable flood of material for primary care groups and trusts to assimilate.

The earlier books concentrated on methods, in particular those that an individual clinician professional would require. Book after book explained the process of seeking and appraising evidence and applying it in practice. The Evidence-Based Primary Care Handbook is the first of a second generation of publications on the topic and is therefore a welcome step forward in the debate about the place of evidence-based practice in daily health care.

The first five chapters are perhaps the least helpful. These present a general introduction to the methods of evidence-based practice that can be found in more detailed form in earlier books. For example, guidance on how to implement clinical guidelines can be found elsewhere. However, from chapter 6 onwards the situation changes. We are introduced to the role of evidence-based practice in learning and development, and issues such as patient consent and patient involvement remain to be seen; as Richard Smith states:

"The future is unknown and unknowable". I suspect peer review will continue to buck the trend and that change will continue to be slow.

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At a time when spending on health care continues to increase and there are demands for even greater quantities of resources to fund health services, the need to ensure that resources are used well is a priority. The money spent on health services ends up as income for providers that is an accounting identity. The degree to which it generates health benefits that are valued by society or patients depends on what the resources are used for and at what cost.

Economic evaluation is the activity which provides data that can inform decisions about how resources are best used. This field has grown rapidly over the last decade in both the number and range of economic evaluations and also in methodological complexity. In addition, the results of evaluations are increasingly being used by public bodies to determine whether, and at what price, health technologies will be covered by health budgets.

This book, now in its second edition, is a concise, well written, and useful guide to some of the key principles and methods for carrying out economic evaluations. Each approach is illustrated by a step-by-step case study which will help people to appraise studies critically or to think about the design of a new evaluation.

The book devotes a whole chapter to the cost of illness studies, including the World Health Organisation global burden of disease project which has been so succinctly demolished by Williams.1 Since they simply (and usually inaccurately) measure the costs associated with a condition and say nothing about the degree to which society’s resources can do anything to change this burden and at what net cost, these studies are not particularly helpful. The next edition will hopefully have a greater emphasis on the equity outcomes of health care interventions, something which should also be an element of evaluations. Finally, the book could be strengthened by referring readers to online databases of critically appraised economic evaluations such as the NHS Economic Evaluation Database [http://agatha.york.ac.uk/welcome.htm] Despite these weaknesses, though, it is probably the best introductory text available.

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Over the past 20 or more years most western health care systems have been looking for ways to address patient and population outcomes rather than merely structure and process issues. The challenges, though, are many, including problems with the validity and reliability of measures and indicators. For health care providers the greatest challenge is probably to make the assessment of patient outcomes both meaningful and to result in improvements in clinical practice.

This book aims to offer a practical primer to “advance practice nurses everywhere” to measure and improve patient outcomes. The authors are eminently qualified to offer this perspective as professors of nursing research at Johns Hopkins University in the USA with a wide range of research experience in patient outcomes between them.

The book is divided into two parts. Part I covers basic methodological issues such as the validity and reliability of tools, statistical methods, and provides a step by step guide to using SPSS, as well as to the graphical presentation of data. Part II presents case studies in “patient outcomes management” from acute care, maternal and child care, and primary care.

There is no doubting the enthusiasm generated by the authors. The book is explicitly aimed at nurses, but could equally apply to any health care professional as well as to non-clinical audit or quality assurance assistants. The level of detail in the chapters on SPSS and statistics would be particularly useful to a newcomer who needs to grasp the basics without access to formal support. The case studies emphasise the importance of multidisciplinary team involvement and the improvements in care that have resulted from the exercise.

The main limitation of the book is the exclusively US orientation. As well as confusing terminology and the predominance of “managed care” approaches, the assumed level of resources to support such activities is not generalisable. Several of the case studies are clearly research studies, some with design problems that would have been better addressed in larger more formal trials. Most actually did not result in significant changes in local practice, reflecting the “wouldn’t it be interesting to know” nature of the study questions, which has been one of the problems with clinical audit initiatives in the UK. The broader issue of the best way of providing routine clinical information systems for providers, to enable continuous monitoring of processes and outcomes, is not addressed at all.

This book will no doubt be of great value to nurses and other health care professionals in the USA. New health services researchers (clinical and otherwise) from elsewhere would find the practical chapters useful if they can understand the US terminology. They may also find the book inspirational. However, the lack of impact of the case studies and the absence of a broader context limit the book’s usefulness outside the USA.

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DIARY

5th Annual Conference on Self Directed Learning in General Practice

The 5th Annual Conference on Self Directed Learning in General Practice, organised by the Open Learning Unit, University College London and sponsored by the British Medical Journal, will take place on 24 April 2001. The conference will be organised around the themes of:

- revalidation
- web based learning resources for self directed learning.

The day will be based around small group workshops with some offering hands-on training in the use of online learning resources. Places will therefore be strictly limited and allocated on a first come, first served basis. For further details please contact Marcia Rigby (tel: +44 (0)20 7288 3246, fax: +44 (0)20 7281 8004, email: m.rigby@ucl.ac.uk). A website is in preparation.