

Closing the Health Care Gap Through Knowledge Translation and Exchange

A few years ago, Ms. Barb Grimster from Cornwall, P.E.I., called her dentist's office to cancel her appointment for her regular examination because she was experiencing painful lupus-related mouth ulcers. Luckily, her dentist wouldn't let her cancel. While she had told her dentist that she had lupus, he had never observed a lupus-related oral condition. He was keen to learn as much as possible about the effects of the disease on oral health, so that he could maximize the quality of care he provides to his patients. Partly because of her dentist's interest and new knowledge, Ms. Grimster would eventually refer 3 individuals with lupus to take advantage of his care.

Rather than being an exception, Ms. Grimster is likely representative of the more than 4 million Canadians suffering from musculoskeletal diseases that manifest as oral health conditions. But unlike Ms. Grimster, many of these people may not have shared their conditions and symptoms with their dental practitioners, leading to a gap in the level of care their dentists can provide.

Patient input is critical to ensuring good quality care. But patient input is only one part of the oral health care equation. Another key component is ensuring that everyone in the equation has the best information available to maximize health outcomes. According to Dr. Terrence Montague, a Montreal-based cardiologist and author of *Patients First*, health practitioners and patients don't always receive all the evidence-based medical information they need to make the best treatment decisions. This can lead to a gap between the optimal and the standard level of health care available to patients.

KTE Explained

So how can health practitioners and researchers bridge this gap to ensure that patients are receiving the best care? One valuable tool is Knowledge Translation and Exchange (KTE), a strategy that aims to encourage communication and collaboration among researchers, practitioners, patients, consumers and policy-makers. Through an ongoing exchange of information among these parties, KTE can ultimately help patients receive the best possible care. Researchers share current research results with practitioners and patients, who provide feedback and communicate their needs. In turn, researchers use this information to determine what areas may need further study or where to concentrate their research efforts.

KTE focuses on providing patients with the most current evidence-based health services and products available to produce effective health outcomes, reduce health care costs and strengthen the health care system by translating research knowledge into real-world products and services. To achieve these goals, organizations like the Canadian Institutes of Health Research's (CIHR) Institute of Musculoskeletal Health and Arthritis (IMHA) support oral health research and encourage developing community alliances to collaborate on patient health management and health policy.



"OUR GOAL AT CIHR IS TO CREATE A CULTURE OF KNOWLEDGE EXCHANGE, WHERE THE BEST EVIDENCE IS APPLIED IN EVERY SITUATION TO BENEFIT THE HEALTH AND HEALTH CARE OF ALL CANADIANS," SAYS DR. CYRIL FRANK, SCIENTIFIC DIRECTOR OF CIHR'S INSTITUTE OF MUSCULOSKELETAL HEALTH AND ARTHRITIS (IMHA).

"WHERE EVIDENCE IS LACKING, OUR JOB AT IMHA IS TO SUPPORT RESEARCHERS AND THEIR STAKEHOLDERS, TO PERFORM THE RESEARCH IN ORDER TO FIND THE ANSWERS AND APPLY THEM AS QUICKLY AS POSSIBLE."

Task Force Is a Catalyst for Action

In 2004, IMHA created a Knowledge Exchange Task Force (KETF) composed of patients, seniors' groups, representatives from patient groups, clinicians and researchers to start exchanging information about health

diseases and conditions within IMHA's 6 focus areas: arthritis, bones, oral health, musculoskeletal rehabilitation, muscles and skin. Patients and patient groups are encouraged to identify condition-related symptoms that cause them the most pain or suffering and share this information with their health practitioners and with IMHA.

Through this task force, IMHA plans to share and discuss the latest health research results by translating and disseminating plain-language research summaries. They will also try to help identify research priorities that best address the needs of Canadians by encouraging research in best practices of KTE.

Oral Health Research

The oral health research that IMHA is currently supporting promises to have a tangible impact on quality of life for Canadians. For example, IMHA-funded researchers Drs. Jocelyne Feine and Jose Morais of Montreal are investigating the potential of implant overdentures to improve nutrition in the elderly, who are often unable to chew hard foods. Recent evidence suggests that conventional dentures lack stability and can lead to limited food selection for the wearers, but that supporting dentures with implants might improve chewing ability. This would lead to improved nutrition in the elderly, thereby reducing the risk of cardiovascular disease, stroke and cancer — and in turn help ease the burden on Canada's health care delivery system.

CIHR-supported researcher Dr. Ross Bryant of Vancouver is engaging in research that demonstrates KTE in action. His research team is interviewing dental patients of an older age to document and understand their assessment of quality of life related to tooth loss and other chronic health conditions in the context of environmental and personal influences outlined in the International Classification of Functioning, Disability and Health. Dr. Bryant aims to use his study results as a basis to improve the assessment of quality of life among older individuals with chronic disorders like edentulism. Ultimately, this research should enable future interven-

tion studies on quality of life in response to disability and rehabilitation, such as for tooth loss and different prosthetic treatments.

IMHA encourages its researchers to make KTE a priority, as their research may have real-world applications for health care professionals and patients sooner than anticipated. To promote KTE, IMHA has incorporated "bonus" KTE funding of up to \$25,000 in its funding applications for researchers who plan to develop and implement a knowledge translation and exchange proposal. IMHA hopes this initiative will prompt more investigators to integrate KTE into their research activities.

Through the KETF, and by funding researchers to engage in knowledge translation and exchange, IMHA hopes that valuable research knowledge translated into real-world applications will ultimately benefit Canadians living with the symptoms of musculoskeletal conditions. ♦

