Evaluation Versus Research: Outcomes or Knowledge?

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Recent legislation designed to reduce the costs of the Medicare program has led to prospective payment for services rendered to inpatients in acute hospitals based on predetermined rate diagnostic criteria (1). These Diagnostic Related Groups (DRGs) have the potential to create new limits on the provision of occupational therapy. Since the system is new and untested, many questions arise regarding its implications for occupational therapists and their patients. Some of these questions are:

- To what extent will the prospective payment system affect referrals for occupational therapy?
- Will increased competition arise among health care providers regarding which services will be considered essential (2)?
- How will occupational therapists ensure that their patients receive needed services?
- To what extent will the prospective payment system be expanded in the future to include rehabilitation, psychiatric, and children’s hospitals that are currently exempt from the new policies?

The climate created by the prospective payment system is one of anxiety due to the ambiguity of the unknown and a desire to attain a position of strength for occupational therapy in what appears to be an increasingly competitive market. In this climate occupational therapists may find themselves asking, “What research has been done that ‘proves’ the efficacy of occupational therapy?” Or the profession might undertake a “crash” program of research to provide the necessary “proofs” to support the effectiveness of occupational therapy in achieving significant patient outcomes. At this point, it may be instructive to remind ourselves of the appropriate role of research versus that of program evaluation in achieving the goals of our profession.

Research is the process by which theory is developed and tested. Theory consists of knowledge that is capable of being generalized beyond a specific situation and that enables us to predict, explain, control, and gain a sense of understanding about phenomena of interest to occupational therapists (3). In contrast, program evaluation does not focus on theory development at all, but rather on product delivery or mission accomplishment. Its goal is to provide feedback that leads to a successful outcome defined in practical, concrete terms (4).

Thus, research is a means of discovering new knowledge, while evaluation concentrates on goal achievement in a specific setting. The value of research rests on its explanatory and predictive power leading to conclusions that can be generalized to populations of individuals. On the other hand, program evaluation has the value of determining the worth and social utility of a course of action. Its outcome is specific decisions regarding a particular approach in a particular setting. For example, a research project might test a hypothesis that visual perceptual abilities are related to performance of activities of daily living among stroke patients. In contrast, program evaluation might seek to determine to what extent a particular program of occupational therapy has succeeded in increasing the independence of stroke patients in their activities of daily living performance prior to discharge from “St. Elsewhere” Hospital in the six-month period between July 1 and December 31, 1983.

In the first instance, if the research is carried out according to scientific principles, the results may be generalized to the population of stroke patients and thus contribute to occupational therapy knowledge and theory development. In the second instance, the results may be used to demonstrate the efficacy of the particular occupational therapy program at “St. Elsewhere” or to improve the program so that it becomes more effective. However, the results cannot be generalized to any other setting or group of patients. The quality assurance programs developed by the AOTA in recent years fall into the category of evaluation rather than research (5).

I believe research represents a long-term investment in the future. Like the wise little pig who built his house of bricks even though it took considerable time and effort to do so, if we invest substantial resources into research, we can help build a strong, stable professional structure that no amount of huffing

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or puffing can bring down. Research requires money, educated personnel, and patience, because knowledge is developed through a precise and painstaking process. That statement is especially true for occupational therapy because our theories are relatively new, few instruments are sufficiently developed to measure our concepts, and the researchers we need are only beginning to emerge from graduate programs. Program evaluation may seem to be the most practical and expedient approach to playing the “DRG game” since it promises to give us the “answers” we need now. However, program evaluation does not contribute to knowledge development. It does not produce prescriptive theory that is generalizable, although it may help improve specific programs (4). In fact, both program evaluation and research fail to support the efficacy of occupational therapy if we measure the wrong variables or measure them inaccurately due to our haste in responding to external demands.

Let us exercise caution as we make decisions regarding how best to invest our professional resources, maintaining our long-term and global view of occupational therapy and our respect for its potential contribution to society. Additional resources are needed now to plan and implement occupational therapy research that will enable society to solve some of its most complex problems (for example, chronic disease and disability) and that will enable us to better keep our promises to patients. By maintaining our commitment to knowledge development, we can ensure that our professional house is not built of straw and that we can inhabit it with confidence.

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