

# The relevance of evidence-based practice in primary care



Applying scientific principles to prevent disease and disability is essential to the primary care practice. Diligent use of best current evidence in making decisions about patient care is the evidence-based practice (The Academy of Medical-Surgical Nurses, 2019). Evidence-based practice process is a systematic method used by providers to assess the research, clinical guidelines and other information sources based on high quality finding and applying that knowledge to the practice (The Academy of Medical-Surgical Nurses, 2019). According to the Agency for Healthcare Research and Quality (2018), evidence-based research provides a strong basis for clinical practice guidelines and recommendations, and clinical practice guidelines are the statements that include recommendations to improve the patient care.

According to Nichols (2019), Evidence-Based Practice Model is the combination of practitioner's expertise, best evidence, and client values and expertise, which involves the critical thinking, evaluation of information to provide most effective and efficient treatment to the patients.

#### The Benefits of Evidence-Based practice

According to Penn Medicine (2017), the evidence-based practice supports the patient safety, values, and helps to cut the cost and reduce the medical errors and to provide quality care to the patients by utilizing systematic reviews to transform evidence into practice through clinical evidence-based practices, and interventions.

According to Shahat and Allah, (2019), The evidenced-based practice helps to deliver the best care based on the research, and EBP helps to resolve the

problems in a clinical setting, helps to achieve excellence in the delivery of care and helps to invent new practices.

Evidence-based practices help the provider to provide transparency to patients and assure the patients that procedures and treatments used offers the best results. EBP is available to the public through research studies.

According to Social Work Policy Institute (2010), even though EBP provides the right treatment or procedure to follow, still allows the provider to decide treatment based on the patient signs and symptoms, affordability and choice (as cited in Nichols, 2019). EBP provides a uniform way of providing treatment to patients by different providers.

#### Steps of the provider in Evidenced-Based Practice

According to Foundation Recovery Network (2019), the provider needs to follow six steps to provide evidenced-based practice treatments. They are as follows:

- Assessing the patients, asking the right questions and discovering their clinical needs
- Obtaining related research and investigate all the studies
- Evaluating the applicability, validity and the quality of the knowledge to the specific patient case
- Discussing the results of research with patients and determining the incorporation with their values, needs, and goals
- Applying the proficiency to develop the plan with the patient collaboratively
- Implement the plan.

I will follow the following example of the evidenced-based practice as APN and as a future primary care provider in translating the EBP to the older adult population (35-65-year-old) in primary care

Prevention of type 2 diabetes by referring the patients with prediabetes to an evidence-based diabetic prevention program. As a primary care provider educating the patient and providing a brief overview of the diabetes prevention program helps them to engage in the program and increase the patient outcomes. As provider engaging the patients and doing diabetes risk assessments and providing prediabetes awareness by discussing with patients about prediabetes, putting pamphlets in the sitting areas and referring them to the diabetes prevention program helps to prevent diabetes and to reduce the number of diabetes cases.

According to American Medical Association (2015), research shows that year-around planned lifestyle interventions reduce the incidence of diabetes by 58 percent among the adults with prediabetes, and 71 percent in those 60 years and older. According to the National Institute of Diabetes and Digestive and Kidney Diseases (2017), an estimated 30.3 million people have diabetes, and an estimated 84.1 million adults aged 18 and older have prediabetes. So, it is essential to be proactive as providers in the prevention of diabetes to reduce the financial burden of diabetes on the U. S. economy.

Some of the EB practices followed by the provider in primary care practice to prevent diabetes are

- Screening for prediabetes and diabetes as per evidence-based guidelines

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- Educating risk patients about exercise and importance of diet in preventing diabetes
- Referring them to the diabetes prevention program
- Making sure patients are staying connected with support systems
- Following referrals and rescreening to make sure prediabetes risk is resolving.

U. S. Preventive Services Task Force (2019), recommends that all the adults between age of 40 to 70, who is overweight or obese needs to be assessed for abnormal blood glucose as a part of cardiovascular risk assessment and if the glucose is abnormal that adult needs to be referred for intense behavioral counseling interventions to promote healthy diet and physical activity.

The translation of EBP requires current knowledge, changing physiology associated with co-morbidities, the use of polypharmacy for the older adults compared to the younger adult population. The functional capabilities, cognitive capabilities, support systems, and the quality of life needs to be assessed before planning and implementing EBP practices in the older population. The translation of evidence into practice not only improves quality of life, but also improves outcomes, enhances productivity, and reduces health care costs for older people (Health. Vic, 2018). The current best practices for older people constitute the areas of nutrition, cognition, continence, medication, skin integrity, mobility, self-care, etc.,

Some other examples of EB practices followed by a primary care provider in translating the EBP to the older adult population (35-65-year-old) in a primary care setting, according to USPSTF (2019) are as follows:

- The fall prevention in older adults by screening and implementing an exercise program to prevent falls
- Osteoporosis screening for women younger than 65 and who is menopausal and has increased risk of osteoporosis
- Statin prevention medication for adults aged 40- 75 years with no history of CVD, 1 or more CVD risk factors. Calculated 10-year CVD event risk of 10% or greater
- Aspirin to prevent cardiovascular risk and colorectal cancer in ages between 50 to 59 years old
- Colorectal cancer screening starting from age 50 years to until age 75 years
- A healthy diet and physical activity counseling for people with cardiovascular risk factors and who is overweight or obese.

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