

Letter to the Editor

Health Care Research Unit: A Challenging Environment for a New Context?

Unidades de investigación asistencial: ¿un reto innovador para un nuevo contexto?

To the Editor,

We read the recently published article on health care management, "New Context and Old Challenges in the Healthcare System", ("*Nuevo contexto y viejos retos en el sistema sanitario*")¹ with great interest. First of all, we wish to congratulate the authors for the clarity and brilliance of their exposition and the editors of the *Revista Española de Cardiología* for publishing works of this type, which are highly interesting for all professionals devoted to the management of patients with cardiovascular disease.

We agree with the authors' opinion that the seriousness of the new economic scenario represents a clear opportunity to address, once and for all, the challenges set forth in this article.¹

Biomedical research should be considered a customary activity and an essential part of good medical practice. The incorporation of research into clinical practice guarantees a higher quality of health care services,² a more successful introduction of medical advances in disease prevention and treatment, and more efficient patient care. It is impossible to carry out quality research without excellence in clinical practice. To guarantee quality research to the greatest possible extent, two basic conditions must be met: the individual quality and integrity of the researchers, and the quality and integrity of the institutional system that supports their research.

Biomedical research is a necessity for all professionals; the word "investigate", as defined by the *Diccionario de la Lengua Española*, the official dictionary of the Spanish language edited by the Spanish Royal Academy, comes from the Latin term *investigare*, which means "to take action to discover something or clarify a circumstance". Many health care professionals take action to discover something or clarify a circumstance but fail in the attempt for different reasons, such as a lack of knowledge of research methodology, of resources, or of motivation.

Thus, we propose a new organizational model, health care research units,³ whose mission would be to provide advice on outcomes research (efficacy),⁴ on an individualized and collective basis, to health professionals in the distinct areas of patient care. The aim of these units is to achieve excellence in patient care, that is, high-quality specialized care integrated in a continuum with primary care, applying all the scientific evidence available at each moment and adapting quickly to changes in the scenario.

One of the especially interesting strategic objectives would be to adapt clinical practice to the available scientific knowledge in

the specific setting of a given population (young/older population, immigration, different cultural levels, different economic levels), derived from management autonomy that could help us to determine whether or not certain actions taken in these population subgroups would lead to improvements in prognosis, a consequence that could reduce some costs. For example, we do not know whether or not different add-on drug therapies produce additional benefits in conditions such as acute coronary syndrome. Health care research units aimed at resolving doubts of this type could help us to identify them and to discontinue therapies with marginal benefits or none at all.

In short, in the current economic crisis, biomedical research in general, and health care research units in particular, can contribute to the development of innovative solutions to meet the challenges to the health care system in order to achieve excellence in the care of patients with cardiovascular disease.

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