



Progress update on the significant milestones of the OCA Evidence-based Framework Advisory Council

Much has happened in the last months since the [OCA Evidence-based Framework Advisory Council](#) first met on a snowy weekend January 19, 2020. Despite the COVID-19 pandemic, the [advisory council](#) has been dedicated to advancing its mandate to help the OCA develop a comprehensive understanding and inclusive definition of chiropractic care.

With the advice of our council, we are creating the future of chiropractic care in Ontario. That work is based on the universally accepted three pillars of the evidence-based framework:

1. Patient Preference
2. Best Available Evidence
3. Clinical Expertise

Join us on our journey of creating the future of chiropractic care in Ontario

Council members met three additional times (virtually) to focus on two of the three pillars of the framework, *Patient Preference* and *Best Available Evidence*. Meeting in May, June and September, council members achieved key milestones, which were approved by the OCA Board of Directors. The work of council is dynamic and complex with significant impact to our profession in Ontario.

From the beginning all advisory council members recognized that the three pillars of the framework, *Patient Preference*, *Best Available Evidence* and *Clinical Expertise* are not separate, parallel paths, but are inter-dependent.

Patient Preference

To start, the Council reviewed and accepted research on the universal expectations of patients from their health providers, in support of **Patient Preference**. Specifically, Council members reviewed three areas of focus of patient expectations:

1. Partnership: mutual respect, choice and personalization
2. Active listening, genuine interest and clarity
3. A Human Touch: compassion, connection and empathy

Council recommended to the Board of Directors that the first output should be a white paper on **Patient Preference**, recognizing the significant research supporting the correlation between applying patient preference in care planning and patients' compliance with their chiropractic care plan.

Council members also supported the *Getting to Outcomes* (GoT) methodology to guide the work of the OCA in supporting members to enhance their practice by applying the *Patient Preference* principles. This research-based change management methodology will address the gap between research and practice by ensuring the OCA has sustainable processes and program supports in place for members.

A new lexicon of terms found consensus to support shared understanding.

Best Available Evidence

At the same time, the advisory council embarked on a series of discussions and deep analysis of the latest research on *Best Available Evidence*, beginning with the evolution of interpretations on the evidence pyramid today.

Setting aside the labels of *evidence-based* and *evidence-informed* practice, council members identified the common components that guide clinical decision-making and the use of evidence in patient care.

- Explored possible key elements of clinical decision-making
- Explored factors that may impact the weighting of best available evidence in each situation
- Recognized that integration of all three pillars (best available evidence, clinical expertise and patient preference/values) is important in clinical decision-making

Council members are laying the groundwork about how the three pillars intersect in the delivery of patient care, and how a description of chiropractic that embraces the continuum of care can be developed and communicated.

Evidence Pyramid

In a rigorous discussion of research behind the evolution of the evidence pyramid, council members investigated the importance of the *research question* in determining research study design.

As council members knew from their inaugural meeting in January 2020, a discussion on a framework for clinical decision-making would include direction on how to proceed with care when there is little or no evidence.

Given the council's strong support that it is the integration of the three pillars (Best Available Evidence, Clinical Expertise and Patient Preference) that enables good clinical decision-making, council members investigated how to best support the integration of Best Available Evidence in clinical practice.

Next steps

The *Evidence-based Framework Advisory Council* continues its mandate to help create the future of chiropractic care in Ontario by helping the OCA develop a comprehensive understanding and inclusive definition of chiropractic care.

Join us on this journey as this crucial work develops.

To learn more about the OCA's work with the *Evidence-based Framework Advisory Council*, contact Caroline Brereton, CEO, at 416-860-4155 or by email at cbrereton@chiropractic.on.ca