

Setting a Framework for Research in Latvia

By Marc D. Smith, PhD

Creating a Clinical Research Framework for the Latvian Partnership

Latvia does not have a well-established tradition of research in health care services delivery. Severe resource constraints and the relative academic isolation of the Soviet era prevented the consistent integration of research programs into clinical practice and public policy making. Because of this, the Riga-St. Louis partnership has placed particular emphasis on outcomes measurement and health services research.

From the beginning, the partnership--which links Riga City Maternity Hospital and Bikur Holim Hospital in Riga, Latvia with Jewish Hospital of St. Louis, Washington University School of Medicine and Barnes Jewish-Christian (BJC) Health System in St. Louis, MO--has focused on the ability of the Latvian health care system to sustain initiatives beyond the formal duration of the partnership. Furthermore, participants recognize that the partnership's impact can be increased significantly if knowledge gained from current efforts can be applied to future clinical and administrative issues. To do this, we plan to create data bases--and the electronic infrastructure to manage them--to monitor the partnership's progress and facilitate clinical and health services research.

The partners face the challenge of developing research projects that address specific clinical problems as well as the broader social context they reflect. Several factors will determine the ultimate success of our attempts to build an infrastructure for clinical and health services research.

First, the partners will develop research initiatives collaboratively, capitalizing on the interests and expertise of the Latvian and US participants. Research protocols must not only address questions that are immediately relevant to Latvia, but must also build the intellectual basis and technical skills for future studies. Enhanced cooperation between the Latvian Medical Academy and the various venues for patient care is essential. Additionally, training in research methods must be integrated into the medical education curriculum to ensure the long-term sustainability of this initiative.

Second, the partners will pursue a specific research agenda that leads to opportunities to identify and remedy more systemic issues. Here, we will incorporate a main area of focus for the partnership, enhancing the care of women, infants and children. For example, preliminary data on the causes of pediatric infectious diseases in Latvia point to a key public health problem that must eventually be addressed: the inadequacy of water purification systems. Although the partnership will evaluate the efficacy of specific therapies for treating infected children, the research should also provide an empirical foundation for a dialogue with the government agencies that manage the water supply.

Third, we must build coalitions that can extrapolate research findings and apply them throughout the health care system. As part of our work with women's health, research on strategies for educating Latvian physicians about the non-contraceptive benefits of oral contraceptives, such as treatment for hormonal imbalances, will be used to design programs for nationwide implementation. Similarly, we hope that our work in modernizing health care management in the partner hospitals will be adopted more broadly in Latvia. We'd like to see our analysis of the value of cost accounting data in clinical and administrative decision used in structuring public and private health insurance programs.

The commitment to clinical and health services research is not without its liabilities. The substantial time required to pursue research objectives must not detract from efforts to solve more immediate problems. Nevertheless, we believe that the benefits that can be derived

from a disciplined focus on this research will measurably enhance the impact of the partnership. Our Latvian colleagues will have the opportunity to develop the skills necessary to evaluate the quality of care, the appropriateness of diagnostic and therapeutic technologies, and the allocation of scarce resources. Equally important, the US partners will gain insight into the dynamics of a transitional health care system, observations that will build cultural bridges and broaden our perspective on changes within our own health care environment.

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