



David L Clark, RPh, MBA

...short story... health care leader with a strong focus on evidence and outcomes; health care executive and clinician (pharmacist); involved in health care and health care delivery for many years, with experience in integrated systems and health insurance

footprints: trained as a pharmacist, but experience in working with many different health care providers; have worked on quality improvement, disease management, direct patient intervention, evidence-based decision-making, and population health...early interest in improving quality and outcomes led to expanded role in medicine and pharmacy and to a teaching role; role continued to expand in integrated health system and managed care, leading to an executive role and participation in federal government committees | **key areas of interest & expertise:** evidence-based research and review, outcomes, evidence-based decision-making, disease management, treatment protocol development, health care delivery, quality improvement, clinical and financial modeling | **key guides:** my wife, who always encourages me to be better, the Savior that taught me service to others is the best way to deliver value and find happiness, and Mr. Peck, a high school teacher that taught me to become everything I could, not just get by. **inspirations:** seeing individuals that can be helped, and then seeing them with a positive outcome. for example, years ago I helped a young woman with terminal cancer. she was about the same age as my wife, with four young children at home, with similar age groupings. I know that others are working aggressively on processes and procedures that could benefit others, including my family, and I want to make sure that I have done all that I can. | **motivations & passions** passion - continually working to make things even better. motivations - knowing that there is a lot of improvement possible and that many individuals, today and tomorrow, will need it. | **what makes it all worthwhile?** seeing improvement in care; knowing that some patients will receive more appropriate therapy with an increased potential of benefit and a decreased potential for harm.

Q: What one or two issues would you like to address for this interview and why?

A: Why is evidence important and where do outcomes fit.

Q: Why is evidence based decision making important?

A: There are several strong reasons it is important. I will mention two here. But I would like to clear the air on one perspective before we begin. Evidence should only be counted if it has been critically appraised and passes a rigorous evaluation. Most published studies are not sufficiently managed and completed to give us reliable information that can be counted as evidence to be used in decision-making.

Now back to the question. I will mention two reasons evidence based decision making is important. First, we do not have unlimited resources. It is important to use our resources in a manner where we can provide the most value to members in our community. Using evidence-based medicine, we can determine how to increase the value that can be achieved. Second, any therapy has the potential to cause harm as well as provide benefit. Critically appraised evidence,

evaluated as valid and clinically useful, when used correctly by health care practitioners, will decrease the potential of harm while increasing the potential to receive clinical value.

“ ... I have seen that motivated health care practitioners can really make a difference in the delivery of care and improving outcomes for individuals and populations.... ”

Q: Where do outcomes fit in?

A: Outcomes are the delivery of an actual result or benefit. Therapies only have value if they deliver a positive outcome. For example, if an antibiotic can treat a specific infection, but is not used correctly, or taken long enough, it will not deliver the desired outcome. Quality evidence can tell us what the outcome can be, and what it takes to achieve that outcome.

“ ... Evidence should only be counted if it has passed a critical appraisal.... ”

Q: What do you see as potential barriers, pitfalls, risks, "opportunities," or remedies?

A: One of the biggest barriers is that most health care practitioners do not know how, or do not have the time to, critically appraise studies or literature about therapies. When this occurs, they may end up relying on information that is inaccurate and could recommend therapies that could harm patients.

One of the remedies is to provide information to practitioners about which groups do effective critical appraisal and how they can access that information.

Q: If you had one wish for an ideal, what would that be? Or a vision? However you want to answer this...

A: I would like to see a stronger focus on good evidence being used in making treatment decisions. For that to happen, studies need to be well- designed and carried out to provide the evidence. The evidence should then be critically appraised, and the results of valid and clinically useful studies made available, quickly, to those make treatment decisions, or to the individuals that may have those treatments.

Q: How would you counsel pharmacy leaders and others with what you've discussed?

A: First of all, I would counsel all health care leaders to focus on valid evidence. There are thousands of misleading articles and studies in the medical literature that can lead to inappropriate treatment decisions. Be critical of the information unless it has been critically appraised and passes a rigorous screening. Then focus on actually improving care and outcomes. It does not matter how many individually are started on appropriate therapies unless those treatments are completed and a successful outcome occurs.

Q: And almost lastly, the best medicine is to be happy, yes? What's your favored flavor-of-the-moment to make you or any of us more happy? Toss us a little tidbit from your medicine cabinet, please.

A: I believe we need to know ourselves well enough to find the things that make us truly happy. For me, I am happiest when doing activities with my family. I find that helping others, even in little ways, helps keep my spirits and hopes up as well.

Q: Now tell us something fun about you?

A: This is probably something you should really ask my family. I am sure they would have some pretty good stories to share. However, I will share something that wasn't funny for me at the time, but gave my kids some pretty good laughs. Many years ago, I was approached by a local television station hoping to do a negatively focused story on medication and the pharmaceutical industry. I was not in agreement with their point of view, but they asked for an interview anyway. The reporter and I talked for about 45 minutes while being filmed. She continually tried to catch me saying something that would fit her angle. When we watched the 10 o'clock news to see what they had done with the story, they showed two small clips together, making it look like I had made the profound statement, "We can get generic drugs for less." So much for my first moment of fame on the 10 o'clock news.

“ ... Quality evidence can tell us what the outcome can be, and what it takes to achieve that outcome.... studies need to be well-designed and carried out to provide the evidence...The evidence should then be critically appraised, and the results of valid and clinically useful studies made available, quickly, to those make treatment decisions, or to the individuals that may have those treatments... Then focus on actually improving care and outcomes. It does not matter how many individually are started on appropriate therapies unless those treatments are completed and a successful outcome occurs ... ”