

## From Data to Practice: Why Translating Research Findings to Real-world Outcomes Needs More Implementation Studies

Walking through the wards of a crowded public hospital and seeing suffering and tragedy from easily preventable conditions makes one wonder what it takes for a facility to change the outcomes. The evidence is there, and guidelines have been developed from it; yet practices remain difficult to change—whether in screening, prevention, treatment, or rehabilitation.

Recently, the Department of Health has put up a compendium of clinical practice guidelines (CPG) crafted according to the standards set by the Manual for Clinical Practice Guideline Development of DOH-Philhealth.<sup>1,2</sup> Guidelines stipulate that dissemination and implementation be considered, and applicability issues are discussed. The uptake of the guidelines should be evaluated, and facilitators and barriers should be identified. Thus, there is a need for implementation and applicability studies to assess how effective guidelines are. For breast cancer, the Philippine Guidelines were published in 2022 and updated in 2026.<sup>3</sup> Identified as barriers against implementation are financial constraints and out-of-pocket costs. Acta has since responded to these concerns by publishing articles on financing cost assessment, and in this issue, by Mondragon and co-authors, an “Assessment of Out-of-Pocket Expenditure of HER2-Positive Breast Cancer Patients in a Tertiary Cancer Center and Private Clinics in the Philippines.”<sup>4,5</sup>

These types of studies are necessary in the translation of evidence to practice, allowing organizations to adopt, scale, and sustain recommendations to real-world settings.

Where CPGs on malnutrition cite resource constraints as the only significant barrier for implementation, the article by de Luna and co-authors on the “A Qualitative Program Evaluation Study on the Perceived Impact of Health and Nutrition Programs among Beneficiaries of a Civil Society Organization in the Philippines” in this issue of the Acta add fear of sustainability by families and competition from readily accessible instant food of poor nutritional value as barriers in implementing such programs.<sup>6,7</sup>

These studies help us go beyond information dissemination of evidence-based practice to create pathways for impactful integration of recommended interventions. Implementation studies sharpen our analysis and focus our efforts on strategies that can help pilot, roll out, and scale up guidelines.<sup>8</sup>

New modalities to carry out recommendations can also be part of how guidelines are implemented in the community setting. Where the Philippine Academy of Rehabilitation Medicine (PARM) recommends early home-based rehabilitation, the Stroke Society of the Philippines recommends telerehabilitation to augment the efforts of care providers.<sup>9,10</sup> The article by Laxamana and co-authors in this issue on “The Acceptance of Stroke Telerehabilitation among Rehabilitation Providers and Consumers in Two Tertiary Hospitals in the Philippines” not only identifies but also provides suggestions to address implementation barriers.<sup>11</sup>

We support and encourage articles on implementation science. These works provide tools to convert evidence into outcomes. These transform organizations and help us accomplish meaningful, lasting structural change that should come without any delay to provide relief to our patients in our crowded public wards.

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