

Profile



Gabrielle van der Velde, DC, FCCS(C)

Dr. Gabrielle van der Velde DC, FCCS(C) of Toronto, Ontario has been awarded a prestigious 3-year Post-Doctoral Fellowship Award funded by the Canadian Institutes for Health Research (CIHR), through the Institute for Health Policy and Research. This \$153,000 Fellowship, for which Dr. van der Velde competed in a Canada-wide open competition, will provide her with a salary and research funds to complete a PhD in Clinical Epidemiology and Health Care Research, in the Department of Health Policy, Measurement, and Evaluation, Department of Public Health Sciences, at the University of Toronto.

Dr. van der Velde graduated from the Canadian Memorial Chiropractic College (CMCC) in 1994, after which

she completed a post-graduate residency programme at the CMCC in Sports Sciences, and became a Fellow of the College of Chiropractic Sciences in 1996. In 1996 she became an Assistant Clinical Professor at the CMCC, practicing privately in downtown Toronto. She is currently on a study leave from her teaching position at the CMCC.

Dr. van der Velde received this award on the strength of her proposed research thesis, since it has potential implications for health care policy. As part of her PhD training, her thesis will consist of performing a decision analytic cost-effectiveness analysis comparing various non-surgical treatments for neck pain. This method of economic evaluation of health care involves the careful structuring of a health care problem (such as deciding what non-surgical intervention a neck pain patient should receive) using a decision tree – a graphic schema which begins with the decision (treatment A or treatment B) and traces out all probable pathways and consequences (e.g. health outcomes and costs) that can arise over time as a result of each treatment.

Decision analytic cost-effectiveness analysis is an appropriate economic evaluation technique when there is uncertainty and trade-offs when considering a clinical problem. In the case of neck pain, various health practitioners each offer unique treatment options, yet these treatments (drugs, manual therapies, physical therapies, and so forth) have yet to be adequately studied to estimate their effectiveness. Consequently, there is a lack of standard of care, resulting in widely varying, inconsistent, and costly treatment approaches whose benefits have not been conclusively established. Health care decision makers – patients, clinicians, third party payers, and health care policy makers – are therefore faced with a decisional dilemma. A decision analytic approach to the dilemma is useful, by providing a comprehensive overview of the benefits and risks associated with common non-surgical approaches to neck pain, and by incorporating patient and

population-based preferences and costs. This approach synthesizes existing evidence into a model that includes the relevant outcomes associated with each treatment – health-related quality of life, morbidity and mortality, and resource utilization. Such an economic evaluation is useful for policy makers considering how to allocate health care resources, as well as for clinicians considering appropriate treatment options for neck pain patients. Other musculoskeletal conditions have been examined with this approach, but not the clinical problem of neck pain.

Dr. van der Velde was also recently awarded \$43,500. from the Ontario Ministry of Health and Long-Term Care / Ontario Chiropractic Association ‘Special Chiropractic Research Fund’ to pilot the methods of her thesis. Co-investigators for this award include Dr. Sheilah Hogg-Johnson (Senior Scientist at the Institute for Work & Health), Dr. Murray Krahn (Internal Medicine Specialist at The Toronto Hospital), Dr. Andreas Maetzel (Scientist in Clinical Economics at Toronto General Research Institute), and Dr. Gary Naglie (Internal Medicine Specialist at The Toronto Rehabilitation Institute).

Dr. van der Velde is a member of the Scientific Secretariat of the Decade for Bone and Joint 2000-2010 International Task Force on Neck Pain and its Related Disorders. Other members of the Scientific Secretariat include Drs. L. Carroll, J.D. Cassidy, P. Côté, S. Haldeman, S. Hogg-Johnson, E. Hurwitz, M. Nordin, and P. Peloso. This new Task Force has a 5-year mandate to continue and extend the work of the Quebec Task Force on Whiplash-associated Disorders. Its objectives are to: 1) complete a system-

atic search and critical review of the scientific literature on neck pain and its associated disorders, 2) to complete original research on the risks associated with the treatment of neck pain with non-steroidal anti-inflammatory drugs and adjustments of the cervical spine, 3) to complete original research using decision analysis to examine cost-effectiveness and patient preference for various treatment options, 4) to reach a formalized consensus of experts in topic areas where there is no evidence, and 5) to combine the above results in a Best Evidence Synthesis, based on the best available scientific evidence.

Dr. van der Velde noted: “Our profession and all of its institutions must continue to embrace and commit to evidence-based practice and research. This commitment has allowed our researchers to access funds from public agencies, and produce research that contributes to the pool of knowledge to which all health care disciplines concerned with musculoskeletal research contribute to and draw from. The end result is that our profession is not isolated from the rest of the health care community.”

“I would like to acknowledge and thank the many chiropractors who have acted as mentors and advisors, and have provided support and encouragement, including: Drs. P. Aker, J.D. Cassidy, P. Côté, A. Gotlib, K. Humphreys, C. McDermaid, S. Mior, H. Morrison, J. Mrozek, and H. Vernon. I also want to thank our organizations – the Ontario Chiropractic Association, the College of Chiropractors of Ontario, the Canadian Chiropractic Association, and the Canadian Memorial Chiropractic College – for their support.”

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