Supporting Evidence-Informed Policymaking

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John N. Lavis, MD, PhD
Professor and Canada Research Chair in Knowledge Transfer and Exchange
McMaster University

Overview

What do we know about supporting research use by health system policymakers?

What are the challenges that such efforts are striving to overcome?

What are some innovative strategies that are being developed and evaluated?

What (if anything) does this mean for the network?
Increasingly efforts to support research use strive to address the two factors that emerged with some consistency in a systematic review of the factors that increased the prospects for research use:

- Interactions between researchers and policymakers
  - Engage policymakers in priority-setting, research (including reviews), and deliberative dialogues
- Timing / timeliness
  - Facilitate retrieval of research evidence, including optimally packaged systematic reviews and review-derived products (e.g., one-stop shopping, training workshops, rapid response units)

Supporting Research Use by Health System Policymakers

Supporting Research Use by Health System Policymakers (2)
Such efforts need to recognize that research evidence can play many roles in policymaking

- Helps to get problems on the agenda (i.e., what challenges should we focus on?)
- Helps to think about problems and solutions differently (i.e., how should we begin to approach this challenge?)
- Helps to solve particular problems at hand (i.e., what policy or action should we support?)
- Helps to support the implementation of a policy
- Helps to justify a decision made for other reasons (i.e., how can we ‘sell’ the position we’ve taken?)

Such efforts also need to recognize that research evidence can support many steps in the policymaking process (and that reviews make this feasible)

- Defining the problem
  - Identifying indicators or making comparisons (over time, across settings or against plans)
  - Reviews of observational studies (e.g., admin. database studies, community surveys)
  - Highlighting alternative framings of the problem to assist with mobilizing support among different groups
  - Reviews of qualitative studies that examine stakeholders’ views about and experiences with the problem
Supporting Research Use by Health System Policymakers (5)

Reviews can inform many steps (2)
- Assessing potential policy & programmatic options
  - Identifying several feasible policy and program options that could affect the problem
    - Frameworks (alone or embedded in reviews and overviews of reviews)
  - Characterizing the positive effects (benefits) of the options
    - Reviews of effectiveness studies (e.g., randomized controlled trials, interrupted time series, CBAs)
  - Characterizing the negative effects (harms) of the options
    - Reviews of effectiveness or observational studies

Supporting Research Use by Health System Policymakers (6)

Reviews can inform many steps (3)
- Assessing potential policy & programmatic options (2)
  - Characterizing the cost-effectiveness of options
    - Reviews of economic evaluations
  - Identifying the key elements of complex options (to facilitate local adaptation if necessary)
    - Reviews of qualitative studies that examine how or why interventions work (i.e., process evaluations)
  - Characterizing stakeholders’ views about and experiences with the options
    - Reviews of qualitative studies that examine stakeholders’ views about and experiences with particular options
Supporting Research Use by Health System Policymakers (7)

Reviews can inform many steps (4)

- Identifying implementation considerations
  - Identifying potential barriers to implementation at the level of patients/ consumers, health workers, organizations and systems
  - Reviews of observational studies and/or qualitative studies
  - Characterizing the effects of appropriately targeted implementation strategies
    - Reviews of effectiveness studies

Supporting Research Use by Health System Policymakers (8)

Why reviews?

- Reduce likelihood of being misled by research evidence
- Increase confidence about what can be expected
- Allow policymakers to focus on assessing applicability to their setting and on collecting and analyzing other inputs to the policymaking process
- Allow stakeholders to contest the research evidence

Systematic reviews can be conducted for any type of policy question, focus on any type of research study, and bring to attention both unpublished studies and studies written in languages other than English.
Supporting Research Use by Health System Policymakers (9)

Even if a review is not applicable to a particular setting, insights can still be drawn about
- Features of a problem
- Policy options
- Policy implementation considerations
- Approaches to monitoring and evaluation

Any questions about systematic reviews and how they apply to health policy and systems research?

Challenges in Linking Research to Policymaking

1. Research competes with many other factors in the policymaking process
2. Research isn’t valued as an information input
3. Research isn’t relevant
4. Research isn’t easy to use
**Addressing Challenge 1**

**Challenge 1**
- Research competes with many other factors in the policymaking process
  - Institutional constraints (e.g., constitutional rules)
  - Interest group pressure
  - Citizens’ values / Other types of information (e.g., experience)
  - External events (e.g., global recession)

**One option (among many) for addressing challenge 1**
- Improve democratic processes (but this is beyond the scope of most of us) or create ‘routine’ processes (as many countries have done for ‘technologies’)

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**Addressing Challenge 2**

**Challenge 2**
- Research isn’t valued as an information input

**One option (among many) for addressing challenge 2**
- Convince policymakers to place value on the use of research by highlighting examples from the past or from other jurisdictions where research made the difference between policy/program success and failure (or communication success or failure – e.g., Ontario Ministry of Health and Long-Term Care, World Health Organization)
Addressing Challenge 3

Challenge 3
• Research isn’t relevant

One option (among many) for addressing challenge 3
• Engage policymakers periodically in priority-setting processes and communicate the priorities to researchers, including
  - Long-term requirements for new primary research
  - Medium-term term requirements for systematic reviews
  - Short-term requirements for evidence briefs

Addressing Challenge 4a

Challenge 4
• Research isn’t easy to use

Challenge 4a
• Research isn’t communicated effectively (i.e., policymakers hear noise instead of music)

One option (among many) for addressing challenge 4a
• Identify a high-priority issue, identify and extract key messages from systematic reviews that address different facets of the issue (problems, options, implementation considerations), prepare the resulting ‘evidence brief’ using a graded-entry format, send the ‘evidence brief’ to targeted policymakers and stakeholders, and support its use
Evidence briefs

Systematic reviews of research

Applied research studies, articles, and reports

Basic, theoretical and methodological innovations

Challenge 4
- Research isn’t easy to use

Challenge 4b
- Research isn’t available when policymakers need it and in a form that they can use

Two options (among many) for addressing challenge 4b
- Maintain a policymaker-targeted website that provides ‘one stop shopping’ for reviews and review-derived products (e.g., PPD/CCNC database)
- Provide policymaker-targeted training workshops that provide the knowledge and skills needed to find and use research evidence efficiently (and to conduct health policy analyses)
Challenge 4
• Research isn’t easy to use

Challenge 4c
• Policymakers lack mechanisms to prompt them to use research in policymaking

One option (among many) for addressing challenge 4c
• Propose changes to cabinet submissions and program plans to prompt analysts to summarize whether and how research informed the definition of a problem, the characterization of policy/programmatic options to address the problem, and the proposed approach to implementation

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Addressing Challenge 4d

Challenge 4
• Research isn’t easy to use

Challenge 4d
• Policymakers lack fora where system challenges can be discussed with stakeholders and researchers

One option (among many) for addressing challenge 4d
• Plan deliberative dialogues at which pre-circulated evidence summaries serve as the starting point for off-the-record deliberations involving policymakers, stakeholders, and researchers
Addressing Challenges in Supporting Research Use

1. Research isn’t valued as an information input [General climate for research use]
2. Research isn’t relevant [Production]
3. Research isn’t easy to use [Translation]
   a. Research isn’t communicated effectively [Push]
   b. Research isn’t available when policymakers need it and in a form that they can use [Facilitating pull]
   c. Policymakers lack mechanisms to prompt them to use research in policymaking [Pull]
   d. Policymakers lack fora where system challenges can be worked through with key stakeholders [Exchange]

Addressing Challenges in Supporting Research Use (2)

- Push efforts
- User-pull efforts
- Exchange efforts
- Integrated efforts
Some Innovative Strategies that are Being Developed and Evaluated

PPD/CCNC database contains >800 systematic reviews about health system arrangements, plus review-derived products (www.researchtopolicy.ca/search/reviews.aspx for now, but the new database, with a 4-language interface, will go live soon)

- Summaries of systematic reviews (for more than half)
  - E.g., SUPPORT summaries that grade the evidence and highlight local applicability, equity and scaling up considerations

- Overviews of systematic reviews
  - E.g., Lancet articles on HRH and PHC

- Policy (or evidence) briefs
  - E.g., HEN/Observatory briefs for European ministers
Policymaker training workshops address: 1) defining problems, 2) characterizing what’s known about policy and programmatic options, 3) identifying implementation challenges and characterizing what’s known about implementation strategies

- Five-day version available through the Executive Training Program for Research Application (EXTRA) program
- Two-day version offered in a number of settings in Africa and Latin America
- One-day version offered at the Ontario Ministry of Health and Long-Term Care, Health Canada, and the Pan American Health Organization (and soon medical associations and the WHO European Regional Office)
Policymaker training workshops have now being turned into 21 tools to support evidence-informed policymaking, examples of which include:

3. Defining the problem
   • How to identify a problem and characterize its features

4. Framing options to address a problem
   • How to identify options and approach the characterization of their costs and consequences

8. Assessing the applicability of systematic reviews
   • How to assess the applicability of the findings from systematic reviews to specific settings

Some Innovative Strategies that are Being Developed and Evaluated (2b)

Some Innovative Strategies that are Being Developed and Evaluated (2c)

Tool for assessing the applicability of the findings from systematic reviews to specific settings

1. Were the studies included in a systematic review conducted in the same setting or were the findings consistent across settings or time periods?

2. Are there important differences in on-the-ground realities and constraints that might substantially alter a policy or program option’s feasibility and acceptability?

3. Are there important differences in health system arrangements that might mean an option could not work in the same way?

4. Are there important differences in the baseline conditions that might yield different absolute effects even if the relative effectiveness were the same?

5. What insights can be drawn about options for their scaling up, implementation, and monitoring and evaluation?
Some Innovative Strategies that are Being Developed and Evaluated (3a)

McMaster Health Forum’s deliberative (stakeholder) dialogues share seven features:
1. Consulting with event partners and stakeholders to frame the terms of reference for the evidence brief and to develop the list of dialogue participants
2. Preparing and circulating an evidence brief that mobilizes both global and local research evidence about the problem, three options for addressing the problem, and relevant implementation considerations
3. Convening 15-18 individuals for an off-the-record stakeholder dialogue chaired by a neutral facilitator

Some Innovative Strategies that are Being Developed and Evaluated (3b)

Dialogues share seven features (2)
4. Preparing and circulating a high-level summary of the dialogue and video interviews with select dialogue participants
5. Preparing and delivering personalized briefings to key policymakers and stakeholders
6. Providing a year-long evidence service that will bring to attention newly published or newly identified reviews
7. Evaluating the key features of both the evidence brief and the deliberative dialogue
Dialogues require us
- To see/predict and take advantage of windows of opportunity by compressing the life cycle for some topics and expanding it for others
- To engage policymakers and stakeholders able to
  - Bring unique views and experiences, as well as tacit knowledge, to bear on a challenge and learn from the research evidence and others’ views and experiences
  - Champion within their respective constituencies the actions that will address the challenge creatively

Examples of dialogues
- Addressing the access and quality gaps in cancer care delivery in the Hamilton region
- Improving the management of diabetes in Ontario
- Supporting chronic disease management in Ontario
- Improving access to primary healthcare in Canada
- Supporting chronic pain management in Canada
- Engaging civil society in supporting evidence-informed health policymaking in order to achieve the health-related Millennium Development Goals
What (If Anything) Does This Mean for the Network?

Where are the interactions with policymakers and stakeholders? None mentioned outside Germany

Where are the links made between what’s being done in the 20 countries and systematic reviews of studies that have been conducted in these and other countries? None cited in the last two reports and only one cited in the presentations

Where is the support for assessments of the local applicability of the ‘policy messages,’ as well as equity and scaling up considerations?

What (If Anything) Does This Mean for the Network? (2)

Is it fair to describe the network as focusing on

• Agenda setting (introducing new ideas to the ‘policy stream’ and providing contacts for those who want to know more)
• Policy implementation (sharing lessons learned)
• Stakeholder management/ politics (again sharing lessons learned)

If so, is there an appetite for

• Making the ‘lesson drawing’ more systematic?
• Supporting policy development as well?
An EU-funded study – BRIDGE – could use your help in identifying organizations in EU and EFTA countries that meet these criteria

- Funds, conducts or disseminates research
- Focuses on health system arrangements
- Identifies policymakers among target audiences
- Autonomous or semi-autonomous
- Puts products in the public domain
- Adds value beyond data collection/collation
- Operates at the regional, national and/or sub-national levels (but not organization/municipal)