



The State-of-the-Art in Policy-Focused Knowledge Translation

CAHSPR Annual Conference

15 May 2014

Toronto, ON, Canada

**Michael G. Wilson, John N. Lavis, Kaelan A. Moat,
Alison Paprica, Ulysses Panisset**



Overview of the Panel

- Policy-focused approaches to knowledge translation
 - Evidence briefs/stakeholder dialogues & citizen briefs/panels
 - Rapid-response units
 - One-stop-shops and capacity building (to use them & other resources)
- Policy perspectives about how and why each of the policy-focused approaches to knowledge translation are important for supporting evidence-informed health systems
 - Alison Paprica (Interim Director, Partnerships, Ontario SPOR SUPPORT Unit)
 - Ulysses Panisset (Coordinator, Research and Knowledge Translation, World Health Organization)



What Does Evidence-Informed Policymaking Mean?

- Evidence-informed policymaking means using the best available* data and research evidence – systematically and transparently – in the time available in each of
 - Agenda setting (esp. clarifying the problem iteratively, while being attentive to policy and politics)
 - Policy (or solution) development (esp. framing options iteratively)
 - Implementation (esp. identifying barriers / facilitators iteratively and strategies to address them)

* Best available research evidence = highest quality, most locally applicable, synthesized research evidence (looking first for a perfect match to support an instrumental use and then looking more broadly to support a conceptual use)



Options Available to Support Evidence-Informed Policymaking

- Efforts to support the use of research evidence generally strive to address the two factors that emerged with some consistency in a systematic review of 124 studies (case studies, interview studies, documentary analyses) of the factors that increased the prospects for research use in management / policy
 - **Interactions between researchers and decision-makers**
 - Engage decision-makers in priority-setting, research (including reviews) and deliberative dialogues
 - **Timing / timeliness**
 - Facilitate retrieval of optimally packaged, high-quality and high-relevance systematic reviews and evidence briefs (e.g., one-stop shopping, rapid-response units)

Citation: Lavis JN, Catallo C, editors (2013). Bridging the worlds of research and policy in European health systems. Copenhagen, Denmark: WHO Regional Office for Europe.



Efforts to Support Evidence-Informed Policymaking

- **Evidence briefs and stakeholder dialogues / citizen briefs and citizen panels** [timeliness & interactions]
- Rapid-response units [timeliness]
- ‘One-stop-shops’ [timeliness] & capacity building to use them [timeliness & interactions]

- Each described in terms of
 - Rationale
 - Features
 - Results of evaluations
 - Examples of impact



Briefs & Dialogues - Rationale

- Evidence briefs take a high-priority policy issue as the starting point, identify the full range of research evidence relevant to the various features of the issue (problem, options and implementation considerations), draw on both systematic reviews and local data and research evidence, and level the playing field for stakeholder dialogues
- Stakeholder dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue (and enable interactions between policymakers and researchers)



Evidence Briefs - Features

Features

Describe context	Don't recommend
Describe a problem	Include reference list
Present options	Subjected to merit review
Address implementation	Consider equity
Employ graded-entry format	Consider quality
Based on syntheses	Consider local applicability
Use systematic approach	



Evidence Briefs - Results

- Ratings (n = 29 briefs; n = 430 respondents; response rate = 80%)
 - Overall rating of brief = 6.3, all but five features rated ≥ 6.0 , and only four features had much variation ($SD > 1.1$)
- *Note – detailed findings for each feature have been removed because data is preliminary



Stakeholder Dialogues – Features

Features

Address a priority issue	Informed by discussion of all factors
Discuss problem features	Convene involved and affected
Discuss options	Aim for fair representation
Discuss implementation	Engage a facilitator
Discuss who could do what	Follow Chatham House rule
Informed by evidence brief	Do not aim for consensus



Stakeholder Dialogues – Results

- Ratings (n = 29 briefs; n = 422 respondents; response rate = 78%)
 - Overall rating of dialogue = 6.3, all but five features rated ≥ 6.1 , and no features had much variation ($SD > 1.1$)
- *Note – detailed findings for each feature have been removed because data is preliminary



Briefs & Dialogues – Results

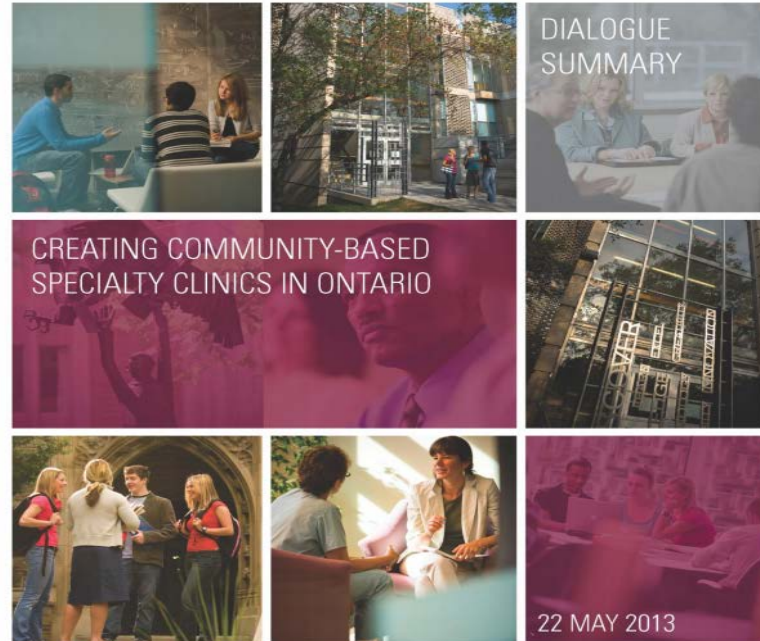
- Participants provided high ratings for strong behavioural intention to act and positive attitudes, but lower ratings of (and greater variability in) subjective norms and behavioural control
- *Note - detailed findings have been removed given that they are preliminary



Briefs & Dialogues - Impact



e.g., Directly informed a provincial cabinet submission about creating community-based specialty clinics





Citizen Briefs & Panels - Rationale

- Citizen briefs play the same role as evidence briefs for citizen panels (but with an emphasis on consumer-friendly communication)
- Citizen panels provide an opportunity for citizens to share their views and experiences about a high-priority issue (and can inform a stakeholder dialogue or follow-up on an issue addressed in a dialogue)
 - Uncover unique understandings of an issue
 - Spark insights about viable solutions that are aligned with citizens' values and preferences
 - Identify context-specific implementation considerations
 - Facilitate and trigger action



Citizen Briefs - Features

Features

Describe context	Don't recommend
Describe a problem	Include reference list
Present options	Subjected to merit review (+ citizens)
Address implementation	Consider equity
Employ graded-entry format	Consider quality
Based on syntheses	Consider local applicability
Use systematic approach	Identify questions for discussion, and written in plain language



Citizen Panel – Features

Features	
Address a priority issue	-
Discuss problem features	Convene affected
Discuss options	Aim for fair representation
Discuss implementation	Engage a facilitator
Discuss who could do what	Open & frank while preserving anonymity
Informed by citizen brief	Find common ground & differences



Citizen Panel – Results & Impact

Ratings (n = 3 briefs/panels)

Overall rating of dialogue = 6.8 or 6.9 for each of the three panels convened to date

- e.g., Directly informed the Ontario Medical Association's end-of-life care strategy (and now informing the Canadian Medical Association's national dialogue about end-of-life care)



Questions so far?



Efforts to Support Evidence-Informed Policymaking

- Evidence briefs and stakeholder dialogues / citizen briefs and citizen panels [timeliness & interactions]
- **Rapid-response units** [timeliness]
- ‘One-stop-shops’ [timeliness] & capacity building to use them [timeliness & interactions]



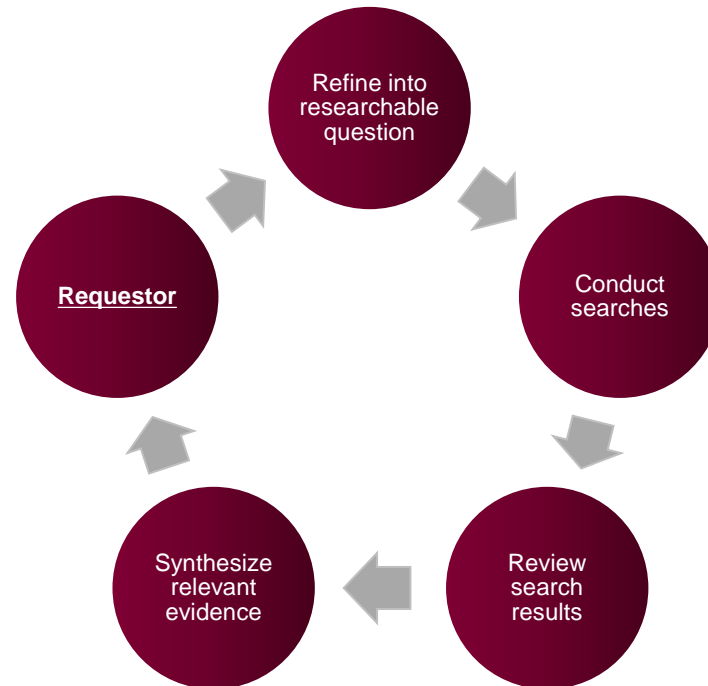
Rapid-Response Units - Rationale

- Policymakers need timely access to research evidence to support evidence-informed policymaking
- May need support with finding and synthesizing research evidence given competing demands, but timeline is too short to prepare an evidence brief and convene a stakeholder dialogue
- Rapid-response units fills a gap between
 - ‘Self-serve’ approaches (e.g., one-stop shops) and
 - ‘Full-serve’ approaches (e.g., stakeholder dialogues informed by evidence briefs)



Rapid-Response Units - Features

- Provide access to optimally packaged, context-relevant and high-quality research evidence for policymakers over short periods of time (with what can be delivered depending on the timeline provided)





Rapid-Response Units - Results

- CADTH rapid-response unit ~2,100 synthesis products (but these address effectiveness questions about technologies and not a broad range of questions about health system arrangements)
- Ontario MOHLTC ~ 500 completed rapid literature reviews
- Ontario HIV Treatment Network ~ 80 rapid reviews
 - “If community members who want to have programming based on evidence-based research, they can’t even access that research. This service is so important to help people be able to access it via summaries...”
 - “...if you were working in a community organization and you were doing this by yourself, it’s expensive and maybe sometimes you don’t have the expertise and getting the expertise takes time.”
- SURE (REACH, EVIPNet Burkina Faso, EVIPNet Cameroon) ~ 74 rapid-response summaries



Rapid-Response Units - Impact

- e.g., Used to inform the work of a nascent SPOR network



ENGAGING IN PRIORITY SETTING ABOUT PRIMARY AND INTEGRATED HEALTHCARE INNOVATIONS IN CANADA

RAPID SYNTHESIS (30-DAY RESPONSE)

31 MARCH 2014



Efforts to Support Evidence-Informed Policymaking

- Evidence briefs and stakeholder dialogues / citizen briefs and citizen panels [timeliness & interactions]
- Rapid-response units [timeliness]
- **‘One-stop-shops’** [timeliness] & **capacity building** [timeliness & interactions]



One-Stop-Shops - Rationale

- One-stop shops are a promising ‘self-serve’ KT innovation for several reasons
 - Supports timely access (everything in one place)
 - Facilitates assessments of relevance
 - Organized by priority topics (e.g., health systems)
 - Provide decision-relevant information (e.g., quality, countries in which included studies are conducted)
 - Enhances communication
 - Presentation of evidence in several formats and in ways that are user friendly (e.g. links to free full text or user-friendly summaries)
- Several examples exist: Cochrane (‘my health’), Health Evidence (‘our health’) and Health Systems Evidence (‘our system’)



One-Stop-Shops - Features

Health Systems Evidence (www.healthsystemsevidence.org)

- World's most comprehensive, free source of evidence about health systems governance, financial and delivery arrangements, and implementation strategies that can support change in health systems
 - Available in seven languages (Arabic, Chinese, English, French, Portuguese, Russian and Spanish)
- Records organized and searchable based on taxonomy and priority domains
- Nine 'core' document types, and a range of complementary policy-relevant documents contained in three sub-portals
- Value added content (quality, links, country, monthly evidence service)



One-Stop-Shops – Results (1)

- Documents available in Health Systems Evidence (n=9,721)
 - Evidence briefs (n=94)
 - Overviews of systematic reviews (n=50)
 - Systematic reviews of effects (n=3134)
 - Systematic reviews addressing other questions (763)
 - Systematic reviews in progress (n=425)
 - Systematic reviews being planned (n=237)
 - Economic evaluations (n=2020)
 - Health-reform descriptions (n=1093)
 - Health-system descriptions (n=221)



One-Stop-Shops – Results (2)

- 8902 registered users (3563 signed up to receive evidence service)
 - Researchers = 2946
 - Policymakers = 1966
 - Healthcare professionals = 1962
 - Managers = 986
 - Plus over 2000 students
- Top three regions: Americas, Europe and Western Pacific
- Top three languages (other than English): Spanish, French and Portuguese



One-Stop-Shops - Impact

- Endorsed by WHO's Health Systems Research Synthesis Group as the one-stop shop for research syntheses about health systems
- Incorporated into other resources (e.g., EVIPNet Virtual Health Library, McMaster Optimal Aging Portal)
- Increasingly used to inform high-profile scientific articles / studies
 - Cited as the key source in the New England Journal of Medicine (Anne Mills) and in Health Policy (Rockers et al.)
- Used by policymakers, stakeholders and researchers in more than 20 low- and middle-income countries as a primary resource to prepare evidence briefs that address high-priority policy issues



Capacity Building - Rationale

- Despite the existence of helpful ‘self-serve’ resources (e.g., one-stop shops), policymakers, stakeholders and researchers require support to develop skills in finding and using research evidence to:
 - Help clarify policy problems
 - Frame options for addressing policy problems
 - Identify implementation considerations
 - Find pre-appraised research evidence (particularly systematic reviews) and assess the local applicability of that evidence



Capacity Building - Features

Health Systems Learning (www.healthsystemslearning.org)

- An educational program to provide online and in-person training about how to reform, renew or strengthen health systems, and how to get cost-effective programs, services and drugs to those who need them
- Finding and Using Research Evidence to Inform Decision-making in Health Systems and Organizations - Three course objectives:
 - To develop knowledge about tools and resources available to help health system decision-makers in order to support their use of research evidence
 - To examine the attitudes that are supportive of using research evidence in health system decision-making
 - To enhance skills in acquiring, assessing, adapting and applying research evidence



Capacity Building - Results

- 14 cohorts evaluated since 2012 (with more to be added to the database)
 - 204 participants from six countries
- Strongly positive feedback from evaluations (measured on seven-point Likert scale)
 - Overall rating = 6.2 (range = 4 - 7)
 - Highest rated feature: Material relevant to my professional development = 6.6 (range = 3-7)
 - Lowest ratings: The workshop enhanced local applicability assessment skills = 5.9 (range = 2-7)
 - 17 of 18 design features had average ratings of 6 or more



Capacity Building - Impact

- Built capacity among policymakers and their support staff at international agencies and national governments
 - WHO, including HQ, EURO and PAHO
 - Ministries of health in many countries
- Built capacity among KT specialists engaged in innovative efforts to support the use of research in policymaking (e.g., EVIPNet teams)



Acknowledgements

Key funders of programs mentioned

- Government of Ontario, through a Health System Research Fund grant entitled 'Harnessing Evidence and Values for Health System Excellence' (for support towards evidence briefs/stakeholder dialogues, citizen briefs/panels, rapid-response program, HSE sub-portal, and capacity building)
- Canadian Institutes of Health Research (for the development of Health Systems Evidence and several evidence briefs/stakeholder dialogues)
- McMaster University's Labarge Optimal Aging Initiative (for several evidence briefs/stakeholder dialogues and citizen briefs/panels)

Note that the views expressed in these slides are the views of the presenter and should not be taken to represent the views of the funders

Key contributors to the citizen panel program

- Julia Abelson and Francois-Pierre Gauvin



Resources

- McMaster Health Forum
 - www.mcmasterhealthforum.org
- McMaster Health Forum Evidence Service
 - <http://www.mcmasterhealthforum.org/about-us/newsletters/subscribe-to-mcmaster-health-forum-evidence-service>
- Health Systems Evidence
 - www.healthsystemsevidence.org
- Evidence-Informed Healthcare Renewal (EIHR) Portal
 - www.healthsystemsevidence.org or www.eihrportal.org
- Health Systems Learning
 - <http://www.mcmasterhealthforum.org/policymakers/health-systems-learning>



Questions?

- Any questions before hearing Canadian (Alison Paprica) and global (Ulysses Panisset) perspectives about how and why each of the approaches are important?



Efforts to Support Evidence-Informed Policymaking

- Evidence briefs and stakeholder dialogues
- Citizen briefs and citizen panels
- Rapid-response units
- ‘One-stop-shops’
- Capacity building