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Incorporating research findings into policy



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Cochrane Effective Practice and Organisation of Care Group

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Evidence informed policy making

- What is the place for research evidence in management and policymaking?
 - Helps to get problems on the agenda (i.e., what issue should I focus on?)
 - Helps to think about problems and solutions differently (i.e., how should I begin to approach this issue?)
 - Helps to solve particular problems at hand (i.e., what program or policy should I support?)
 - Helps to justify a decision made for other reasons (i.e., how can I sell the position I've taken?)

Evidence informed policy making

Managers and policymakers can find themselves in three situations that require them to characterize policy options

1. An issue is already on the decision agenda and a policy option effectively selected to address the problem, in which case the best that managers and policymakers can often do is to identify how to maximize the benefits from the selected policy option, minimize its harms or risks, optimize the impacts achieved for the money spent, and (if there is substantial uncertainty about the policy option's likely costs and consequences) design a monitoring and evaluation plan

Evidence informed policy making

Managers and policymakers can find themselves in three situations that require them to characterize policy options

2. Managers and policymakers are actively engaged in events in which policy options are being discussed or promoted, in which case they need to assess the policy options being presented to them as well as the problem and politics streams within the policymaking process that will determine whether the policy option comes up for serious consideration

Evidence informed policy making

Managers and policymakers can find themselves in three situations that require them to characterize policy options

3. Managers and policymakers face a tabula rasa (clean slate) in which they themselves have the opportunity to define a problem, identify and characterize policy options, and look for events within the political stream that might allow them to act

Lavis (2008)

Evidence informed policy making

- Over 20,000 health journals published per year
- Individual studies rarely sufficient to change policy and practice
- Access to research evidence is poor
- Published research of variable quality and relevance
- Healthcare decision makers (consumers, health care professionals, policy makers) often poorly trained in critical appraisal skills
- Average time professionals have available to read = <1 hour/week

Evidence informed policy making

- Knowledge users should focus on predigested summaries of evidence (knowledge tools – guidelines, decision rules, decision aids, policy briefs)
- Suggests health care systems need to invest in knowledge infrastructure for stakeholders (citizens, patients, professionals, managers, policy makers)
- Likely need multiple channels for different stakeholder audiences

Evidence informed policy making

- Systematic reviews of research evidence
 - Reduce the likelihood that managers & policymakers will be misled by research (by being more systematic and transparent in the identification, selection, appraisal and synthesis of studies)
 - Increase confidence among managers & policymakers about what can be expected from an intervention (by increasing number of units for study)

Evidence informed policy making

- Systematic reviews of research evidence
 - Allow managers, civil servants and political staff to focus on appraising the local applicability of systematic reviews and on collecting and synthesizing other types of evidence, such as evidence about political acceptability and feasibility – i.e., allow them to focus on the apex of the research knowledge pyramid while doing the rest of their jobs
 - Allow for more constructive contestation of research evidence by stakeholders

Evidence informed policy making

Assessing applicability of review evidence

- Provide information about the contextual factors that may influence a review's local applicability
 - **Highlight key features**
 - Review's relative importance to health problem
 - Relevance of outcome measures
 - Practicality of the intervention
 - Appropriateness of the intervention
 - Cost-effectiveness of the intervention

Evidence informed policy making

Assessing applicability of review evidence

- Provide information about the contextual factors that may influence a review's local applicability
 - Prompt managers & policymakers to ask the right questions
 - Could it work in my jurisdiction?
 - Will it work?
 - What would it take to make it work?
 - Is it worth it?

Evidence informed policy making

- Increasing resources to facilitate use of evidence by policy makers
- However better access to knowledge ***necessary but not sufficient*** to ensure knowledge translation

Effects of KT strategies targeting policy makers and managers

Knowledge Transfer and Exchange: Review and Synthesis of the Literature

CRAIG MITTON, CAROL E. ADAIR,
EMILY MCKENZIE, SCOTT B. PATTEN,
and BRENDA WAYE PERRY

*University of British Columbia Okanagan and Child and Family Research
Institute of BC; University of Calgary; Alberta Mental Health Board*

Mitton, Adair, McKenzie, Patten, Perry (2007) Milbank Quarterly

Effects of KT strategies targeting policy makers and managers

- 81 studies
 - 70% published between 2003 and 2005
 - 55% Canada, 23% Europe, 11% US
 - 63 studies – non implementation studies
 - Reviews, commentaries, and surveys of relevant stakeholders pertaining to KTE but not reporting on implementation of an actual KTE strategy
 - 18 studies – implementation studies
 - Generally weak designs, difficult to draw robust conclusions

Effects of KT strategies targeting policy makers and managers

‘The review examined and summarized KTE’s current evidence base for KTE. It found that about 20 percent of the studies reported on a real world application of a KTE strategy, and fewer had been formally evaluated. At this time there is an inadequate evidence base for doing “evidence-based” KTE for health policy decision making. Either KTE must be reconceptualized, or strategies must be evaluated more rigorously to produce a richer evidence base for future activity.’

Effects of KT strategies targeting policy makers and managers

- Health policy-makers perceptions of their use of evidence: a systematic review
- 24 studies involving 2014 interviews with health policy makers
- Most studies focused on hypothetical scenarios or retrospective perception of the use of evidence in relation to specific cases.

Innvaer, Vist, Trummald, Oxman (2002). *Journal of Health Services Research and Policy*

Effects of KT strategies targeting policy makers and managers

- **Facilitators**
 - Personal contact (13/24)
 - Timely relevance (13/24)
 - Inclusion of summaries with policy recommendations (11/24)
- **Barriers**
 - Absence of personal contact (11/24)
 - Lack of timeliness or relevance of research (9/24)
 - Mutual mistrust (8/24)
 - Power and budget struggles (7/24)

Innvaer, Vist, Trummald, Oxman (2002). *Journal of Health Services Research and Policy*

KT strategies targeting policy makers and managers

- Supporting push activities - build knowledge infrastructure to facilitate use of knowledge
- Supporting pull activities - build expectations about knowledge use into policy making process
- Supporting pull activities - support training for decision makers and analysts on value and use of evidence
- Engaging researchers - linkage and exchange activities to develop shared priorities for research
- Dedicated resources for KT activities

Push models

- Improving dissemination by researchers
- Multiple approaches targeting different stakeholder groups
 - Peer reviewed papers
 - Policy briefings (1, 3, 25)
 - Toolkits

Knowledge infrastructure for evidence informed policy making

- Common criticisms of systematic reviews by managers and policy makers
 - No relevant reviews
 - Reviews difficult to access
 - Reviews difficult to understand

Health Systems Evidence



McMaster
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Health Systems Evidence

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[SUPPORT Tools for evidence-informed Policymaking \(PDF\)](#)



While the McMaster Health Forum team will be working over the coming weeks to resolve any challenges that arise with the new site, corrections and suggestions can be sent to hse@mcmaster.ca.

information on eating disorders and weight preoccupation

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- [Mental Health – Drug treatments](#)
- [Osteoporosis](#)
- [Social support interventions](#)
- [Women's Health](#)



Anorexia Nervosa

Family therapy for those diagnosed with anorexia nervosa

Implications for practice: May be effective but little advantage compared to other psychological interventions

There is some evidence to suggest that family therapy may be effective compared to treatment as usual in the short term.





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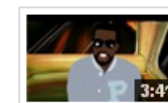
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Knowledge response service

Systematic Reviews



This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

Evidence summaries: the evolution of a rapid review approach

Systematic Reviews 2012, **1**:10 doi:10.1186/2046-4053-1-10

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Pull models

- Increase demand from decision makers
- Enhancing receptor capacity
 - Critical appraisal skills
 - Cochrane Canada training
 - EXTRA training program
 - Policy maker secondments

Linkage and exchange

- Creating new relationships between researchers and policy makers to enhance mutual understanding and develop partnerships for framing and conducting research.
- Policy makers as partners as in grant applications: matching funds to demonstrate commitment

SUPPORT

SUPPORT Tools for evidence-informed health Policymaking (STP)

Report from Norwegian Knowledge Centre for the Health Services
(Nasjonalt kunnskapssenter for helse tjenester) No 4-2010

 kunnskapssenteret

Background: Knowing how to find and use research evidence can help policy-makers and those who support them to do their jobs better and more efficiently. Each chapter presents a proposed tool that can be used by those involved in finding and using research evidence to support evidence-informed health policymaking. The book addresses four broad areas: 1) Supporting evidence-informed policymaking, 2) Identifying needs for research evidence in relation to three steps in policymaking processes, namely problem clarification, options framing, and implementation planning, 3) Finding and assessing both systematic reviews and other types of evidence to inform these steps, and 4) Going from research evidence to decisions. Each chapter begins with between one and three typical scenarios relating to the topic. These scenarios are designed to help readers decide on the level of detail relevant to them when applying the tools described. Most chapters are structured using a set of questions that guide readers through the proposed tools and show how to undertake activities to support evidence-informed policymaking efficiently and effectively.

Other resources

- SUPPORT tool is a series of 18 papers about how policy makers can better use research evidence to support their decision making
- Available through Health Research Policy and Systems
<http://www.health-policy-systems.com/supplements/7/S1>

Contact details and resources

- Jeremy Grimshaw - jgrimshaw@ohri.ca
- EPOC – epoc@ohri.ca
- Rx for Change - www.rxforchange.ca



KNOWLEDGE TRANSLATION CANADA

APPLICATION DES CONNAISSANCES CANADA

<http://ktclearinghouse.ca/ktcanada>

- healthsystemsevidence.org
- SUPPORT - <http://www.health-policy-systems.com/supplements/7/S1>