Pathways to Using Health Services Research (HSR) in Policymaking:

Lessons for Getting Beyond the Black Box

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A Panel Discussion at AcademyHealth, Chicago, Illinois
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Panel Focus: Implications of Findings from Study on Using HSR

- Principal focus: Research on health care costs, productivity, organization, and market forces

- Agency for Healthcare Research and Quality (AHRQ) grants from late 1990s (149 studies, $81 million)

- Methods:
  - Surveyed 149 investigators on results and use
  - Developed seven case studies illustrating effective use
  - Interviewed funders
  - Interviewed “intermediaries” (e.g., MedPAC, Congressional Budget Office, Department of Justice)
Where to Find More Information


Research Focused on How Outcomes Were Affected by…

- Economic factors (such as provider payment, insurance coverage)
- Organizational characteristics (such as nurse leadership, service volume)
- Systems and markets (such as HMO penetration, capacity constraints)
- Patient characteristics (such as percent minority, “do not resuscitate” orders)
92% of surveyed principal investigators (PIs) said research was intended to contribute to the policy debate (69% said research was to help organizations improve).

67% said their findings had a large (18%) or some (49%) impact on the policy debate.

Federal “research intermediaries” said they make extensive use of such research and value quality, objectivity, and timeliness, but they said many gaps exist.
Factors That May Enhance Use (Case Study Findings)

- Develop relationships with potential users and involve them early.
- Be aware of how results may relate to different policy decisions and the timing of those decisions.
- Identify where findings “fit” in a stream of research.
- Develop expertise—and a reputation for it.
Barriers to Dissemination

- 97% of PIs identified publications as a major dissemination channel (27% identified user briefings and 9% identified other channels, such as the press).

- Most reported limited dissemination support (at best) from their host institution. PIs averaged 10% of their time interacting with end users, though they desired 15%.

- 73% said it is part of AHRQ’s job to support dissemination, but only 40% rated such support as “excellent” or “very good” (RWJF’S HCFO program rates higher).
Research is only one influence on decision making; its importance varies with context.

Impact of research is sometimes immediate, but accumulated research is often applied as issues arise.

This “research reservoir” will be used more if findings are available and applicable.

Some communications reach policymakers better than others.
Multiple Pathways/Barriers to Research Use: Researcher’s Role Varies

- Is relevant research defined/funded (role of PI vs. user)?
- Are findings stated clearly and in public domain?
- Are results immediately relevant (“big bang”)?
  - Most results accumulate “in reservoir”—some will shift to ordinary knowledge
- What happens to the rest of the results?
- What are the intermediating processes or entities?
Issues for Consideration

- How far does a researcher’s obligation extend? Do the “take-away” messages need to be clearer?
- Who should value/support research and synthesize results?
- How can “formal intermediaries” (e.g., CBO, MedPAC, state policy centers) be supported and recognized?
- How far do a user’s obligations extend? Should funders commit to public disclosure? How much user input to topics and quid pro quo?
Commentary and Perspectives

- Jon Christianson: grantee and academic researcher of health care organizations
- Paul Ginsburg: Center for Studying Health Systems Change–active program to disseminate relevant market research
- William Scanlon: bringing researcher knowledge to intermediaries and policymakers (MedPAC/Government Accountability Office)
- Jim Knickman: supporter of research at the foundation/funder base