

Program in Policy Decision-Making

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Informing Policy Decisions Within and About a Health System

KT Canada Rounds
Webinar

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Learning Objectives



To appreciate how policy decisions look very different depending on whether you're trying to change the programs, services and drugs on offer or the system that determines whether the 'right' mix of programs and services get to the right people

To understand the similarities and differences in the types of research evidence and the types of evidence synthesis that are relevant to these two types of policy decisions

To discuss the implications of these two types of policy decisions for knowledge-translation efforts targeting policymakers

Caveat



We'll describe two poles on a continuum to make our points, but we recognize that many decisions fall between the two poles



Informing decisions (or supporting evidence-informed decision-making) looks very different depending on who you're informing (or supporting)

- Citizens (patients, care-givers, etc.)
- Practitioners (doctors, nurses, etc.)
- Managers (in hospitals, NGOs, etc.)
- Policymakers (in government)
 - We're focusing on these people... the politicians, political staffers and civil servants in government
 - There are analogues to other target audiences in some of the points we'll make



Informing policy decisions looks very different depending on what you're informing them about

- Selecting which programs, services & drugs to fund (or cover or provide)
 - i.e., policy decisions within a health system (with drugs and other 'technologies' as the prototypical case in HICs and with many prototypical cases in donor-burdened LMICs)
- Strengthening governance, financial and delivery arrangements within systems (to get cost-effective programs and services to those who need them)
 - i.e., policy decisions about a health system (with physician remuneration mechanisms and task shifting a prototypical case among many HICs and LMICs, respectively)

Informing Policy Decisions Within a Health System



Advice (or guidance or recommendations) or decisions about funding or not funding a program, service or drug are typically

- A single type of advice (e.g., HTA report) or decision
- Made at a single point in time
- By a clearly defined advisory body (e.g., CED, OTAC, CADTH) or decision-making body
- As part of a highly routinized advisory or decision-making process

And some researchers are so surprised by this normally technical process (albeit one with lots of micro-politics) being Politicized that they write papers about it

Informing Policy Decisions About a Health System



Advice or decisions about starting/stopping, accelerating/decelerating or consolidating a move towards a new health system arrangement (while juggling a range of interlinked changes) are typically

- A number of heterogeneous pieces of advice or decisions (small & big, visible & traceable or not)
- Made over a long period of time
- By a broad range of different advisors (or advisory bodies) and decision-making bodies
- With little to no routinization possible

And no one is particularly surprised that in democracies this is a political process led by elected officials, not an exclusively technical one

Informing Policy Decisions About a Health System (2)



Moreover, the benefits, harms and costs of a health system arrangement is typically much more context-dependent than for programs, services or drugs

Local tacit knowledge and views and experiences matter much more, and democratic accountability typically overshadows methodological expertise, in making judgements about the pros and cons of a health system arrangement

Informing Policy Decisions About a Health System (3)



- **Decisions are usually** made by or in large groups working under many institutional constraints, require negotiation / compromise in the face of interest group pressure, and influenced by many types of ideas (e.g., research evidence, values, tacit knowledge) and external events (e.g., recession, debt)
- **Decision support is typically** provided by large, hierarchical civil services with other providers of decision support sometimes seen as interest groups
- **Civil servants often** come from diverse backgrounds, change portfolios frequently, and are rewarded for general management skills not content-specific knowledge and skills

Informing Policy Decisions About a Health System (4)



- **Research literature has (until recently) been** poorly organized and indexed, with unclear boundaries
- **Research evidence has many ‘ways in’**
 - Direct routes to politicians, policy advisors and civil servants in central and line agencies (e.g., election and leadership platforms, budget setting, policy development)
 - Indirect routes (e.g., stakeholder advocacy, media coverage, international agreements / global guidance)
- **Research evidence is frequently** challenged in terms of its local applicability

Informing Policy Decisions About a Health System (5)



- **Research evidence can**
 - Be used in instrumental, conceptual and political ways
 - Inform agenda setting (which problems to focus on), policy choice (which options to pursue), and policy implementation, as well as monitoring and evaluation
- **Many (more) types of research evidence are needed**

Many Types of Research Evidence Are Needed



Clarifying the problem (which is typically 'given' for questions about programs, services and drugs)

- (Lots of data)
- Making comparisons (over time, across settings or against plans)
 - (Reviews of) Observational studies, such as administrative 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

Many Types of Research Evidence Are Needed (2)



Framing policy options (only some of which is prioritized for questions about programs, services and drugs)

- Identifying several feasible policy and program options that could affect the problem
 - Frameworks (alone or embedded in reviews and overviews of reviews)
- Describing the positive effects (benefits) of the options
 - (Reviews of) Effectiveness studies (e.g., randomized controlled trials, interrupted time series, CBAs)
- Describing the negative effects (harms) of the options
 - (Reviews of) Effectiveness or observational studies

Many Types of Research Evidence Are Needed (3)



Assessing potential policy and program options (2)

- Describing the cost-effectiveness of options
 - (Reviews of) Economic evaluations
- Describing 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)
- Describing stakeholders' views about and experiences with the options
 - (Reviews of) Qualitative studies that examine stakeholders' views about and experiences with particular options

Many Types of Research Evidence Are Needed (4)



Identifying implementation considerations (only some of which is prioritized for questions about programs, services and drugs)

- Identifying potential barriers (and facilitators) to implementation at the level of citizens, practitioner, organizations and systems
 - (Reviews of) Observational studies and/or qualitative studies
- Describing the effects of appropriately targeted implementation strategies
 - (Reviews of) Effectiveness studies

Many Types of Research Evidence Are Needed (5)



Evidence briefs

- Documents that incorporate all of these types of research evidence in a given jurisdiction (and that look very different from, say, HTA reports) and that are an input into a deliberative dialogue (not an end in themselves)

Evidence-informed policymaking about a health system

- A process by which those involved in or likely to be significantly affected by a policy have the opportunity to deliberate about the problem, options and implementation considerations, informed by all of these types of research evidence and by insights about all of the other factors that influence policymaking

Many Types of Research Evidence Are Needed (6)



Health Systems Evidence provides all of these types of evidence and more (www.healthsystemsevidence.org)

- Evidence briefs for policy (87)
- Overviews of systematic reviews (43)
- Systematic reviews addressing effectiveness (2452) and other types of questions (539), plus links to summaries
- Systematic review protocols (247)
- Registered titles of systematic reviews (190)
- Economic evaluations and costing studies (1574)
- Health reform descriptions (1092) (for ideas & lessons learned)
- Health system descriptions (209) (to support local applicability assessments)

Many Types of Research Evidence Are Needed (7)



Health Systems Evidence provides all of these types of evidence and more (www.healthsystemsevidence.org)

- Canada-specific policy documents in the EIHR Portal / www.eihrportal.org (766)
- WHO documents in the Intergovernmental Organizations' Health Systems Documents Portal (94)

Many groups in the world, including the McMaster Health Forum locally and the Evidence-Informed Policy Networks (EVIPNets) in many LMICs, are experimenting with deliberative dialogues informed by evidence briefs (that are in turn informed by the many types of research evidence contained in Health Systems Evidence)

Two Examples (Among Many) of Why This Matters



Individuals and groups designing tools to support policymaking are not distinguishing between

- Policy decisions within and about health systems
- Decision criteria that lend themselves to expert-driven assessment and those that can prompt reflection by and deliberations among those with decision authority and those seeking to influence them

Organizations (such as WHO) are producing one-size-fits-all guidance instead of ‘workbooks’ that assist those working at the country level to work through what needs to be done locally (through mechanisms like evidence briefs and deliberative dialogues) – e.g., Optimize4MNH



If you're interested in informing decisions, do you want to

- Target citizens, practitioners, managers or policymakers?
- If you want to target policymakers, do you want to change the programs, services and drugs on offer, or the system that determines whether the 'right' mix of programs and services get to the right people?

If you're like us, and selected policymakers (as the who) and the system (as the what), then consider marrying the insights and approaches from clinical epidemiology with those from policy and political analysis



Clinical epidemiology adds value primarily with

- Identifying the benefits and harms of options and of implementation strategies
- Making methodological judgments related to the strength of these types of evidence

Policy and political analysis adds value with

- Identifying the other types of evidence that determine which problems get attention, options are selected, and implementation considerations are prioritized
- Supporting political judgments that take into consideration the many factors that influence decisions



A paper that we're trying to get out the door

Lavis JN, Røttingen JA, Bosch-Capblanch X, Atun R, El-Jardali F, Gilson L, Lewin S, Oliver S, Ongolo-Zogo P, Haines A. Guidance for evidence-informed policies about health systems: 2) Linking guidance development to policy development. **PLoS Medicine** 2012; 9(3): e1001186.
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