# Evidence and Insight in Context: Key Steps Toward Evidence-Informed Policymaking

**KT Canada Webinar**


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EVIDENCE >> INSIGHT >> ACTION

# Learning Objectives

- To understand how key sources of pre-appraised research evidence (e.g., ACCESSSS, Health Evidence, Health Systems Evidence, and the McMaster Optimal Aging Portal) align with key policy questions
- To appreciate how deliberative dialogues (e.g., stakeholder dialogues and citizen panels) can elicit insights informed by both the best available research evidence and the contextual factors that will influence the policymaking process
- To recognize that a solid understanding of both the health system context and the political system context are needed for evidence and insights to inform policymaking

# Part 1: Evidence – Sources

- One-stop shops for pre-appraised, synthesized research evidence that provide user-friendly summaries and free evidence services
  - ACCESSSS for clinical evidence (e.g., which drugs and other technologies, and which clinical programs and services, to pay for)
  - Health Evidence for public health evidence (e.g., which population-based programs and services to support)
  - Health Systems Evidence (e.g., how we organize ourselves to get the right programs, services, drugs and other technologies to those who need them)

# Part 1: Evidence – Sources (2)

- How many of these three evidence services have you signed up for?
  - 0
  - 1
  - 2
  - 3

# Part 1: Evidence – Aligning Questions & Research

1) Prioritizing <u>problems</u> and understanding their causes (agenda setting)
   - Comparisons – administrative database studies or community surveys
   - Framing – qualitative studies
2) Deciding which <u>option</u> to pursue (policy development)
   - Benefits – systematic reviews of effectiveness studies, such as RCTs
   - Harms – systematic reviews of effectiveness or observational studies
   - Cost-effectiveness – cost-effectiveness evaluations
   - Adaptations – qualitative (process) evaluations
   - Stakeholders' views and experiences – qualitative (acceptability) studies
3) Ensuring the chosen option makes an optimal impact at acceptable cost (<u>implementation</u>)
   - Barriers and facilitators – qualitative studies
   - Benefits, harms, cost-effectiveness, etc. of implementation strategies

# Part 1: Evidence – A Source for Citizens (for Their Own Uses and to Push for System Change)

- McMaster Optimal Aging Portal
  - Evidence Summaries
    - Key messages from scientific research that's ready to be acted on
  - Web Resource Ratings
    - Evaluations that tell you whether free health resources on the internet are based on scientific research
  - Blog Posts
    - Commentaries on what the scientific research on a topic actually means and on why good science matters
  - @Mac_AgingNews
    - Tweets about NEWS and related EVIDENCE from the Portal

# Part 1: Evidence – A Source for Citizens (for Their Own Uses and to Push for System Change)

- How many of you have searched the Portal?

# Part 1: Evidence – Types of Synthesis Products

- Drawing on these one-stop shops
  - Systematic reviews on focused questions
  - Rapid-response service that provides a summary of the best available research evidence in 3, 10 or 30 business days
  - Evidence briefs that provide a context-specific summary of systematic reviews and local data/studies – Key design features:
    - Describe context, problem, options, and implementation considerations, using a systematic approach
    - Based on syntheses and consider quality, local applicability and equity
    - Don't recommend, include reference list, employ graded-entry format, and subjected to merit review
    - An input to a stakeholder dialogue or citizen panel, with key design features including

# Part 2: Insights – Stakeholder Dialogues

- Stakeholder dialogues that put the research evidence (as summarized in an evidence briefs) alongside the institutional constraints, interest group pressure, values and other factors that will influence the policy process, with key design features including
  - Address a priority issue and discuss problem features, options, and implementation considerations, and who could do what
  - Informed by an evidence brief and a discussion of all factors
  - Convene both those involved and affected, and aim for fair representation
  - Engage a facilitator and follow the Chatham House rule
  - Do not aim for consensus

# Part 2: Insights – Stakeholder Dialogues (2)

- Evaluations of evidence briefs and stakeholder dialogues

| | Briefs | Dialogues |
|---|---|---|
| Number evaluated in 7 years | 45 | 45 |
| Number surveyed | 794 | 766 |
| Response rate | 84% | 81% |
| Mean overall rating, out of 7 (SD) | 6.2 (0.9) | 6.2 (0.8) |
| Lowest-rated feature | No recommendations | No consensus |
| Mean intention to act, out of 7 (SD) | 6.2 (0.8) | |
| Lowest rated factor | Outside my control = 4.7 (1.6) | |

# Part 2: Insights – Stakeholder Dialogues (3)

- Have you ever read an evidence brief?
- Have you ever read a dialogue summary?

# Part 2: Insights – Citizen Panels

- Citizen panels do the same, but with an ethnculturally and socioeconomically diverse groups of citizens and with the goal of eliciting citizens' values and preferences as they emerge in relation to
  - Problem and its causes
  - Options to address the problem and its causes
  - Key implementation considerations

# Part 2: Insights – Citizen Panels (2)

- Evaluations of citizen briefs and citizen panels

| | Briefs | Panels |
|---|---|---|
| Number evaluated in 3 years | 20 | 32 |
| Number surveyed | 419 | 419 |
| Response rate | 96% | 98% |
| Mean overall rating, out of 7 (SD) | 6.1 (1.1) | 6.7 (1.1) |
| Lowest-rated feature | No recommendations | Diversity |
| Change in mean knowledge rating, out of 7 (SD) | 1.2 | |

# Part 3: Context – Health System

- Building blocks
  - Governance arrangements (who can make what decisions)
  - Financial arrangements (how money flows)
  - Delivery arrangements (infrastructure and workforce)
- Using the building blocks to provide care
  - Care by sector (home and community care, primary care, specialty care, rehabilitation care, long-term care, and public health)
  - Care for select conditions (mental health and addictions, work-related injuries and diseases, cancer, and end of life)
  - Care using select treatments (prescription drugs, complementary and alternative therapies, and dental services)
  - Care for select populations (Indigenous peoples)
- Change and progress
  - Reforms (from the past 15 years)
  - Assessments (against 'triple aim' objectives)

Lavis JN (editor), Ontario's health system: Key insights for engaged citizens, professionals and policymakers. Hamilton: McMaster Health Forum; 2016.
[Available soon on Amazon or as free chapter PDFs on the Forum site]

# Part 3: Context – Political System

- Institutional constraints
  - Structures (e.g., delegated authority for some issues)
  - Policy legacies (e.g., private practice, public payment)
  - Policy networks (e.g., physicians in policy participation role)
- Interest-group pressure
  - Concentrated or diffuse benefits and costs
- Ideas
  - Values – what should be (e.g., efficiency, equity, transparency)
  - Knowledge – what is (e.g., research evidence)
- 'External' factors (from outside the sector)

# Part 3: Context – Supports for Policymaking

- E.g., Ontario Ministry of Health and Long-Term Care
  1) Strong messages from all levels of the ministry
  2) Health System Research Fund awards (all of which have to respond to ministry-articulated priorities, and 25% of budgets held back for 'Applied Health Research Questions')
  3) Rapid responses and literature reviews
  4) Research Evidence Tool
  5) Capacity-building workshops (delivered by the Forum)
  6) Next step… expert advisory groups?
- These efforts address climate (1, 5), prioritization (2), and facilitating pull (2, 3, 4, 6)

# Part 3: Context – Supports for Policymaking (2)

2) Ministry's expert advisory groups

| | # |
|---|---|
| Number issuing reports in 10 years | 27 |
| Number focused on health system issues | 22 |
| Average number of citations | 44 |
| Average number of reviews cited | 1.3* |
| Number with 1 or more methodologists | 10 |
| Number with 1 or more citizens | 7 |

*Although the reviews are not always on topic (e.g., 'home and community care' expert advisory group)

# Part 3: Context – Supports for Policymaking (3)

Are you aware of governments that support expert advisory groups (focused on health system issues) with the best available evidence and set expectations for how their recommendations are based on evidence?

# Evidence + Insights in Context

- Evidence-informed policymaking means using the best available data and research evidence – systematically and transparently – in the time available in each of
  - Prioritizing problems and understanding their causes (agenda setting)
  - Deciding which option to pursue (policy development)
  - Ensuring that the chosen option makes an optimal impact at acceptable cost (policy implementation)
- … alongside the institutional constraints, interest-group pressure, values and other sources of ideas (insights) that influence the policy process in a particular health and political system context