

ESSAY

Using 'Linkage And Exchange' To Move Research Into Policy At A Canadian Foundation

Encouraging partnerships between researchers and policymakers is the goal of a promising new Canadian initiative.

by **Jonathan Lomas**

EVIDENCE-BASED DECISION MAKING became a touchstone of health care in the 1990s. The idea of better informing practice with research findings has spread from medicine to management and policy decisions. The expectation is that those allocating funding and those designing and running health services, as well as those delivering care to patients, use the most up-to-date findings from health services and medical research to inform their decisions.

Unfortunately, the rhetoric has so far largely exceeded the reality. Saul Feldman recently compared researchers and practitioners to "strangers in the night, dimly aware of each other's presence...Research findings have had only a negligible effect on managed mental health care."¹ Feldman calls for a new "iron triangle," linking researchers, managed mental health organizations, and research funders.

Part of the problem lies in the different cultures surrounding those doing research and those who might be able to use it. Discussions on the use of research in decision making quickly descend into finger-pointing. Decisionmakers accuse researchers of irrelevant, poorly communicated "products"; researchers accuse decisionmakers of political expediency that results in irrational outcomes.²

In one of the few recent empirical studies of the use of health services research in policy making, Andrew Coburn highlighted the important role in state health policy development of "policy entrepreneurs"—persons who have sufficient research backgrounds and credentials to understand the culture and methods of university research organizations but who also understand the policy process and can communicate effectively with state policymakers.³ Coburn likewise sees an important role for research funders, particularly foundations, in bringing about a mutual exchange.

This essay describes the efforts of one foundation to link the processes of health services research and decision making through all aspects of its research funding. This philosophy of "linkage and exchange" is a promising way to increase the relevance and use of health services research.

The Canadian Health Services Research Foundation

The Canadian Health Services Research Foundation was formed in 1997 to facilitate evidence-based decision making in Canada's health sector.⁴ Its origins were in the convergence of a medical research council concerned about getting applied research funding for health services delivery, and a federal govern-

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ment interested in better informing health services with research. Federal government sources invested a one-time endowment and set up the foundation to improve the scientific basis for decisions made by those running health services.

The foundation has approximately Can.\$10 million available each year from this endowment. The foundation is governed as a not-for-profit corporation by a board of trustees, with researchers and decisionmakers represented: The linkage-and-exchange philosophy starts at the top. Approximately 60 percent of its funds are disbursed as direct grants to support research and personnel; the remaining funds are for dissemination and uptake of research and for running all the programs. The health services research it supports is directed at only two of the three main audiences: those managing the health system and those making policies for it. (The research needs of practitioners seeing patients and clients—such as clinical effectiveness information—are not part of the foundation’s mandate.) It funds research on access issues, program design, resource allocation, organization of services, professional roles, and other investigations useful to managers and policymakers. It has a special task to build capacity in nursing research. In what follows, the generic term *decisionmakers* is used to capture both the health system’s managers and its policymakers.

Arguments For Collaboration

Work done in health services research centers with advisory or governing mechanisms that involve decisionmakers is deemed more relevant than that of centers without this exchange.⁵ This input may alter the balance of incentives the investigator has in favor of actual priorities and impact, rather than assumed priorities and publication.⁶ As Albert Einstein said, “Don’t let the measurable [and, one might

add, publishable] drive out the relevant.”

Bringing decisionmakers who can use the results of a particular piece of research into its formulation and conduct is the best predictor for seeing the findings applied.⁷ Expecting better compliance by involving local practitioners in the development of their practice guidelines is one practical manifestation of this finding. Presumably, it is more difficult to reject, discount, or ignore research results when one has contributed to them.

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Bringing research and researchers into the policy-making process resolves conflict more readily; it also increases the likelihood of consensus in the areas where research is available.⁸ Conflict and disagreement feed on uncertainty and the multiple interpretations of reality that this uncertainty makes possible. Apparently, the synergy of combining research and researchers’ analytic abilities with decisionmakers’ input reduces this uncertainty, thereby starving conflict of its nutrient.

Finally, the one-on-one encounter consistently emerges as the most efficient way to transfer research.⁹ Exchanges between decisionmakers and researchers allow for nuance and interrogation. The success of academic detailing in altering drug prescribing patterns is largely attributable to this face-to-face interaction.¹⁰ For a decisionmaker, being linked to a researcher provides a conduit to more than one individual’s expertise, as the link becomes a gateway to the more extensive knowledge of that researcher’s whole community.

Building In Linkage And Exchange

Working with this evidence base, the foundation has built in the principle of linkage and exchange to nearly all of its activities, including its governance.

■ **Setting priorities.** Every three years the foundation conducts a national consultation exercise that brings health-sector researchers, managers, and policymakers together to fore-

cast the pressing issues for the next five years. These consultations are conducted as workshops across the country. Not only do these give the potential end users a say over research priorities, but they also afford both the researchers and the decisionmakers an opportunity to get to know each other and each other's cultures.

The foundation uses this exercise to establish the theme areas in which it provides support for research, personnel, and training. The current areas are centralization and aggregation of health services, continuity of care, informed public participation in decision making, and nursing policy and management.

■ **Funding programs.** The foundation funds only half the cost of most of the research and personnel it supports. The remainder is contributed by partners in the provinces, known as cosponsors. Given the constitutional division of powers in Canada, provincial governments are responsible for health services and, therefore, are the main decisionmakers for the design and day-to-day operation of health systems. Involving provincial governments and their agencies in cosponsoring research in their jurisdiction is one way of generating ownership in the results. In a recent survey, 55 percent of decisionmakers and 75 percent of researchers with a view on this topic felt that this cosponsorship promoted partnership between the two. Cosponsorship also gives the foundation an opportunity, and the cosponsors a motivation, to collaborate in the foundation's periodic priority-setting and program design activities. In 2000 these provincial cosponsors will be available to 90 percent of the health services researchers in the country and will add almost 70 percent to the foundation's "base budget."

■ **Assessing applications.** The peer-review process, or "study section" in U.S. parlance, used by the foundation greatly expands the concept of "peer." Our reviewers convene as a merit review panel, with equal representation from researchers and decisionmakers. Panel members are selected from a pool identified by cosponsors, the foundation, and oth-

ers. The assessment of applications therefore becomes another venue for linkage and exchange. The two communities confront each other's issues and cultures and alleviate what Feldman called "the strong bias of the review committees toward methodological purity, even to the detriment of utility."¹¹

The panel uses explicit criteria to concurrently assess both the scientific merit and the potential impact of the proposed research. This recognizes, and gives an imprimatur to, the relative expertise of each type of panelist. A proposal must pass threshold values for both dimensions before the panel will recommend it for funding. This, too, ameliorates the problem of the measurable driving out the relevant because proposals that are methodologically exemplary but of low potential impact cannot receive funding. Interestingly, most merit review panels set a threshold score for potential impact that is higher than that for scientific merit while still maintaining a high standard for methodologic quality.

Panels treat the process more like an education than an adjudication exercise. For instance, they provide extensive feedback to applicants on an initial letter of intent and, for those invited to submit full-scale applications, often urge the foundation to work with the applicants if the project is of potentially high impact but falls below the methodologic threshold. In 1998, 15 percent of the projects that eventually got funding fell into this "bring-up-to-standard" category. The approach is congruent with the foundation's desire to encourage not only university researchers but also decisionmaker organizations to apply for funding.

■ **Conducting research.** The foundation uses the projects it funds as the core vehicle for linking and encouraging exchange between researchers and decisionmakers. A requirement of funding is that the investigative team include at least one decisionmaker actively engaged in management or policy in the area under study. These decisionmaker partners either can play major advisory roles or can be incorporated as coinvestigators. Decision-making organizations can even take

the lead on applications done jointly with researchers; in 1999, 20 percent of applications originated with a management or policy-making organization. The expectation is that the project, including the design of the original question and approach, becomes a collaboration between the researchers and the decisionmakers.

The foundation recently brought a group of researchers and decisionmakers together to learn from their experiences. Most were very supportive of the endeavor; this is hardly surprising, since they are presumably a sample already biased in favor of this approach. They did, however, identify a number of challenges (Exhibit 1).

A particular concern is the amount of time and effort required for ongoing linkage and exchange. Partly in answer to this, the foundation recently added “programs” of research with core funding for up to five years. These programs are designed to support established teams with a track record in the proposed area of study. This long-term funding pro-

vides enough security and stability to make it worth the effort to establish and maintain the partnership. Only time will tell if this actually plays out.

For junior researchers who believe that they are at a disadvantage because they have no established links with decisionmakers, the foundation offers a development fund to help them find partners and establish a collaboration. This money is also available to decisionmaker organizations that want to team up with researchers. In fact, in the first year more than half of the awards from this fund went to decisionmaker organizations.

■ **Communicating findings.** Through a Policy Synthesis program, the foundation operates as a broker between decision-making organizations and researchers to support high-quality synthesis of the evidence base for important issues. Using Feldman’s “iron triangle,” this works as follows: (1) A topic is identified by two or more decision-making organizations; (2) the foundation convenes the decisionmakers and potential researchers to

EXHIBIT 1
Challenges To Linkage And Exchange, Identified By Those Funded By The Foundation, In Either Research Environments Or Decision-Making Organizations

Research environments	Decision-making organizations
Time Not enough, given current workloads Finding commonly available time to meet	Time Linkage with researchers not usually rewarded (financially or otherwise)
Timelines Not enough lead time from funding agency for development of linkage Decisionmakers often need results faster than the research process can produce them	Easier to justify commitment for ongoing programs of research than for single projects Understanding the research process Poor understanding of what is involved in doing research and few opportunities to learn
Multiple decisionmaker partners Resource-intensive to tailor a single project to the (sometimes competing) needs and agendas of multiple decisionmaker partners	Format of communications/presentations Often difficult to understand researchers' presentations of ideas or findings
Finding decisionmakers No obvious or single point of entry into decisionmaker organizations Broad array of potential partners, with no way of knowing which ones are influential	Potential volatility of findings Desire to have control over release of findings for “political reasons” not always compatible with researchers' need to publish
Moving targets Frequent personnel changes, which discourage investment of time to establish linkage Frequent restructuring, which makes it difficult to find stable areas for evaluation	

SOURCE: Canadian Health Services Research Foundation.

define the boundaries and expectations around the work; (3) the foundation commissions the jointly defined work using a peer-review process; (4) the researchers prepare a draft synthesis of knowledge in the area and discuss it with the decisionmakers; (5) the sponsoring decisionmakers and outside researchers provide peer review; (6) the researchers and the foundation prepare a final "plain language" synthesis in a format that is useful to decisionmakers; and (7) the foundation disseminates the synthesis to the sponsoring decisionmakers and others identified by phone surveys as active in the area.

In 1999 the foundation supported three syntheses using this iterative approach, all on aspects of integrated health systems. They are being used by one provincial commission and four provincial ministries of health to inform physician payment and primary care reform.

The foundation also offers communications assistance to its research programs and its short-term research projects. In addition to receiving a communications primer and participating in periodic foundation workshops, each project has access to two days of consultation from a panel of research communication specialists. Some projects are starting to show real ingenuity in their communication efforts. For instance, the investigators on a mental health deinstitutionalization project recently got a local McDonald's restaurant to print their message on its placemats!

■ **Plans for evaluation.** It is too early to tell whether linkage and exchange can live up to its promise as a tool for moving research into policy. The foundation plans to evaluate its impact on the relevance of the research, on the extent of collaboration, and on changes in the scientific basis of decisions made by health services managers and policymakers. The foundation is equally interested in the impact on researchers. Are they changing their agendas, their approach to research, or their way of reporting results? The effectiveness of ongoing linkage and exchange needs to be measured by the changes it brings about in the way both communities approach their work.

NOTES

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4. For further information on the Canadian Health Services Research Foundation, visit its Web site, www.chsrf.ca.
5. J. Frenk, "Balancing Relevance and Excellence: Organizational Responses to Link Research with Decision Making," *Social Science and Medicine* 35, no. 11 (1992): 1397-1404.
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11. Feldman, "Strangers in the Night," 51.