

INTELLIGENT RESEARCH COMMISSIONING



Workshop: Adelaide and Canberra

Australia, July 2005

Facilitator: Jonathan Lomas

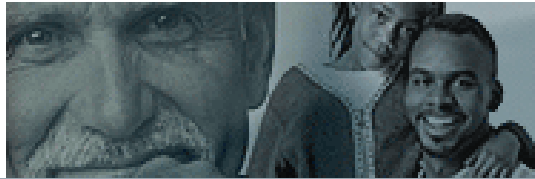


Objective and Outline

- **Objective: To get us all thinking about how to do intelligent research commissioning**
 - **Context and Concepts**
 - **What Research to Commission – Setting Priorities**
 - **Formulating Appropriate Research Commissioning Questions**
 - **Defining the Sources and Scope of Research for Commissioning**
 - **Managing the Commissioning Process**
 - **Using The Commissioned Research**



SOME CONTEXT AND CONCEPTS



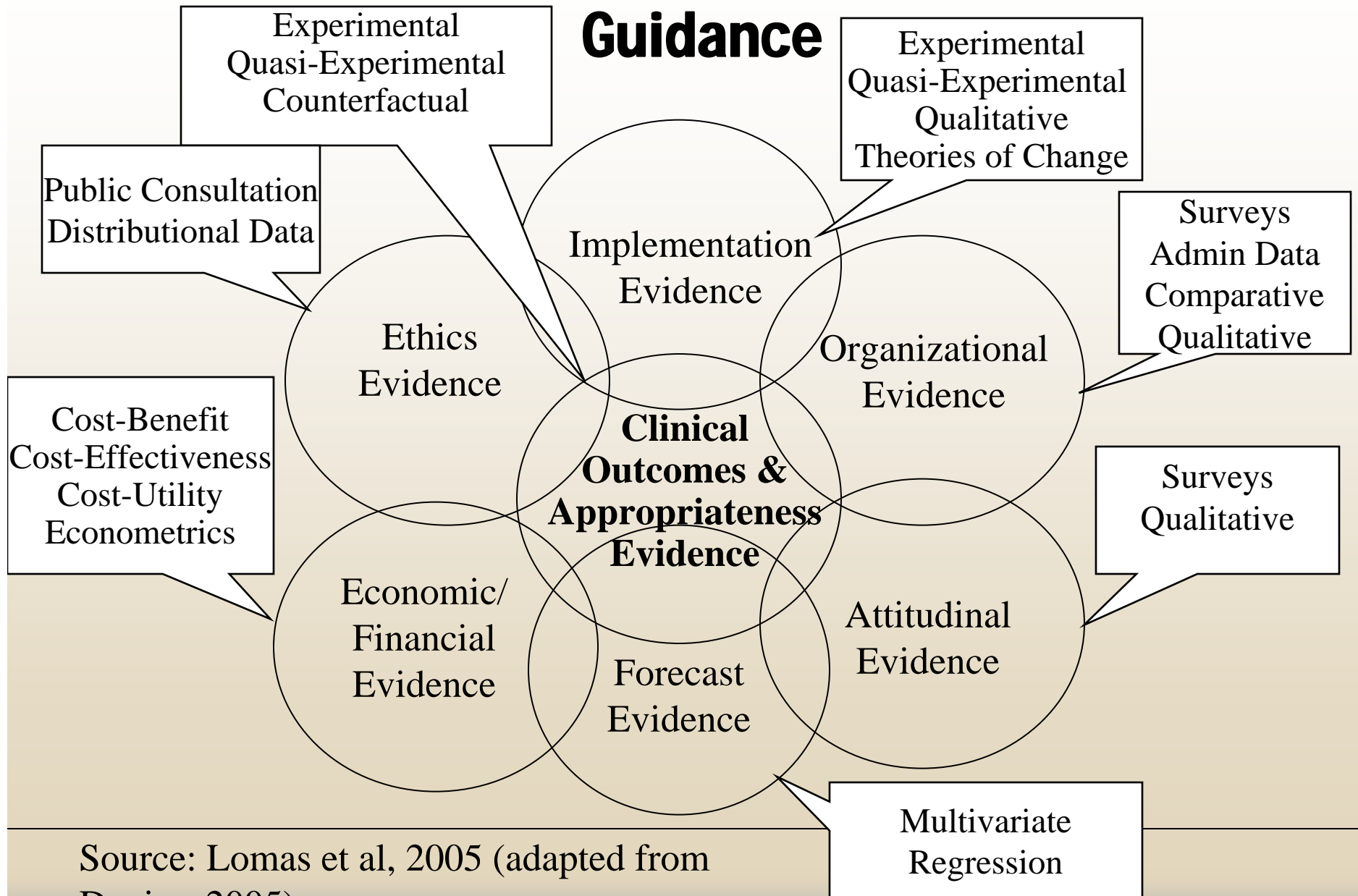
Data, Research, Evidence, Information, Knowledge What's the Difference?

- Data are manipulated as part of research
- Completed research is a form of evidence
(note: there are other forms of evidence)
- Evidence is available as part of information
- Information is transformed by cognition and context into knowledge - - I can give you information but you have to acquire knowledge

Therefore, a) research is only a piece of the jigsaw, and b) can you really "manage" knowledge?

Types of Scientific Evidence for Context-Sensitive

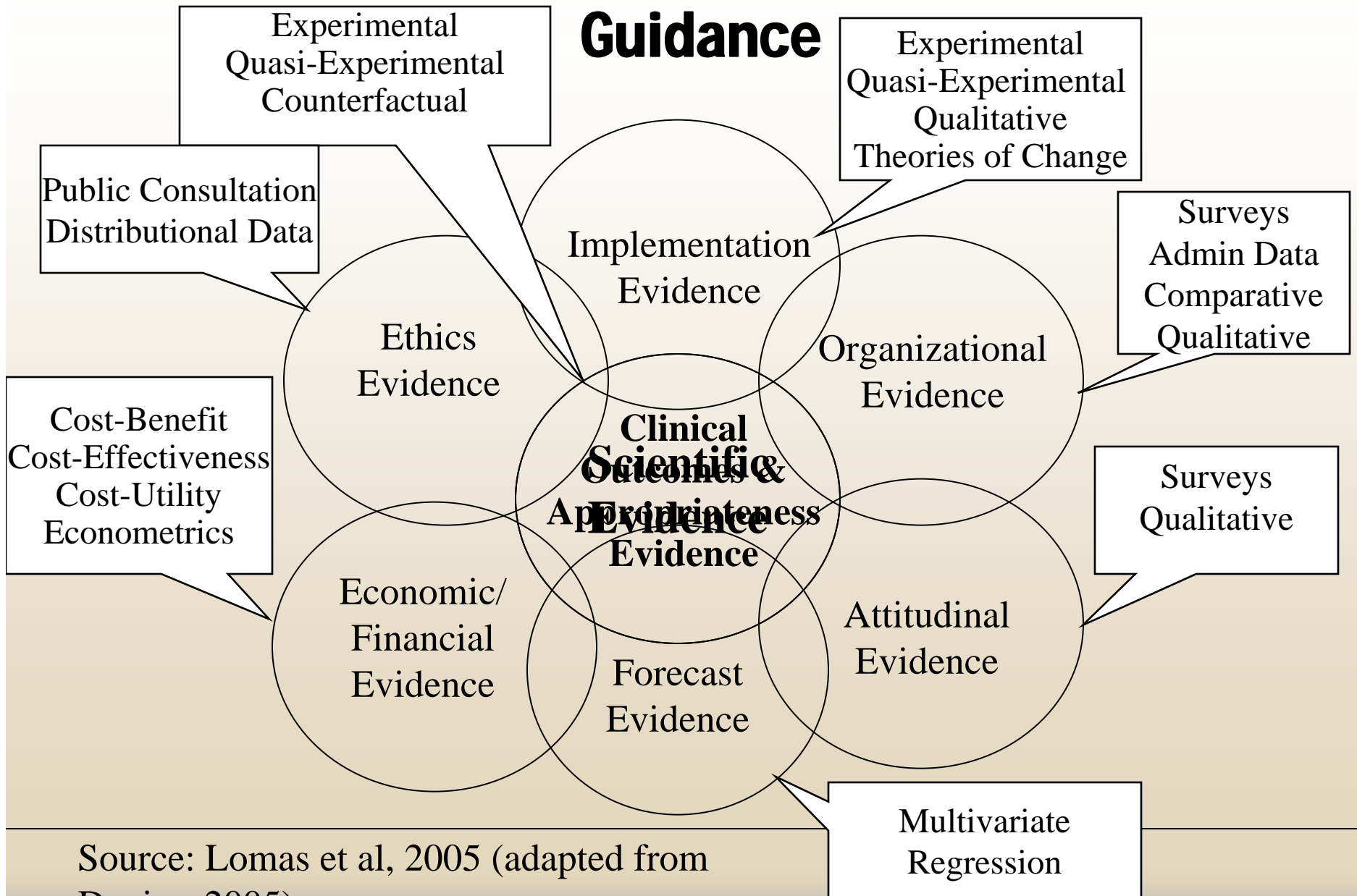
Guidance



Source: Lomas et al, 2005 (adapted from Davies, 2005)

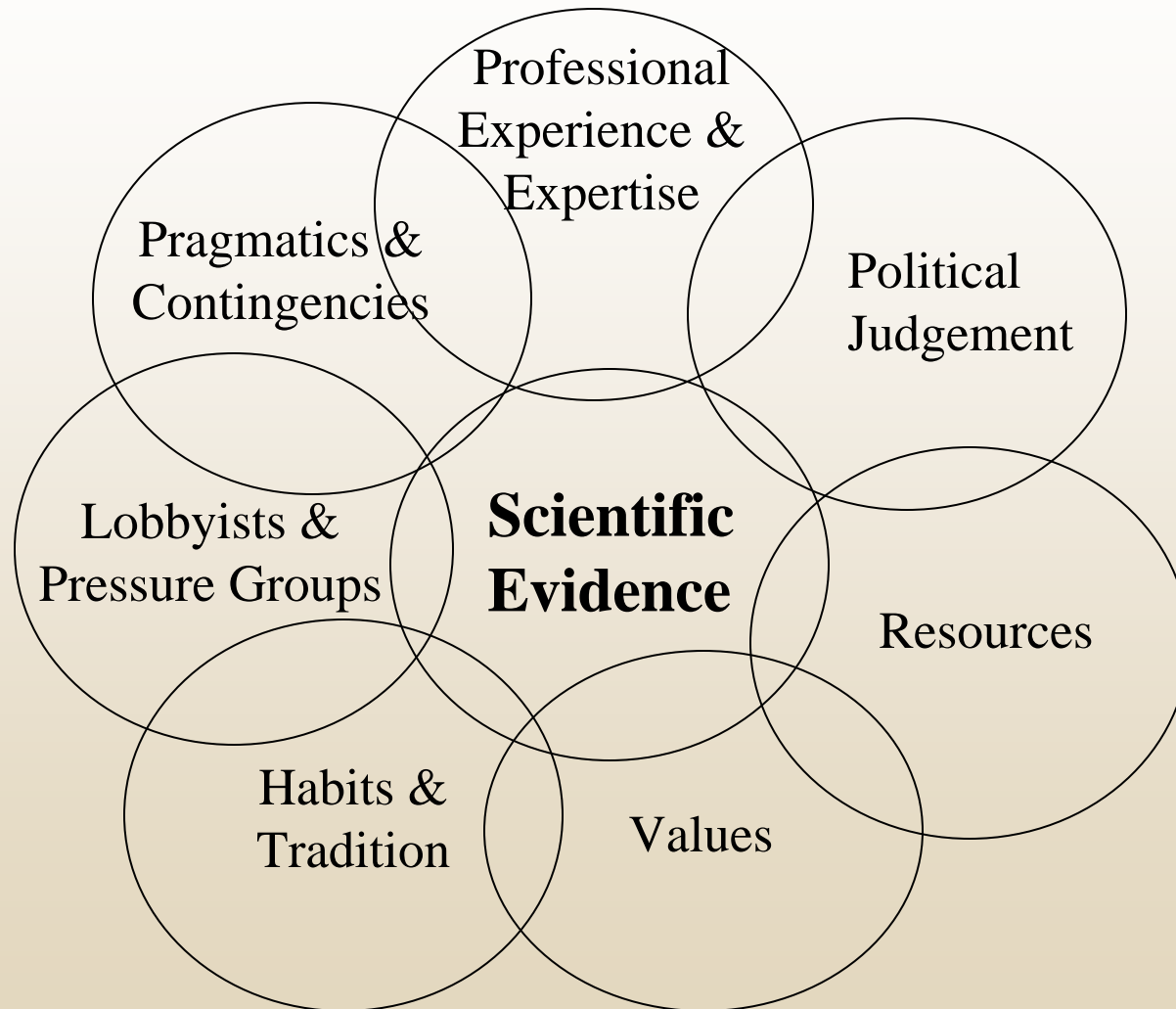
Types of Scientific Evidence for Context-Sensitive

Guidance



Source: Lomas et al, 2005 (adapted from Davies, 2005)

Combining Scientific and Colloquial Evidence for Context-Sensitive Guidance



Source: Lomas et al, 2005 (adapted from Davies, 2005)



Three Forms of Research Use

- 1. Instrumental – more technical use**
e.g. pharmaceutical approval
- 2. Conceptual – assumptions and frameworks**
e.g. broad determinants of health
- 3. Strategic – decision delay or post-hoc validation**
e.g. ...??..... Doesn't happen in Australia?!



Three Types of Decision Process

- **Macro-level – policy**
- **Meso-level – administrative/management**
- **Micro-level – clinical patient care**

Research is commissioned to reduce uncertainty, but



Types of Decision

PUBLIC POLICY
e.g. "Do we fund heart transplants?"

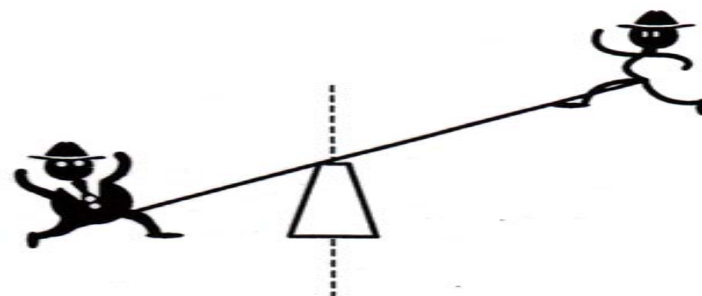
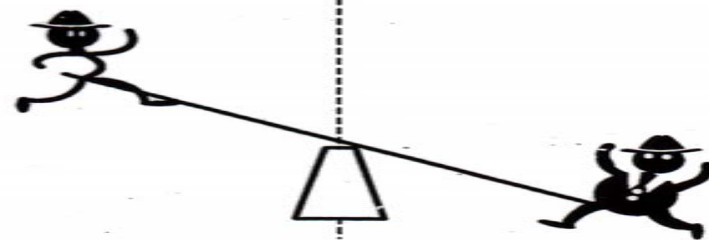
ADMINISTRATIVE POLICY
e.g. "Where do we locate heart transplant"

CLINICAL POLICY
e.g. "Who should receive heart transplants?"

Types of Uncertainty

INFORMATION
when there isn't enough information

VALUE
when information isn't enough





What Research to Commission – Setting Priorities

What to Ask

- **Define the “currency” for priorities**
 - diseases? symptoms? population groups? policy problems?, etc
- **Identify issues before research topics**
- **Prioritise themes, not research questions**
- **Focus on the future, not the present**

Who to Ask?

- Researchers?
- Policymakers?
- Managers?
- Clinicians?
- The public?
- Patients?

For the policy research agenda, whose “vote” counts (also, who represents them?), and what are their relative weightings?



How to Ask Them

STAGES:

1. Consultation on issues

Environmental Scan

Face-to-face workshops

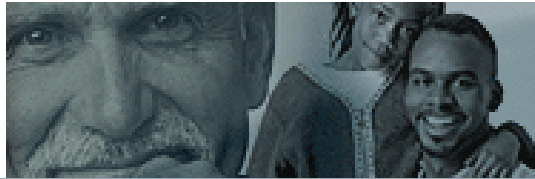
Surveys

2. Preliminary synthesis of issues

3. Translation of issues into research themes

4. Final synthesis

5. Validation



Translating Issues into Research Themes

- high priority in decision making in two to five years from now**
 - not a large stock of existing research in the area**
 - amenable to feasible and generalizable research questions
 - research capacity exists, or could be developed in a timely fashion
 - decision makers are receptive to research on this issue
 - decision makers are able to use research results about this issue
 - research would potentially have high impact relative to its costs
- ** FOR SYNTHESIS THEMES: priority in next 6-24 months and there IS a stock of existing research



Validation

- **Triangulation**
 - Environmental scan
 - National and regional workshops
 - Surveys and meetings
- **International comparison**
 - Australia
 - United Kingdom
 - United States
- **Follow-up survey**
 - workshop participants

Resources

- **Lomas et al. "On Being a Good Listener"**
Milbank Quarterly 2003; vol 81, no. 3: pp. 363-388
or www.milbank.org/quarterly/8103feat.html
- **National Listening for Direction II Exercise**
www.chsrf.ca/other_documents/listening/index_e.php



Formulating Appropriate Research Commissioning Questions



Limited Number of Generic Questions

- 1. What do we know about “x”? (e.g. obesity)**
Is it a problem? If so, what is causing it, how extensive is it, who is it affecting, and what might we do about it?
- 2. What works, what is effective/cost-effective to solve or address problem “x”? (e.g. diabetes)**
This is the most common “problem-solving” view of research linked to decision-making
- 3. What will be/now is the impact of doing “y”? (e.g. cessation of coverage for first course of IVF)**
Who opposes, who supports, and why? What else will be affected and how (side-effects)?

Some Do's and Don'ts

- **Don't:**
 - **Ask a question that needs an answer NOW**
 - **Ask a question when there isn't uncertainty**



SEEING EYE TO EYE IS BELIEVING

“When people reject a truth or untruth it is not because it is a truth or an untruth that they reject it,

No, if it isn't in accord with their beliefs in the first place they simply say, “Nothing doing”, and refuse to inspect it

Likewise when they embrace a truth or an untruth it is not for either its truth or its mendacity,

But simply because they have believed it all along, and therefore regard the embrace as a tribute to their own fairmindedness and sagacity.”

Ogden Nash (1941)



Some Do's and Don'ts

● Don't:

- Ask a question that needs an answer NOW
- Ask a question when there isn't uncertainty
- Ask a question that's too politically sensitive

● Do:

- Define the role for research in the decision process
- Tailor the question (and expectations) to the time available – research takes time!
- Spend time refining the question with those who know what's possible (usually researchers)
- Persist to make sure the question reflects YOUR needs



Defining the Sources and Scope of Research for Commissioning



Potential Sources of Research

- Evidence “warehouses” and databases
 - e.g. Health Evidence Network, Cochrane
- Published literature
 - e.g. Academic journals, books
- Grey literature
 - Policy memos, web-based reports
- Field experience
 - Interviews and surveys
- Experts
 - Personal contacts, advisory committees
- Original research

Defining the Scope

- **'Lakes versus feeder streams'**
 - **Are you commissioning the assembly or synthesis of existing research? (dipping into the lake)**
- or**
- **Are you commissioning the creation of original research? (developing a feeder stream)**



Considerations in Defining the Scope. I

- **The nature of the question (most important)**
- **Timeline**
- **Availability of existing research (how big is the lake?)**
- **Availability of research capacity (is there anyone to create the feeder stream you want?)**



Considerations in Defining the Scope. II

- **What (and how do you combine) different sources for use in a synthesis of existing research?**
 - **From 'Quick & Dirty' (update evidence warehouse synthesis with published research)**
to
 - **'Comprehensive' (combine all relevant sources, including survey of field experience)**



Managing the Commissioning Process

or

"The Devil is in the Details"



Steps in Commissioning

- **Defining the question/s**
- **Selecting the researcher/s (transparency)**



Selecting the Researchers

- **Selection 'unit': research protocol, idea/s, individual, team, institution, or combination**
- **Open competition or 'invited few'**
- **Letter of intent vs full application**
- **Assessment criteria: scientific merit AND potential impact (relevance, dissemination and implementation plan, involvement of users)**



Steps in Commissioning

- **Defining the question/s**
- **Selecting the researcher/s (transparency)**
- **Negotiating the expectations**
 - **Publication/IP rights, milestones, timelines, budget flows, 'modification rights', relative roles, follow-up activities**
- **Managing ongoing 'linkage and exchange' with research team (to be informed and to inform)**



PHILOSOPHY OF ONGOING LINKAGE AND EXCHANGE

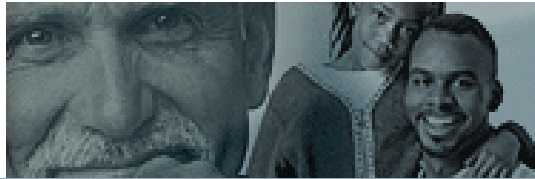
“Interpersonal links, spread through the life of a given study, are the key to research use. They allow non-researchers to find their niche and their voice while a study is still young . . . There are reciprocal effects, such that we are no longer in a conventional research-to-practice paradigm, but in more of a conversation among professionals, each bringing different expertise to bear on the same topic”

Huberman, M: Research Utilization: The State of the Art. Knowledge and Policy 1994;7:22



Steps in Commissioning

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- **Selecting the researcher/s (transparency)**
- **Negotiating the expectations**
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- **Managing ongoing 'linkage and exchange' with research team (to be informed and to inform)**
- **Deciding on completion and quality**
- **Wider dissemination (maybe implementation)**



Resources and Skills Needed to Manage Commissioning

- Knowledge of research and research community
- Peer-review capacity
- Project management
- Patience
- Adaptability
- Facilitation



Using The Commissioned Research



The Boundaries Between Research and Implementation

“Despite our limited knowledge of implementation methods, it seems reasonable to assume that the skills required for implementation may not be the same as those needed to carry out good research... Implementation is largely concerned with bringing about change in health care. But this, surely, is the essence of operational management, the basic task of most health service managers.”

Black N. J Hlth Serv Res Pol 1996; 1:184



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Some Tools for Use

- **Watch for 'windows of opportunity'**
- **Know who are the influentials – and keep them informed throughout the commissioning**
- **Value face-to-face exchanges with (the right kind of) commissioned researchers**
- **Use peer-reviewed publication to give credibility; use anecdote to communicate**



Communicating Research

“We use the style of reporting that is most natural to legislative policymakers and their staffs: the anecdote. This may seem somewhat ironic, given that by conducting an evaluation in the first place one has moved deliberately *away* from the anecdote... [but] to disseminate the findings to policymakers, it seems that one of the most effective ways to present them is to rediscover the anecdote – but this time an anecdote that represents the broader evaluative evidence.”

Eleanor Chelimsky, U.S. General Accounting Office. 1994.

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- **Use hard-copy (summaries, full-reports, etc) as leave-behind 'accessories'**



Other Resources

- **“Commissioning Research” chapters 3 and 4 in ‘Change-promoting research for health services’, A.S. St Leger and J.P. Walsworth–Bell; Buckingham: Open University Press, 1999**
- **“Commissioning Health Services Research: An Iterative Method”. R. Lilford et al. Journal of Health Services Research and Policy 1999; vol 4, no 3: 164-7**
- **“Doing the Right Thing and Doing it Right: Toward a Framework for Assessing the Policy Relevance of Health Services Research”. J. Bensing et al. International Journal of Technology Assessment in Health Care 2003; vol 19, no 4: 604-12**
- **“Using ‘Linkage and Exchange’ to Move Research into Policy”. J. Lomas, Health Affairs 2000; vol 19, no 3:236-40 (www.chsrf.ca/knowledge_transfer/pdf/healthaffairs.pdf)**
- **“Improving Research Dissemination and Uptake in the Health Sector: Beyond the Sound of One Hand Clapping”. J. Lomas, (www.chsrf.ca/knowledge_transfer/pdf/handclapping_e.pdf)**
- **English National Audit Office. Getting the evidence: using research in policy making. Report by the Comptroller and Auditor General. London: The Stationary Office, 10 April 2003**

THANK YOU!



www.chsrf.ca

or

www.fcrss.ca