2 Use of information tools for measuring the production of HSR, its use in health care policy and future priorities

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2.1 Introduction

This chapter provides an overview of the methods used in the HSREPP project to measure HSR output and its use in policy and the methods used to identify future research priorities. When it comes to setting research priorities, two broad strategies can be identified: a technical assessment, using quantitative approaches (e.g. epidemiology, cost data), and second, interpretative assessments, dominated by a consensus view of informed participants (Lomas et al 2003).
Ideally, a combination of both approaches should be used. To combine technical data and stakeholder debates, five steps should be undertaken for a so-called interpretative 'listening model' for priority setting (Lomas et al, 2003; see also Viergever et al 2010 for a similar checklist):

1. Identification of stakeholders to participate in the consultation;
2. Identification and assemblage of data needed for the consultation;
3. Design and completion of the consultation with the stakeholders to identify those issues likely to be a priority over the next three to five years;
4. Validation of the identified priority issues against similar exercises;
5. Translation of priority *issues* into priority *research themes*.

Based on this approach, a strategy was developed to come to a well-founded prioritisation of health services research. We started with a general step, namely defining the field and narrowing down which elements to include in a priority-setting process (see chapter one for more details). It led to a distinction into five main areas of HSR around which all other activities were centred:

1. Research on health care systems;
2. Research on health care organisation and service delivery;
3. Health technology assessment (HTA);
4. Performance indicators and their use in benchmarking;
5. The relationship between research and policy.

In each of these areas a search of existing scientific literature was done. As published studies do not reflect the whole range of what is currently done and has been done in HSR, we also incorporated overviews of EU funded projects. At the same time we held a consultation among country consultants on the position of HSR in their countries and conducted a wider survey among both policymakers and researchers from Europe to identify priorities in HSR over the next two to five years. The outcomes of these different activities were presented and discussed at a working conference in April 2010. The following sections will further explain the different steps taken.

2.2 Literature searches

For the different themes, it was chosen to search the literature with different approaches, depending on the availability of relevant information. E.g. for the themes "Health systems" and "Health care organisations and service delivery" a structured search and analysis based upon sub-topics was performed. For the other themes slightly different approaches were chosen. The exact strategy used depends on the characteristics of the theme. Precise descriptions of the literature searches can be found in the concerning chapters.

2.3 Inventory of EU-funded projects

Additional to the analysis of published materials, a search was done on past and currently running EU funded projects. As this project aims to identify future research priorities in Europe, it is also important to provide insight in currently researched topics. This is to avoid that a certain topic is identified as a "gap", while it is currently being researched in a European context but has not yet been published about.

The inventory of EU funded project was done based on the knowledge of the various authors of key projects in their research fields. For the themes "Health systems", "Health care organisations and service delivery" and "Benchmarking and performance indicators" searches were conducted in different databases. First, the CORDIS (Community Research and Development Information Service) project database was used, which contains information on current and past Framework Programmes (http://cordis.europa.eu/search/index.cfm?fuseaction=proj.advSearch) . Secondly, the database of the EAHC (Executive Agency for Health and Consumers was used (http://ec.europa.eu/eahc/projects/database.html). Additionally, varying per area, internet search engine Google was used and websites of European organizations were consulted in searching for projects. The searches were conducted with different keywords per area. The results were then analyzed in order to determine which topics and which countries have been object of study or have participated in EU funded health services research.

2.4 Country consultants and country consultation forms

The HSREPP project covered 34 European countries as subject of research being:

- all 27 EU Member States (Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom),
- 3 Candidate Member States (Croatia, the Former Yugoslav Republic of Macedonia and Turkey),
- and 3 out of 4 Members of the European Free Trade Association, EFTA (Iceland, Norway and Switzerland).

To ensure full geographical coverage of HSR expertise throughout Europe, a country consultant for each of these countries was approached who could describe the activities in HSR in each country and how this research is used to inform policy-making. Country consultants also assisted in identifying key experts to invite to the project's survey and conference and provided critical reading of the various end products. In four of the countries project partners acted as experts to provide this information (Denmark, Germany, the Netherlands and the UK). The other consultants were selected based upon their expertise and were mainly persons within the professional network of the project consortium.

Each country consultant was asked to complete a consultation form. To develop the design of the consultation form and the framework of analysis a brief review of the literature was undertaken. Given the wealth of studies on research utilisation, knowledge transfer and evidence-based policy-making, focus was on reviews that bring together existing knowledge about the research and policy interface. The consultation forms covered the following topics (see chapter 7 by Ettelt and Mays for more details):

1. ***Funding and prioritising health services research (HSR)***
   E.g., who are the main funders of HSR in one's country, what is the volume of funding for HSR, how are priorities for HSR funding established nationally and what are the key topics policy-makers in one's country have identified as priorities for HSR?
2. ***Production of health services research***
   Who are the main producers of HSR in one's country, are there any organisations or institutes dedicated specifically to HSR, is there specialised training/education available for health services researchers, and are there any scientific journals or conferences specifically focusing on health services research?
3. ***Use of health services research in policy-making***
   E.g., who are the main users of HSR in one's country in relation to policy-making, are the government or other policy organisations held accountable for using (or not using) HSR evidence, how is health services research used to inform policy-making and in what ways are health services researchers involved in policy-making?
4. ***Activities to promote the use of health services research***
   E.g., Whose responsibility is it to promote or facilitate the use of HSR in policy-making, are there mechanisms in place to promote the distribution, availability and access to HSR evidence, are there mechanisms in place to support the uptake of HSR by policy-makers, are there mechanisms in place to promote linkages between researchers and policy-makers, and is there evidence of the effectiveness of any of the measures mentioned above?
5. ***Barriers to and facilitators of the use of health services research in policy-making***
   E.g., in one's experience, what are the most important barriers and facilitators that determine whether HSR is used or not used in policy-making in one's country, and what would need to change in your country to increase the use of HSR in policy-making?

The complete consultation form can be found in Appendix 1. Consultants could also seek advice from other national experts if appropriate. They could also indicate if questions did not apply to their country (e.g. if there is no organisation undertaking health services research or no public funding for research). Consultants were furthermore asked to add weblinks to organisations, events or publications where appropriate. In total, for 29 out of 33 countries a consultation form was returned (with 2 consultation forms for the UK, both for England and Scotland).

2.5 Online stakeholder survey

To assess views on future health services research priorities in each of the European countries, a stakeholder survey was carried out. The objective of this consultation was to identify priorities in the various fields of HSR and to explore options for improving the translation of HSR into policy and practice. Stakeholders in all European received personal invitations to participate in the consultation. Following an approach used by AcademyHealth (2006), it addressed two main questions:

a) What are (or what should be) the research priorities for the field of health services, including topics, methodology issues and timeliness?
b) Is the current research infrastructure equipped for these needs, and if not, how can it be strengthened?

In the past, a number of endeavours have been undertaken to solicit the opinions of experts on health services research. Examples are a set of consultation studies by the Canadian Health Services Research Foundation (e.g. Dault et al. 2003), as well as initiatives by AcademyHealth

(2006), and others. Similar experiences are available from the field of health research (e.g. Cherry and Anderson, 2002) and other areas of public consultation on research priorities, such as the online consultation on a new European Research Area (EC, 2007).

Based on these earlier initiatives an online consultation form was developed. The form was built around the main themes of the project: health systems, health care organisation and service delivery, HTA, benchmarking & performance indicators and research & policy. As each of these themes is a major topic for consultation in itself, the form was centred around key issues for each theme. Experts could answer one or more themes in detail, depending on their background and expertise. A full version of the questionnaire is available on the website www.healthservicesresearch.eu.

The online survey was carried out among researchers and decision-makers in order to assess views on upcoming HSR priorities and to explore options for improving the translation of HSR into policy and practice. Three groups of respondents were approached:

- Country consultants and people who were identified by country consultants as experts in HSR in their country received a personal e-mail invitation and reminder in the period December 2009 to February 2010. Of the 383 persons approached, 140 filled in the online survey (response rate 37 %).
- Invitations were sent to subscribers to the project's electronic newsletter, as well as to members of the mailing list of the Section HSR of the European Public Health Association (EUPHA). It was also possible for each visitor of the project website to fill in the same survey. This resulted in 127 responses.
- After the working conference, held in April 2010, a follow-up workshop was organised at the annual conference of the European Health Management Association (EHMA) in June 2010. Invitations were sent through the regular EHMA newsletter and to all conference participants. In total, 28 people responded.

Analyses showed that responses from different groups were similar. Therefore, the three groups were combined into one group of 295 respondents. The survey contained questions on the background of the respondents (researcher versus policy-maker) and their country of residence. Of all respondents 24% considered themselves as being a decision-maker, 67% as researcher and 9% as something other. Further, 88% of the respondents were from EU Member States, 2% from EU Candidate Member States, 3% from the EFTA countries, 2% from other European countries and 4% of the respondents were from outside of Europe. Of these 297 respondents, 241 persons filled in the questions on research and policy questions as well as questions related to one or more of the 4 other themes (health systems, health care organisation and service delivery, HTA, benchmarking & performance indicators). An overview of the response is provided in the table below:

Table 2.1 Respondents stakeholder survey per theme

Theme	Researcher: %	Decision-maker: %	Other: %	Total: n (%)
Health systems	27%	67%	6%	78 (26%)
Health care organisations and service delivery	24%	68%	8%	85 (29%)
Health technology assessment	18%	74%	8%	38 (13%)
Benchmarking and performance indicators	18%	76%	5%	40 (13%)

2.6 Working Conference "Health services research in Europe", 8-9 April 2010

In April 2010 in The Hague, the Netherlands, a working conference was held, titled 'Health services research in Europe: where research and policy meet'. This conference was aimed to contribute to the development of a future research agenda. The conference was attended by almost 350 participants, both decision-makers and researchers, coming from 40 different countries within and outside Europe.

The theme of the first day of the conference was "State of the Art of HSR in Europe". At this day, plenary sessions focused on the relationship between research and policy, presenting preliminary findings on the position of HSR in each country, among others based on consultation forms. In parallel sessions preliminary findings were discussed on the state of the art of HSR in the other four areas ("Health systems", "Health care organisations and service delivery", "HTA" and "Benchmarking and performance indicators"). In each session, discussions took place in carousel format, in which participants were divided into three equal sized groups. Each group then discussed a certain topic, led by a facilitator, after which groups switched to a new topic. A reporter then provided a summary of what had been discussed on the topic in the previous round. After three rounds all groups discussed all three topics, building on the inputs of the groups before. The session was then closed with a summary by a reporter per topic, followed by a general discussion to determine final outcomes. This led to the identification and refinement of a large number of ideas within each topic.

The second day of the conference addressed the future of HSR and how to improve its contribution to the health policy process. After sketching and debating the future research-to-policy landscape a closing session delivered main outcomes and concrete action points to a panel of representatives of the policy and research community both at European and national level. Topics covered this day were: Developing HSR data and methods; Capacity-building of policy and research; Funding and commissioning across Europe; Organising and supporting HSR community; Increasing impact of HSR in policy.

Finally, during and after the conference participants were asked to fill in a form on which they could state "One priority" as being the main priority of HSR. This form was filled in by 56 persons and findings were use to refine the results.

To safeguard the overall aims of the conference and to advise on the conference organisation a Scientific Advisory Committee (SAC) was established. For the final programme determination, we consulted the Scientific Advisory Committee. The member of the Committee included leading experts in each of the five fields and were asked to see to it that the programme, including a selection of themes and invited speakers, addressed the right topics from a European perspective.

2.7 Discussion

This chapter provided an overview on the different methods which are used to come to a well founded set of future priorities for HSR. A combination and triangulation of sources of information was used based on the assumption that research priorities can be best identified through using a combination of technical and interpretive assessments. However, there are also downsides to be distinguished for each of the various steps undertaken. For example, the literature searches based

on bibliometric analyses were restricted to a limited number of databases. Nevertheless, they included a majority of relevant journals. Another limitation is that searches often have to be limited to English publications or publications with an English abstract, and that grey literature is generally missing in such databases. It is therefore very difficult to get a full overview of all HSR in countries. Moreover, as the body of knowledge can differ considerably per research theme, it is also essential to adjust the mapping depending on the topic at hand. E.g. in the case of research-policy relations the number of empirical studies (as well as EU-funded projects) is especially limited, which makes the insights from country consultants even more important. In the following chapters the results of the different steps taken are presented per health services research area.

References

AcademyHealth (2006). Strengthening the Field of Health Services Research: A Needs Assessment of Key Producers and Users. http://www.academyhealth.org/publications/COSreport.pdf. Accessed 15 December 2010.

Cherry, C. and S. Anderson (2002). Refreshing the National Listening Exercise: Report of the Findings. London: National Co-ordinating Centre for NHS Service Delivery and Organisation R&D.

Dault, M., J. Lomas, M. Barer (2003). Listening for direction II - National consultation on health services and policy issues for 2004-2007. Ottowa: Canadian Health Services Research Foundation.

European Commission (2007) Green paper. The European Research Area: New Perspectives (Text with EEA relevance). Brussels: Commission of the European Communities. http://ec.europa.eu/research/era. Accessed 15 August 2007.

Lomas J, N Fulop, D Gagnon, P Allen (2003). On being a good listener: setting priorities for applied health services research. Milbank Quarterly; 81(3):363-388.

Viergever RF, S Olifson, A Ghaffar, RF Terry. A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems 2010, 8:36.