

policy development environment is not straight forward and often leadership, infrastructure and capacity do not support an evidence-based approach. It is clear that communication is a key to success and to be effective it requires a good understanding of the policy environment and policy makers' needs. Effective advocacy tools, finding the right messenger and message and working to create win-win situations also increase likelihood of success.

Conclusions

Ten years of experience indicate that there is a need for better data and more targeted research (e.g. demonstration research, case studies). There is also a need to increase researcher capacity to produce and communicate policy relevant information, which could be addressed in part by including policy development and evaluation as part of research training. On the policy side, there is a need to change the system drivers to reward evidence-based policy

Which impact has evidence-based knowledge on decisions made by health policy makers?

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Background

The empirical basis for theories and common wisdom regarding how to improve appropriate use of research evidence in policy decisions is unclear. One source of empirical evidence is interview studies with policymakers. The aim of this systematic review was to summarise the evidence from interview studies of facilitators of, and barriers to, the use of research evidence by health policy-makers.

Methods

We searched multiple databases, including Medline, Embase, Socio. le, PsychLit, PAIS, IBSS, IPSA and HealthStar in June 2000, hand-searched key journals and personally contacted investigators. We included interview studies with health policy-makers that covered their perceptions of the use of research evidence in health policy decisions at a national, regional or organizational level. Two reviewers independently assessed the relevance of retrieved articles, described the methods of included studies and extracted data that were summarized in tables and analysed qualitatively.

Results

We identified 24 studies that met our inclusion criteria. These studies included a total of 2041 interviews with health policy-makers. Assessments of the use of evidence were largely descriptive and qualitative, focusing on hypothetical scenarios or retrospective perceptions of the use of evidence in relation to specific cases. Perceived facilitators of, and barriers to, the use of evidence varied. The most commonly reported facilitators were personal contact (13/24), timely relevance (13/24), and the inclusion of summaries with policy recommendations (11/24).

The most commonly reported barriers were absence of personal contact (11/24), lack of timeliness or relevance of research (9/24), mutual mistrust (8/24) and power and budget struggles (7/24).

Conclusions

Interview studies with health policy-makers provide only limited support for commonly held beliefs about facilitators of, and barriers to, their use of evidence, and raise questions about commonsense proposals for improving the use of research for policy decisions. Two-way personal communication, the most common suggestion, may improve the appropriate use of research evidence, but it might also promote selective (inappropriate) use of research evidence.

Making science believable again

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Issue

The main reason to disseminate the results of research is for it to be used in reaching decisions and making changes. The goal is therefore utilization. But it is a very crowded marketplace of information and ideas, new research has to compete with old knowledge and countervailing opinions, often put forward in defence of economic interests.

Description

Popular culture is awash with scientific information, much of it inaccurate, out of context and irrelevant. There has also been a dramatic rise in anti-science movements, examples include the rejection of evolutionary theory, the reality of man-made climate change, relationship between the HIV virus and AIDS, claims of a link between vaccinations and autism. Part of this lack of public confidence in the scientific model has been due to inherent failures in the system—the scandals of scientists faking results (e.g. on cloning), the corruption of the peer review process of academic journals by corporate interest, the medicalization of life conditions (social anxiety, insomnia, male pattern baldness etc) and the hyping of research results in the media for commercial gain (e.g. news articles placed by PR companies 'blueberries are the new superfood so stock up on blueberry juice drinks'). Health has been at the heart of many of these controversies.

Lessons

For the public health community this is a challenge—how to increase the credibility of scientific research and communicate effectively so that decision-makers and the public can distinguish between good science and propaganda. There are several opportunities for change: tightening up the rigour of the peer review system for scientific publications, greater transparency about research and clinical trials being carried out, who funds them and full publication of results. Regulatory authorities also have a key role in identifying the robust evidence that is used for policy-making and communicating this clearly.

5.2. Workshop: Future research priorities in European HSR and their use in European Policy and Practice

Chair: Peter Groenewegen, The Netherlands

Organizer: NIVEL—Netherlands Institute for Health Services Research, Johan Hansen

The project 'HSR Europe' aims at identifying, evaluating and improving the contribution of Health Services Research (HSR)

to the health policy process inside and outside of Europe. As a European Commission funded (FP-7) Support Action, the project contributes to future Research Framework Programmes and to informed policymaking processes.

A recently organized working conference 'Health Services Research in Europe' (April 2010) with over 300 participants from in- and outside of Europe has led to the identification of research priorities in various targeted areas of HSR: (i) health-care systems; (ii) health-care organizations and service delivery; (iii) Health Technology Assessment; and (iv) benchmarking and performance indicators. In addition, the working conference distilled lessons on how to increase capacity for HSR, how to organise the HSR community and how to strengthen the relationship between research and policy and make more efficient use of HSR findings in the policy cycle at European and national level (more information and reports are available at <http://www.healthservicesresearch.eu>).

In the workshop three carousel discussion areas will be addressed. The three areas are

(i) health-care systems performance, with special emphasis on methods to monitor and compare health systems performance and health systems reforms.

(ii) Health-care organization research, with particular focus on evaluating the role of primary versus secondary care in the organization and delivery of care.

(iii) Linkage between research and policy, determining whether current infrastructures are sufficient to meet the needs of health policy makers and to recommend how possible shortcomings can be removed to ensure an effective use of HSR.

For each discussion area, a lead expert from the project team will present major lessons and priorities as distilled from the working conference. Next, a round table discussion will focus on the question whether these priorities are shared among health care experts and stakeholders from across Europe. The workshop will serve as a point of reference to refine and discuss under-researched areas given upcoming policy needs with the participants of the EUPHA Annual Conference. What conclusions can be drawn and which topics should receive more or less attention when fine-tuning a European HSR agenda?

Research in the field of health-care organizations: state-of-the-art and future directions

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In this section of the workshop we will address current and future research priorities concerning the field of health care organization and service delivery. These form an intermediate level between the health care system at large and service provision in the interaction between patients and providers. Which topics should receive more or less attention when setting priorities for the agenda on HSR on health care organizations in the future? Given the broad range of organizations special emphasis goes out to evaluating the role of primary versus secondary care in the delivery of care. A state-of-the-art overview will be linked to priorities as identified by stakeholders from across Europe. Regarding the first, bibliometric analyses have been carried out, both on key terms in Pubmed and Embase, plus a classification of a sample of 1000 articles based on their topic area and methodological approach. To determine research priorities an online survey was carried out among over 300 experts from across Europe. The linkage between the two has led to an inventory of research areas that are currently under-researched from a policy perspective. In the workshop these outcomes will be discussed with participants in order to refine the final conclusions on key priorities for future research programmes.

Benchmarking of health systems performance in Europe: state-of-the-art and future directions

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In this section of the workshop we will address current and future research priorities concerning the field of health care systems performance. Special emphasis goes out to methods to monitor and compare health systems performance and health systems reforms, including requirements for national information infrastructures. During the session we will first present the framework and approach to map HSR in this field. Our framework is based on four perspectives that can be identified in the research on benchmarking and performance indicators: (i) Measurement through indicators on the one hand (performance measurement) and the proper embedding of sets of indicators in policy- and management cycles on the other (performance management);

(ii) Benchmarking and performance indicators on the macro, meso and micro level of health-care systems;

(iii) The dimensions of quality involved (e.g. effectiveness, safety, patient centeredness);

(iv) The functions and objectives of performance measurement and management in health care.

To establish an overview of research activities at European (comparative) level, bibliometric analyses have been carried out, in combination with additional literature searches. These will be linked to priorities as identified by stakeholders from across Europe, among others based on an online survey among over 300 experts from across Europe. The linkage between the two has led to an inventory of research areas that are currently under-researched from a policy perspective. In the workshop these outcomes will be discussed with participants in order to refine the final conclusions on key priorities for future research programmes.

Current and future linkages between research and policy across Europe

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In this section we will evaluate and discuss the relationship between the HSR community and the health policy process at the various levels of the health care system (regionally, nationally and at European level). Its focus will be on modes of commissioning research by policy makers as well as on how results of research are fed into the policy process. This includes structures and conditions for the effective transfer of knowledge as well as feedback structures between decision makers and researchers. The question of how research is (and should be) linked to policy is applicable to all of the areas within HSR. The relationship and communication between the health services research community and decision makers has been structured differently across Europe, varying from formal councils and other bodies to more informal connections. Without effective communication channels between researchers and the users of their results, the available HSR potential may not be focussed on the priorities of policy makers, and policy makers may not be effectively provided with available evidence from HSR studies. During the session we will present an identification of research policy linkages across Europe, based on country reports of over 25 countries. Together with the workshop participants, these linkages will then be evaluated in terms of their usefulness for the EU as a whole. What is the empirical evidence for these linkages and are all European countries taking equal advantage of approaches already known to work well in other contexts?