THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

#EBHC2019

Evidence-Informed Health Policymaking *for* Impact

Prof Lubna A Al-Ansary, *MBBS, MSc, MRCGP, FRCGP*

Disclosure of no conflict of interest

- I have no personal or financial interests to declare.
- I have no financial support for the current presentation.

GIMBE
EVIDENCE FOR HEALTH

International Society for Evidence-Based Health Care


A-C
D-K
L-P

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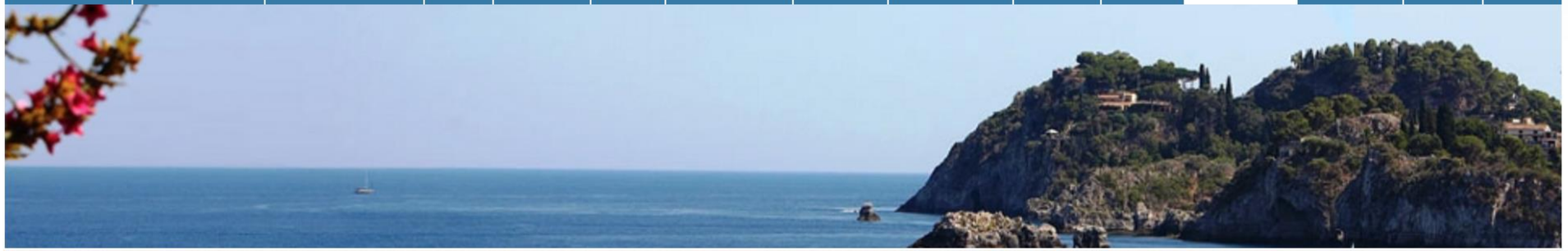


Archive

2017

2015

2009

2005

2001

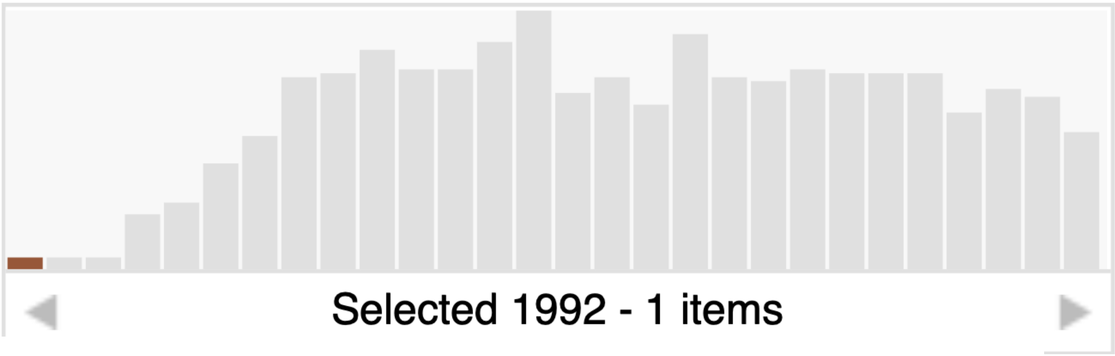
Special thanks to this great audience …

25 Years

Evidence-Based Medicine in PubMed

- **178,252 items**
- **14,793 items [Title/Abstract]**
- **4,192 [Title]**

Results by year



Evidence-based medicine. A new approach to teaching the practice of medicine.

Evidence-Based Medicine Working Group.

JAMA. 1992 Nov 4;268(17):2420-5. No abstract available.

PMID: 1404801

Similar articles

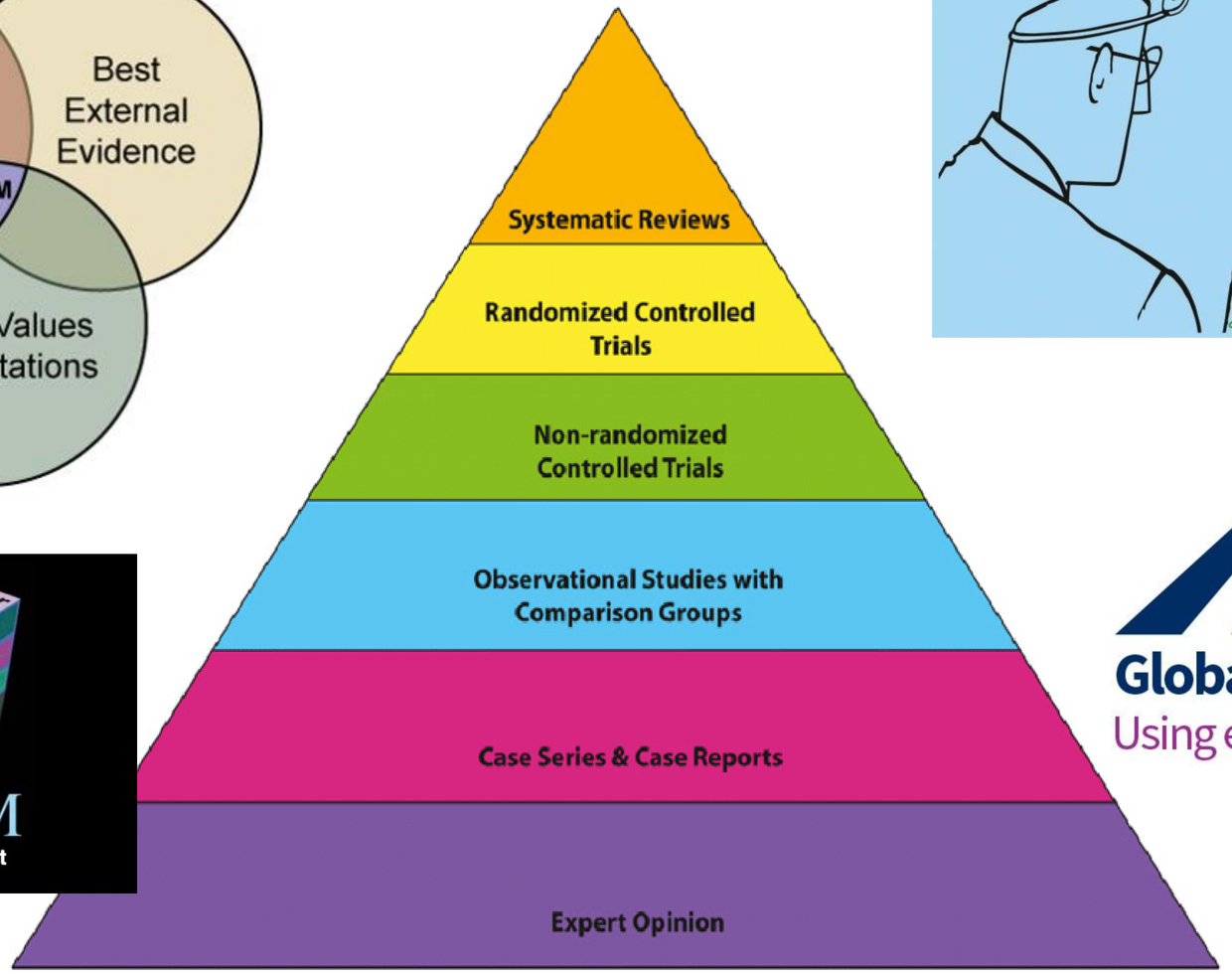
Evidence-based medicine. A new approach to teaching the practice of medicine.

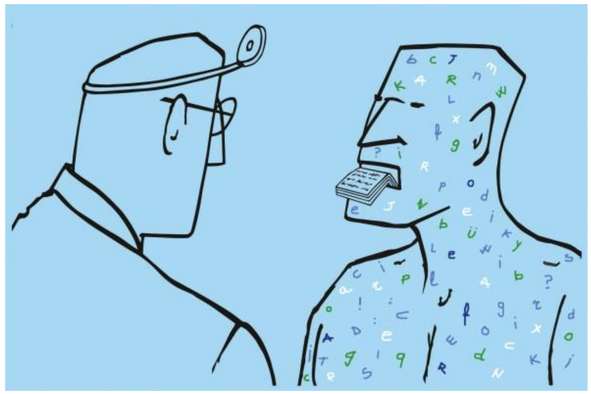
Evidence-Based Medicine Working Group.

JAMA. 1992 Nov 4;268(17):2420-5. No abstract available.

Gordon Guyatt, MD, MSc; John Cairns, MD; David Churchill, MD, MSc; Deborah Cook, MD, MSc; Brian Haynes, MD, MSc, PhD; Jack Hirsh, MD; Jan Irvine, MD, MSc; Mark Levine, MD, MSc; Mitchell Levine, MD, MSc; Jim Nishikawa, MD; David Sackett, MD, MSc; Patrick Brill-Edwards, MD; Hertzel Gerstein, MD, MSc; Jim Gibson, MD; Roman Jaeschke, MD, MSc; Anthony Kerigan, MD, MSc; Alan Neville, MD; Akbar Panju, MD; Allan Detsky, MD, PhD; Murray Enkin, MD; Pamela Frid, MD; Martha Gerrity, MD; Andreas Laupacis, MD, MSc; Valerie Lawrence, MD; Joel Menard, MD; Virginia Moyer, MD; Cynthia Mulrow, MD; Paul Links, MD, MSc; Andrew Oxman, MD, MSc; Jack Sinclair, MD; Peter Tugwell, MD, MSc

The EBM Approach …





Global Evidence Summit
Using evidence. Improving lives.

25 Years

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Outline

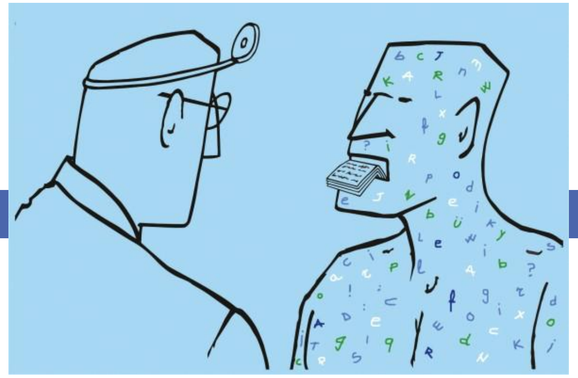
- Introduction to evidence use in healthcare
- Health policymaking?
- EBM is different from evidence-informed policymaking
  - The nature of evidence needed
  - Facilitators and barriers to evidence use
- Does producing evidence-informed policies lead to impact?
- Encouraging and enabling evidence use in policymaking
  - WHO's role
- Final words

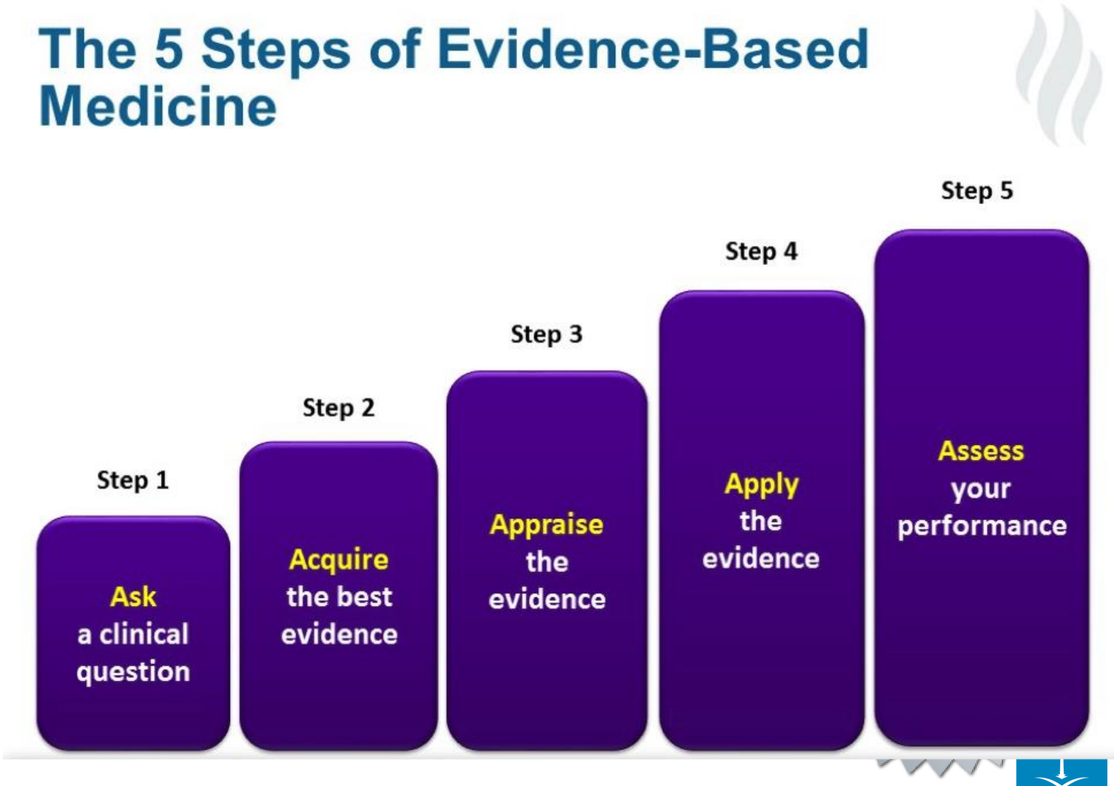
The Use of Evidence in Healthcare …

- Large and unjustified variation in clinical practice *(Wennberg et al, 2016)*
- Significant levels of inappropriate care *(Brook, 1994)*
- Evidence of overmedicalization and treatment-induced ill health *(Illich, 1974)*

25 Years

The EBM Approach …





The EBM Approach / Movement …

- Can be regarded as a **disruptive technology** – a new way of doing things that sought to overturn previous practices.
- Was **radical**, in that it challenged standard practice or policy and, more fundamentally, the assumed authority of the clinical professional and the centralised policy-making apparatus.
- Had the potential to **democratise** decision-making by making research evidence available for everyone.

Boaz A, Davies H, Fraser A and Nutley S: What Works Now? Evidence-Informed Policy and Practice . Policy Press. 2019

Common Criticisms of EBM

- Too many guidelines, unsuited for local application.
- Objectifies medicine: used as a control tool and erodes the professional role.
- Evidence base is overly influenced by commercial interests.
- Much research is of poor quality.
- Too many published findings turn out to be false or non-replicable.
- Remaining gains from forced implementation are now only marginal.
- Cannot deal adequately with complexity of comorbidities.
- Does not sufficiently incorporate patient preferences.

Boaz A, Davies H, Fraser A and Nutley S: What Works Now? Evidence-Informed Policy and Practice . Policy Press. 2019

BMJ

BMJ 2014;348:g3725 doi: 10.1136/bmj.g3725 (Published 13 June 2014)

ANALYSIS

ESSAY

Evidence based medicine: a movement in crisis?

Trisha Greenhalgh and colleagues argue that, although evidence based medicine has had many benefits, it has also had some negative unintended consequences. They offer a preliminary agenda for the movement's renaissance, refocusing on providing useable evidence that can be combined with context and professional expertise so that individual patients get optimal treatment

Trisha Greenhalgh *dean for research impact*[1], Jeremy Howick *senior research fellow*[2], Neal Maskrey *professor of evidence informed decision making*[3], for the Evidence Based Medicine Renaissance Group

[1]Barts and the London School of Medicine and Dentistry, London E1 2AB, UK; [2]Centre for Evidence-Based Medicine, University of Oxford, Oxford OX2 6NW, UK; [3]Keele University, Staffs ST5 5BG, UK

ELSEVIER

CrossMark

Journal of Clinical Epidemiology 73 (2016) 82–86

Journal of Clinical Epidemiology

Evidence-based medicine has been hijacked: a report to David Sackett

John P.A. Ioannidis[a,b,c,d,*]

[a]*Department of Medicine, Stanford Prevention Research Center, Stanford, CA 94305, USA*
[b]*Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA 94305, USA*
[c]*Department of Statistics, Stanford University School of Humanities and Sciences, Stanford, CA 94305, USA*
[d]*Meta-Research Innovation Center at Stanford (METRICS), Stanford University, Stanford, CA 94305, USA*

Accepted 18 February 2016; Published online 2 March 2016

Abstract

This is a confession building on a conversation with David Sackett in 2004 when I shared with him some personal adventures in evidence-based medicine (EBM), the movement that he had spearheaded. The narrative is expanded with what ensued in the subsequent 12 years. EBM has become far more recognized and adopted in many places, but not everywhere, for example, it never acquired much influence in the USA. As EBM became more influential, it was also hijacked to serve agendas different from what it originally aimed for. Influential randomized trials are largely done by and for the benefit of the industry. Meta-analyses and guidelines have become a factory, mostly also serving vested interests. National and federal research funds are funneled almost exclusively to research with little relevance to health out-

Journal of Clinical Epidemiology 84 (2017) 11–13

Hijacked evidence-based medicine: stay the course and throw the pirates overboard

John P.A. Ioannidis[a,b,c,d,*]

[a]*Department of Medicine, Stanford University School of Medicine, 1265 Welch Rd, MSOB X306, Stanford, CA 94305, USA*
[b]*Department of Health Research and Policy, Stanford University School of Medicine, 1265 Welch Rd, MSOB X306, Stanford, CA 94305, USA*
[c]*Department of Statistics, Stanford University School of Humanities and Sciences, 1265 Welch Rd, MSOB X306, Stanford, CA 94305, USA*
[d]*Meta-Research Innovation Center at Stanford (METRICS), Stanford University, 1265 Welch Rd, MSOB X306, Stanford, CA 94305, USA*

Abstract

The article discusses a number of criticisms that have been raised against evidence-based medicine, such as focusing on benefits and ignoring adverse events; being interested in averages and ignoring the wide variability in individual risks and responsiveness; ignoring clinician-patient interaction and clinical judgement; leading to some sort of reductionism; and falling prey to corruption from conflicts of interest. I argue that none of these deficiencies are necessarily inherent to evidence-based medicine. In fact, work in evidence-based medicine has contributed a lot towards minimizing these deficiencies in medical research and medical care. However, evidence-based medicine is paying the price of its success: having become more widely recognized, it is manipulated and misused to support subverted or perverted

“Renaissance” in EBM – Back to the Basics

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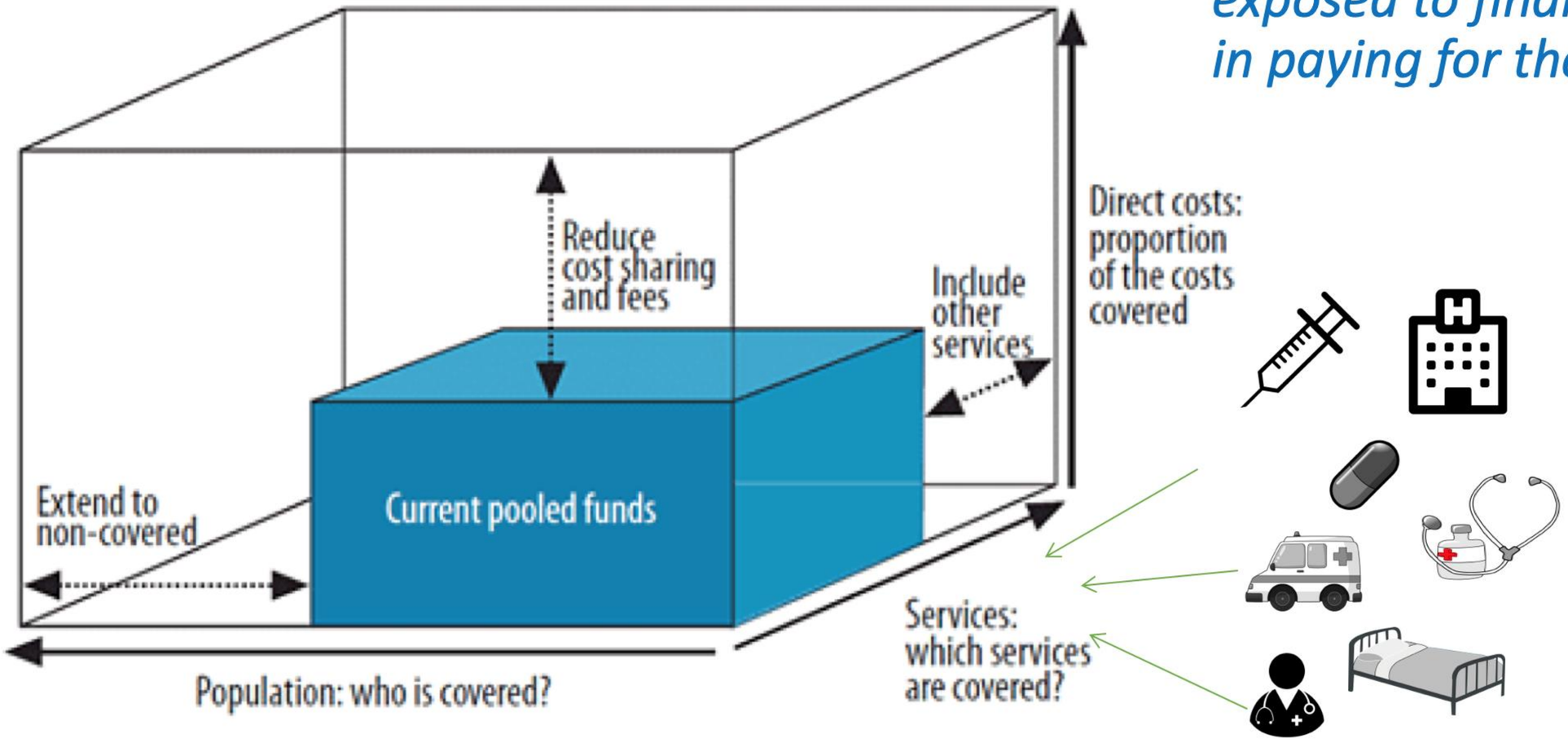
Moving toward UHC

"…all people receiving quality health services that meet their needs, without being exposed to financial hardship in paying for the services."



Three dimensions to consider when moving towards universal coverage

SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

1 NO POVERTY

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

7 AFFORDABLE AND CLEAN ENERGY

8 DECENT WORK AND ECONOMIC GROWTH

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

13 CLIMATE ACTION

14 LIFE BELOW WATER

15 LIFE ON LAND

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

17 PARTNERSHIPS FOR THE GOALS

Estimates of Annual US HC Waste, by Category

$ in Billions

Annual Cost to US Health Care System in 2011			
	Low	Midpoint	High
Failures of care delivery	102	128	154
Failures of care coordination	25	35	45
Overtreatment	158	192	225
Administrative complexity	107	248	389
Pricing failures	34	131	178
Fraud and abuse	82	177	272
Total	***558***	***910***	***1263***
% of total Spending	***21***	***34***	***47***

(Berwick & Hackbarth 2012)

The Challenge of Sustainable Healthcare

- **Sustainable healthcare (HC) is an emerging global challenge.**
- The **changing demographics**, the surge of **lifestyle-related chronic disease**, **technology advances**, and **increased expectations** are all contributing to greater demand.
- **To be sustainable, HC has to be:**
  - ✓ value-driven,
  - ✓ effective,
  - ✓ affordable,
  - ✓ fit-for-the-future
  - ✓ leaving no one behind.

Health Policy is …

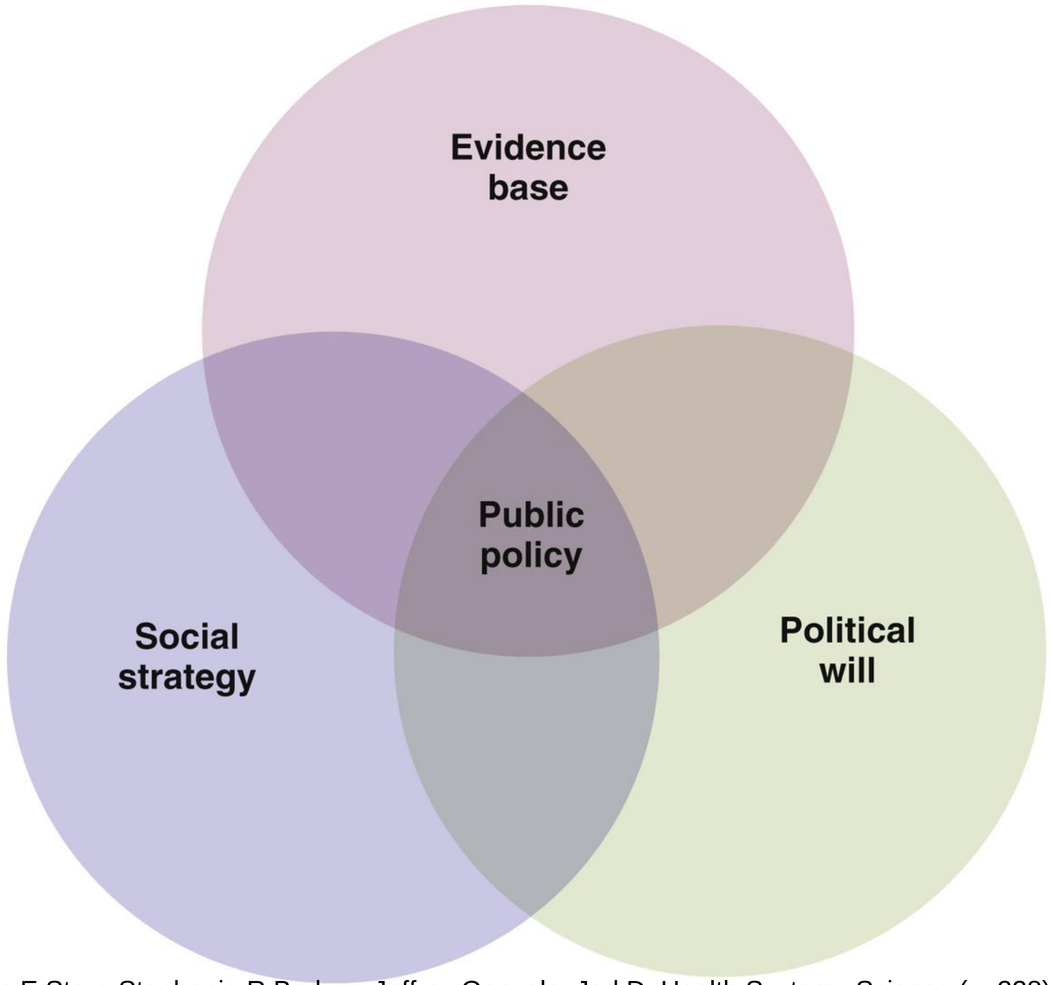
- A dynamic blend of social strategies, laws, regulations, and funding decisions, most often embodied in constitutions, legislative actions, rules, and judicial decisions.
- A nexus of policy, politics, procedure, and science, but not always in that order.

Health Policy is ..

Chess while playing rugby on a speedy train.

Schwartz M.D. Rules of the game. In: Sessums S, Moran B, Rich E, Dennis L, Liebow M, eds. Clinicians and Health Care Advocacy . New York: Springer; 2011.

Health Policy is …

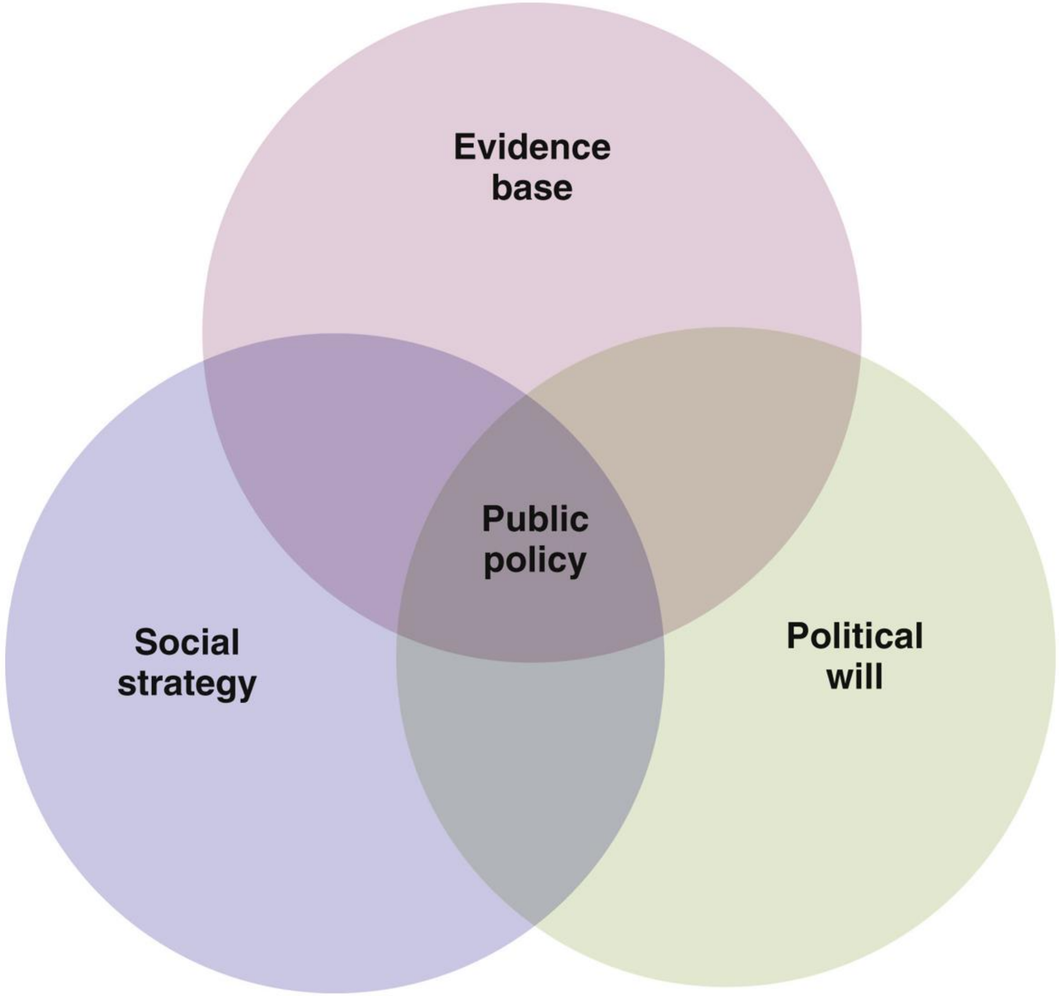


Skochelak A., Susan E.,Hawkins, Richard E.,Lawson, Luan E,Starr, Stephanie R,Borkan, Jeffrey,Gonzalo, Jed D. Health Systems Science (p. 228). Elsevier Health Sciences. Kindle Edition.

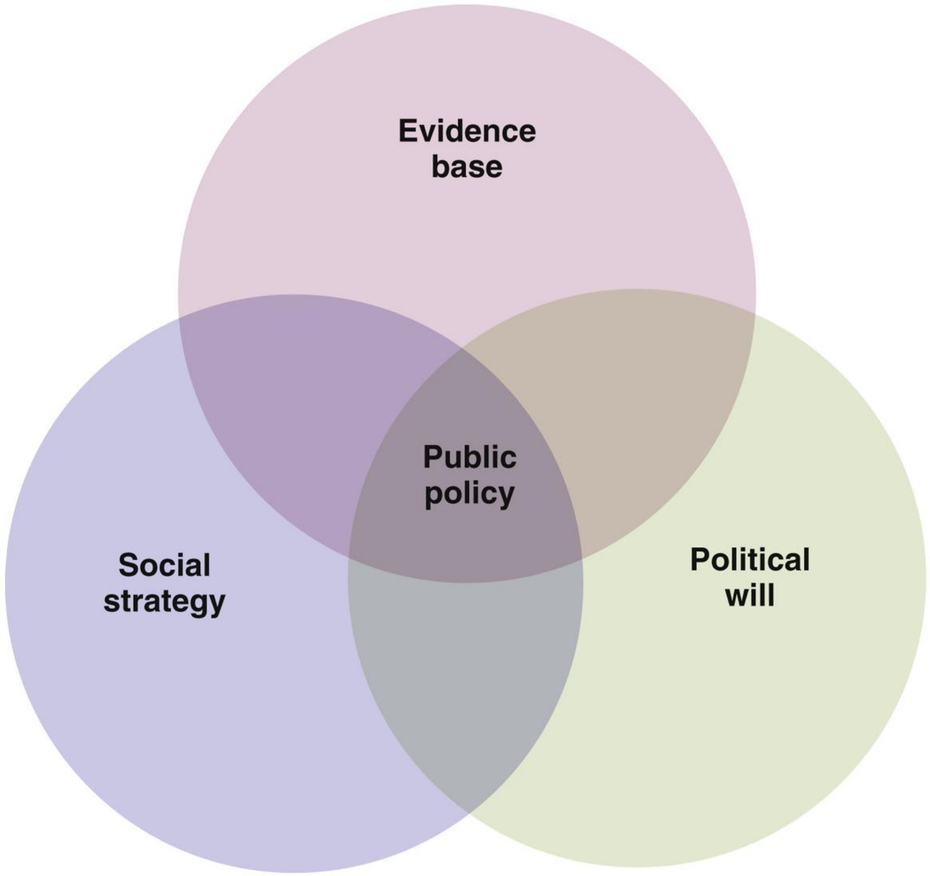
Health Policy

Social Strategy

Actual detailed *policy plan or approach* to address a problem along with the *social infrastructure (or systems)* in place to support the strategy



Health Policy



Political Will

Public understanding and support for the resources needed to implement the strategy and achieve the solution.

1. Patients
2. Providers
3. Payers
4. Public entities

Evidence-Informed Policy Making (EIPM)

- 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 or program/service/product selection)*
  - Ensuring that the chosen option makes an optimal impact at an acceptable cost (implementation)
  - Monitoring implementation and evaluating impact.
- Alongside the institutional constraints, interest group pressure, citizen values (and other sources of ideas) that influence the decision-making process (i e alongside political forces).

John Lavis in Cochrane Training Workshop (May 2019)

Evidence Needed

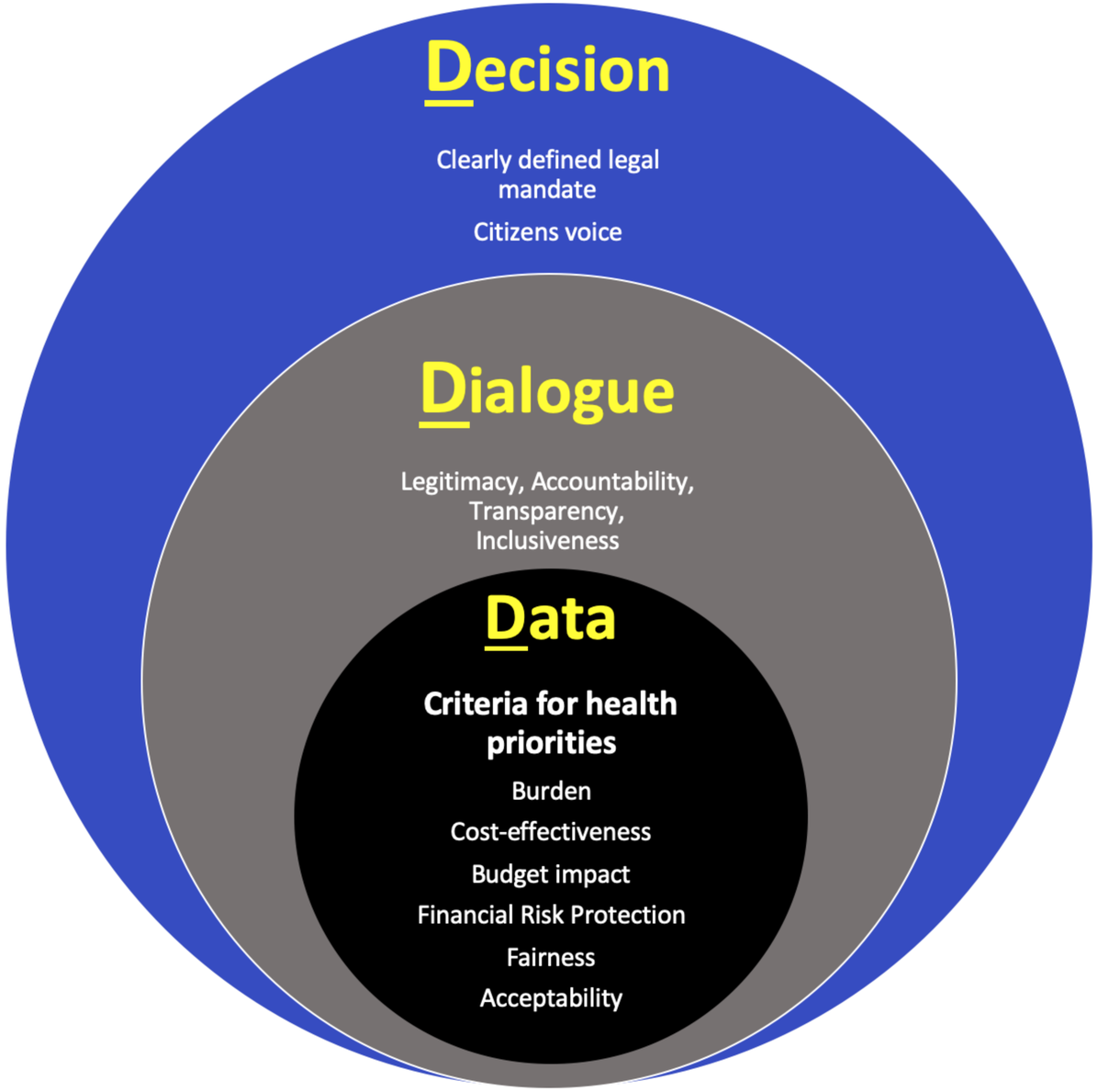
Actionable Governance

Resources

Cl. Knowledge (Outcomes)

HC Knowledge

3D's of Decision-Making



EBM is Different from Evidence-Informed Policy Making (1)

HPM is never likely to be as open to the use of evidence as that seen in clinical practice.

- Research is only one of several knowledge sources
- Policy makers have goals other than effectiveness and efficiency
- Driven by ideology, political motives and other (short term factors)
- Medical care is thus no more the only policy goal; it extends beyond that to include interventions that could mitigate the underlying causes of the low levels of population health such as poor sanitation, environmental pollution, certain lifestyles and behaviours.

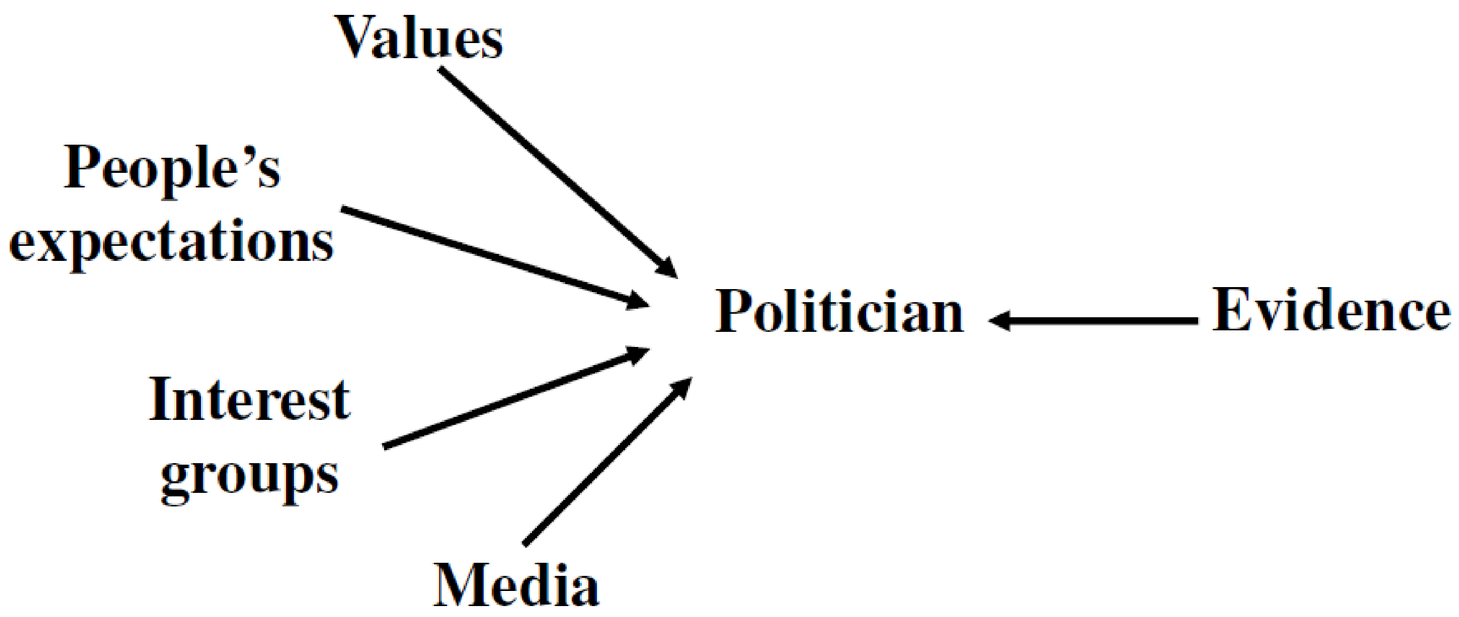
Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? Paul Cairney and Kathryn Oliver *Health Research Policy and Systems* **volume 15**, Article number: 35 (2017)

EBM is Different from Evidence-Informed Policy Making (2)

The healthcare ecosystem includes multiple stakeholders.

EBM is Different from Evidence-Informed Policy Making (3)

Lebanon Experience in Evidence-Informed Policy Making



Source: Dr Walid Ammar, MD, PhD 2019

World Health Organization

EBM is Different from Evidence-Informed Policy Making (4)

New insights from policy studies raise new advice and dilemmas

	New insight from policy studies	New advice based on such insights	New dilemmas arising from such advice
How to maximise the use of evidence in policy	Too many studies focus on supplying scientific evidence to reduce uncertainty; focus instead on increasing demand for evidence by reducing ambiguity	Successful actors reduce ambiguity by, for example, framing issues in **manipulative** ways, using emotional language	*How far should scientists go to persuade policymakers to act on their evidence?*Should they be manipulative? This strategy may be effective, but it presents moral dilemmas and challenges a politically effective image of science as objective We identify several current responses to this dilemma
How best to understand and act effectively within the policy process	Too many studies assume that there is a policymaking 'centre', making policy via linear stages in a cycle; focus instead on a complex multi-level system or environment	Successful actors take the time to identify which responsibilities are delegated, 'where the action is' and the 'rules of the game' in each policymaking venue	*How far should you go to defend a hierarchy of evidence to deliver policy solutions?* Should scientists object to 'localism' if it undermines policies based on RCTs? Or, should they embrace the 'co-production' of policy with actors who reject their 'hierarchy' of evidential methods? We identify three main responses to this dilemma

Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? Paul Cairney and Kathryn Oliver *Health Research Policy and Systems* **volume 15**, Article number: 35 (2017)

What Determines Evidence Use by Policy Makers?

Oliver *et al. BMC Health Services Research* 2014, **14**:2
http://www.biomedcentral.com/1472-6963/14/2

RESEARCH ARTICLE Open Access

A systematic review of barriers to and facilitators of the use of evidence by policymakers

Kathryn Oliver[1*], Simon Innvar[2], Theo Lorenc[3], Jenny Woodman[4] and James Thomas[5]

What Determines Evidence Use by Policy Makers?

A systematic review of barriers to and facilitators of the use of evidence by policymakers

Kathryn Oliver[1*], Simon Innvar[2], Theo Lorenc[3], Jenny Woodman[4] and James Thomas[5]

BMC Health Services Research **volume 14**, Article number: 2 (2014)

- Draws insights from 145 studies
- Published from 2000–12
  - (including 13 other systematic reviews going back further).
- About three-quarters are studies of the UK, Canada, the USA, and Australia.

Most frequently reported barriers and facilitators of the use of evidence (n = # studies in which factor reported)

Top 5 barriers to use of evidence	Top 5 facilitators of evidence use
• Availability and access to research / improved dissemination (n = 63)	
• Clarity/relevance/reliability of research findings (n = 54)	
• Timing/opportunity (n = 42)	
• Policymaker research skills (n = 26)	
• Costs (n = 25)	

What Determines Evidence Use by Policy Makers?

Health Policy 121 (2017) 273–281

Contents lists available at ScienceDirect

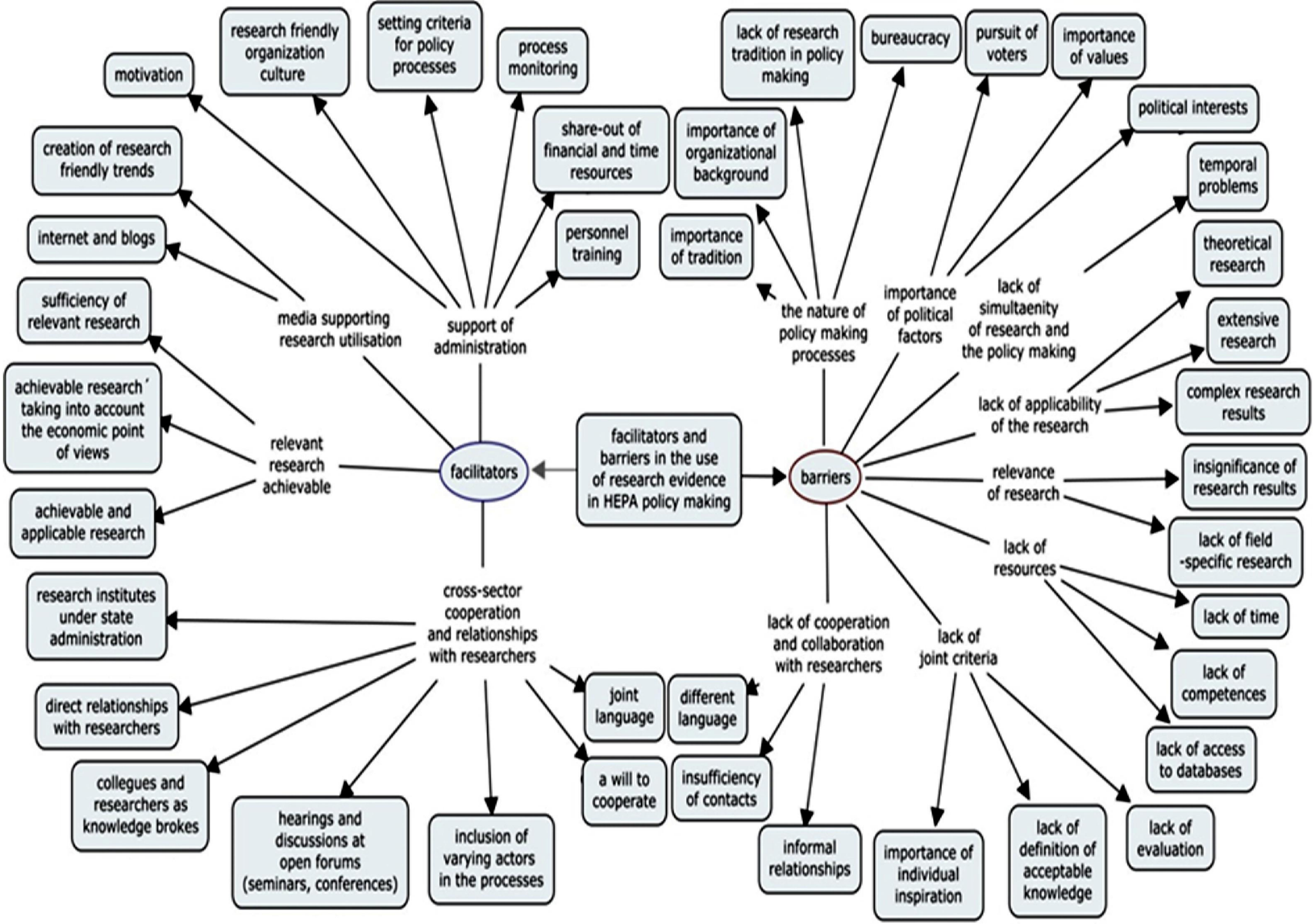
Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Determinants of evidence use in public health policy making: Results from a study across six EU countries

Ien van de Goor[a,*], Riitta-Maija Hämäläinen[b], Ahmed Syed[c], Cathrine Juel Lau[d], Petru Sandu[e], Hilde Spitters[a], Leena Eklund Karlsson[f], Diana Dulf[e], Adriana Valente[g], Tommaso Castellani[g], Arja R. Aro[f], on behalf of the REPOPA consortium[1]

[a] *Tranzo, Tilburg School of Social and Behavioral Sciences, Tilburg University, Tilburg, The Netherlands*
[b] *Welfare: Equality and Inclusion, National Institute for Health and Welfare, Helsinki, Finland*
[c] *Specialised Services, NHS England, London, UK*
[d] *Prevention and Health Promotion, Research Centre for Prevention and Health, Capital Region of Denmark, Glostrup, Denmark*
[e] *Center for Health Policy and Public Health, Department of Public Health, Babes-Bolyai University, Cluj-Napoca, Romania*
[f] *Unit for Health Promotion, Institute of Public Health, University of Southern Denmark, Esbjerg, Denmark*
[g] *Institute of Researches on Population and Social Policies, National Research Council, Rome, Italy*


facilitators and barriers in the use of research evidence in HEPA policy making
facilitators
barriers
media supporting research utilisation
support of administration
personnel training
share-out of financial and time resources
process monitoring
setting criteria for policy processes
research friendly organization culture
motivation
creation of research friendly trends
internet and blogs
relevant research achievable
sufficiency of relevant research
achievable research taking into account the economic point of views
achievable and applicable research
cross-sector cooperation and relationships with researchers
research institutes under state administration
direct relationships with researchers
collegues and researchers as knowledge brokes
hearings and discussions at open forums (seminars, conferences)
inclusion of varying actors in the processes
joint language
different language
a will to cooperate
insufficiency of contacts
the nature of policy making processes
importance of tradition
importance of organizational background
lack of research tradition in policy making
lack of cooperation and collaboration with researchers
informal relationships
importance of political factors
bureaucracy
pursuit of voters
importance of values
political interests
lack of simultaenity of research and the policy making
temporal problems
theoretical research
lack of applicability of the research
extensive research
complex research results
relevance of research
insignificance of research results
lack of resources
lack of field -specific research
lack of time
lack of competences
lack of joint criteria
lack of access to databases
lack of evaluation
lack of definition of acceptable knowledge
importance of individual inspiration

Determinants of Evidence Use in Public Health Policy in 6 EU Countries

- A lack of locally useful and concrete evidence, evidence on costs, and a lack of joint understanding were specific hindrances.
- Users' characteristics and the role media play were identified as factors of influence.
- Attention for individual and social factors within the policy context might provide the key to enhance more sustainable evidence use.
- Developing and evaluating **tailored approaches** impacting on *networking, personal relationships*, *collaboration* and *evidence coproduction* is recommended.

DOI: 10.3310/hsdr05050 HEALTH SERVICES AND DELIVERY RESEARCH 2017 VOL. 5 NO. 5

Effects of a demand-led evidence briefing service on the uptake and use of research evidence by commissioners of health services: a controlled before-and-after study

Paul M Wilson,[1]* Kate Farley,[2] Liz Bickerdike,[3] Alison Booth,[4] Duncan Chambers,[5] Mark Lambert,[6] Carl Thompson,[2] Rhiannon Turner[7] and Ian S Watt[8]

1Alliance M
ork, York, UK

Access to a demand-led evidence briefing service did not improve the uptake and use of research evidence by NHS commissioners compared with less intensive and less targeted alternatives.

Commissioners appear to be well intentioned but ad hoc users of research.

Scientists Produce Evidence But…

- Not in a **form** or **quality** that is known about, read, or understood by (or persuasive to) policymakers.
  - Quality can refer to the format of the information, the extent to which any recommendations are seen as non-partisan/unbiased, their source (trusted experts), and informed by knowledge of political and policy process constraints.
- Effective ‘dissemination’ is about more than plain or ‘punchy’ language or shorter reports across many formats.

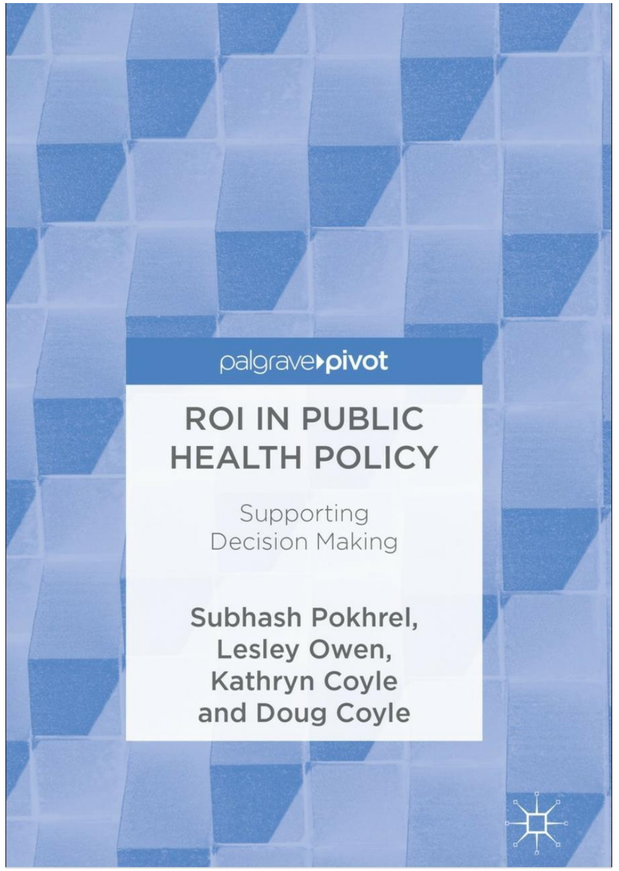
Cairney, Paul: The Politics of Evidence-Based Policy Making Palgrave Macmillan 2016

What Information/Evidence Policy Makers Need?

- Relevant
- Timely
- Robust (and the methodology is relatively uncontested)
- Applicable to the issue of concern
- Accessible to wider audiences
- Brings together relevant expertise from a number of disciplines
- Has champions and advocates
- Involves the users of research in the research project from the outset - the ‘co-production model’
- Supports existing ideologies and are uncontentious.

What Economic Evidence Policy Makers Need?

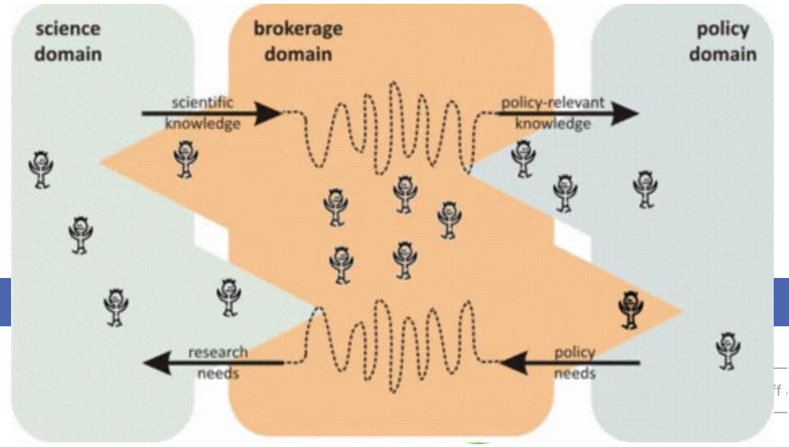
- The traditional metric (cost/QALY) is seen as "abstract" and does not resonate to their local needs.
- Return on Investment (ROI) could help real-world decision making by offering information on the costs and benefits of alternative policy actions.
- Should usually be presented as a single, simplified metric making it easy to relate to their local context.



Popular Recommendations Focusing on Increasing Research Use by Policymakers

- Develop ongoing, collaborative relationships between researchers and potential users:
  - increase levels of trust and the likelihood of shared opinions about the definition of policy problems, the importance of particular policy issues and the criteria against which potential solutions should be assessed.
- Improve structural communication channels, for example, by investing in 'knowledge brokers' and/or knowledge-transfer training

Knowledge Brokerage



Universität für Bodenkultur Wien
University of Natural Resources and Life Sciences, Vienna

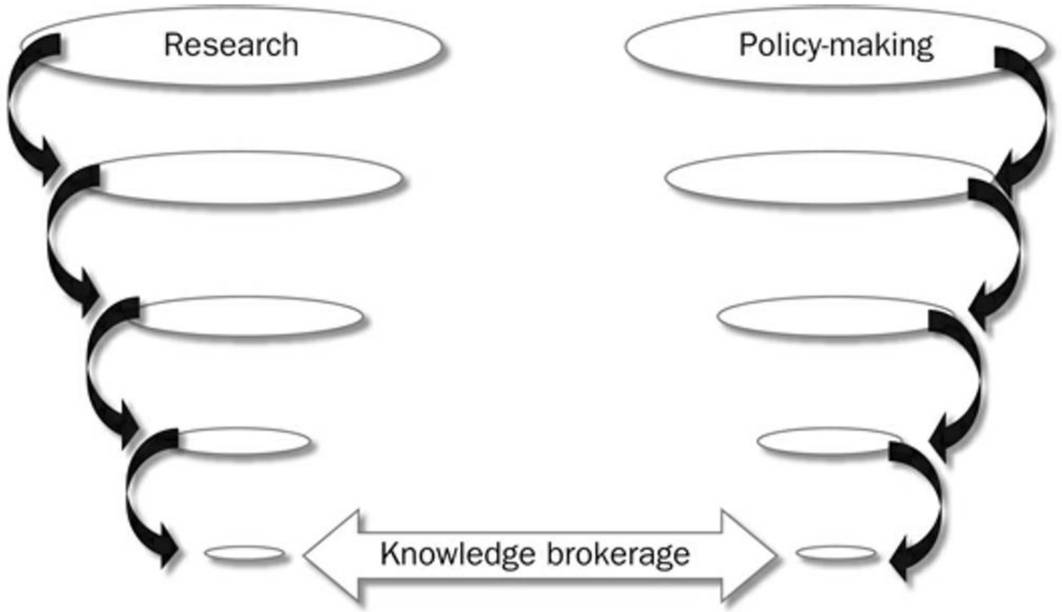
Societal systems …
Codes

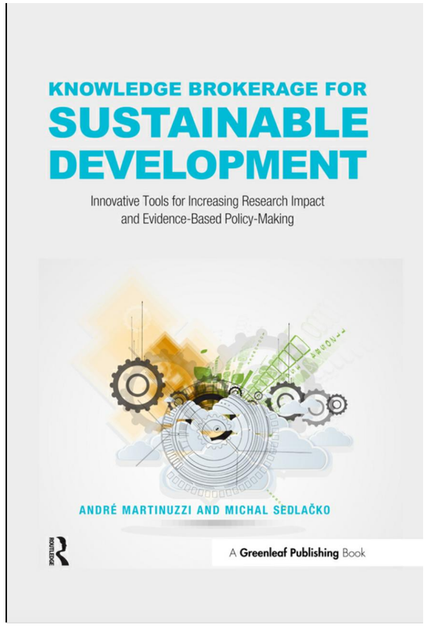
Institutions …
Missions

Professional roles …
Expectations

Individuals …
Socialization

Settings …
Design





Popular Recommendations Focusing on Increasing Research Use by Policymakers

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  - increase levels of trust and the likelihood of shared opinions about the definition of policy problems, the importance of particular policy issues and the criteria against which potential solutions should be assessed.
- Improve structural communication channels, for example, by investing in 'knowledge brokers' and/or knowledge-transfer training
- Ensure there are sufficiently high incentives among researchers and research users to engage in knowledge exchange.

Health Policy 120 (2016) 1141–1150

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Review

The effectiveness of payment for performance in health care: A meta-analysis and exploration of variation in outcomes

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The effectiveness of payment for performance in health care: A meta-analysis and exploration of variation in outcomes

- Estimates of the effectiveness of incentive schemes on health outcomes are probably **inflated** due to poorly designed evaluations and a focus on *process measures* rather than *health outcomes.*
- Larger incentives and reducing the perceived risk of non-payment ***may*** increase the effect of these schemes on provider behavior.

Ogujndeji YK, Bland JM, Sheldon TA in Health Policy 120 (2016) 1141–1150

THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

#EBHC2019

Do Health Impact Assessments Promote Healthier Decision-Making?

- Health Impact Project 2016
- A collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts
- Contracted with Harder+Company Community Research to study a sample of HIAs.

Do Health Impact Assessments Promote Healthier Decision-Making?

- Findings from a national study of the perspectives of HIA stakeholders
- ***Health Impact Assessments:***
  - Build trust and strengthen relationships between decision-makers and community residents.
  - Contribute to more equitable access to health-promoting resources such as healthy foods, safe places for physical activity, transit, and health care.
  - Protect vulnerable communities from disproportionate exposure to environmental hazards

Measuring Impact of Evidence-Informed Policies

- Effective measurement of impact requires **DATA** from a variety of sources
  - traditional public health surveillance, observational studies, surveys, health information and other administrative systems, and more.
- To ensure maximal utility, desired uses for information should be considered when **designing systems** so that the proper data are collected and analyzed.
- Data collection and analysis must also be thought of as a **continual process**, ideally with feedback loops to enable refining of program efforts to improve results, as one-off efforts are generally ineffective for long-term assessment of impact.

Martin R: Measuring the Impact of Public Health Interventions: (Almost) as Important as the work itself. 2017

THE LANCET *(2017)*:
Right Care Series

Addressing overuse and underuse around the world

Vikas Saini • Shannon Brownlee • Adam G Elshaug • Paul Glasziou • Iona Heath

Published: January 08, 2017 • DOI: https://doi.org/10.1016/S0140-6736(16)32573-9

The benefits of modern medical care have advanced the health of populations around the world, but with better health has come rising health-care spending. Not surprisingly, there is global interest in optimising the delivery of health services, exemplified by the universal health coverage (UHC) and waste in research campaigns. [1], [2] Comparatively neglected is a central paradox that afflicts high-income countries (HICs) and low-income and middle-income countries (LMICs) alike: the failure to deliver needed services alongside the continuing delivery of unnecessary services. The *Lancet* Series on right care [3], [4], [5], [6] aims to bring these two issues—overuse and underuse—to the centre of global health strategies (panel).

- Panel

Key messages in Right Care Series

Harris *et al. BMC Health Services Research* (2018) 18:386
https://doi.org/10.1186/s12913-018-3172-0

BMC Health Services Research

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DEBATE Open Access

Sustainability in Health care by Allocating Resources Effectively (SHARE) 11: reporting outcomes of an evidence-driven approach to disinvestment in a local healthcare setting

Claire Harris[1,2*], Kelly Allen[1,2], Wayne Ramsey[3], Richard King[4] and Sally Green[1]

Abstract

Background: This is the final paper in a thematic series reporting a program of Sustainability in Health care by Allocating Resources Effectively (SHARE) in a local healthcare setting. The SHARE Program was established to explore a systematic, integrated, evidence-based organisation-wide approach to disinvestment in a large Australian health service network. This paper summarises the findings, discusses the contribution of the SHARE Program to the body of knowledge and understanding of disinvestment in the local healthcare setting, and considers implications for policy, practice and research.

Discussion: The SHARE program was conducted in three phases. Phase One was undertaken to understand

Harris et al. BMC Health Services Research (2017) 17:342
DOI 10.1186/s12913-017-2208-1

BMC Health Services Research

RESEARCH ARTICLE Open Access

Sustainability in Health care by Allocating Resources Effectively (SHARE) 5: developing a model for evidence-driven resource allocation in a local healthcare setting

Claire Harris[1,2*], Kelly Allen[1,2], Cara Waller[2], Sally Green[1], Richard King[3], Wayne Ramsey[4], Cate Kelly[5] and Malar Thiagarajan[6]

Abstract

Background: This is the fifth in a series of papers reporting Sustainability in Health care by Allocating Resources Effectively (SHARE) in a local healthcare setting. This paper synthesises the findings from Phase One of the SHARE Program and presents a model to be implemented and evaluated in Phase Two. Monash Health, a large healthcare network in Melbourne Australia, sought to establish an organisation-wide systematic evidence-based program for disinvestment. In the absence of guidance from the literature, the Centre for Clinical Effectiveness, an in-house 'Evidence Based Practice Support Unit', was asked to explore concepts and practices related to disinvestment, consider the implications for a local health service and identify potential settings and methods for decision-making.

Methods: Mixed methods were used to capture the relevant information. These included literature reviews; online

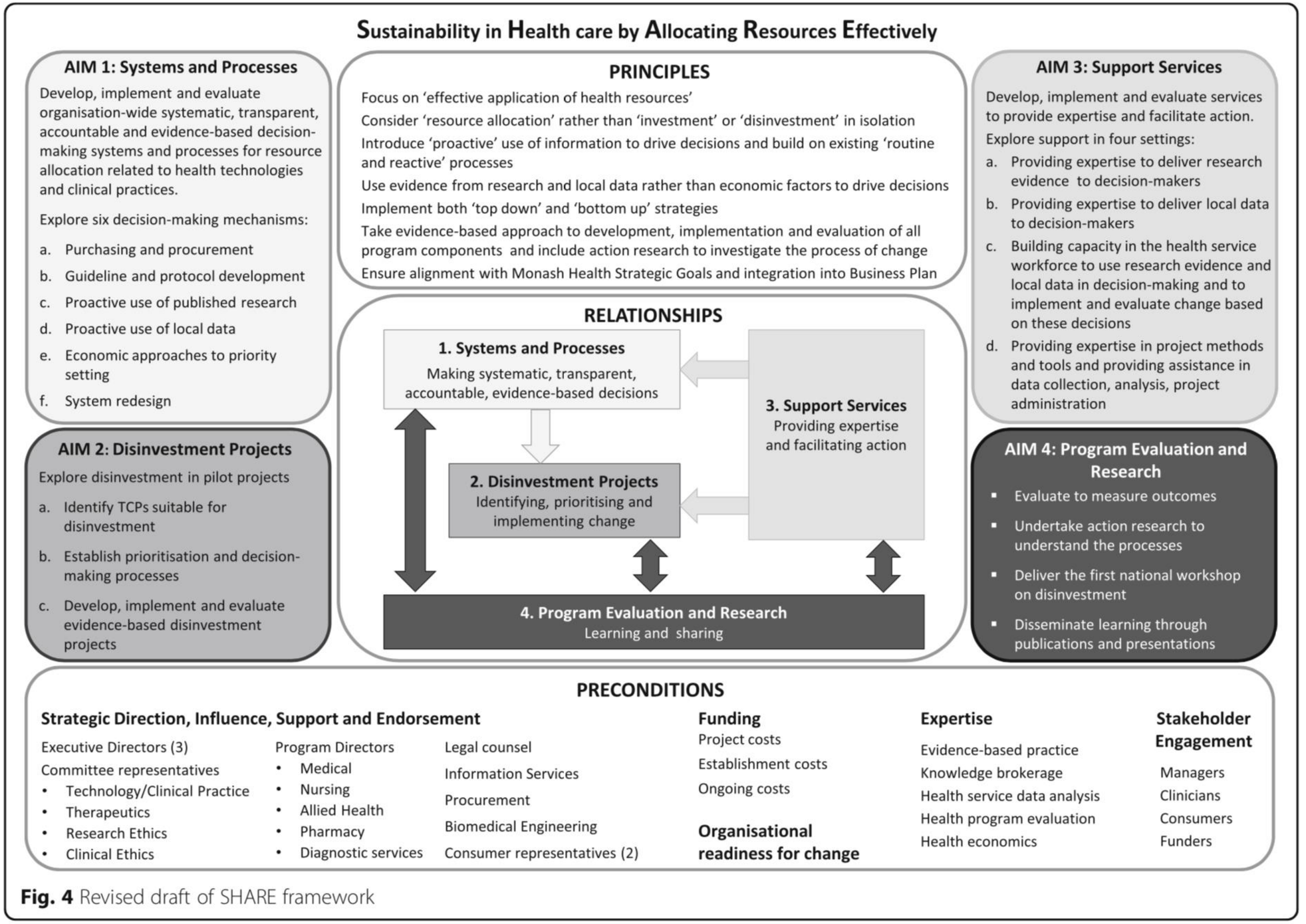

Fig. 4 Revised draft of SHARE framework

McMaster Health Forum

EVIDENCE >> INSIGHT >> ACTION

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Ten Years of Supporting Evidence-Informed Policymaking

Over the past 10 years, the McMaster Health Forum has harnessed research evidence, citizen values and stakeholder insights to help strengthen health systems and get the right programs, services and products to the people who need them. Through Forum+ we're now broadening our work to include social systems and the Sustainable Development

Recent Books

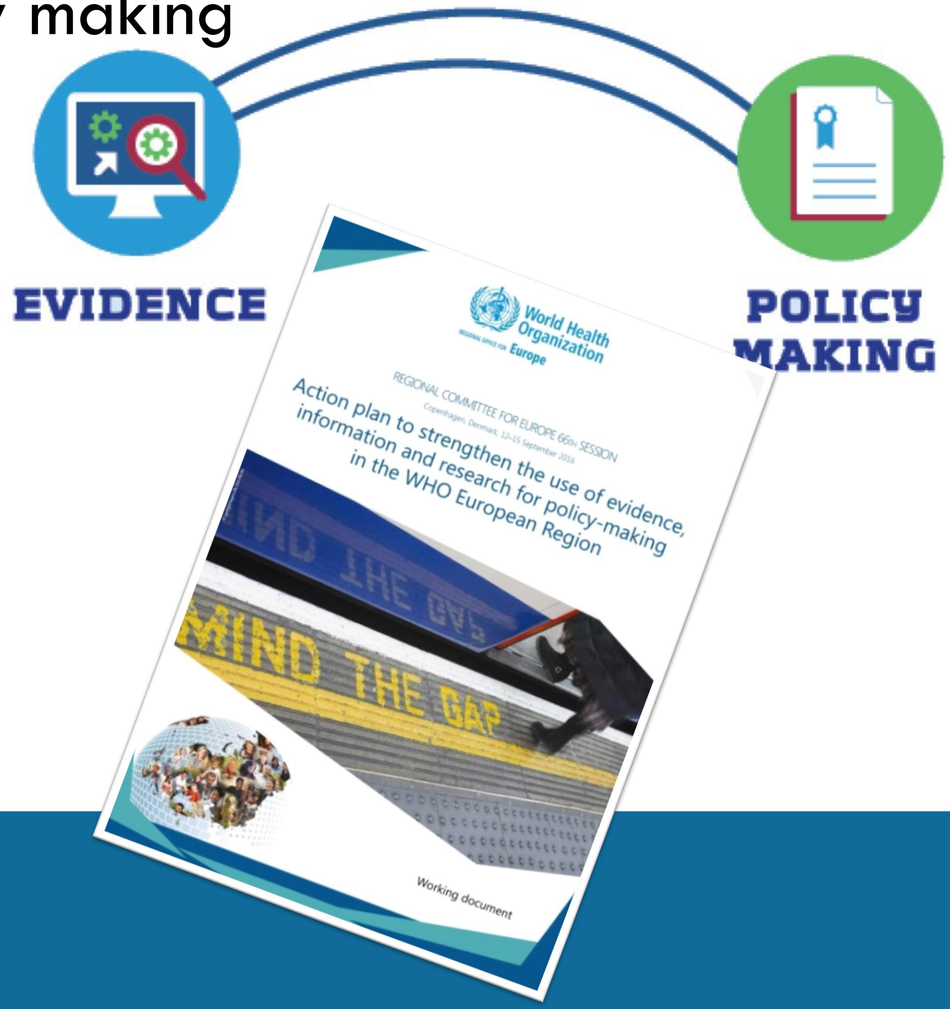
What's next?

What was Happening in WHO in 2017/2018?

World Health Organization

53 WHO Member States calling for enhanced action to use evidence for policy: Regional Committee 2016

Adoption of Action Plan and Resolution on evidence-informed policy making



World Health Organization
REGIONAL OFFICE FOR Europe

World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
66th session

Copenhagen, Denmark,12–15 September 2016

Provisional agenda item 5(j)

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

1. Strengthening health information systems, harmonizing health indicators and establishing an integrated health information system for the European Region;
2. Establishing and promoting health research systems to support the setting of public health priorities;
3. Increasing country capacities for the development of evidence-informed policies (knowledge translation);
4. Mainstreaming the use of evidence, information and research in the implementation of Health 2020 and other major regional policy frameworks.

Adopted by 53 Member States through resolution

Concrete actions for Member States and WHO

World Organ
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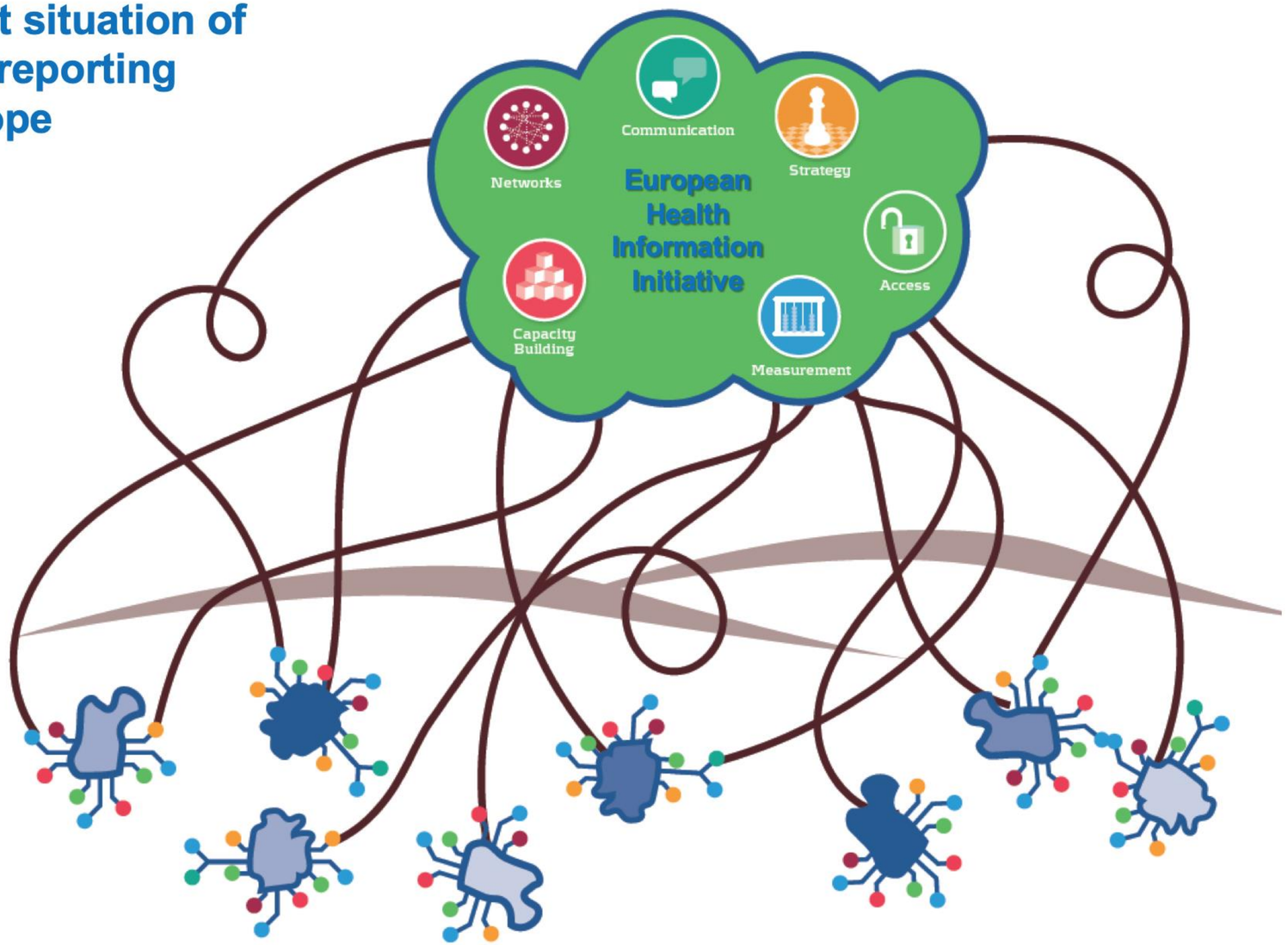
World Health Organization
REGIONAL OFFICE FOR Europe

The European Health Information Initiative is committed to improving the evidence on which policy is based

World Health Organization
REGIONAL OFFICE FOR Europe

Current situation of health reporting in Europe



World Health Organization
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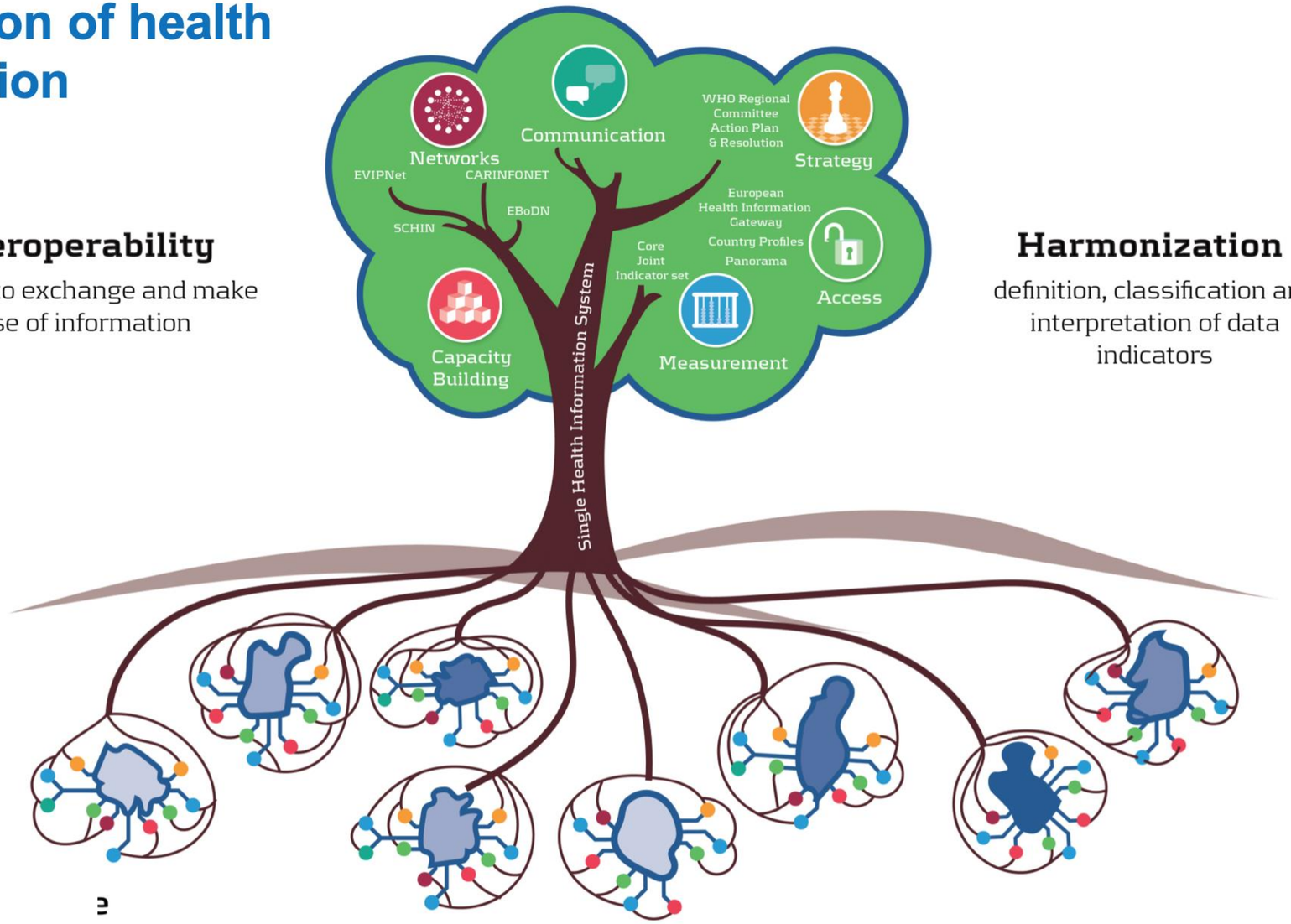
The future: Integration of health information

Interoperability

Ability to exchange and make use of information



Harmonization

definition, classification and interpretation of data indicators

Evidence-Informed Policy *for* Impact Meeting
Nov 22 – 23, 2018 WHO HQ (Geneva)


Beirut, Lebanon
February 2019
World Health Organization
High-level meeting on institutional capacity for the use of evidence in health policy-making

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean
Regional Committee for the Eastern Mediterranean
Sixty-sixth session
Provisional agenda item 3(d)

EM/RC66/6
October 2019

Developing national institutional capacity for evidence-informed policy-making for health

Executive summary

1. To ensure that health policies are appropriate, effective and cost-effective, they need to be based on sound evidence. Evidence-based policy-making is therefore essential to achieve the Sustainable Development Goals and universal health coverage, and its importance is emphasized repeatedly in WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13). However, it can be challenging for countries to obtain and use high-quality evidence.

2. This paper is the latest step in a long-standing programme of work by WHO to foster evidence-based policy-making in countries of the Eastern Mediterranean Region. It was developed in response to a request by the Regional Committee for the Eastern Mediterranean, and proposes a framework to help countries improve their national institutional capacity for evidence-informed policy-making. The framework provides practical actions that Member States can take to build their national institutional capacity and outlines the support WHO can provide to facilitate this process.

3. Countries' needs, priorities and capacities vary, and the proposed framework is designed to be flexible to accommodate such variations. Furthermore, the paper sets out a five-dimensional analytical approach to help countries assess their needs and capacities and formulate a suitable strategy, and includes real-world examples of different possible actions from countries. The proposed framework is presented for consideration and possible endorsement by the Regional Committee.

Introduction

4. This technical paper was developed in response to a 2017 Regional Committee resolution requesting the Regional Director to "establish regional mechanisms to support the bridging of gaps between relevant

Limited Capacity to Generate and Use Evidence for Decision Making

Capacity — **Comparatively limited health research conducted in EMR**

Standards — **Research designs not conducive to produce robust evidence for decision making**

Priorities — **Research studies often not focused on national or regional challenges**

Health Technology Assessment structures are limited in EMR

Few **national programs for** clinical and public health **guidelines**

Health policies often not supported by **policy briefs**

Few **national health observatories** or **survey plans**

Framework for Improving National Institutional Capacity for Use of Evidence in Health Policy-Making in the Eastern Mediterranean Region (2020-2024) (EM/RC66/R.5(D); approved Oct 2019)

Capacity *to locate* and *assess* sources of evidence, *use national data*, and *enforce policy processes*

1

Minimum institutional capacity requirements for all countries

Varying levels of capacity needed to *generate or adapt* evidence products

2

Country specific requirements and options

Countries with limited academic resources	Countries in emergencies	Smaller countries with strong academic capacity	Larger countries with strong academic capacity

3

WHO support and required actions for each category of countries

RC 66

HEALTH FOR ALL BY ALL

World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Framework for Improving National Institutional Capacity for Use of Evidence in Health Policy-Making in the Eastern Mediterranean Region (2020-2024) (EM/RC66/R.5(D); approved Oct 2019)

All EMR countries

- Institutional capacity building for evidence-informed policy-making
- Develop policy briefs on topics of regional importance
- Adapt WHO guidelines for areas of high priority
- Develop multi-country or regional guidelines for high priority topics
- Establish a regional network of support institutions

Countries with limited academic resources

- Support development of policy briefs/ adapt WHO guidelines

Countries affected by emergencies

- Support rapid processes for policy synthesis products

WHO Support for the Member States

What is Happening in WHO now?

World Health Organization

A New Sicily Statement?

BMC Medical Education

BioMed Central

Debate

Open Access

Sicily statement on evidence-based practice

Martin Dawes*[1], William Summerskill[2], Paul Glasziou[3], Antonino Cartabellotta[4], Janet Martin[5], Kevork Hopayian[6], Franz Porzsolt[7], Amanda Burls[8] and James Osborne[9]

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Tilson et al. BMC Medical Education 2011, 11:78
http://www.biomedcentral.com/1472-6920/11/78

BMC
Medical Education

CORRESPONDENCE Open Access

Sicily statement on classification and development of evidence-based practice learning assessment tools

Julie K Tilson[1*], Sandra L Kaplan[2], Janet L Harris[3], Andy Hutchinson[4], Dragan Ilic[5], Richard Niederman[6], Jarmila Potomkova[7] and Sandra E Zwolsman[8]

Abstract

Background: Teaching the steps of evidence-based practice (EBP) has become standard curriculum for health professions at both student and professional levels. Determining the best methods for evaluating EBP learning is hampered by a dearth of valid and practical assessment tools and by the absence of guidelines for classifying the purpose of those that exist. Conceived and developed by delegates of the Fifth International Conference of Evidence-Based Health Care Teachers and Developers, the aim of this statement is to provide guidance for purposeful classification and development of tools to assess EBP learning.

Discussion: This paper identifies key principles for designing EBP learning assessment tools, recommends a

Thanks you …