

# Raising the Bar for Using Patient-Oriented Research in Your Organization or System

Masterclass on the Conduct and Use of Patient-Oriented Research  
Toronto, ON, Canada

**John N. Lavis, MD, PhD**  
Professor and Director, McMaster Health Forum  
McMaster University

**Anne Lyddiatt**  
Patient Partners in Arthritis Program



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## Objectives for this Session

- To appreciate
  - Dimensions of capacity to use patient-oriented research
  - Range of possible efforts to support the use of patient-oriented research
- To develop skills in
  - Assessing capacity to find and use patient-oriented research
  - Identifying gaps in efforts to support the use of patient-oriented research



## Assessing Your Organization's Capacity to Use POR (adapted from CFHI)

- Acquiring POR
- Can your organization\* find and obtain patient-oriented research evidence on high-priority issues? For example, does it have the skilled staff with enough time, incentives and resources, or does it have arrangements with external experts to do this work?
- Is your organization looking for patient-oriented research in the right places? For example, does it look in the Cochrane Library, Health Evidence or Health Systems Evidence depending on whether it's facing a clinical, public health or health system issue? Does it contact researchers or peers in other organizations for help with looking?

\* Please consider the 'organization' you know best... it could be a group of peers, a unit or department within a bigger organization or the organization as a whole



## Assessing Your Organization's Capacity to Use POR (2) (adapted from CFHI)

- Assessing the quality and local applicability of POR
- Can your organization tell if the available patient-oriented research warrants serious consideration? For example, do staff have the skills and tools (or access to external experts with the skills and tools) for assessing the quality of research evidence (e.g., using AMSTAR for synthesized research evidence), for assessing the local applicability of the research evidence, and for identifying similarities and differences between what is being done and what the patient-oriented research says? Or does the organization have arrangements with external experts to do this work?



## Assessing Your Organization's Capacity to Use POR (3) (adapted from CFHI)

- Adapting POR
- Can your organization present patient-oriented research to policymakers, other decision-makers and stakeholders in a useful way? For example, do staff have the time, incentives and resources (or access to external experts) to use research communication skills to present research evidence concisely and in accessible language, to synthesize in one document all of the relevant research evidence along with other types of evidence (including about institutional constraints, interest group pressure, other types of ideas and external factors), and to link research evidence to key issues as they emerge?



## Assessing Your Organization's Capacity to Use POR (4) (adapted from CFHI)

- Applying POR
- Does your organization lead by example and show how it values the use of patient-oriented research (e.g., by communicating that using patient-oriented research is a priority, by committing resources to finding and using patient-oriented research, by setting expectations for staff about how they find and use patient-oriented research, and by involving staff in discussions about what patient-oriented research means for decisions being taken)?
- Do your organization's decision-making processes have a place for patient-oriented research (e.g., is enough time allowed to find and use patient-oriented research, are staff required to document how they found and used patient-oriented research to support presentations to the senior management team, and does the senior management team draw on patient-oriented research when communicating the rationale for a decision)?



## Where are the Biggest Gaps in Your Organization's Capacity to Use POR?

- Acquiring POR?
- Assessing its quality and applicability?
- Adapting it?
- Applying it?



# Five Lessons Learned about Supporting the Use of POR





## Lesson 1: Be Clear about Your Aim

- Evidence-informed policymaking means using the best available data and research evidence (including POR) – systematically and transparently – in the time available in each of
  - Prioritizing problems and their causes (agenda setting)
  - Deciding which option to pursue (policy development)
  - Ensuring that the chosen option makes an optimal impact at acceptable cost (policy implementation)
- ... alongside the institutional constraints, interest-group pressure, values and other political influences on the policy process



## Lesson 2: Pick Locally Appropriate Ways to Get There from a Workable List

- Signal that POR is valued as a key input to the policy process [Climate for research use]
- Produce and synthesize relevant POR [Prioritization]
- Make POR easy to use [Translation]
  - Communicate it effectively [Packaging and push]
  - Make it available when policymakers and stakeholders need it and in a form that they can use [Facilitating pull]
  - Prompt policymakers and stakeholders to use it in decision-making [Pull]
  - Convene policy dialogues where health-system challenges can be discussed with key stakeholders who are informed about the best available POR [Exchange]



## Lesson 3: Identify Partners Who Can Do What Can be Done from the 'Outside'

- E.g., McMaster Health Forum ([www.mcmasterhealthforum.org](http://www.mcmasterhealthforum.org))
  - 1) Health Systems Evidence (more than 11,000 registered users globally, almost half of whom receive a monthly evidence service)
  - 2) Rapid response (in 3, 10 and 30 business days)
  - 3) Stakeholder dialogues, informed by policy briefs (41 dialogues)
  - 4) Citizen panels, informed by citizen briefs (18 panels and 12 briefs)
  - 5) Health Systems Learning (more than 500 public servants trained, as well as more than 100 workshops in more than 30 countries)
- These programs address prioritization (2-4), packaging and push (1), facilitating pull (1-5) and exchange (3, 4)



## Lesson 4: Do What You Can Do from the 'Inside'

- E.g., Ontario Ministry of Health and Long-Term Care
  - 1) Strong messages from all levels of the ministry about using research evidence (but perhaps not POR specifically)
  - 2) Health System Research Fund awards (all of which had to respond to ministry-articulated priorities, and 25% of budgets held back for 'Applied Health Research Questions')
  - 3) Literature reviews and rapid responses
  - 4) Health technology assessments
  - 5) Research Evidence Tool
  - 6) Capacity-building workshops (delivered by the Forum)
- These efforts address climate (1), prioritization (2), facilitating pull (2, 3, 4, 6), and pull (5)



## Lesson 5: Make a Sustained Commitment

- We can point to many examples of direct impact on the policy process
  - E.g., seven weeks from the ‘call’ to a cabinet decision (with six Steering Committee calls, 26 key informant interviews, a synthesis of what the research tells us and a framing of the policy issues, a stakeholder dialogue, and a briefing about what was learned)
- We see a virtuous cycle of more evidence-informed policymaking leading to
  - More evidence-informed interest-group pressure
  - More policy-relevant POR
- We are continuously learning from our own work and the work of our partners



# Where are the Biggest Gaps in Efforts to Support the Use of POR in Your Organization or System?

