APHCRI Workshop

Margaret MacDonalnd
Courage Partners
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Your questions and issues
Objectives

- To understand key differences between policy and research worlds
- To explore implications on applied primary care research
- To identify ways to build bridges & develop more effective relationships
Applied research

- Research which solves problems
  - a subject of study which is put to practical use'

- Health systems are very complex and interrelated,

- Health strategies affect community service strategies eg. HAAC,

- Changing one part means changing many parts (all change must be resourced $, workforce, systems, consumer beliefs etc)

- Research needs to consider much of those elements to targeted optimally
Different Paradigms of use affect views on research

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<th>Policy &amp; management</th>
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<td>Complex</td>
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<td>Dynamic</td>
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<td>Multifaceted</td>
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<td>System ramifications</td>
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<td>Cost implications</td>
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<td>Feasibility and acceptability of policies and interventions key concern</td>
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<td>Differential effects on range of groups in community</td>
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<td>Managing interest groups</td>
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<td>Rapid response to government often required</td>
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<td>Readiness important</td>
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<th>Research</th>
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<td>contained questions</td>
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<td>Controlled studies</td>
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<td>Individual effort</td>
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<td>Doing research which is of interest to researchers</td>
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<td>Time required to conduct, especially for complex issues</td>
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<td>Publication and peer review</td>
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<td>Funding to support effort needs to be long term enough</td>
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<td>University funding &amp; reward systems do not assist collaborative research</td>
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Challenges for policy makers

- Need to integrate evidence from many fields of knowledge
- Feel ill equipped to do so
- Even in same field meta analysis very difficult - different research assumptions and protocols
- Sometimes evidence conflicts with other evidence, need to justify choice of action to electorate
- Best interventions may cause unacceptable system impacts – funding, service implications, cultural acceptability, political feasibility (Strife of interests)
- Have to muddle through and improve incrementally
Concepts of evidence differ

- **Policy makers**
  - Enough justification for approaches to tackle a problem
  - Guide to decision making
  - Guide as to what not to do
  - Many problems do not have evidence so have to proceed on advice, best options, (or lesser evil)
  - Analysis of impacts on other policies and service systems highly important
Policy makers and use of evidence

- Yes they use it extensively as far as they are able
- Only means of tackling ‘myths’ and ideology
- Need it SOON - Much evidence which is used is commissioned research which answers high priority questions

‘Policy decisions emerge from politics, judgment and debate rather than empirical analysis’ Brian Head

- Information which produces insight and direction can be as useful as specific information
- Have to use judgment as to what to take up, how far to implement within resource constraints and electoral tolerance.
Concepts of evidence differ

- Researchers
  - Measurability
  - Scope contained
  - Isolation of variables
  - Replicability
  - Fill gaps in knowledge
  - Respected by other researchers
Use of evidence by policy makers

- Extensive but not always immediate (have to be prepared – back pocket)

- Needs champions who understand the implications and can establish a platform for use.
Both sectors need to adapt

- It takes two to tango (and many more ....)
Key issues for PHC researchers

- Must develop approaches to tackle complexity of problems, multiple causes, take health system interactions, and social, cultural & environmental considerations into account
- Factor in broader impacts (and possibilities) on other services, costs often not factored in.
- How can PHC produce research which is useful
- How to improve uptake of research knowledge
- How to use the intellectual horsepower of researchers
Issues arising for policy makers

- Policy makers vague about needs, busy, fragmented, often responsive focus
  - Need to understand potential of research to help.
  - Need to understand how to work productively with researchers – look for opportunities
  - But will act when research addresses policy and system needs
  - Need to think about policy and research strategically
Issues arising for researchers

- Frustration as policy makers are not contributing
- Tempted to continue to pursue own interests
- University reward system not aligned to applied research needs.
- Problems of not enough time, funding, skills etc
- Research training often discipline based but integrative research increasingly needed – need to evolve skills
- Need to understand strategic issues in policy environment and identify possible research needs
Bridging the gap

- Pursue policy makers about what issues are the most important – don’t give up but pick winners
- Build relationships between the two fields
- Develop common experiences – workshops, problem solving, joint involvement on research
- Develop capacity to undertake policy related interdisciplinary research
- Develop and sell your knowledge of the field and what you can contribute – be the expert on committees
- Include policy makers in communities of expertise
Disseminating findings

- User friendly documents (different from a research audience)
- Decision analysis tools, eg. health wiz
- Face to face discussions/engagement on meaning of findings, discover implications & future needs
Think about research programs

- Understand the environment in which research will be taken up
- Be prepared to tackle complexity and dynamism
- Understand the phases of a program ref policy/program cycle & opportunities for influence
- Research implications for change arising from implementation of research
APS Policy / Program Cycle

Idea/Problem

Year Four
Impact Evaluation

Year Three
Progress Evaluation

Year Two
Clarificative Evaluation

Year One
Guidelines etc

Program Delivery

Policy Development

Identify Issues and Analysis Dept Exec approval

Consultation and Coordination

Develop Options/Policy Papers

Cabinet Approval or Ministerial Decision

Legislation/Development of Program

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Exercise:
Dementia including Alzheimer's –
Key issues

- Incidence and prevalence increasing- burden of disease high and increasing exponentially
- Best hope for reducing burden is to delay onset
- AA service penetration low compared with need and especially in rural areas
- Not enough knowledge – causes of dementia, primary and secondary prevention and medical therapies.
- Not enough services for people with dementia and carers
- Much inappropriate and poor quality care
- Delayed diagnosis results in avoidable problems for clients & carers
- Need more national policy and funding support – but where is the best investment?
Questions / Comments?