



EVIDENCE >> INSIGHT >> ACTION

**Dialogue Summary:
Developing a 'Rapid-response' Program for Health System Decision-makers in Canada**

7 March 2014

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at regional/provincial levels and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.

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Conflict of interest

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Dialogue

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SUMMARY OF THE DIALOGUE

Dialogue participants generally agreed that health system decision-makers faced three general challenges when finding and using research evidence: 1) a lack of timely access to optimally packaged, relevant and high-quality research evidence (i.e., providing the right product at the right time); 2) inconsistent interaction between policy researchers and policymakers (i.e., having the right people developing products on the right issues); and 3) uncertainty about what success looks like. During the deliberation about these challenges, participants emphasized five specific challenges, including: 1) accessing the best available research evidence in a timely fashion; 2) contextualizing the research evidence; 3) accessing expertise, especially in complex areas for which there is only a limited body of research evidence; 4) building capacity to find and use research evidence; and 5) ensuring the confidentiality of politically sensitive requests.

Dialogue participants agreed with many of the proposed organizational features of a rapid-response program, but suggested focusing initially on the “organic” development of a pan-Canadian network, with the McMaster Health Forum as a national coordinating hub. Participants also generally agreed about what can be done in what timelines, but questioned whether the three-business-day product would be requested often, whether jurisdictional scans about ‘who’s doing what’ could be offered as a fourth type of product, the feasibility of consistently preparing these products within the proposed timelines, and the possibility of translating the products so that they’re available in both of the country’s official languages. Participants also generally agreed with the four areas of success proposed in the issue brief – program organization, final product, influence on behavioural intention to find and use research evidence, and whether and how the product was used – but noted the challenges in the fourth area. They also agreed with the proposed measurement approaches – a brief survey administered following receipt of a product, and short qualitative interviews approximately six months later – but suggested exploring the possibility of capturing additional data from requestors (before responding to the request) and from others who could benefit from but didn’t make the request (e.g., download statistics).

Dialogue participants identified as significant challenges ahead both securing stable, long-term funding and finding a way to effectively and equitably manage the expected demand. In terms of next steps that could be taken, many dialogue participants indicated that they would support efforts to: 1) develop a common vision for the network; 2) explore how to link with organizations that could contribute to establishing and maintaining the rapid-response network, including research-funding agencies; 3) map the potential ‘nodes’ (i.e., key individuals and organizations) within their respective jurisdictions that could contribute to the rapid-response network and identify ways to bring them together; 4) find ‘kindred spirits’ in other provinces and territories (both individuals and organizations) that could join a pan-Canadian rapid-response network; and 5) encourage people to direct their health system-related questions to the newly established rapid-response network.

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

Dialogue participants generally agreed about the challenges faced by health system decision-makers when finding and using research evidence, as they were described in the issue brief, which broadly related to: 1) a lack of timely access to optimally packaged, relevant and high-quality research evidence (i.e., providing the right product at the right time); 2) inconsistent interaction between policy researchers and policymakers (i.e., having the right people developing products on the right issues); and 3) uncertainty about what success looks like. During the deliberation, participants emphasized five specific challenges, including: 1) accessing the best available research evidence in a timely fashion; 2) contextualizing the research evidence; 3) accessing expertise, especially in complex areas for which there is only a limited body of research evidence; 4) building capacity to find and use research evidence; and 5) ensuring the confidentiality of politically sensitive requests.

First, several dialogue participants highlighted some of the challenges faced by health system decision-makers in accessing the best available research evidence in a timely fashion. One participant noted that increasingly compressed timeframes for decision-making mean that research evidence needs to be accessed quickly if it is to have an impact. A second participant suggested that heavy workloads also complicate the situation: “People within ministries are overwhelmed by the day-to-day...” A third participant indicated that researchers’ definition of ‘timely’ can differ significantly from policymakers’ definition, which makes it difficult for policymakers to access research evidence through most researchers.

Second, dialogue participants noted the challenge of contextualizing the research evidence, and they generally agreed that this means clearly identifying what the research evidence means for a particular jurisdiction at a given time, and considering it alongside other types of evidence. As one participant stated, “we want that evidence to inform decisions, but we also want it in context with other types of information that policymakers are grappling with. Solely providing systematically collected research evidence may not improve the uptake.” A few participants also emphasized the need to develop capacity in accessing ‘grey literature’ (i.e., unpublished or unindexed documents),

Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

- 1) it addressed an issue currently being faced in Canada;
- 2) it focused on different features of the problem, including (where possible) how it affects particular groups;
- 3) it focused on three broad features of a program to address the problem;
- 4) it was informed by a pre-circulated issue brief that mobilized both global and local research evidence about the problem, three broad features of a program to address the problem, and key implementation considerations;
- 5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible options for addressing it;
- 6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) it ensured fair representation among policymakers, stakeholders and researchers;
- 8) it engaged a facilitator to assist with the deliberations;
- 9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”; and
- 10) it did not aim for consensus.

Participants’ views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

The dialogue was unique for the McMaster Health Forum in two ways: 1) it was a half-day long instead of a full-day long; and 2) an equal number of individuals participated using Skype and in person instead of all (or all but one or two individuals) participating in person.

which may provide relevant contextual evidence and thereby complement the available research evidence.

Third, dialogue participants commented on the challenge of accessing expertise, especially in complex areas for which there is only a limited body of research evidence (or sometimes none at all). As one participant noted: “The problem is about access to expertise in complex areas and [being] able to quickly organize what is known by these experts.” A second participant emphasized that the issue is not just about accessing research evidence through these experts, but also about being able to solicit and gather expert opinions. This participant added that while a rapid-response program “sounds like a paper process, sometimes you need to solicit the collective wisdom that is out there, including what experts are saying.” A third participant mentioned that their organization’s rapid-response program allowed for incorporating expert input at various stages, but that they often went to the ‘usual suspects’ because they lack a well-defined process to identify experts. A fourth participant suggested that while ministries of health often lack resources, a strength of small Canadian provinces is the strong networks and close links with local researchers who can supply expert opinion when needed.

Fourth, some dialogue participants emphasized the lack of capacity to find and use research evidence, and one of them noted that such capacity is highly uneven across Canadian jurisdictions, with many smaller provinces not having the internal capacity that some larger provinces have. While some participants emphasized the human-resource side of the capacity challenge, others highlighted the internal challenges related to how work is organized within their ‘policy shop’ (e.g., a lack of proper structures and networks for synthesizing research evidence).

Finally, several dialogue participants identified the challenge of ensuring the confidentiality of politically sensitive requests. Some participants noted that some issues may be politically sensitive (e.g., requests for rapid responses linked to negotiations with professional associations) and a rapid-response program may need to ensure the confidentiality of the requestors. Participants indicated that this would be especially important if the products of the rapid-response program are publicly released. One participant emphasized that ministry staff are often constrained in their capacity to reach out to researchers to find research evidence on sensitive topics, especially if there was a risk of creating expectations among various health-system stakeholders.

DELIBERATION ABOUT THREE BROAD FEATURES OF A PROGRAM TO ADDRESS THE PROBLEM

Dialogue participants deliberated about three broad features of a rapid-response program for health system decision-makers in Canada: 1) organizing a rapid-response program; 2) establishing what can be done in what timelines; and 3) defining success and measuring it.

Program feature 1 – Organizing a rapid-response program

Dialogue participants generally found the description in the issue brief about approaches to operationalizing organizational features related to governance, management and staffing, program resources and collaboration to be logical and collectively important. However, the deliberations also produced helpful insights about each of these four organizational features.

At the level of governance, dialogue participants deliberated about whether and how to establish procedures and mechanisms to preserve the confidentiality of certain politically sensitive requests, and about approaches to refining submitted requests. With respect to the confidentiality of requests, one participant argued that going as far as ‘anonymizing’ the rapid responses would be counterproductive, and stated that “in the spirit of what you are doing here [i.e., knowledge translation], you shouldn’t allow for anonymity. I’d love to have others give me a call if they know that we’re working on something.” Other participants indicated that

accommodating requests for confidentiality could be addressed by aggregating the information in a way that it would not be possible to trace requests to specific policymakers or jurisdictions, signing agreements to ensure the confidentiality of the requests, and/or establishing delays before publicly releasing the products.

However, one participant argued for a balanced approach regarding confidentiality, and indicated that many rapid responses prepared by their organization's rapid-response program were not addressing politically sensitive issues, and could easily be shared with other jurisdictions. In addition to confidentiality, some dialogue participants mentioned that a missing piece in the issue brief was a process to clarify the questions that will be addressed by the rapid-response program. Framing questions was identified as a key success factor for the entire process because doing this well would ensure a clear and shared understanding of what is expected from any given request. Building on this, one participant pointed to the need to examine whether there are best practices or frameworks to turn issues identified by policymakers into researchable questions (e.g., through lessons learned in priority-setting processes for health-systems research, such as Listening for Direction).

Turning to management and staffing, several dialogue participants focused on the staffing necessary to achieve the standards outlined in the second program feature about what can be done and in what timeline. A few participants mentioned that existing rapid-response programs often do not have dedicated staff working only on rapid responses. Other participants described particular examples of staff mix, such as one with a project coordinator, an information specialist, a researcher (who prepares the rapid response), and more senior researchers (who check key facts, among other tasks) and managers (who coordinate the review process, among other tasks).

On the topic of program resources, dialogue participants focused on mechanisms for prioritizing requests and on program financing. Dialogue participants struggled with identifying an optimal approach to prioritizing some requests over others in times when demand exceeds the capacity of the rapid-response program. Some suggested that prioritization should not be on a "first-come, first-served" basis (given that requests from the minister and deputy minister, for example, will almost always trump other requests), while others noted that this approach had been used with reasonable success in other rapid-response programs. One participant suggested that a possible mechanism to supplement a prioritization process could be to require senior-level approval before the submission of a request to the rapid-response program, which would help to ensure that only the most relevant requests are submitted.

Participants also deliberated about different approaches to financing a pan-Canadian rapid-response program. While there was agreement about the need for external and sustainable funding to support the rapid-response program, some participants noted that current economic conditions and the small size of some Canadian jurisdictions may make this difficult to achieve. Other participants identified that financial support would be difficult to secure if the rapid-response infrastructure is in a different jurisdiction, and one of these participants affirmed that their government would not fund an organization outside the province, but could fund a network partner within the province. While some participants suggested the possibility of establishing a user-pay mechanism, others worried that such a mechanism would make the rapid-response program inaccessible to jurisdictions with limited resources (and could trigger a time-consuming procurement process in other jurisdictions). In addition, one participant indicated that the time required to process a payment would limit the ability of the program to respond in a timely manner.

Turning finally to collaboration, dialogue participants highlighted the importance of collaborating with other networks and groups that are active in the field of health systems research, particularly given the issues raised in the discussion about financing. Participants generally agreed that the cornerstone of this initiative should be the creation of a pan-Canadian network, with one participant noting that "to be sustainable in the long-term, we need collaboration." A second participant suggested that efforts should take an "organic-growing approach" (as opposed to a top-down approach) that starts with identifying nodes of expertise and building collaborations and capacity, and then moves on to operationalizing a collective governance model. In addition, this participant questioned whether what's truly needed is a program or a process, and suggested

that the latter is what needs to be done in a pan-Canadian way, but in partnership with other networks/nodes of expertise, and with a ‘hub’ that helps with coordination and supports collective governance. Other participants responded very favourably to the idea of a coordinating ‘hub’ and local nodes in each jurisdiction. A few participants noted that such a model could build on local knowledge and expertise across the country. As one participant said, a network could “leverage the work that is done [in each jurisdiction] and collectively build on it.”

Program feature 2 – Establishing what can be done in what timelines

The deliberations about establishing what can be done in what timelines focused on the types of products offered (including whether the three-business-day product would be requested often and whether jurisdictional scans about ‘who’s doing what’ could be offered as a fourth type of product), the feasibility of consistently preparing these products within the proposed timelines, and the possibility of translating the products so that they’re available in both of the country’s official languages.

Most dialogue participants generally valued the different types of products proposed in the issue brief. As one participant pointed out, such products can help “us knowing what is the best available evidence, but also knowing that there is nothing out there.” However, this participant questioned whether policymakers would actually reach out to an external rapid-response program to make a three-business-day request, arguing that they might more likely address a request with this type of tight turn-around time (which the individual believed to be rare) to staff within the ministry. A few participants suggested that the rapid-response program should produce jurisdictional scans as a distinct type of product. They indicated that jurisdictional scans are extremely valuable for policymakers. One participant emphasized the importance of this point, noting that ministry staff often have good connections with others in their province or region of the country, but that they typically lack good connections across the whole country.

Turning to the feasibility of preparing the three (or four) types of products within the proposed timelines, while some dialogue participants saw the proposed timeframes as “realistic” and “very appealing”, others were more cautious about establishing such tight timeframes. For example, one participant noted that “it’s an engaging strategy and a gift from a decision-maker perspective, but from a ‘policy shop’ perspective, it’s beyond what we could dream of.” Some participants suggested that a more prudent approach may be to allow the normative standards to evolve over time to ensure that the proposed products and timelines are feasible, even during peak or holiday periods.

Dialogue participants then raised the issue of whether the products could be translated so that they are available in both English and French. A few participants emphasized the need to offer the rapid-response program in both official languages, while noting that this could influence the proposed timelines. Participants discussed minimum standards for translating the rapid-response products, which could range from providing a full translation to providing a translation of a structured summary. Based on the experiences of current rapid-response programs in the country, participants generally agreed about the need to, at minimum, translate a structured summary, and to translate the full product whenever translation was identified as a priority by the requestor.

Program feature 3 – Defining success and measuring it

The deliberation about the third program feature examined how to define the success of a rapid-response program and how to measure it. Dialogue participants generally agreed with the four areas of success proposed in the issue brief – program organization, final product, influence on behavioural intention to find and use research evidence, and whether and how the product was used – but noted the challenges in the fourth area (measuring whether and how a product was used). Several participants argued that it is difficult to assess the extent to which a product informed or influenced a policy decision. Emphasizing this point, one

participant noted the timeline for conducting the evaluation is unlikely to align with the timelines for policy development and decision-making processes (i.e., a decision, or the full sequence of decisions, is unlikely to be made soon after a product is disseminated), which will limit the ability to make definitive statements about whether and how a product was used. A second participant agreed, and argued that “connecting the dots” between a particular piece of research evidence and a decision or discrete action is often not possible. A third participant proposed an alternative way of measuring whether and how a product was used: assessing how far it is disseminated within a ministry of health by asking questions such as whether the product remained at the level of policy analysts, or whether it reached senior policymakers, deputies or the minister. A fourth participant suggested that it could be relevant to assess whether and how a product was used by non-requestors (i.e., people who are not requesting the rapid response, but who may use it when it is made publicly available).

Participants generally agreed with the proposed approaches – a brief survey administered following receipt of a product, and short qualitative interviews approximately six months later – and indicators listed in the issue brief, but they suggested exploring the possibility of capturing data from both requestors and from others who could benefit from but didn't make the request ('non-requestors'). For requestors, participants suggested assessing behavioural intentions to find and use research evidence at the time of the request *and* after receiving a product (and not just after, as proposed in the issue brief), and conducting a few in-depth case studies about the ways in which the rapid-response program has contributed to informing policy and program decisions. For non-requestors, participants suggested analyzing download statistics for rapid syntheses made publicly available online, and conducting online surveys to capture their perceptions (e.g., customer-survey emails requesting feedback as part of an ongoing effort to provide better service and support).

Considering the full array of program features

Dialogue participants generally supported many of the details outlined in the issue brief about organizing a rapid-response program, establishing what can be done in what timelines, and defining success and measuring it, but they concluded the discussion of these features by emphasizing the idea of focusing initially on the development of a pan-Canadian network and, as several participants argued, doing so “organically,” both to make the network as strong as it can be and to help ensure its sustainability. As one participant noted: “It requires more efforts, but it pays more in the long-run.” Dialogue participants also generally agreed that the McMaster Health Forum would be a logical national coordinating hub to anchor such a pan-Canadian initiative.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

In discussing the main barriers to implementing a rapid-response network, dialogue participants identified securing stable, long-term funding as one significant challenge. Most participants agreed about the need to think about the sustainability of the initiative right from the start. While some participants proposed user-pay models for larger organizations and jurisdictions, others expressed concerns that such an arrangement could bias the prioritization of requests with, say, a ‘paying’ organization ‘bumping’ a non-paying organization’s request. As a result, participants generally agreed about the need to seek external, long-term financing.

Dialogue participants identified a second significant challenge as finding a way to effectively and equitably manage the expected demand. Participants generally agreed that some prioritization should be done within each organization before submitting requests. One participant suggested the idea of a coupon system: “You may need to provide certain coupons that would encourage internal prioritizations. You are guaranteed a certain number of services based on the number of coupons. That could help to manage expectations and demands.” A second participant suggested the need to establish a minimum level of sign-off within each

organization (e.g., a director or deputy minister) to ensure that each request is aligned with organizational priorities.

Participants then turned to potential windows of opportunity for implementing a rapid-response program. First, several participants discussed the role of organizations that could support and fund a pan-Canadian rapid-response network. Participants noted that the SPOR (Strategy for Patient-Oriented Research) SUPPORT (Support for People and Patient-Oriented Research and Trials) units, which are specialized, multidisciplinary research-service centres located in provinces and territories across Canada, could be powerful partners that could contribute to building and potentially funding the rapid-response program. However, a few participants argued that the focus of certain SPOR SUPPORT units may be more clinically-oriented and thus not consistent with the rapid-response program's focus on broader health-system issues. Other participants suggested linking with the National Alliance of Provincial Health Research Organizations, and with individual federal and provincial health research-funding agencies. Second, participants suggested reaching out to other successful networks to learn from their experiences. Several existing local, national and international networks were identified during this discussion, including the network of local health technology assessment units in Quebec (UETMIS), strategic clinical networks in Alberta, Evidence Network (which links Canadian journalists with-health policy experts who can write op-ed articles and be interviewed for media stories), and the Cochrane Collaboration.

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

During the deliberation about next steps for different constituencies, many dialogue participants expressed that they would support efforts to:

- 1) develop a common vision for the network (e.g., the scope of the network, its linkage with the coordinating hub, and its processes and methodologies);
- 2) explore how to link with research-funding agencies, some of the SPOR SUPPORT units, and health-research units that could contribute to establishing and supporting the rapid-response network;
- 3) map the potential 'nodes' (i.e., key individuals and organizations) within their respective jurisdictions that could contribute to the rapid-response network and identify ways to bring them together;
- 4) find 'kindred spirits' in other provinces and territories (both individuals and organizations) that could join a pan-Canadian rapid-response network, as well as points of contact within each ministry of health; and
- 5) encourage people to direct their health system-related questions to the newly established rapid-response network.