

Challenging the traditional paradigms

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My background.....

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Researcher
("academic")

Civil servant
(researcher)

- applied research
- policy making



Some policy ingredients

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Believes, values&ideologies

Politics

Lobbying

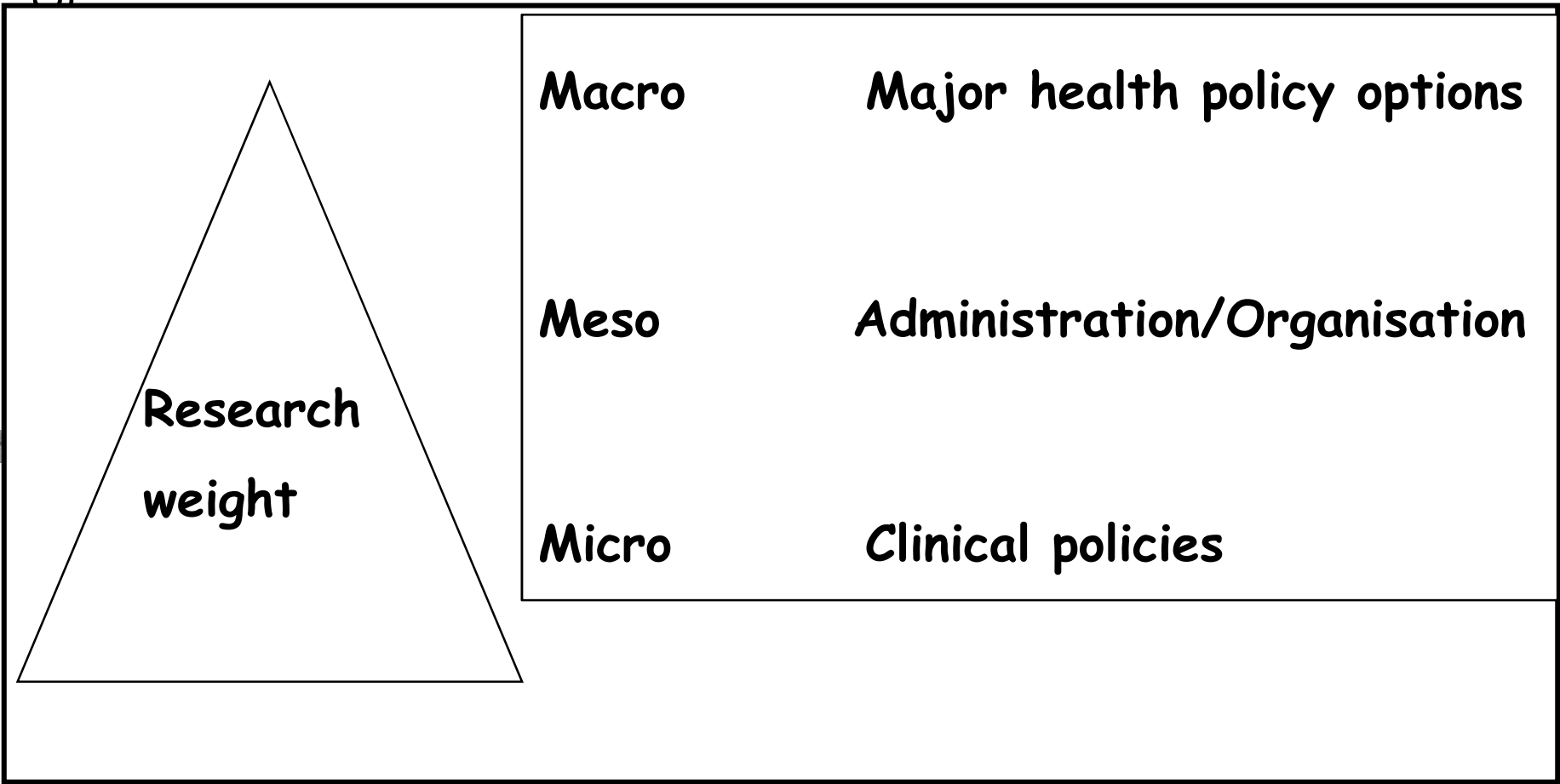
Resources

Evidence



DECISION MAKING IN HEALTH CARE

gionale



Evidence relevant to policy

(according to R Klein)

Organisational evidence

Political evidence

Research evidence



Pitfalls of research information (if any...)

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hard to find

variable validity

questionable relevance

limited generalisability

limited "acceptability"

The problem

30-45% patients not receiving good quality of care according to available knowledge

20-25% of care not needed / harmful

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Schuster et al. 1998

Grol 2001

The problem

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Health care organisations constantly changing, although in a caotic way, under the effect of:

- new technologies
- organisational innovations
- reform (or supposedly so) policies

The traditional paradigm

research is a “tool”, developed by somebody and provided to others

the problem is to “convince” the targeted audience to use it



The “How to convince” history stage 1: 1960s, 1970s

passive diffusion of research
information (through journals ect)

Outcome: not effective at all



The “How to convince” history stage 2: 1970s, 1980s

active dissemination of research
information (through practice
guidelines)

Outcome: often not effective at all



The “How to convince” history stage 3: 1980s, 1990s

implementation of research information

Outcome: quite confusing.....



EPOC Overview of systematic reviews

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Generally not effective	Variable effect	Generally effective
Educational materials	Audit & feedback	Reminders
Traditional educational interventions	Opinion leaders	Outreach visits
		Multifaceted interventions
		Interactive Workshops

Bero et al (1998). *BMJ*

Grimshaw et al (2002). *Medical Care*

Is there any improvement?

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Imperfect evidence base for decision makers

Many current rigorous evaluations have methodological weaknesses

Poor reporting of study settings, barriers to change, content and rationale of intervention

Generalisability of study findings is frequently uncertain

Reminders most consistently observed to be effective

Educational outreach only led to modest effects

Dissemination of educational materials may lead to modest but potentially important effects (similar effects to more intensive interventions)

Multifaceted interventions not necessarily more effective than single interventions

Grimshaw JM, *et al.* Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* 2004.

What all the stages of the history have in common

Hierarchical relationship between
research and practice

Focus on individuals rather than on
organisations and systems



Other possible perspectives on the problem

Rural sociology	Medical sociology		
Communication studies	Marketing & economics	Health promotion & social marketing	
Development studies			
Evidence based medicine and guideline implementation			
'Classical' [structural] organisational research		Complexity [systems]-based organisational research	
Knowledge-based organisational research		Narrative-based organisational research	

From Trisha Greenhalgh's meta-narrative review on innovations in health care

Determinants of adoption of innovations

their characteristics

Innovations that show...

Relative advantage

Compatibility

Low complexity

Trialability

Observability



Determinants of adoption of innovation

relationships among users

1. Opinion leaders
2. Champions
3. Boundary spanners
4. Change agents



Determinants of adoption of innovations

characteristics of organisations

1. Existing stock of knowledge
2. Facilitation for knowledge sharing
3. High quality data capture systems
4. Boundary spanners



Some lessons for the future

from implementation to knowledge translation

- partnership between research “doers” and research “users”



Health policy-makers' perceptions of their use of evidence: a systematic review

Simon Innvær, Gunn Vist, Mari Trommald, Andrew Oxman

Health Services Research Unit, National Institute of Public Health, Oslo, Norway

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Review of 24 studies that asked over 2000 policymakers what facilitated or prevented their use of research evidence

#1 facilitator = "personal contact between researchers and policy-makers" (13/24)

#1 barrier = "absence of personal contact between researchers and policy-makers" (11/24)

Some lessons for the future

from implementation to knowledge translation

- interaction between research “doers” and research “users”

- let “users” and “doers” coincide

- the relevance of relationships



Some implications

integration between provision of care and research



The problem

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INNOVAZIONE

yes

no

yes



Is it useful ?

no

Turn experiences
In knowledge

Status quo

Some implications

integration between provision of care and research

linkages between SSN and the University
(create a demand for research relevant to health care organisations)

promote and support professional networks



Conclusions

methodologies are important, but relationships are even more

shift from "use" of research to "development" of research





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