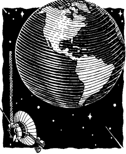

Features

Chroniques

Are the lean days for research funding finally coming to an end?

Charlotte Gray

Charlotte Gray is a contributing editor at *CMAJ*.

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In brief

CHARLOTTE GRAY REPORTS THAT THE LATEST FEDERAL BUDGET "listened to the howls of pain from the research community" by announcing the launch of a new Health Services Research Foundation. As well, a new $800-million Canadian Foundation for Innovation was created. The new initiatives are a marked change from recent funding cuts.

En bref

CHARLOTTE GRAY SIGNALE QUE DANS SON DERNIER BUDGET, le gouvernement fédéral a «entendu les hurlements de douleur des milieux de la recherche» en annonçant le lancement d'un nouveau Fonds pour la recherche sur les services de santé. Il a annoncé aussi la création d'une nouvelle Fondation canadienne pour l'innovation dotée de 800 millions de dollars. Les nouvelles initiatives représentent un changement marqué par rapport aux compressions budgétaires récentes.

It is a mantra among health-system reformers that much of the health care provided in Canada is of no proven value. One recent study from the University of Ottawa suggested that up to one-third of health care interventions may be useless. Without good evidence on what does and doesn't work, and a vehicle to publicize this information, physicians can only rely on past practices and their own informed judgement. All too often, health care is provided on the basis of old saws: it is better if it is more expensive or more specialised, or it is better to do something than nothing.

This research "black hole" was highlighted when the National Forum on Health presented its final report in February. It argued that one key goal in the 21st century should be to establish a "culture of evidence-based decision-making." It acknowledged that the quantity of information is overwhelming — the British Medical Association estimates that 2 million medical articles are published each year, and family physicians would need to read 19 articles every day simply to keep up with developments in their field.

"It is incredible what we don't know, but [it is also] incredible the amount of information we have and don't use," observed health economist Robert Evans, a forum member. "Costly health and health care decisions are made based on little or no evidence." One forum recommendation was that more funding be available to gather additional data and to analyse, synthesize and disseminate information already available.

But where should this new funding come from? Canadian researchers are painfully aware that there has been a squeeze on research funding since the early 1990s, and even though politicians insist that investment in research is vital recent federal budgets have slashed funding. The budget of the Medical Research Council of Canada (MRC) was frozen between 1992 and 1994, and has now been cut by 11%, from $248 million in 1994–95 to $221 in 1998–99. Dr. Henry Friesen, the president, said the MRC approves 600 new grants a year but is currently turning down another 350 proposals that meet its standards.

However, Ottawa recently signalled that it has heard researchers' howls of pain. It has begun to explore ways to find new money to plug knowledge gaps that exist in health care. It has also recognized that a culture of evidence-based decision-making will not happen on its own — that is why the Health

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Services Research Foundation was launched last March.

The chair is Dr. Arnold Naimark, former president and vice-chancellor at the University of Manitoba. The foundation will run the Health Services Research Fund. This complicated corporate structure is necessary, said Naimark, because the fund marks a new way of doing business by combining public- and private-sector grants. The fund begins with $65 million in federal funding spread over 5 years, and is now looking for partnerships with provincial governments, the private sector and elsewhere. The fund will operate as an endowment, at arm's length from government.

Naimark described the fund's objectives.

- To bring health services users and researchers together to identify research gaps. Which procedures or delivery mechanisms should be assessed for effectiveness?
- To fund research proposals that will fill these gaps.
- To disseminate results.

"We have to synthesize the information we have to make it useful and user friendly," Naimark explained. All research proposals will undergo peer review, with the MRC managing the review process.

Besides Naimark and Friesen, the foundation's board includes Michel Bureau, president of Quebec's Fonds de la recherche en santé; Michèle Jean, federal deputy minister of health; Lynn Penrod, president of the Social Sciences and Humanities Research Council of Canada; and John Tucker, chair of the Canadian College of Health Service Executives. The board's first exercise will be to scan existing research and survey key players. It must also develop an investment strategy to make the fund financially self-sufficient after 5 years.

Naimark is confident that the fund will attract private-sector partners, even though none of the work they might invest in will yield an immediate profit. (This is what differentiates it from a venture-capital enterprise such as the Canadian Medical Discoveries Fund, which has been established for the commercial exploitation of Canadian medical breakthroughs.) "The payoff for our private-sector partners will be the contribution they are making to the Canadian health care system," said Naimark. "But don't forget that [more than] 25% of health care is in the private sector. All kinds of companies have a very direct interest in efficient provision of effective services, including pharmaceutical companies and the insurance industry.

The new foundation is one of several steps being taken to stimulate research. The single biggest expenditure in the 1997 budget was the $800 million provided to the new Canadian Foundation for Innovation, which will provide funds to modernize research facilities at universities, colleges and hospitals. Dr. John Evans, who currently chairs Allelix Biopharmaceuticals and is on the board of the Health Services Research Foundation, will head the new foundation.

The 1997 budget also opened the tap for various other research initiatives. The Health Transition Fund received $350 million over 3 years to test models for a renewed health care system, while the Canadian Health Information System received $50 million over 3 years to establish a coordinated system of health information accessible to everyone. Continued funding was assured for Canada's 14 existing centres of excellence, 6 of which are devoted to the health sciences.

Besides these centres, foundations and funds are other existing institutions, including the Canadian Institute for Health Information, the Manitoba Centre for Health Policy and Evaluation and the Institute for Clinical and Evaluative Sciences in Ontario. The CMA is also a player, since it helps to develop clinical practice guidelines. The National Forum pointed out that "there is no systemic integrated plan to link their work nor is there a clear sense of possible gaps that exist between them."

It is a jungle out there, Naimark admits. "It won't be all that clear for a while, because some of [the new] institutions have not yet crystallized their mission."

And he is aware of the danger of duplication. "By having representatives of the different organizations on our board, we hope we might bring all the actors together."

If the Health Services Research Foundation fulfils its mandate, it may provide the momentum that is essential to transform "evidence-based decision-making" from a fashionable formula into a working principle.

What's the evidence?

What is evidence-based decision-making? "It is not tyranny over providers," the National Forum on Health reported in February. "It is not value-free; it is not a suggestion that evidence is not being used now; it is not a methodological straitjacket; it is not an excuse for inaction. . . . It is simply getting the best information in place so that people can make the best decision that is consistent with their values and circumstances."

The forum provided the following example of how inadequate information skews health care. "The board of a large metropolitan hospital is required to decide how best to manage a $1.2-million budget cut. The chair searches for supportive evidence to help formulate a rational response. He asks for performance indicators on how the hospital compares with others to determine potential cost-saving strategies and optimal budget allocations that would not sacrifice patient and provider needs. He is told that, although large amounts of data are available, the information is not useful for making budgetary decisions and program tradeoffs are made with little evidence to support the final decisions."