



Editorial

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Canada needs an evidence-based decision-making trade show

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Science, technology, fiscal pressures and changing political sentiments are pushing and pulling the Canadian health care system in various directions. In some jurisdictions the scope and speed of change are startling. To deal with these changes, managers and practitioners are exhorted to think better and work smarter.

In the past decade several policy-oriented clinical and applied research organizations have sprung up across the country. Although they are to some degree distinct in mandate, funding, accountability and orientation, all share a commitment to evidence-based decision-making in health care. All generate a steady flow of reports and publications, and all call for a unified approach to evidence-based decision-making among researchers, providers, managers, policy-makers and the public. Moreover, these research organizations are simply the more mission-oriented practitioners of analytic disciplines variously known as clinical epidemiology, health services research, utilization analysis, clinical evaluation and outcomes research. Canada has a rich tradition of academic activity in all these areas, and there is a staggering annual output of new information about how the health care system works and how it might be made better.

In addition, intra- and inter-provincial differences in the organization and financing of health care are now more visible than at any time since the early 1970s. Providers, managers and policy-makers have a major opportunity to learn from this emerging pluralism.

Despite the wealth of information, it is striking how often local and larger policy decisions are made without clear reference to the best available research-based evidence. To some extent, this reflects the political nature of health care: not only scientific evidence but also values and circumstances influence decisions (thereby constituting evidence of a different type). We fully recognize that scientific evidence alone cannot determine individual and public values and macro-level health care policy: the "ought" cannot be derived from the "is." However, we remain concerned that the system still has limited capacity to absorb and translate high-quality scientific evidence into practice or policy-making, even where there is declared adherence to the principles of evidence-based decision-making.

Why is this so? A large part of the problem inheres in the structure of our provincial health care systems. Despite the regionalization of various stripes implemented in 9 of the provinces, there is as yet limited systems integration. A particular issue is the continued failure to integrate physicians into these new governance and management mechanisms. Instead, medical practitioners — despite being key resource allocators — have often sensed themselves outsiders to the process of system restructuring. More generally, we believe that health care researchers and analysts have done a poor job of getting their messages out to decision-makers at all levels of the Canadian health care system.

In essence, evidence-based decision-making is like any other commodity: its widespread adoption requires a market and a good sales pitch. A number of researchers, analysts and users of evidence, including the authors of this paper, devote some of their time to proselytizing on behalf of evidence-based decision-



making. However, they often do not know their audience and its needs. There is no systematic approach to marketing, and the impact of these efforts is far from clear. Despite the mantra of teamwork and interdisciplinary collaboration, the typical audiences are more or less homo-geneous groups of doctors, administrators, nurses, boards and sometimes other interest groups. Evidence-based decision-making is almost never central to the business of the meetings where it is discussed or to the traditional and immediate concerns of the groups in question. In some venues its advocates seem to be the sole advocates for their point of view. Presenters rarely have sufficient time to do more than outline the issues and the findings in general terms. Genuine interaction and exploration with the audience is impossible. Above all, there are few opportunities to explore implementation issues in concert with the main actors.

In short, these efforts are fragmented, reactive and probably ineffective, as well as time-consuming. Applied researchers are supposed to meet the needs of a market for evidence, but often their knowledge of that market is minimal. What is to be done?

We propose an annual trade show to bring together researchers and their markets, a bazaar of research-based evidence and its users. We use the term “trade show” deliberately to emphasize that good research must be packaged and sold to prospective decision-making clients. No existing approach is quite what we have in mind, but Ontario has a partial model. The Ontario Health Care Evaluation Network (OHCEN) began in 1992, with seed funding from the Institute for Clinical Evaluative Sciences in Ontario. OHCEN has promoted interaction between decision-makers and health care researchers as an integral part of its mandate. Its steering committee includes a healthy mix of researchers from across the province and decision-makers from various sectors (e.g., community hospitals, teaching hospitals, public health units, district health councils and the Ministry of Health). Among other activities, OHCEN has run a small grants competition in which researchers seek funding in concert with implementation partners to carry out a project focused on moving from evidence to action (and sometimes back again).

Perhaps most pertinent here, however, is OHCEN's annual symposium specifically designed to draw researchers and decision-makers together. Research groups set up booths, and there is ample time for decision-makers and other researchers to wander through the exhibits, exchanging ideas, playing with computer demonstrations or simply picking up written materials to browse at a later time. Plenary and seminar presenters are chosen to reflect the information needs of users of research evidence or to discuss implementation issues, e.g., promoting adherence to practice guidelines, developing processes for commu-

nity consultation around resource allocation and using practice profiles and utilization analysis in the “real world.”

Over the last 4 years, the OHCEN symposium has been well attended and well received. But why limit this initiative to Ontario? The OHCEN symposium carries a strong orientation toward academic research groups, but why not also open up the symposium to health care consultants and managed care “experts,” who may be both eager and willing to pay a reasonable price for a chance to showcase their wares?

The trade show would entail a joint commitment among the producers of applied health research and the receptor sites. The goal would be to advance the cause of turning Canada's growing applied research capacity into useful and well-used products to influence practice, policy and resource allocation.

The health care sector sponsors would promise and deliver the desired audience: board members, providers in all disciplines, managers and policy-makers prepared to deliberate the complex mechanics of turning research into practice at all levels. Given that major employers and private insurers are increasingly concerned about mounting premiums for prescription drugs and other health-related items, we could also expect excellent participation from these sectors. The researchers would promise to present their evidentiary wares in the context of the policy and decision needs of the audience. Obviously, the trade show would need to draw upon the entire community of health care researchers working in academic and nonacademic settings across Canada. However, the cornerstone of researcher participation would be a focus on translating evidence into action. Arcane academic debate or highly technical papers and presentations would be out of place and would be actively discouraged.

Throughout much of the trade show, a large exhibitors' hall would be in operation. Researchers and consultants of all kinds would be welcome to exhibit. Fees could be reduced or even waived for nonprofit research groups prepared to mount a booth, but the managed care industry and investor-owned consulting groups would be charged a reasonable amount for floor space. In addition to creating opportunities and raising revenues, this openness might improve the wares over time: one of the benefits of the event might be to educate “shoppers” on the distinction between the useful and the merely glitzy, which in turn could have a positive influence on product development.

The advantages of this approach are several. First, the trade show might develop into a state-of-the-art exchange of needs, evidence “products,” strategies, replicable successes and pitfalls to avoid — with accelerated diffusion and uptake as likely results. As an annual flagship event, the event might in form resemble the computer industry trade shows that connect producers to consumers, display



comparable products and create innumerable opportunities for sharing experiences.

Second, it would provide a multidisciplinary forum to discuss in some depth the most difficult aspect of evidence-based decision-making: implementation. Despite some notable examples to the contrary, researchers and the audiences for their work are two solitudes without a clear and comprehensive understanding of each other's needs, methods and operating conditions. Bridging these chasms takes more than an hour-long conference presentation on a topic that is often but a curiosity or distraction from the main business of the gathering.

Third, this approach would encourage the research community to tailor its work to the needs of decision-makers. Properly organized and with a clear set of expectations, the trade show would be heavily oriented toward results. The organizers might insist that those presenting research findings also address the implementation issues. Panels of on-the-ground respondents might be asked to comment on the meaning, format and implications of findings for policy, program and resource allocation. The trade show could create structures and protocols to develop researchers' skills in communicating clearly to nonacademic audiences.

Fourth, the trade show could significantly influence the agenda of both decision-makers and researchers. Change in today's fiscal climate does not add to but instead rearranges resources and, therefore, incomes. Even seemingly straightforward measures require support or assent from a wide range of constituencies in health care, any of whom might hold an effective veto. We don't assume that a single annual event will on its own usher in a new era of peaceful health care reform. But to the extent that a range of stakeholders come to share an understanding of issues and ideas, evidence may be translated into action more often and more effectively. As a corollary, researchers may decide to forsake tangential preoccupations for important opportunities to meet the demand for practical tools to help decision-makers at all levels. We assume, perhaps with undue optimism given the sometimes misaligned incentives of applied research and academe, that a revealed demand for various research products might generate supply.

Finally, the event could diminish the amount of time currently spent ineffectively on intermittent contact between researchers and various groups. The applied health research community in Canada remains quite small. Sporadic and nonstrategic marketing is demonstrably flawed; there are too many products with too few knowledgeable buyers. Furthermore, the research producers don't talk to each other enough, let alone the communities of decision-makers they're trying to serve. Dedicating 2 or 3 days a year to a concentrated series of exchanges in the health research marketplace should be far more educational, effective and efficient.

For the event to become a reality, there will have to be core sponsors willing to assemble the program, identify the markets, create a profile, put some cash up front and persuade researchers and decision-makers that they can indeed build a common culture of evidence-based decision-making. The core founding constituencies should include representatives of research centres or units with a focus on health policy, economics, utilization research, technology assessment and clinical evaluation; provincial health care organizations; major national organizations such as the Canadian Medical Association, the Canadian Nurses Association, the Canadian Healthcare Association and the Canadian College of Health Services Executives; Health Canada; provincial governments; and devolved health authorities.

Success, defined as a real impact on the decision-making culture, would necessitate a carefully planned structure for the trade show. There would have to be a major emphasis on case studies, with all important influences on decisions described and reviewed by multidisciplinary panels. A useful discussion of evidence-based decision-making demands analysis of incentives and disincentives to implementation. A major overarching objective would be to locate evidence-based decision-making within a larger context, refining our understanding of the strengths and limitations of science in an increasingly democratic health care system. A healthy dose of realism in this regard would be a good tonic in the face of implicit tensions between a demanding and articulate public (who in some cases vote directly for regional health authority boards) and the rationalist and often utilitarian language and logic of scientific evidence.

As usual, the most difficult step is likely to be the first. All significant achievements require leadership — in this case, a lead organization or consortium with national credibility to get things started. Practically speaking, it may be reasonable to expect leading Ottawa-based national organizations to convene the first organizing meeting, which could be co-hosted by representatives of applied research agencies.

If the trade show is to flourish, the sine qua non is enlightenment-seeking discourse among presumed equals from different sectors with different imperatives and casts of mind. If researchers are to better serve the decision-makers and if decision-makers are to make their needs carefully and comprehensively known to researchers, we must create an empathetic forum. We may not be able to walk a mile in each other's shoes, but we can at the very least learn about our respective paths and the obstacles and opportunities along the way.

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