Editorial

Critical Challenges in Making Health Services Research Relevant to Decision Makers

Health services research is an applied field that seeks to inform the policy debate and implementation experience by drawing on evidence-based research and analysis that is relevant at the national, state, and local levels. The Moore, Fischer, and Havranek (2015) paper in this issue is one of a series commissioned by AcademyHealth for a workshop seeking insight from inside and outside the health sector on ways to support the field in making research relevant to potential user audiences in the policy and practice world (Gluck and Hoadley 2015). In this Commentary, I discuss how the environment in which our research is received and used creates opportunities but also challenges to relevance that warrant greater consideration and active discussion within the health services research community.

SHIFTING DEMAND FROM POLICY TO EXECUTION AND ON-THE-GROUND CHANGE

With the enactment of the Affordable Care Act (ACA) and other recent laws, policy interest in many areas has been shifting from the enactment to the implementation of policy in diverse localities and organizations (Gold 2015). Major work is underway to (1) expand insurance coverage (motivating and encouraging people to enroll in coverage and developing the infrastructure to support enrollment activity); (2) promote effectiveness and efficiency in the delivery of health care (devising and implementing new arrangements for care delivery and payment, and the operational supports needed to make them happen); and (3) make spending more effective and equitable (addressing

prevention strategies, disparities in outcomes, and patient-centered outcomes research). Implementation requires decision makers to move beyond determining “what to do” to “how to make it happen,” which modifies the context of health services research.

First, the focus on implementation and change management means that researchers need, more than ever, to understand the dynamics of change in complex organizations. The Moore, Fischer, and Havranek (2015) paper contributes to this goal in encouraging “translational science” to move beyond a clinical perspective and microlevel care processes that give insufficient emphasis to the often complex organizations in which care is provided and the broader environment that influences this care.

Moore et al. illustrate how the social sciences, like those disciplines that study complex organizational behavior, have much to contribute to understanding organizational innovation. Health services researchers seeking to effectively operate within complex organizations can benefit from social science’s insights on this topic to negotiate their way within this complex terrain. A good understanding of complex organizations and the environment in which they operate also is critical for those evaluating change in such settings. Increasingly, policy makers want to know not only whether change is happening but also where, why, and how—and what that implies for relevance, replication, and adaptation between one setting and another.

Second, the shift in policy interest toward making change happen “on the ground” means effective policy increasingly needs to account for the alignment—or misalignment—between policy and business goals. Research that identifies distributional consequences of particular policies across organizations of different types can make important policy contributions. So can analysis that distinguishes alignments more under policy control through federal and state programs from market and contextual factors that vary across communities but are less amenable to direct policy interventions. For example, such factors include the sociodemographics of the population, the degree of consolidation and integration across health care providers, and community attitudes to intervention. When researchers bring an understanding of both policy and practice, they can help policy makers to anticipate barriers to change, to set realistic expectations, and to identify where special policy

provisions or programmatic support might be desirable to increase equity and achieve broader policy goals such as protecting the safety net.

Third, researchers working directly on implementation need to understand how that context affects the expectations for them and their research. The role of researcher relative to the manager shifts with the nature of the task (Shortell and Richardson 1978). Researchers have considerable independence and control when engaged in evaluative tasks involving assessment of ultimate outcomes, but managers have a larger role on tasks associated with assessing implementation progress and what that means for next steps. Operational needs set the time lines for implementation research and define the issues to be analyzed. When engaged in implementation efforts, researchers may be asked to generate and contribute relatively “real-time” information that provides feedback as innovation occurs. They also are expected to work more collaboratively with those whose work they are evaluating, with more emphasis on interim feedback that is actionable. Such metrics may depart from those expected in traditional health services research and may not be understood or valued as highly by the academic community. Yet they are often necessary for effective research in real-world settings.

SHIFTING SOURCES OF RESEARCH SUPPORT AND A POLITICIZED ENVIRONMENT

Health services research, particularly on large projects that involve data collection, requires outside support—so-called soft money. While grants with relatively few restrictions on publication are important sources of funding for some health services research, much of the most policy-relevant research today is funded by contracts that support research relevant to implementation and evaluation. In this context, users have more control over the questions to be addressed, the resources allocated to answering them, the timing with which answers are required, and the release of findings. Such involvement creates opportunities but also challenges for the health services research community.

From my perspective, the greatest challenge in having users define the research questions rests less on the loss of control over research topic selection than in the demands placed on researchers to be true partners in this endeavor. Stronger and more relevant research is likely to evolve through active collaboration between users who bring questions and researchers who can assess the feasibility of addressing particular questions. Government contracts often place restrictions on this form of communication prior to an award, and even

afterwards, some agencies and organizations are more receptive to this kind of dialog than others.

Much more troubling are the restrictions on public release of research findings. Research has always served as “ammunition” in policy debates (Weiss 1979), but in today’s climate there may be less willingness to agree on a common set of facts as the basis for debating the implications of policy options or what implementation research says about the feasibility and effectiveness of a particular form of innovation. Thus, the nonpartisan translation of research into practical information for policy debate presents a significant challenge. Evidence and those presenting it may be viewed as members of one camp or another, regardless of whether this is the case.

In this environment, agencies may be more reluctant than before to allow the public release of research studies they have funded or make data publicly available for independent research analysis. Historically, those overseeing this work have themselves been researchers, making it easier to enforce professional norms. But that arguably is less true today given changes in the experience and skill level of the federal workforce and the growing use of rules that limit the discretion of individual employees to make decisions on release of data or findings. It is hard for individual researchers and the organizations in which they operate to negotiate this environment on their own. There may be more opportunity for the health services research community to do so collectively in collaboration with other strategically placed supporters. AcademyHealth (2004) has developed ethical guidelines for managing this conflict, but the health services research field as a whole has taken only limited steps to address directly the constraints on publication.

One reason this problem is so important is that restrictions on release of health services research findings in a politicized environment makes it easier for partisanship to be exploited by others with an increasing array of analysis with “facts” that overload decision makers and make it harder for them to distinguish more from less reputable analysis. The health services research community arguably could make a major contribution to making research more valuable to users if it could establish selected ground rules or guidance for users seeking to assess the merits of diverse analyses. For example, professional standards might call for any press release that cites statistics from a study to contain a link to the original report so that users can judge the source of the data and quality of the analysis. Such standards might require reports to include—in their body or in a public appendix—standard information on methods, such as the population studied, the size and composition of the study sample, data sources and time frame,

response rate (if relevant), the definition of measures used, and analytic techniques. Such disclosure would build on established research conventions and increase transparency, making it easier for study users to assess the quality of research studies.

EFFECTIVE TRANSLATION OF RESEARCH FINDINGS INTO RELEVANT ANSWERS FOR USERS

There are many pathways through which research can be converted into practical use (Gold 2008). As an applied field, the merits of our work will be judged at least in part by an ability to apply research to real problems and questions in the external environment. Furthermore, support for health services research realistically likely will depend at least in part on the ability of our community to convince policy makers and other funders that our work is relevant to current concerns. There are several strategies we might pursue toward this end.

First, we can better recognize the “village” it takes to convert research to action. A variety of “information intermediaries” play a vital role in converting specific research studies into an evidence base that addresses policy and organizational questions in forms that users trust (Gold 2008, 2015). We need to appreciate their work and teach researchers to describe their own research findings in ways that can be used by these intermediaries.

Second, we can do a better job of preparing researchers to deal with policy and operational ambiguity. The value of research is undercut to the extent that researchers assert “it depends” or “we don’t know.” Yet there are limits to our ability to answer questions posed by decision makers. As part of their training and professional activity, health services researchers need help in thinking about this dilemma of policy and operational ambiguity and how they can address it. They can be taught tools, such as clarifying the assumptions underlying their answers, framing answers in ways that allow the realm of facts (the research arena) to be distinguished from values (the policy or organizational arena) and developing judgment on when imperfect information is sufficient. These tools can help deliver answers better received by users and limit the inevitable risks that occur in any communications.

Third, we can better recognize and value the variety of communication channels likely to be important in making research relevant. While incentives generally focus on communication through traditional archival sources of research (the “journal article”), the different audiences for our research call for use of diverse communication channels, including shorter briefs, webinars,

direct policy or manager communication, and converting research findings into implementation and practice change tools (Gold 2015).

Finally, we can develop a more realistic understanding of what constitutes successful health services research. Particularly as the focus shifts to implementation, it is important to recognize the variety of locations in which health services researchers work and diversity of ways research is used. Path-breaking studies occur but are not common enough to provide a benchmark for the value of what we do. The value of our work often reflects the continued accumulation of evidence that ultimately results in the conversion of expert judgment to common knowledge. Sometimes research is valuable not because it finds something new but because it credibly updates the same statistics year after year because decision makers demand the most current data. More researchers work on implementation, bringing the research mindset to helping implementers think through the logic of their desired change, the plans for implementation, and the reasonableness of deadlines in light of on-the-ground realities. We can appreciate the breadth and diversity of our field to enhance our ability to generate support for our work.

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