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## **Moving from good evidence to good policy and practice**

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# Disclosure

- **Jeremy Grimshaw:**
  - **holds a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake**
  - **Co-ordinating Editor of the Cochrane Effective Practice and Organisation of Care**
- **Cochrane Effective Practice and Organisation of Care group funded by:**



# Greetings from Ottawa

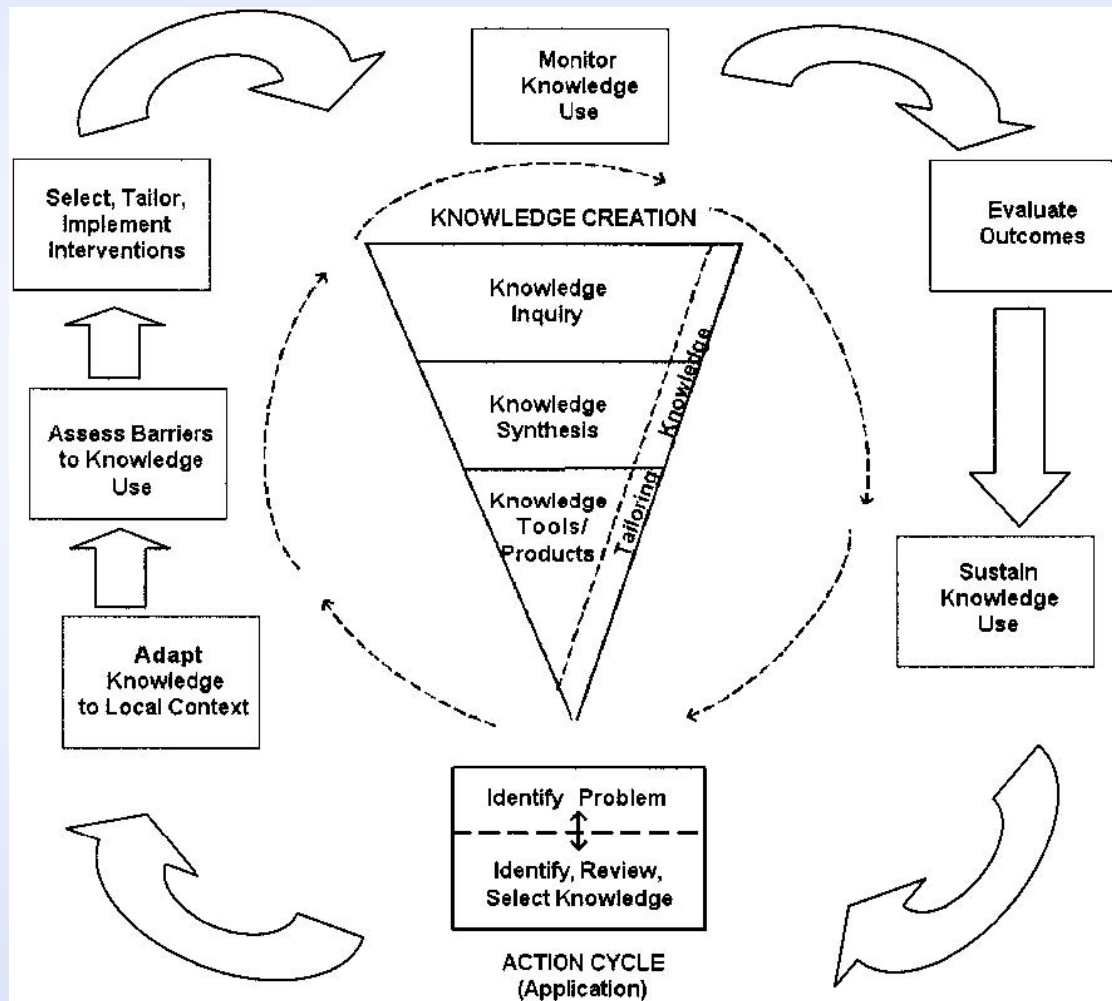


# Key concepts

- **Five key questions**
  - **What should be transferred?**
  - **To whom should research knowledge be transferred?**
  - **By whom should research knowledge be transferred?**
  - **How should research knowledge be transferred?**
  - **With what effect should research knowledge be transferred?**

Lavis JN, Robertson D, Woodside JN, Mcleod CB, Abelson J (2003) *Milbank Quarterly*

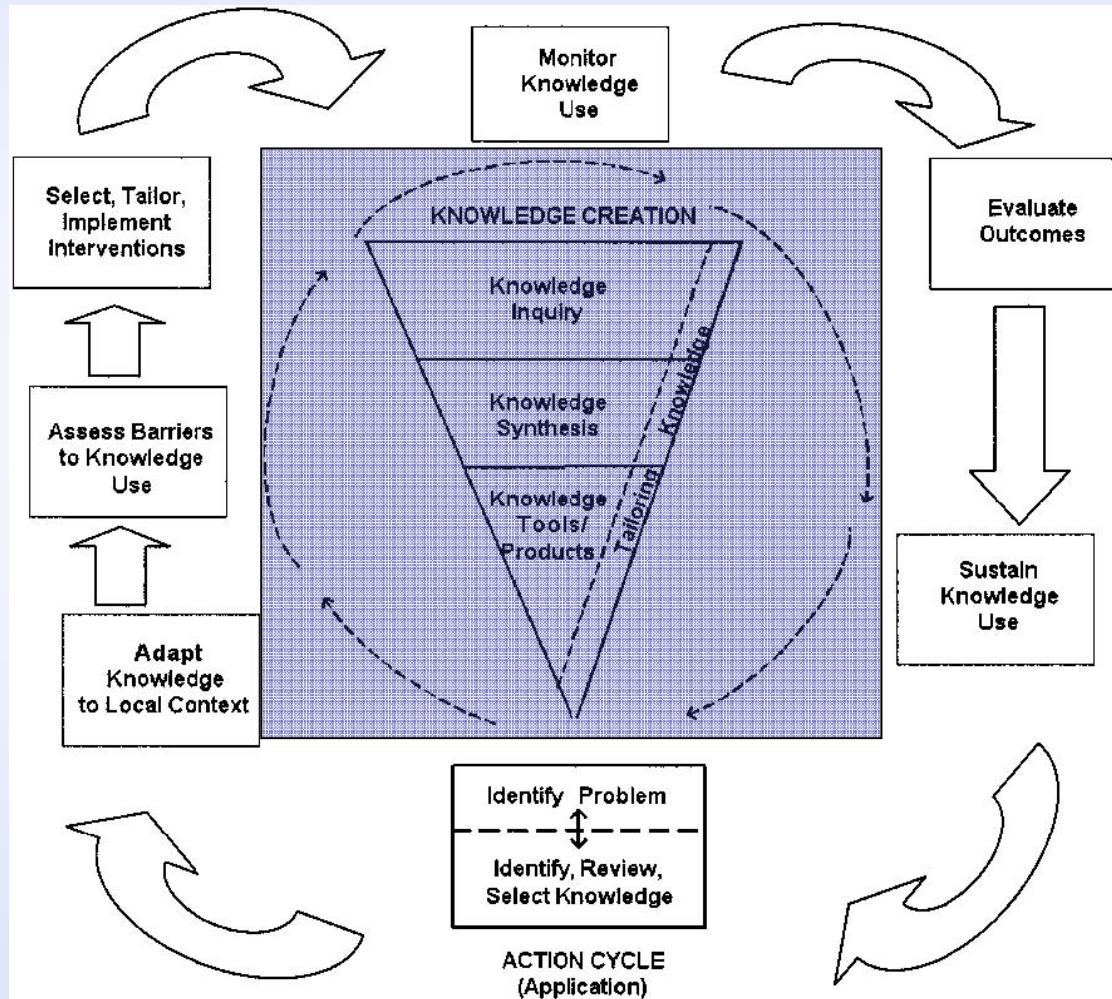
# Key concepts



## Knowledge to Action loop

From: Graham ID et al. Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions*, 2006

# What should be transferred?



## Knowledge to Action loop

From: Graham ID et al. Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions*, 2006

# What should be transferred?

- Knowledge syntheses and tools
- But potentially different implications and messages for different stakeholder audiences
- May need to tailor messages to different audiences

# To whom should research knowledge be transferred?

	Regulatory Body	National Policy Makers	Local Policy Makers	Professional Organizations	Health Care Professional s	Patients	Research Funders	Researchers	Medical Insurers
Stop use	P	P	S	S	S	S			P
Stop use, promote research	P	P	S	S	S	S	P	P	P
Promote use for limited indications	P	P	P	S	P	P			P
Promote use for new indication	P	P	P	S	P	S			P
Promote widespread use	P	P	P	S	P	P			P

**Abbreviations:** P = primary target audience for early warning message; S = secondary target audience for early warning message

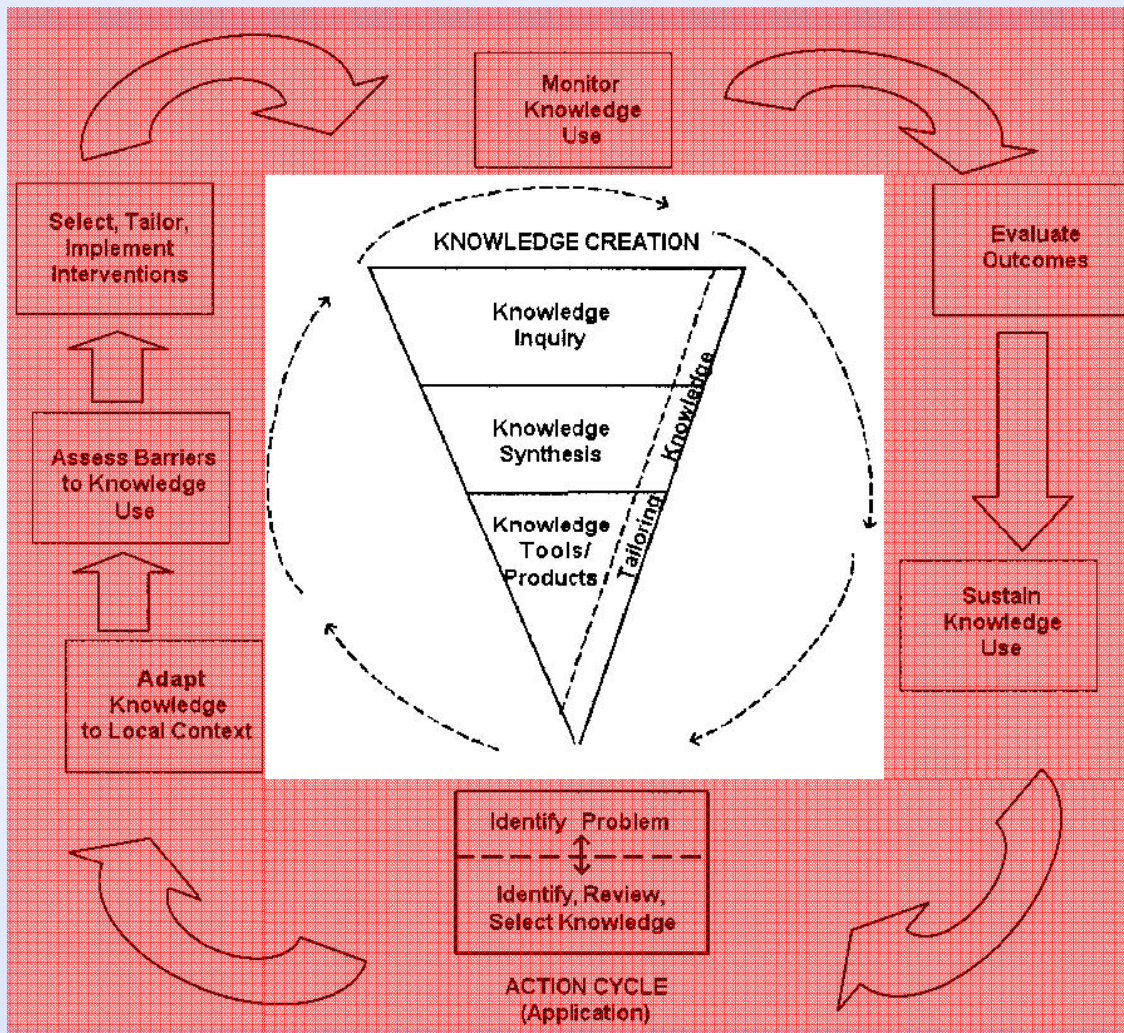
# To whom should research knowledge be transferred?

- Need to identify gatekeepers and stakeholders
- Gatekeepers have the power to negotiate access to other individuals within the organisation, or to grant formal permission for the organisation to be involved
- Stakeholders might be affected by the proposed change, have some kind of investment in it or may be able to promote or obstruct the project – formally or informally.

# By whom should research knowledge be transferred?

- Context specific using available personnel and resources
- Importance of credibility of sources and existing relationships/politics
- Different channels may be needed for different gatekeepers and stakeholders
  - **1 - 1 meetings of project lead with gatekeepers**
  - **Group meetings with multiple stakeholders**
  - **Communication strategy**

# How should research knowledge be transferred?



## Knowledge to Action loop

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Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions*, 2006

# How should research knowledge be transferred?

## Richard Grol's challenge

***'Evidence based medicine should be  
complemented by evidence based  
implementation'***

Grol (1997). *British Medical Journal*

# How should research knowledge be transferred?

- **Choice of strategy should be based upon:**
  - **Perceived barriers**
  - **Perceived mechanism of action of interventions**
  - **Impact of likely moderators**
  - **Available resources**
  - **Practical, logistical and political issues**

# Cochrane Effective Practice and Organisation of Care (EPOC) Group

**EPOC aims to undertake systematic reviews of interventions to improve health care systems and health care delivery including:**

- **Professional interventions (e.g. continuing medical education, audit and feedback)**
- **Financial interventions (e.g. professional incentives)**
- **Organisational interventions (e.g. the expanded role of pharmacists)**
- **Regulatory interventions**

Bero, Eccles, Grilli, Grimshaw, Gruen, Mayhew, Oxman, Shepperd, Tavender, Zwarenstein (2006). *Cochrane Library*.


# Cochrane Effective Practice and Organisation of Care (EPOC) Group

## Progress to date - register and reviews

- Register of 5000+ primary studies
  - **RCTs, CBAs, ITSs**
- 42 reviews, 39 protocols
- Collaborating with over 300 researchers globally
- Australian satellite based at NICS
  - **Dr Russ Gruen (editor)**
  - **Emma Tavender (satellite)**

Bero, Eccles, Grilli, Grimshaw, Gruen, Mayhew, Oxman, Shepperd, Tavender, Zwarenstein (2006). *Cochrane Library*.

<http://www.cadth.ca/index.php/en/compus/optimal-ther-resources/interventions>



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R<sub>x</sub> for Change

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The *Rx for Change* database summarizes current research evidence about the effects of strategies to improve drug prescribing practice and drug use. This database houses summaries of key findings from systematic reviews that evaluate the effects of strategies targeting professionals, the organization of health care, and consumers.

For more information, please see:

- ▶ [Rx for Change Interventions Database - Fact Sheet](#)
- ▶ [About the Rx for Change Database](#)
- ▶ [Methods for Development](#)
- ▶ [View recorded web cast event held on December 10, 2007](#)

- ▶ [Professional](#)
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# **Cochrane Consumers and Communication Review Group**

- **Aims to undertake systematic reviews of interventions to improve communication with consumers**
- **Register of 6400+ primary studies**
- **24 systematic reviews and 16 protocols**
- **Overview of 21 systematic reviews of interventions that target consumers to promote evidence based prescribing for and drug use by consumers funded by CADTH COMPUS program**

# Knowledge infrastructure for knowledge translation

## Knowledge infrastructure

- Health care systems have largely failed to invest in knowledge infrastructure
- As a result, they abrogate responsibility for knowledge management to consumers, health care professionals, managers and policy makers
- Health care systems need to invest in knowledge infrastructure
- Knowledge infrastructure should be considered as important as the sewers for a knowledge based health care system

# Knowledge infrastructure for knowledge translation

- Potential components for national/regional knowledge infrastructures:
  - **Push**
    - Rapid response services
    - Knowledge intelligence services
    - Targeted push of summarised information
    - Clearing houses for evidence based tools
  - **Pull**
    - Capacity building
    - Evidence informed processes
  - **Linkage and exchange**
    - Local R&D/HTA function

# With what effect should research knowledge be transferred?

- Clear measurable outcomes based upon program logic
- Different outcomes may be appropriate for different stakeholder groups
  - **Eg more explicit use of evidence during consumer and policy maker decision making**
  - **Eg2 more evidence based practice by health care professionals**

## Contact details

- Jeremy Grimshaw - [jgrimshaw@ohri.ca](mailto:jgrimshaw@ohri.ca)
- EPOC – [epoc@uottawa.ca](mailto:epoc@uottawa.ca)

- Overviews of reviews:

<http://www.cadth.ca/index.php/en/compus/optimal-ther-resources/interventions>

# Five key questions

- **What should be transferred?**
- **To whom should research knowledge be transferred?**
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