Practical approaches to undertaking research priority setting in health

Anneliese Synnot, Allison Tong, Sophie Hill, Jonathan C Craig
Australasian Cochrane Symposium | 25-26 November 2015 | State Library of Victoria, Melbourne
Learning Objectives

• To understand the purpose and principles of research priority setting

• To gain knowledge of the practical aspects of different approaches to research priority setting
# Program

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 – 1:40</td>
<td>Welcome and introduction</td>
<td>Allison Tong</td>
</tr>
<tr>
<td>1:40 – 1:45</td>
<td>Why do research priority setting?</td>
<td>Allison Tong</td>
</tr>
<tr>
<td>1:45 – 2:00</td>
<td>Overview of approaches to research priority setting</td>
<td>Anneliese Synnot</td>
</tr>
<tr>
<td>2:00 – 2:10</td>
<td>Questions</td>
<td></td>
</tr>
<tr>
<td>2:10 – 2:40</td>
<td>Small group exercise: Appraisal of research priority setting exercise</td>
<td>Anneliese Synnot, Allison Tong, Jonathan Craig, Sophie Hill</td>
</tr>
<tr>
<td>2:40 – 3:00</td>
<td>Summary, questions, and closing remarks</td>
<td>Jonathan Craig</td>
</tr>
</tbody>
</table>
Why do research priority setting?
The transparency of process by which funders prioritise important uncertainties should be increased, making clear how they take account the needs of potential users of research.
Research priority setting in kidney disease: a systematic review

Included studies: 16 (n=2365)

Participants: patients, caregivers, health care providers, policy makers

Methods: delphi technique, expert panels, consensus conferences, surveys, focus groups, interviews

Only 4 (25%) studies reported patient involvement.

Prioritisation process lacked transparency.

No plans for translation and implementation of research priorities.

Am J Kidney Dis. 65(5):674-683
Cochrane Kidney and Transplant

Probability of review outcomes over time

- **Published**: 30% titles published 5 years
- **Withdrawn**: 50% titles still active at 5 years
- **Active**

Mean time from title registration to review publication: 4 years

→ need to use our resources in more focussed way
• Generate and prioritise research topics or questions
• Ensure a transparent process
• Engage stakeholders
• Channel resources more efficiently – into areas that are relevant and important to stakeholders
Overview of approaches
Generating the big list

• Technical data
  – Eg. burden of disease, incidence, cost-effectiveness

• Literature on evidence gaps or priorities
  – Eg. Evaluate coverage of existing systematic reviews
  – Or recommendations from policy documents or guidelines

• Ask people!
  – E.g. survey of consumers, clinicians, policy makers etc

Getting to the small list

• Consensus-based methods
  – Research priorities decided by group consensus
  – Usually face to face; formal or informal methods
  – Eg. Meetings, consensus panels, Nominal Group Technique, Dialogue Methods

• Metric-based methods
  – Individuals rank research options that are pooled using metrics or an algorithm
  – Eg. Delphi survey, basic online voting survey

The cycle of research priority setting

1. Defining objectives/scope
2. Identifying and partnering with stakeholders
3. Identifying and ranking topics/questions
4. Situation analysis (scoping, mapping, needs assessment)
5. Defining or recording criteria for differentiating/weighting topics
6. Implementing priorities
7. Translating priorities
8. Reaching consensus
9. Evaluating the priority setting process

Adapted from Nasser (2013) J Clin Epi 66: 511-21
Good practice frameworks

• Viergever (2010) A checklist for health research priority setting: nine common themes of good practice


• Nasser (2013) An equity lens can ensure an equity-oriented approach to agenda setting and priority setting of Cochrane Reviews

Sibbald (2009) BMC Health Serv Res 9:43
Practical aspects

• Planning
• Determining scope
• Stakeholder inclusion and recruitment
• Human and financial resources
• Dissemination and uptake
• Measuring impact

Some additional material drawn from:
Crowe. 2015. Top Tips for Research Priority Setting
(Cochrane Colloquium workshop report)
Planning

• Before starting
  – What do you want to achieve?
  – What are the contextual factors that underpin the process?
    • Underlying values and principles; health, research and political environment; resources available

• Considerations regarding your approach
  – Ideally comprehensive approach, with all intended steps documented
  – Process must be explicit, and transparent to all stakeholders

• Can replicate or adapt existing methods (or devise own)
Determining scope

• What topics are the focus?
  – Specific health conditions? Aspects of health care delivery?

• Setting priorities about...
  – Primary research, systematic reviews, guidelines, funding decisions, a combination?

• Geographical scope?
  – E.g. local, Australian, international

• Who is the priority-setting exercise for?
  – Decision-makers, funders, researchers?
Stakeholder inclusion & recruitment

• Inclusiveness
  – Who’s perspectives do you want to include?
    • Consumers, carers, policy makers, health professionals, health service managers, funders, researchers, others?
  – Are intended methods accessible to all these groups?
    • Eg. Online survey vs face-to-face, power dynamics in group work

• Consider a steering group
  – Adds legitimacy and transparency
  – Builds networks for recruitment & dissemination
Human and financial resources

• Money
  – Workshop (facilitator, catering, participant reimbursements)
    • La Trobe PS project ~ $3,000 (excl. personnel) n=30, 1 day, Vic
    • USyd PS project ~ $20,000 (excl. personnel) n=58, 1 day, national
  – Other costs (online surveys, steering group meetings)

• Skills
  – Group facilitation, research methods, project management, literature searching
Human and financial resources

• Capacity
  – Project lead/assistant time
    • La Trobe PS project ~ 0.5 FTE/1 year
    • USyd PS project ~ 0.5 FTE/1 year

• Networks
  – Important for recruitment, dissemination, uptake of priorities

• Your money, skills, capacity and networks
  – Will influence your chosen approach
  – Working with partners can increase all these!
Dissemination and uptake

• Produce a detailed report
  – Transparently report methods and final priorities
  – For dissemination to key stakeholders and those who can fund/act on the priorities

• Consider publishing
  – Contribute to the priority-setting methods knowledge base

• Involving key partners can assist with internal dissemination and uptake within organisations that can act on priorities
Measuring impact

• PS projects should be evaluated
  – But difficult to capture impacts

• Key outcome concepts:
  – Improved stakeholder understanding
  – Shifted priorities and reallocated resources
  – Improved decision-making quality
  – Stakeholder acceptance and satisfaction
  – Positive externalities (e.g. positive media coverage, changes in policy)

Sibbald (2009) BMC Health Serv Res 9:43

The partnership is calling for grant applications that address research priorities identified in the Palliative and end of life care Priority Setting Partnership (PeolcPSP).
www.mariecurie.org.uk
Appraisal | Small group exercise

Framework 32-item

*Developed for the workshop, based on frameworks, systematic reviews, PSPs*

1. Context and scope
2. Governance and team
3. Inclusion of stakeholders/participants
4. Identification and collection of research topics or questions
5. Prioritisation of research topics or questions
6. Output
7. Evaluation and feedback
8. Dissemination, translation and implementation
9. Funding and conflict of interest
Contacts

Anneliese Synnot    a.synnot@latrobe.edu.au
Allison Tong       allison.tong@sydney.edu.au