Practical approaches to undertaking research priority setting in health

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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

Time	Session
1:30 – 1:40	**Welcome and introduction** Allison Tong
1:40 – 1:45	**Why do research priority setting?** Allison Tong
1:45 – 2:00	**Overview of approaches to research priority setting** Anneliese Synnot
2:00 – 2:10	**Questions**
2:10 – 2:40	**Small group exercise: Appraisal of research priority setting exercise** Facilitators: Anneliese Synnot, Allison Tong, Jonathan Craig, Sophie Hill
2:40 – 3:00	**Summary, questions, and closing remarks** Jonathan Craig

Why do research priority setting?

THE LANCET

Research: increasing value, reducing waste 1

How to increase value and reduce waste when research priorities are set

Iain Chalmers, Michael B Bracken, Ben Djulbegovic, Silvio Garattini, Jonathan Grant, A Metin Gülmezoglu, David W Howells, John P A Ioannidis, Sandy Oliver

US $240 billion ➔ 85% wasted

"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

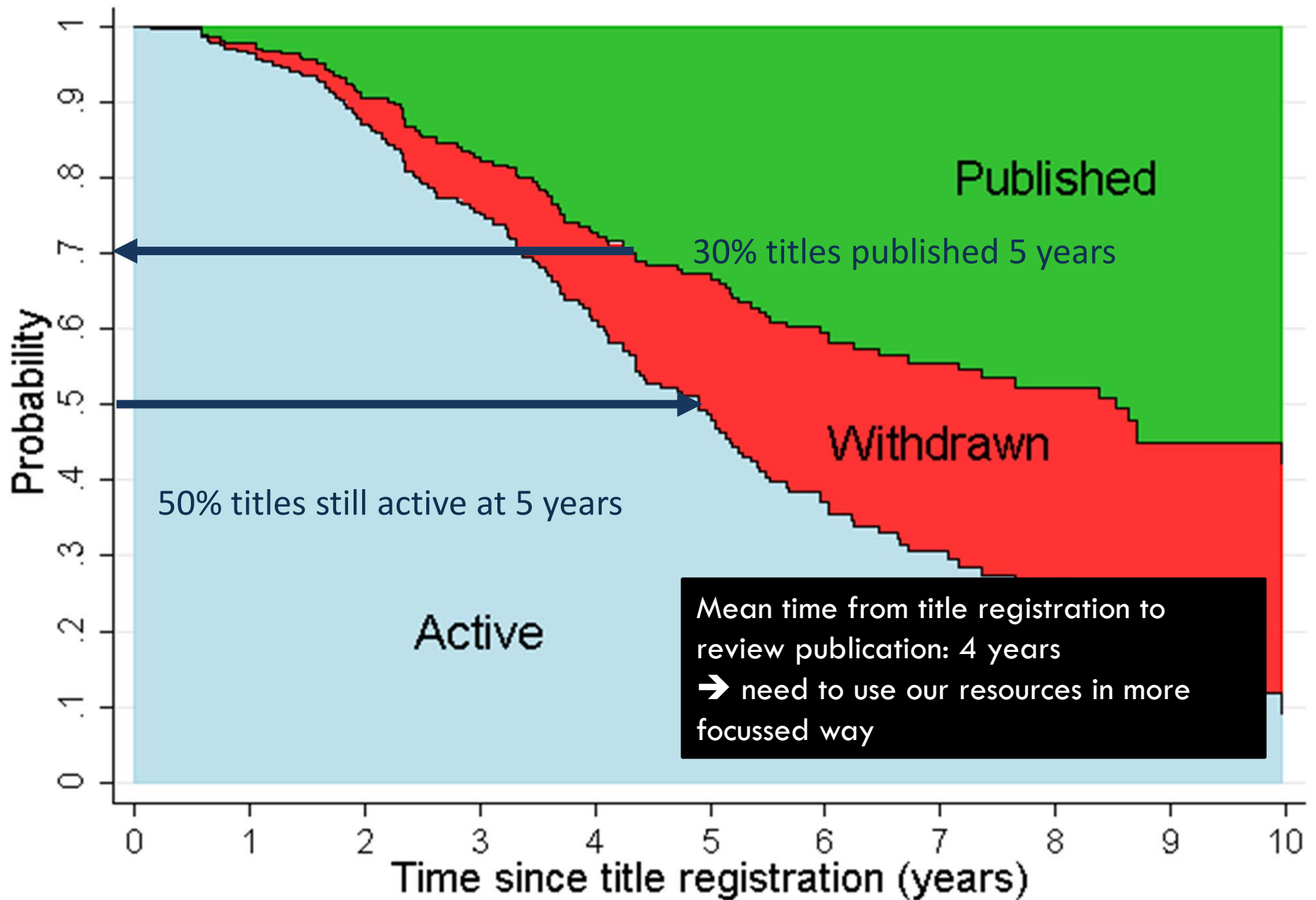**Methods:** delphi technique, expert panels, consensus conferences, surveys, focus groups, interviews

Only 4 (25%) studies reported patient involvement.

Prioritisation process lacked transparency.

No plans for translation and implementation of research priorities.

Probability of review outcomes over time

Cochrane Kidney and Transplant

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Withdrawn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

Probability

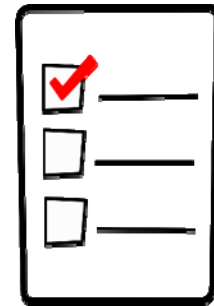Time since title registration (years)

- 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

James Lind Alliance
Priority Setting Partnerships

Accessibility

Inclusiveness

Transparency

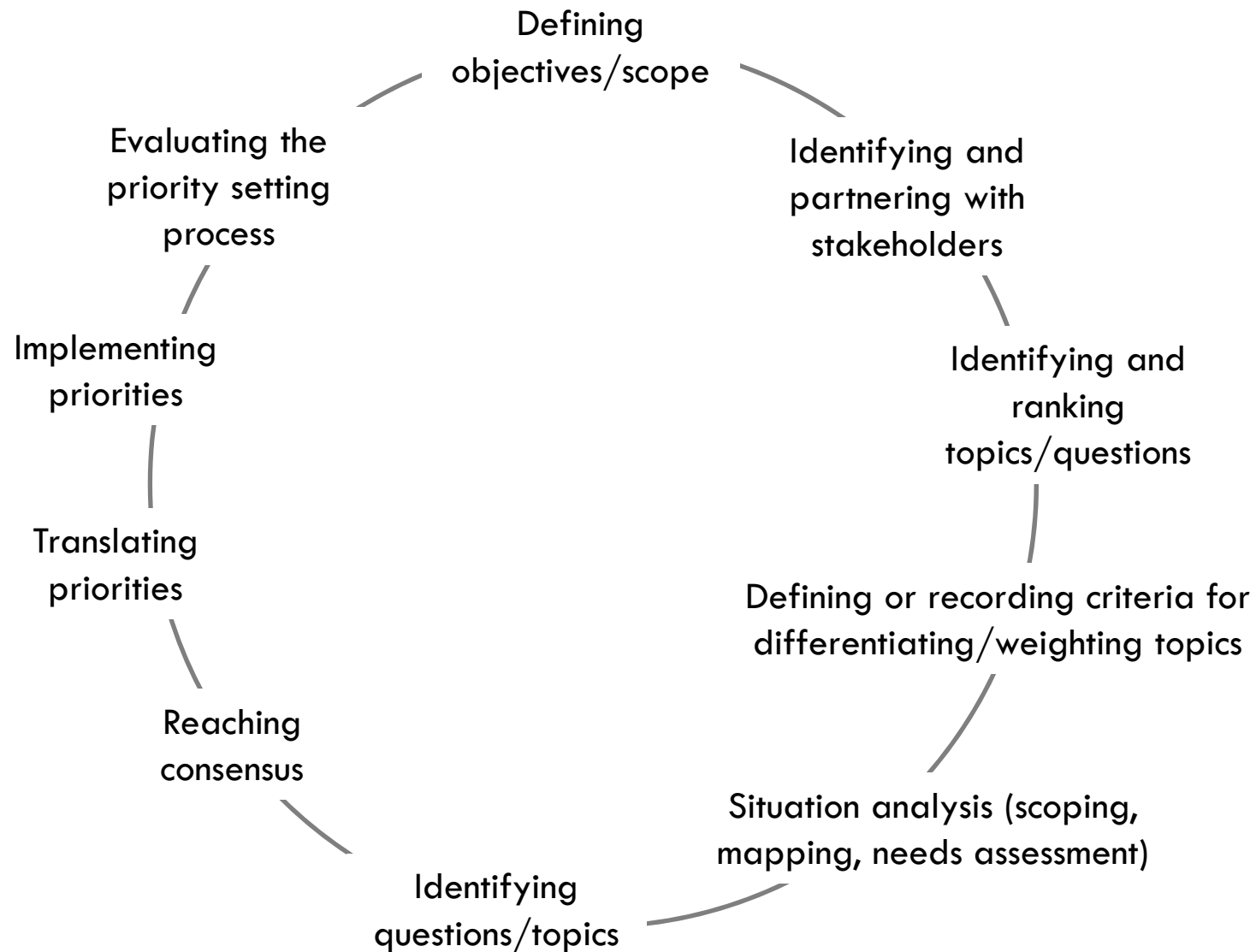Evidence-based

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

Viergever (2010) Health Res Pol & Sys 8:36
Nasser (2013) J Clin Epi 66: 472-82

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

Viergever (2010) Health Res Pol & Sys 8:36

The cycle of research priority setting

Defining
objectives/scope

Evaluating the
priority setting
process

Identifying and
partnering with
stakeholders

Implementing
priorities

Identifying and
ranking
topics/questions

Translating
priorities

Defining or recording criteria for
differentiating/weighting topics

Reaching
consensus

Situation analysis (scoping,
mapping, needs assessment)

Identifying
questions/topics

Good practice frameworks

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

- Sibbald (2009) Priority setting: what constitutes success? A conceptual framework for successful priority setting

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

Viergever (2010) Health Res Pol & Sys 8:36
Sibbald (2009) BMC Health Serv Res 9:43
Nasser (2013) J Clin Epi 66: 511-21

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 <u>comprehensive approach</u>, with all intended steps documented
  - Process must be <u>explicit, and transparent </u>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 <u>accessible</u> 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)

Marie Curie

Care and support through terminal illness

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

Sibbald (2009) BMC Health Serv Res 9:43

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

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