You can't get there from here: building bridges across research and practice communities

IN THIS ISSUE, Ried and Fuller (*page 6*) describe an approach taken by the Primary Health Care Research Evaluation and Development (PHCRED) program in South Australia to support novice authors. This paper reminds us of the acute need to support developing researchers, given the low levels of support for health services research in Australia.[1] But where is the accompanying paper that focuses our attention on developing the research insight of managers, leaders, policymakers and practitioners? There has been much talk of the critical need to link the disparate research and decision-making communities, but little action.

Consistently we find evidence that evidence is not available or is not used. In a study of economic evaluations only 27% were thought to have influenced either health care decision makers or policy.[2] Review of purchasing decisions by NHS districts found that only 42% had evidence to support the decision made.[3] In Australia there is a dearth of health services research focusing on major system or broad policy issues.[1]

As a mechanism to disseminate research findings, we often expect Australian Health Review (AHR) to be controversial, especially as it is positioned across the boundaries of the research and practice 'communities'. We wonder whether these communities are growing further apart in their understanding and expectations of research, in the light of feedback we have received from some authors. More than one has feared, or occasionally experienced, unexpected adverse reactions to the publication of research stories from the field, coming from policymakers, health care staff or community members.

Some other jurisdictions have recognised and attempted to bridge this gap. For example, the Canadian Health Services Research Foundation EXTRA program is designed to provide nurse, doctor and other health executives with better skills in research utilisation,[4] and the step-by-step guide, "How to be a good research partner", assists in defining the roles and responsibilities necessary for collaborative research.[5] In 2000, three-hundred organisations came together to form the Alliance for Health Policy and Systems Research, with the aims of capacity building for, and the dissemination and use of, policy research.[6] In Australia and New Zealand, the National Health and Medical Research Council, the Australian and New Zealand Society for Health Services Research, and many others, are thinking about and pursuing better linkages between researchers and practitioners.

Research that speaks to practitioners and policymakers

This issue of the Journal offers a collection of practice- and policy-relevant papers, including several which yield important learnings from problems or failure of new interventions and current health care practice. Manning and Jackson (*page 61*) document the risk of hypoglycaemia for diabetic patients of a subacute unit. Basic and Conforti (*page 51*) report on the failure of an intervention in the emergency department to reduce admissions or lengths of stay. Ting and Humphrey (*page 37*) present evidence that a lot of the time of after-hours ward medical officers is taken up with routine work, at least some of which might better be done in-hours or by other means.

For health care providers, frank public discussion of such problems is both difficult and uncomfortable, even when we're working towards an open approach to safety and quality improvement. Frank evaluative discussions can also be difficult for those who make policy decisions. Health authorities and other regulators — those who work at a higher level of abstraction than providers and researchers — are sometimes required by the nature of their tasks to use 'murky means aimed at ambiguous ends'. On the other hand, objective assessment of effectiveness requires clear focussed research methods.

Examples of research that highlights policy ambiguities are provided by four of the papers in this issue. Leggat, Bartram and Stanton (*page 17*), surveyed the use of performance indicators by Chief Executives in the Victorian health system and found little movement from the old standards of finance and volume reporting, suggesting a need to review both policy and practice in performance monitor-

ing. Murray and Skull (*page 25*) provide information on the needs of refugees and how current Australian government migration and settlement policy affects their access to health. Duckett (*page 87*) assesses the impact of increasing private hospital activity on public hospital waiting lists (not the impact the policymakers were hoping for). In a broad review of health policy in Canada in recent years, Marchildon (*page 105*) points to some timely lessons for Australia.

Other papers in this issue provide useful information for the planning and delivery of health care services. Hindle and Yazbeck (*page 94*) examine the limited use of clinical pathways in Europe. Hanning (*page 80*) explains the rationale and workings of a model for paying for private hospital care (this one combines DRGs and per diem payments). Yeboah (*page 30*) provides a comprehensive planning framework; while Massy-Westropp and colleagues (*page 12*) explore data linkage; Corbett and colleagues (*page 43*) present an effective intervention in the emergency department (it seems that more is better); and Bomba and Prakash (*page 68*) report on inefficiencies in existing hospital handover processes among doctors.

Broadening the conversation: skills and safety

One of our contributors has suggested that, at a minimum, journals have a responsibility to ensure published materials are accurate, ethical and make a contribution to knowledge, but that there also needs to be greater focus on mechanisms to promote shared values related to research. With the support of the Australian Healthcare Association, AHR has the expected editorial safeguards in place, such as requiring authors to ensure all ethical and confidentiality requirements have been met; ensuring editors and authors follow competing interest processes; and recruiting practitioners, as well as researchers, to review papers for the journal. In order to strengthen the Journal's independence and accountability, the AHA has approved the establishment of an Editorial Board for the journal, which will oversee the journal's operations and report to the AHA Council. We have also invited a broad-based panel of Contributing Editors to act as our advisers on both content and policy development.

The apparently increasing concern about stakeholder sensitivities has the potential to compromise our collective ability to evaluate policies, services, innovations and projects honestly and share the learning. It is often suggested that not only would better research yield a more realistic picture of what works and what doesn't work, but also that greater interaction between the producers and users of research would improve both the research and the use of research findings. The linkage proposal has common-sense appeal, although there is as yet little evidence to support its effectiveness. As a particularly pessimistic review concluded: " … there is, at best, only limited support for any of the many opinions put forward in the literature on [increasing] the use of research evidence by policy-makers".[7]

We believe that our system has been lax in not investing in development of the skills of both practitioners and researchers that would enable truly collaborative research. More is needed. In the meantime, the journal will continue to work across the various communities and will consider ways to encourage researchers to develop effective research partnerships with practitioners, and to stimulate practitioners and policymakers to build better working relationships with the research community. We welcome comment (on or off the record) from authors and readers on ways to achieve shared views and values related to research.

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3 Johnstone P, Lacey P. Are decisions by purchasers in an English health district evidence-based? *J Health Serv Res Policy* 2002; 7: 166-9.
4 Canadian Health Services Research Foundation. Extra Forces. Extra Program. Ottawa; 2004.
5 Canadian Health Services Research Foundation. How to be a good research partner. A guide for health-system managers and policy makers. Ottawa: Canadian Health Services Research Foundation.
6 Gonzalez-Block M. Networks focusing on policies and cross-cutting issues affecting health. Alliance for Health Policy and Systems Research: Geneva; 2002.
7 Innvaer S, Vist G, Trommald M, Oxman A. Health policy-makers' perceptions of their use of evidence: a systematic review. *J Health Serv Res Policy* 2002; 7: 239-44 [quote p. 243]. □