Use of research evidence in injury compensation systems: A consensus statement from Australia and New Zealand.

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A joint initiative of

Research to Action

Acknowledgments

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Outline

- Use of research evidence in policy
- 1st Australasian Compensation Health Research Forum
- Consensus method
- Consensus statement
- Comparison with prior research
- What’s next?

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Use of evidence in policy – an example

1601 – Lancaster shows that lemon juice can reduce rates of scurvy amongst sailors.

1747 – Lind demonstrates that citrus juice is effective in treating scurvy.

1795 – British Navy first uses citrus juice for sailors (194 years after discovery).

1854 – British Board of Trade begins using citrus juice for sailors (253 years after discovery).

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The valley of death?

In Butler, D; Nature, 2008, Illustration by B. Mellor

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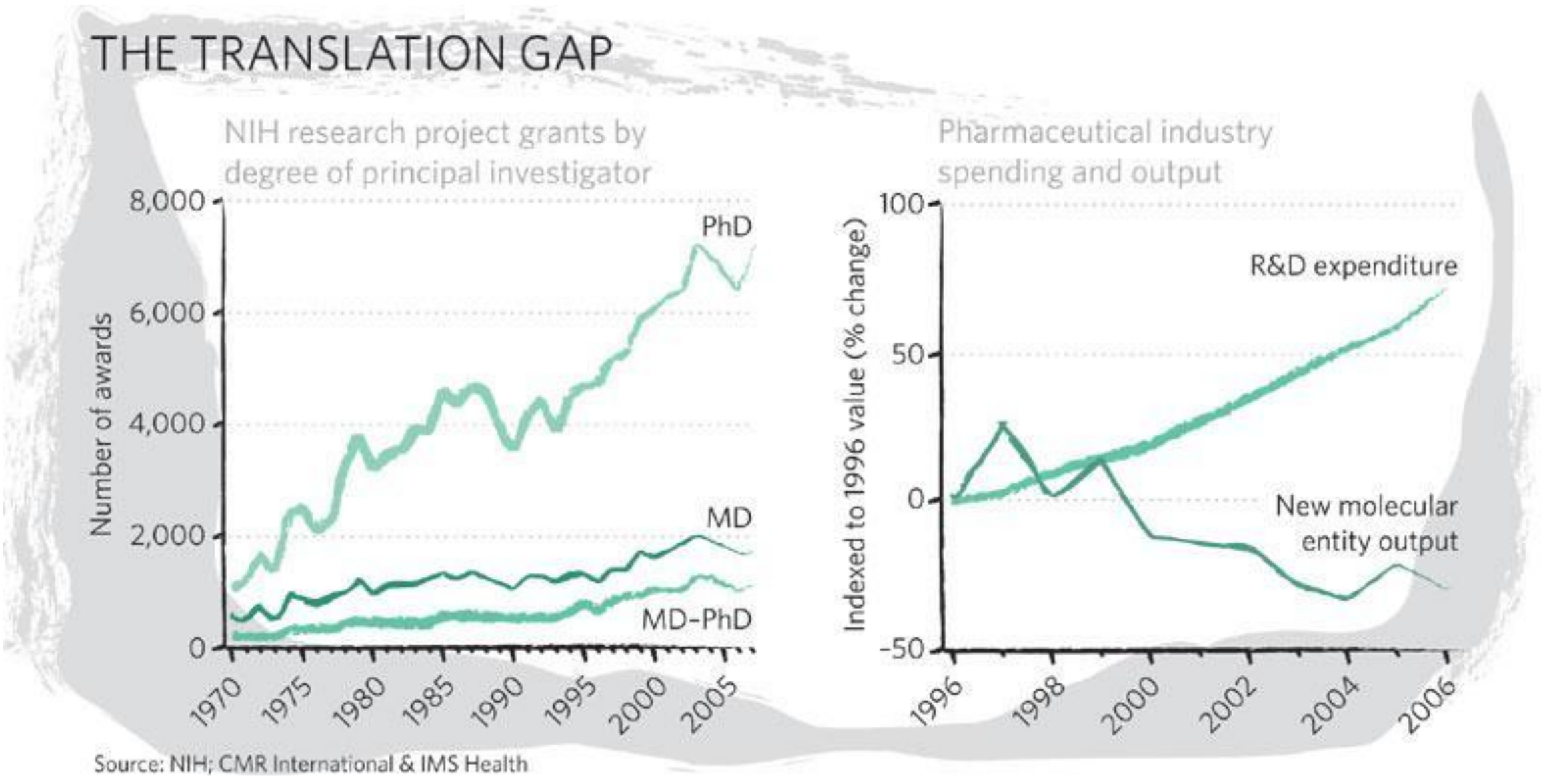
Practitioner involvement in research



In Butler, D; Nature, 2008,

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Use of evidence in policy

- 8 - 15% of research evidence contributes to a change in policy or practice (Best & Holmes 2010)

- References to published academic research comprised 2.1% of all references to evidence in injury compensation ‘treatment payment’ policies in Victorian motor accident compensation system (Zardo & Collie, 2011)

"It's a feel. That's what a lot of our evidence would consist of.”

(Higgins et al, 2011)

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Use of research evidence in Australian public policy

- Adoption of private sector principles in public sector from 1980's onwards
  - Constrain the 'cost' of government
  - Privatisation, de-regulation, contracting / "outsourcing" (MacDermott, 2008)

- Training & skills / capacity for use of evidence limited (Banks, 2009)

➢ Declining capacity to access and use research evidence in Australian public policy workers.

MacDermott, K. (2008). Whatever Happened to Frank and Fearless? The impact of new public management on the Australian Public Service. Canberra, ANU E Press.

Banks, G. (2009). Challenges of Evidence-Based Policy-Making. A. P. S. Commission. Canberra, Commonweath of Australia.

Use of research evidence in Australasian public health policy

- Drug policy workers sources of evidence, in order (Ritter, 2009)
  - Experts
  - Technical reports
  - Internet
  - Statistical data
  - Policy workers in other jurisdictions
  - Academic research evidence
  - Internal expertise
  - Government policy documents
  - Consultants

- NSW health policy workers most common reason for not using academic research evidence (Campbell et al, 2009)
  - “lack of skills or capacity to access or acquire appropriate research”

Reference to evidence in Victorian motor vehicle injury compensation policy

Evidence Type	Frequency of Reference to Evidence Type	% of total Frequency	N Policies that reference Evidence Type	% of total N Policies	Median Reference to Evidence Type per policy	Range
Internal Policy	1133	47.5	124	96.9	6	0-36
Clinical/Medical Evidence	519	21.8	108	84.4	2.5	0-28
Internal Legislation	203	8.5	122	95.3	1	0-11
Other Evidence	175	7.3	88	68.7	1	0-13
External Policy	245	10.3	63	49.2	0	0-24
External Legislation	58	2.4	22	17.2	0	0-16
Academic/ Scientific Research	50	2.1	30	23.4	0	0-7
Total References to Evidence	2383	100.0	128	100	15.5	0-67

Zardo P, Collie A (submitted)

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Objectives

- Regarding the factors that influence use of academic research evidence in personal injury compensation policy environments in Australia and New Zealand:
  - to develop a consensus statement.
  - to raise awareness.

1st ACHRF

- “Research to Action”

- Aims
  - To assist in translating knowledge between compensation health researcher and personal injury compensation regulators and policy makers.
  - To improve capacity in the field of compensation health research.

- Intended audience
  - Compensation policy makers
  - Compensation health researchers

1st ACHRF - delegates

Role	N
Policy Worker	61
Researcher	33
Private Insurer	8
Consultant	6
Actuary	5
Healthcare provider	4
Lawyer	3
Community rep	1
TOTAL	121

Jurisdiction	N
Victoria	74
New Zealand	13
New South Wales	12
Queensland	9
ACT	8
Western Australia	1
South Australia	1
Tasmania	1
Other international	2
TOTAL	121

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Consensus process

Sept 30 2011

Pre brief circulated to registrants at ACHRF

Oct 15th 2011

Round table discussion @ ACHRF

Nov 2011

Data Analysis.

1st draft statement produced.

Dec 2011 to Jan 2012

Online consultation with registrants at ACHRF

Late Jan 2012

2nd draft statement produced

Feb 2012

Review by ACHRF Program Committee

Feb 15 2012

Final statement produced

March 2012 onwards

Organisational and individual endorsement sought

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Round-table session at ACHRF

- Experienced facilitator led the session over 2 hours.
- 15 tables of 6-8 participants.
  - One scribe per table.
- A series of 5 x 10-15 minute discussions, each addressing a single question.
- After each discussion information was fed back to the facilitator who ‘mapped’ the information in a dynamic way (see following slide).
- Table membership was ‘shuffled’ twice during the session to maximise the diversity of views expressed (or avoid ‘group think’).
  - 50% of table members asked to move to another table.
- Output:
  - Table level notes from scribes.
  - ‘Mind-maps’ developed by the facilitator.

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Round-table session at ACHRF

- The questions for discussion

1. What do you hope will be achieved in this session?

2. From your knowledge and experience, what are the main issues in using research evidence in compensation settings?

3. What are the barriers to successful translation?

4. What are the opportunities for successful translation?

5. What are the most important points to include in the consensus statement?

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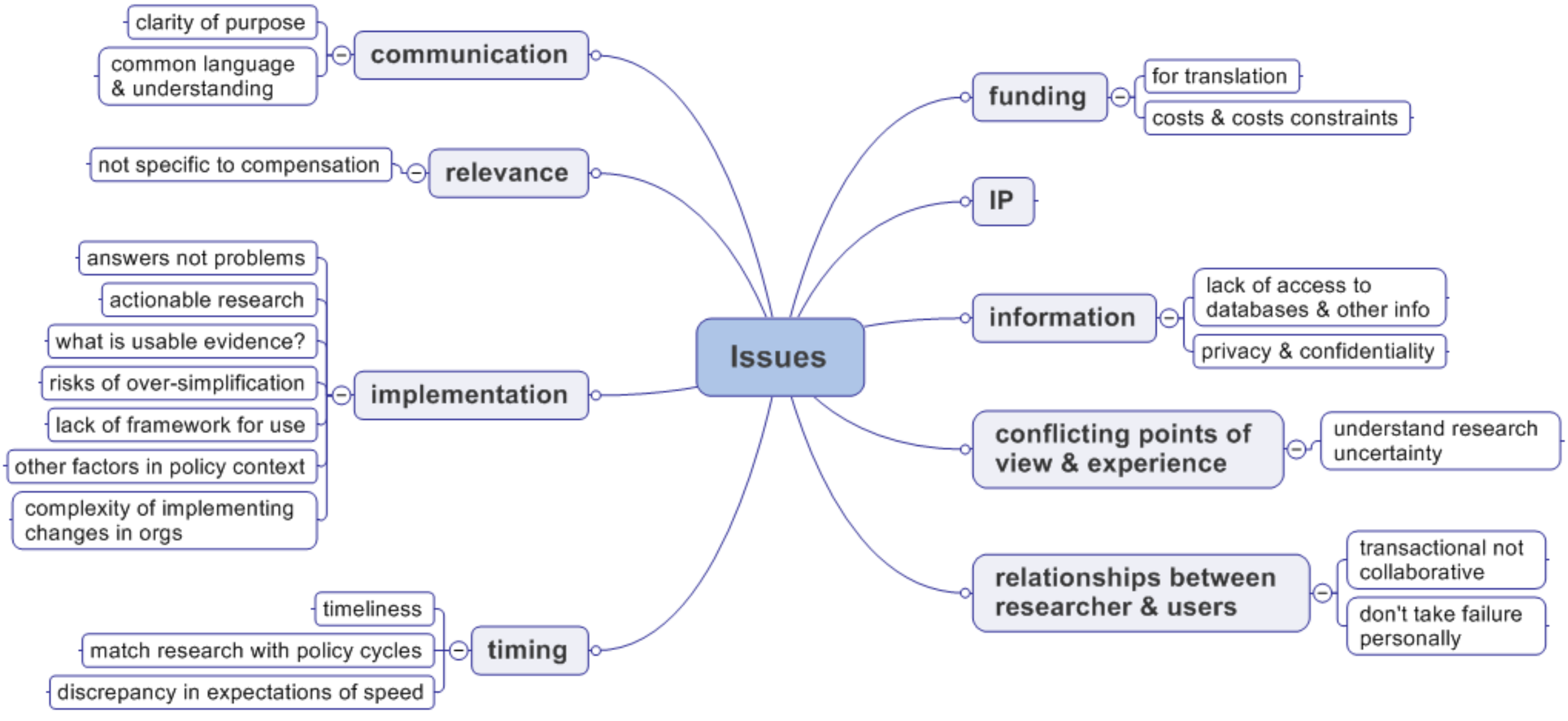
A sample ‘mind-map’ produced by the facilitator



Analysis of session output

- Two raters independently identified themes based on a broad search for concepts emerging from the transcribed discussion notes

- Themes were compared between raters and an agreed set developed.

- Individual comments/quotes were allocated to a theme/s.

- Fragments of text within each comment/quote were coded to identify common issues (or sub-themes).

- Themes scrutinised for similarities and differences with other coded themes.

- Discrepancies were resolved by consensus.

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Results

Theme	Sub-theme
Relevance	Policy relevance
	Meaningful engagement
Timeliness	Timeframe alignment
Communication	Clarity
	Actionable messages
	Mode of communication
Access	Access to researchers & research
	Skills & expertise of policy makers
Policy environment	Complexity
	Influence of stakeholders
Culture and language	Terminology & jargon
	Different motivation & skill sets
Quality	Fit for purpose
	Perceptions of quality
Incentives for translation	Production vs translation
	Funding translation
Opportunities to improve uptake	Coordination & engagement
	In-house expertise
	Research on translation
	Evidence synthesis
	Educate researchers in policy

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Consultation & revision

- Draft statement made available online to all ACHRF attendees for a period of 6 weeks.
- N = 13 comments received.
  - Content
  - Format
  - Language / terminology
- Statement updated and sent to ACHRF program committee for review.
- Further 5 comments received.
- Statement updated and endorsement of program committee members received.

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1ST AUSTRALASIAN **COMPENSATION HEALTH RESEARCH FORUM**

Jointly organised by

ISCRR Institute for Safety, Compensation and Recovery Research

A joint initiative of WorkSafe Victoria, the TAC and Monash University

ACC PREVENTION. CARE. RECOVERY

Te Kaporeihana Āwhina Hunga Whara

Australian and New Zealand Consensus Statement on the Use of Research Evidence in Compensation Policy and Practice.

Date: 15th February 2012

This consensus statement is motivated by the observation that compensation can have a significant impact on the health and well-being of injured persons. A major challenge facing compensation research is to understand the reasons for this effect and to improve the design and practice of compensation systems.

This consensus statement emerged from discussions held at, and subsequent to, the 1st Australasian Compensation Health Research Forum held in Melbourne on 13th and 14th October 2011. The Forum concluded that evidence-informed policy and practice can improve the well-being of injured persons and maintain the financial viability of compensation schemes.

Realising the benefits of evidence informed policy and practice requires a shift in thinking and practice. It requires cooperation between compensation authorities and research organisations, and the involvement of many stakeholders including government, the medical and health professions, advocacy groups, employers, legal practitioners, private sector insurers and claims management organisations.

Relevance

- Policy-relevant research is much more likely to be adopted by policy makers.
- Meaningful engagement between policy makers and researchers throughout the research process.

"Findings not always relevant; not implementable. How do I as a policy maker get information that I can use and that I can trust."

"Finding relevant researcher; sifting through a mass of irrelevant research."

"Co-location of research and policy and same accountability"

"Lack of clarity around intent for why research is being done"

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Timeliness

- Academic research and policy timeframes not always well aligned.
- Greater alignment of research and policy timeframes would lead to increased uptake of evidence.

"Timeliness of research – relevance (short/sharp/relevant)"

"Policy-makers audience need rapid response and researchers tend to a long term view."

"Speed dating" model – quick, easy access to clarify if research is relevant"

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Communication

- Clarity of communication is critical important.
- Research communications should contain actionable messages and indicate the researcher's level of confidence in their findings.
- Most effective mode of communication may vary with audience and content.
- Face-to-face communication is a preferred mode.

"If about 'uptake' of research – how to present evidence in ways that impact."

"Tailoring translation activities to different stakeholder groups"

"Not presented in a way that is actionable"

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Access

- Functional and structural barriers to accessing research for policy workers, including:
  - lack of access to researchers and research libraries,
  - lack of skills or experience in interpreting and understanding research methods and findings.

"Have someone who sits between the researcher and the end user, with the right skill set to help connect things."

"Lack of access to databases of information for non-academics, cost of articles"

"Develop accessible research 'pool' – go to in the first instance - 'database' of researchers / what's been done"

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Policy environment

- Complexity of compensation systems.
- Research must influence multiple stakeholders both internal and external to the compensation authorities.
- Political and stakeholder interests, legal economic and regulatory requirements, and resource constraints all affect use of evidence.

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Culture and language

- Compensation policy workers and researchers each have a technical language, terminology and jargon which impede effective communication.
- The motivations and skill-sets of researchers and policy workers can vary substantially.

"Developing a shared language and understanding"

"Terminology – different meaning to different groups. How to make it meaningful."

"Mutual lack of understanding about each other's context"

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Quality

- The quality and methodological rigour of research must be appropriate to the policy issue being investigated.
- Some policy issues require intensive, detailed studies while others require more pragmatic approaches.

"Policy-makers audience need rapid response and researchers tend to a long term view."

"Conflict between researchers academic requirements and needs of compensation organisation."

"Fit for purpose – knowing when to stop."

"Researchers trapped in research paradigm."

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Incentives for translation

- Academic environments place greater emphasis on the production of research evidence than on its translation.
- There are few incentives for researchers to invest time and effort in research translation.

"Research translation not funded. (Researchers are)..grant focused not translation. Rewarding transaction not translation."

"Funding – not clearly set aside for translation."

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Opportunities to improve use of evidence in policy

- Improve co-ordination of research efforts and research collaboration across jurisdictions.
- Improve engagement between compensation researchers and policy makers.
- Develop or enhance research translation expertise within compensation authorities.
- Undertake research on effective methods of translating evidence within the context of our sector.
- Make better use of international research and expertise in compensation health research and practice.
- Improve the understanding of compensation policy environments amongst the research community.

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April 2012 onwards

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Evidence use in health policy – a systematic review

TABLE 2
Main KTE Barriers and Facilitators

Barriers	Facilitators
Individual Level	Individual Level
Lack of experience and capacity for assessing evidence	Ongoing collaboration
Mutual mistrust	Values research
Negative attitude toward change	Networks
	Building of trust
	Clear roles and responsibilities
Organizational Level	Organizational Level
Unsupportive culture	Provision of support and training (capacity building)
Competing interests	Sufficient resources (money, technology)
Researcher incentive system	Authority to implement changes
Frequent staff turnover	Readiness for change
	Collaborative research partnerships
Related to Communication	Related to Communication
Poor choice of messenger	Face-to-face exchanges
Information overload	Involvement of decision makers in research planning and design
Traditional, academic language	Clear summaries with policy recommendations
No actionable messages (information on what needs to be done and the implications)	Tailored to specific audience
	Relevance of research
	Knowledge brokers
	Opinion leader or champion (expert, credible sources)
Related to Time or Timing	Related to Time or Timing
Differences in decision makers' and researchers' time frames	Sufficient time to make decisions
Limited time to make decisions	Inclusion of short-term objectives to satisfy decision makers

TABLE 4
Key KTE Strategies Identified in the Literature

- Face-to-face exchange (consultation, regular meetings) between decision makers and researchers
- Education sessions for decision makers
- Networks and communities of practice
- Facilitated meetings between decision makers and researchers
- Interactive, multidisciplinary workshops
- Capacity building within health services and health delivery organizations
- Web-based information, electronic communications
- Steering committees (to integrate views of local experts into design, conduct, and interpretation of research)

Mitton C, et al. Knowledge Transfer and Exchange: Review and synthesis of the literature. Milbank Quarterly 2007; 85(4): 729-768.

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Factors influencing evidence informed public policy

Lavis (2009):

- Interaction
- Timeliness
- Accordance

Orton, Lloyd-Williams et al (2011)

- Decision makers' perceptions of research evidence
- Gulf between researchers and decision makers
- Culture in which decision makers operate
- Competing influences on decision making
- Practical constraints

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Qualitative study of Victorian injury compensation policy workers – a sneak peak

Evidence Types Used	Factors Affecting Use of Research Evidence	Factors Affecting Policy & Programs	Communication of Research Evidence	Decision Making	Purpose for Use of Research Evidence
Academic research	Access & awareness	External inputs	Face to Face	Confirmation by Consultant	Conceptual
Clinical medical	Benefit visibility & Risks	Information overload	Shorter, faster, simpler	Decision by committee	Symbolic
Experience, expertise & anecdote	Management Support & Autonomy	Conflicts of Interest	Tools	Influential individuals & groups	Instrumental
Client/stakeholder feedback	Competing interests	Internal Info Sharing	Actionable Recommendations	Government Mandate	
Info from similar agencies	Information overload	Resources	Processes for info sharing	Guesstimation	
Internal data	Relevance	Competing priorities			
Internal policy & legislation	Not my role	Management Support			
Legal advice-evidence	Resources	Politics. Ideology & tradition			
Other online info	Valuing research input	Staff engagement			

Zardo P, Livingstone C, Collie A (in preparation)

Summary

- It is possible to develop a consensus statement on the use of research evidence in personal injury compensation policy.
- It is hard work!
- Anecdotally, it was a useful exercise in awareness raising.
- The factors affecting evidence use identified are consistent with prior research.
- The statement may provide a foundation for:
  - Increasing use of research evidence in Australia and NZ injury compensation policy and practice.
  - Increasing interest in compensation health research amongst academics from Australia and NZ.
- Follow-through will be critical.

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Next Steps

- Statement now available online

  http://www.iccva2012.com/achr12

  http://www.iscrr.com.au/
- Seeking organisational and individual level endorsement.
- Session at 2nd ACHRF, Auckland, 8-9 November 2012 focussed on models of researcher/policy maker interaction.

- ISCRR KTE research program has three major components:
  - Evidence synthesis / systematic reviews
  - Evaluation of a KTE intervention
  - Return on Investment project

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The valley of death?

Yea, though I walk through the valley of the shadow of policy, I will fear no research: for evidence art with me; thy method and thy results they comfort me.

A psalm for policy makers.

In Butler, D; Nature, 2008, Illustration by B. Mellor

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This project was supported by WorkSafe Victoria and the Transport Accident Commission, through the Institute for Safety, Compensation and Recovery Research.

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WorkSafe VICTORIA | TAC TRANSPORT ACCIDENT COMMISSION | MONASH University

Views expressed in this presentation are those of the authors.