

# Family Medicine Updates



NORTH  
AMERICAN  
PRIMARY CARE  
RESEARCH  
GROUP

From the North American  
Primary Care Research Group

*Ann Fam Med* 2008;6:469-470. DOI: 10.1370/afm.898.

## CONNECTING WITH DECISION MAKERS: PRACTICAL TIPS FOR RESEARCH UNDERSTANDING AND USE

This update presents a Canadian perspective on practical tips for connecting with decision makers about research understanding and use. This brief overview addresses issues in research use related to its importance and differences in perspective, and practical tips for facilitating research uptake or mitigating obstacles.

### Involve Decision Makers

Timing is an essential element of research transfer. Lomas proposes early and ongoing involvement of relevant decision-makers in conceptualization and conduct of a research investigation is the best predictor of application of findings.<sup>1</sup> The right people, those who will use the research, should be engaged early and this relationship maintained through all phases of the research, a goal that can be achieved through the ongoing use of collaborative working groups.<sup>2</sup> Taking time to build relationships is important—a considerable number of innovations have been dependent on goodwill. Another facilitator is creating a community of practice to discuss research use with researchers, policy makers, managers, community members, and practitioners.<sup>3</sup>

### Identify Decision Makers

Identifying effective receptors for your research findings increases the potential to enhance research understanding and use. The target audience cannot be “everyone” because of resource limitations. Prepare a communication plan worksheet by defining the target audience and listing stakeholders (eg, Ministers of Health); whether they are primary stakeholders who benefit from immediate research results or secondary beneficiaries; and segment/group (eg, provincial government).

### Create Presentations That Help Interpretation

Getting the format right for different decision makers in various forums can help people understand what the information is telling them.<sup>4</sup> For example, developing a 1-page briefing note explaining the issue, background,

plans, hopes, and decisions required can be a useful tool for interpretation.

There are several ways to present information that are appropriate for different types of decisions. Synthesizing issues to highlight key points is an essential presentational skill. Lomas suggests “Summarizing, with integrity, key messages from research improves the chances of research use. This method provides an influential tool for administrators and policy-makers.”<sup>5</sup>

Presenting information in the form of story telling is a way of engaging an audience. Stories allow people to understand messages more easily, and can help them draw their own conclusions.<sup>4</sup>

Numerical information can be conveyed in graphs to influence. Decision makers favor interpretive text for graphs and the color coding of “dashboards” with green indicating areas of achievement.

### Capture Key Messages in Context

Decision makers want research evidence incorporated into documents that make them relevant to current contextual issues such as economic, epidemiological, social, cultural, and political. It is important to recognize that decision makers are responding to multiple forces and to be prepared for this situation in the research messaging.

Standardized definitions are required to facilitate a common understanding. Words like performance indicators, measures, and targets are often used synonymously. Picking one term that is most meaningful for the target audience and using it consistently can promote understanding.

At times, words are not enough to encourage evidence-informed decision making. Preparing complementary products that satisfy various learning styles is helpful. For example, Canadian Institute for Health Information’s (CIHI) report about “Mental Health and Homelessness” (2007) prepared companion products such as a workshop.

### Synchronize Timelines and Outputs of Meaning

Time is tight for both the researcher and policy maker, however for different reasons. Universities are large organizations and sometimes slow to adopt new knowledge. On the other hand, decision makers may not want to lose a window of opportunity. Successful collaboration requires early discussion of timelines and outputs of meaning, a lesson learned from a research transfer strategy for influencing policy to prevent scald burns. Researchers concluded “Timelines for researchers and decision-makers often do not align. This difference

encourages researchers to appreciate the need for timely information for policy decision-making. Similarly, decision-makers need to understand the rigor required to provide methodologically sound data.<sup>6</sup>

### Consider Interpretation Skills by Decision Makers

Well-presented information is not enough to ensure research use. Decision makers are being told to use research findings, however many of them have not been educated to evaluate findings, placing them at risk of using poor quality research to inform their decisions. Britain's National Health Service developed the Critical Appraisal Skills Program. This program offers workshops to help decision makers develop skills to find and make sense of research evidence, making it easier for them to action knowledge into practice.<sup>7</sup>

Funders' attitude toward research is critical. Given Federal Parliamentarians' role in setting government funding for health research, a survey was conducted. Participants perceived health research to be a low priority for Canadian voters.<sup>8</sup> Decision makers need to understand what they are missing without research findings such as outdated recommended care.

### Evaluate Strategies

Evaluating strategies that are effective and promoting them is important (eg, developing an impact analysis of a quality of care improvement). "Health care researchers should ask: What is everyone learning?" says Donald Berwick of the Institute for Healthcare Improvement in the United States. Asking this question will help decision-makers and researchers see further in the journey toward improvement."<sup>9</sup>

### Conclusion

Effective connecting with decision makers presents an important opportunity in our current research environment. We need to make research right for the knowledge user by identifying and involving decision makers, creating presentations that help interpretation, and putting key messages in context.

Researchers need to be in the public domain presenting arguments concerning health research benefits. To this end, NAPCRG's Communications Committee has proposed a Public Relations initiative, including a plan for facilitating NAPCRG members' specific expertise for the media. Presenting at conferences with a broader target audience such as Data Users 2008 ([http://www.cihi-conferences.ca/datausers2008/welcome\\_e.html](http://www.cihi-conferences.ca/datausers2008/welcome_e.html)) where an aim is to engage in a dialog on how to "put data into action" can help link the health information chain.

Judith MacPhail RN, MHSc, Member,  
NAPCRG Communications Committee

### References

1. Lomas J. Connecting research and policy. ISUMA. 2000;Spring: 140-144.
2. Canadian Institute for Health Information. Canadian Population Health Initiative: An Environmental Scan of Research Transfer Strategies. Ottawa: Canadian Institute for Health Information; Feb 2001: i-ii. <http://www.cihi.ca>. Accessed March 2008.
3. Sauve J. Changing Models, Changing Practices: Building Bridges From Research to Implementation. Plenary presentation, CAHSPR 2008 Conference. Gatineau Quebec, May 27, 2008.
4. Audit Commission. In the Know - Using Information to Make Better Decisions: A Discussion Paper. London: United Kingdom; February 2008. <http://www.audit-commission.gov.uk>. Accessed March 2008.
5. Lomas J. Decision support: a new approach to making the best healthcare management and policy choices. *Healthc Q*. 2007; 10(3):16-18.
6. Hewitt A, MacArthur C, Raina PS. The role of evidence in public health policy: an example of linkage and exchange in the prevention of scald burns. *Health Policy*. 2007;3(2):59-66.
7. Canadian Health Services Research Foundation. Learning to evaluate evidence. *Links*. 2007;10(3):3.
8. Clark DR, McGrath PJ, MacDonald N. Members' of Parliament knowledge of and attitudes toward health research and funding. *Can Med Assoc J*. 2007;177(9):1045-1051.
9. Berwick DM. The science of improvement. *JAMA*. 2008;299(10): 1182-1184.



*Ann Fam Med* 2008;6:470-472. DOI: 10.1370/afm.899.

## AAFP BRINGS OUT VARIETY OF NEW TOOLS FOR EMPLOYERS, RESIDENTS, STUDENTS AND CONSUMERS

The AAFP has been busy expanding the Academy's core information in a variety of areas. The Academy has worked with the Patient-Centered Primary Care Collaborative, or PCPCC, to create a purchaser guide designed to encourage large buyers of health care to adopt the patient-centered medical home as part of their health care plans. In addition, the AAFP has created an online directory of family medicine residencies that offer international rotations, revamped its Web site for medical students interested in family medicine, and added a new Web site aimed at encouraging consumers to advocate on issues important to family medicine.

### Health Care Purchaser Guide

The PCPCC's *Patient Centered Medical Home Purchaser Guide* serves as both an educational tool and an informative guide, explaining how health care purchasers can readily make the patient-centered medical home a cornerstone of their health care plans.