

Beyond Production:

applying the principles of knowledge transfer and exchange to
maximize impact



6th Annual Information Management Conference

Government of Canada

Irving Gold

Director, Knowledge Transfer and Exchange

October 3, 2006



Context: the CHSRF

- Independent, not-for-profit, national organization
- Established with federal endowment in 1996 to fund applied health services and policy research and researchers, and promote use of findings
- New endowment in 1999 for nursing research and researchers
- New endowment in 2003 to train decision makers and their organizations to apply research findings



Our vision

Strong Canadian ***healthcare systems*** that are guided by solid, research-based management and policy decisions.



Our mission

To support *evidence*-informed* decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge

* What exactly do we mean by evidence?



May 31, 2005

Conceptualizing and Combining Evidence for Health-System Guidance

Jonathan Lomas, Anthony Culyer, Chris McCutcheon,
Laura McAuley, Susan Law

Sept. 29, 2005

Weighing Up the Evidence

Workshop of leaders of organizations that offer guidance* to health systems (e.g., CCOHTA; AETMIS; NICE; ZonMW; US and Can. evidence-based practice centres; health quality councils)

What is evidence? – A reminder

Evidence

- 1) Systematic reviews and meta-analyses
 - 2) Randomised controlled trials with definitive results
 - 3) Randomised controlled trials with non-definitive results
 - 4) Cohort studies
 - 5) Case-control studies
 - 6) Cross sectional surveys
 - 7) Case reports
- (Pettigrew and Roberts 2003, 527).

Evidence is “anything that establishes a fact or gives reason for believing something” (Oxford American Dictionary, 1980)



Evidence Comes in Kinds

Method

Context-free

Both scientific

Context-sensitive

Similar objects

Colloquial

Relevance

Context

With respect to evidence-informed guidance, context refers to the conditions of implementation. A proven intervention will be more or less effective depending on the context in which it is deployed.

Evidence Defined (finally)

CHSRF Mission

To support **evidence**-informed decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Evidence is information that comes closest to the facts of a matter. The form it takes depends on context. The findings of high quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience – while privileging the former over the latter.

Why Knowledge Transfer & Exchange?

- “Health systems must interact closely with health research systems to generate and use relevant knowledge for their own improvement. A culture of mutual learning, problem-solving and innovation should be the basis of this relationship”.

World Report on Knowledge for Better Health
– Strengthening Health Systems, WHO 2004

Again – why KT&E?

- National governments (need) to establish sustainable programmes to support evidence-based public health and health care delivery systems, and evidence-based related policies.

Mexico Statement from the Ministerial Summit on Health Research - A Call for Action, November 2004

KT&E has always been central to our work

- We engage in work in the three areas of *push, pull, and exchange*
 - Push = dissemination
 - Pull = research use
 - Exchange = brokering

Push efforts

- Early advocates for dissemination
 - Plain language seminars for researchers
 - 1-3-25
 - Communication notes
- Summary products
 - Mythbusters
 - Evidence Boost
- Dissemination systems based on targeted campaigns

Pull efforts

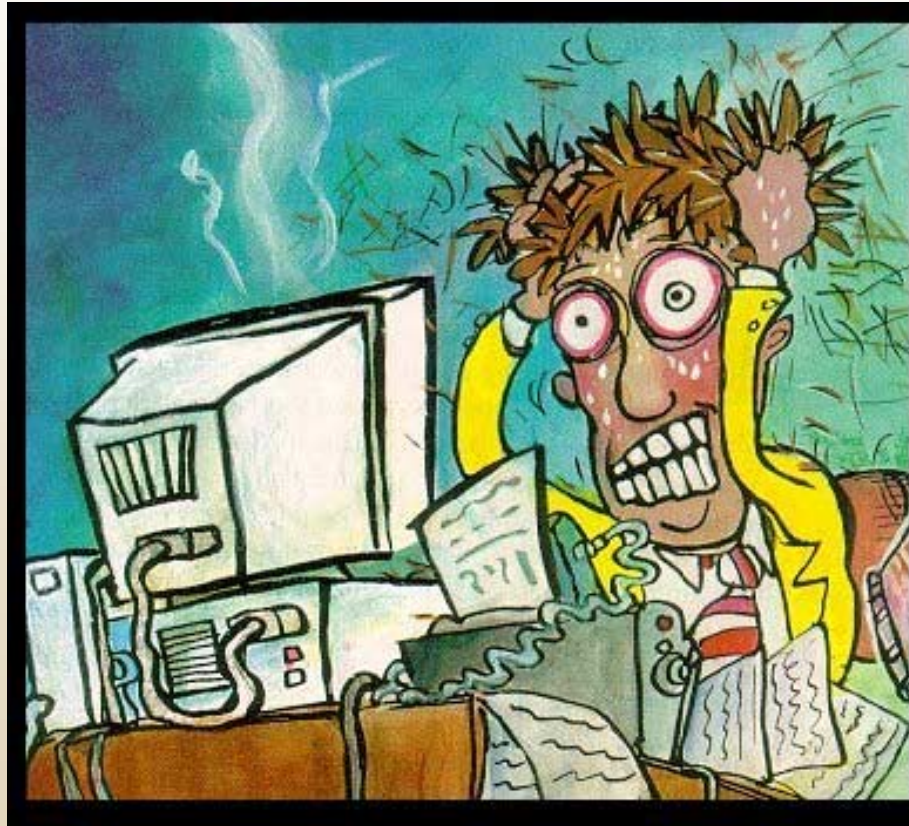
- Research use weeks
- Promising practices inventory
- SWIFT
- Self assessment tool*
- EXTRA*



**The Latest Research Shows That
We Really Should Do Something
With All This Research**



Information overload!



Becoming a good user of research is:

- Less about individual decisions
- More about investing in *people*, *processes*, and *structures* to increase their capacity to use research
- Examining and building your organization's:
 - Resources
 - Structures
 - Skills
 - Incentives

Objective of the tool

- To initiate a **discussion** within your organization
- Discussion will help identify how you gather and use research and where there is potential for improvement

The tool is **not...**

- A test that will give you a score to compare with other organizations
- A diagnostic tool that will identify symptoms of your organization and provide you with the solution
- A tool that will give you a definite answer to a specific problem

The tool **is...**

- A resource to initiate and guide a discussion with stakeholders who want to integrate/improve the role of research evidence in decision-making in their organization

Characteristics of research use:

1. **Acquire** – where to look & access
2. **Assess** – quality & relevance
3. **Adapt** – summarizing & relating to your context
4. **Apply** – how research recommendations inform decision-making

There are no right or wrong answers!



Making research work in an organization takes more than one....



Making research work involves...

- Examining how research information is currently acquired, assessed, adapted and applied
- Investing in *people, processes, and structures* to increase their capacity to use research

Exchange efforts

- To establish and foster linkages between decision makers and researchers
 - in the governance of the foundation
 - in the design and implementation of programs
- to bring researchers and decision makers together regularly to understand each other's goals and professional culture, influence each other's work, forge new partnerships

The evidence...

- Review of 24 studies that asked over 2000 policymakers what facilitated or prevented their use of research evidence
- #1 facilitator of research use: personal contact between researchers between researchers and policy-makers (13/24)
- #1 barrier to research use: absence of personal contact between researchers and policy-makers (11/24)

Personal two-way communication between researchers and decision-makers should be used to facilitate the use of research. This can reduce mutual mistrust and promote a better understanding of policy-making by researchers and research by policy-makers.

Innvaer et al. J Hlth Serv Res Pol 2002;7:241



Exchange: knowledge brokering



Some examples

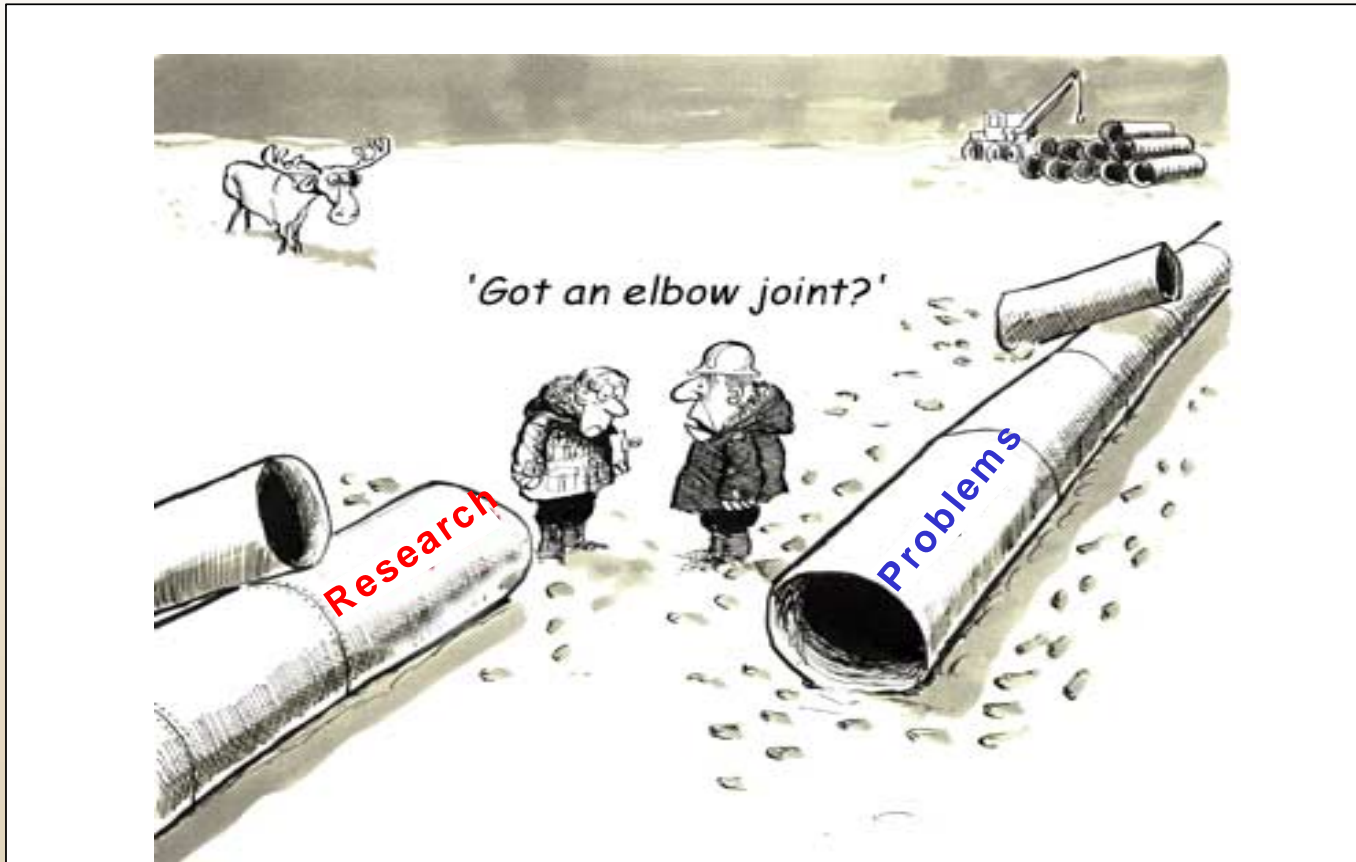
- **Theme-based networks**
- **Annual workshop and invited exchange**
- **Linkage and exchange program**
- **Our Open Grants Competition**
 - Listening for direction
 - *Real* partnerships
 - Merit review
- **REISS**
 - 4-year grants
 - Research
 - Capacity development
 - Knowledge exchange

Our knowledge brokering program

- Regional consultations across Canada in which we met with close to 200 knowledge brokers working in Canada's health system
- National meeting to confirm findings, create consensus and check assumptions
- Extensive literature review on brokering in a variety of disciplines



Knowledge brokers are...



What do brokers do?

- Find and link people
- Work with both parties to scan the literature, summarize what exists, identify gaps
- Work with researchers and users of research to create research-able questions from policy/management issues
- Ensure that both researchers and users of research are engaged throughout the research process

What do brokers do?

- Collaboratively set agendas
- Facilitate interactions
- Communicate different 'realities'
- Create a common language and frame of reference
- Help to establish realistic expectations, roles and responsibilities

CRCFE brokers (Australia)

- Help formulate or clarify the problem being addressed
- Provide advice from repository of materials, information and expertise
- Run professional training workshops and joint problem solving workshops
- Develop communication materials
- Manage and run consultancy projects

CRCFE brokers (Australia)

- Brokers have strong technical base & strong communication skills
- Good people skills
- Synthesizers of knowledge rather than generators
- Focus existing knowledge to solve problem -Many be located in offices of industry partners –demonstrates commitment to the cause
- Accessible & build trust
- Develop awareness of industry needs & constraints
- Are familiar with research activities & capabilities

Overarching tasks and abilities

- Understanding of both the research and decision making environments
- Ability to find and assess relevant research
- Entrepreneurial skills (networking, problem-solving skills, innovative solutions, etc)
- Mediation and negotiation
- Understanding of the principles of adult learning
- Communication skills
- Credibility...

Where is brokering done?

- Brokering can be done in a variety of settings
 - Knowledge brokering organizations
 - Individuals or teams in research organizations
 - Individuals or teams in decision-making organizations



Current brokering is not optimal

- A significant amount of brokering **is** happening in the Canadian health system
- Brokering is rarely called brokering, and a great deal of what is now being called brokering is not really brokering
- Very little brokering is formal
- Much brokering goes completely unrecognized and unrewarded
- Little brokering is done by full-time workers
- Few resources are attached to these people / roles
- Virtually no evaluation has been done on the importance of brokering



There is no 'one-size-fits-all'

- What brokering entails (skills and activities) will be dependant on the context in which it occurs
 - Research vs. decision-making environment
 - Organizations with rich KT strategies vs...
 - Existing research (recombinant?) vs...
- But... if the true goal is to bridge communities, brokering is built on a solid understanding of all the relevant environments

- My first aspiration is that it will help establish a more positive relationship between researchers and policy-makers. ...And even more critical to me, I hope [ASADI] will bring attention to implementing research. You see, in the research community, people think that discovering new ideas is the cutting edge. But if you have all of these shelves of new ideas that have not been implemented, it doesn't do anyone any good. I'm hoping that [ASADI] will place emphasis on the implementation of research, so that we can transform the lives of the people.
- **Miriam Were -- chair of Kenya's National AIDS Control Council and of its African Medical and Research Foundation**



Is this really important? YES.

