

Méthodes délibératives pour combiner différents types de données probantes dans le développement de recommandations concernant des politiques publiques

Journées annuelles de santé publique

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Survol



- Thème de la journée: *“Délibérer pour guider la prise de décision”*
- Titre de la présentation: *“Méthodes délibératives pour combiner différents types de données probantes dans le développement de recommandations concernant des politiques publiques”*
 - Concepts clés
 - Revues systématiques
 - Demande des organisateurs *“À la fin de votre présentation, les participants devraient être en mesure de mieux comprendre comment les processus délibératifs peuvent être utilisés pour combiner différents types de données probantes.”*

« Délibérer » et « méthodes délibératives »

Travail de Julia Abelson

Définition de la FCRSS

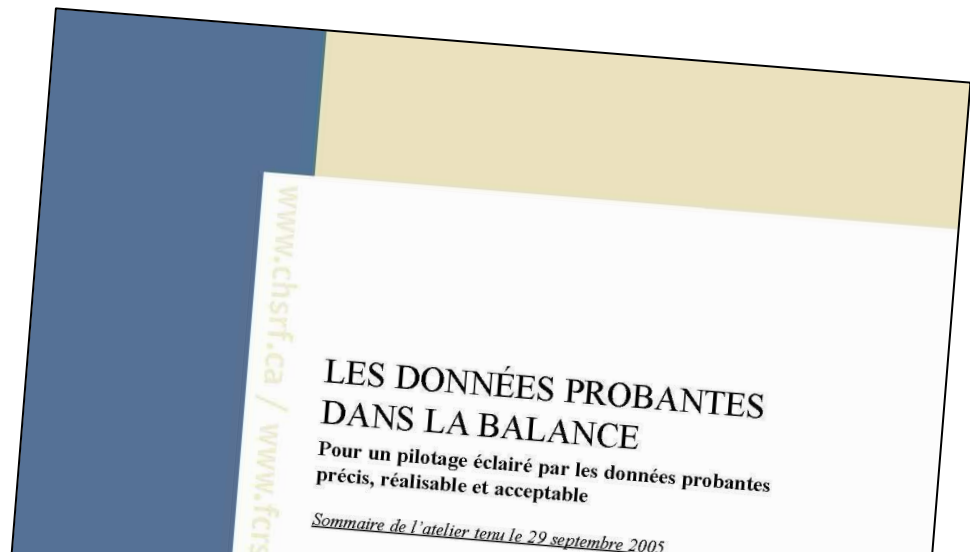
Ratisser large



Health Policy, Management & Evaluation
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cancer care | action cancer
ontario | ontario



Processus de délibération

Un processus de délibération est un outil utilisé pour en arriver à un pilotage fondé sur des données probantes hétérogènes. Il s'agit d'un processus participatif comportant la représentation de spécialistes et d'intervenants, une interaction en personne, des critères pour les sources des données scientifiques et leur valeur, et un mécanisme pour obtenir des données informelles tout en les considérant comme accessoires aux données scientifiques.



« Informer le processus décisionnel » et « développer des recommandations de politiques »

Quels genres de décisions/politiques?

Quels genres de processus/contextes décisionnels?

Quel est le but — meilleures décisions vs meilleurs résultats?





The impact of context on evidence utilization: A framework for expert groups developing health policy recommendations

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Abstract

Should the same evidence lead to the same comprehension of this issue, this study compares policy recommendations for breast, cervical cancer screening. We used an embedded design to compare the policy recommendations of expert group members and analysed meeting transcripts.

Our analyses revealed varying policy of support tools; the varying skills/abilities of expert group members; the varying impact of effect modifiers, resource constraints; and the varying context-specific evidence to address uncertainty.

While more work is needed to determine the central challenge for evidence-based policy, our analyses suggest that identification of rigorous, and global methods for identifying evidence is not to develop international evidence for evidence-based policy, but rather to develop more systematic, rigorous, transparent, and global methods for identifying, interpreting, and applying evidence in different decision-making contexts. Our analyses suggest that identification of broad conceptualization of evidence to varying nature of evidence for different sophisticated methods for assessing the different policy objectives, appropriately that are sensitive to the nature of the evidence. © 2006 Elsevier Ltd. All rights reserved.

Keywords: Canada; Evidence; Context; Utilization

Introduction

Should the same evidence lead to the same decision outcomes in different contexts? In a summary report...

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Differences in how context affects evidence utilization highlight the complex nature of health policy decisions. Taking into consideration the findings of Banta et al. (2001) and Taylor (2002) cited in the introduction, we believe the central challenge is not to develop international evidence for evidence-based policy, but rather to develop more systematic, rigorous, transparent, and global methods for identifying, interpreting, and applying evidence in different decision-making contexts. Expert groups should not be starting from scratch

Les différences dans la façon dont le contexte affecte l'utilisation des données probantes met en lumière la nature complexe des décisions dans les politiques de la santé. [...] Nous croyons que le défi central ne consiste non pas à développer des données probantes internationales pour des politiques basées sur des données probantes, mais consiste plutôt à développer des méthodes plus systématiques, rigoureuses, transparentes et globales pour identifier, interpréter et appliquer les données probantes dans des contextes décisionnels différents. (traduction libre)

Deliberative processes and evidence-informed decision making in healthcare: do they work and how might we know?

Anthony J. Culyer and Jonathan Lomas

Evidence & Policy

For current purposes, however, we shall take the more consequentialist view that the outcome with which we are especially concerned is the *decision* that the process enables rather than the experiences of the participants. This flows automatically from our interest in deliberative processes as a way of not only eliciting, legitimising and incorporating stakeholder input, but also of usefully combining this with other evidentiary inputs for decision making. Thus we start with consideration of the latter: what should be considered as evidentiary input to a deliberative process?

le résultat qui nous concerne particulièrement est la *décision* que le processus permet d'obtenir (traduction libre)



« Combiner différents genres (types) de données probantes »

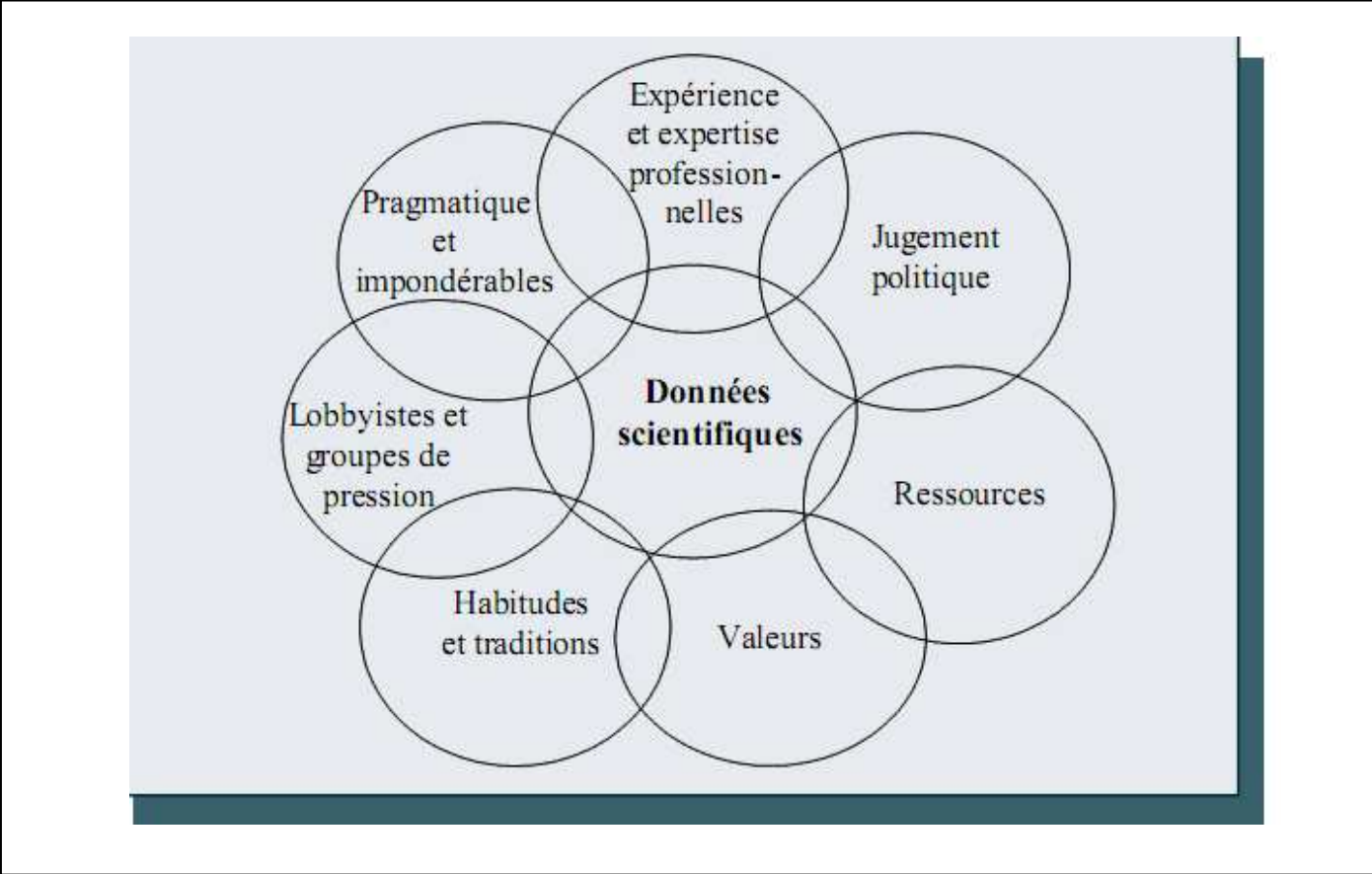
En quoi consiste une donnée probante?

- Définitions larges vs étroites
- Recherche, savoir, expérience, information, données
- Science vs valeurs
- Parler au gens

En quoi consiste la combinaison des données probantes?

- Combiner vs utiliser des données probantes (p. ex., identifier, interpréter, appliquer)
- Explicite vs implicite
- Combiner vs prendre des décisions







Quand les données probantes sont considérées comme étant scientifiques, leur inclusion dans le pilotage du système est déterminée par des critères méthodologiques. Quand elles sont considérées comme informelles, leur inclusion est déterminée en fonction de leur pertinence locale. En dépit de ces différences, la plupart des auteurs présentés dans la revue s'accordent pour dire que les données probantes doivent être interprétées et que cette interprétation est influencée par la personne qui interprète.



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[...] le résultat qui nous concerne particulièrement est la *décision* que le processus permet d'obtenir [...] non seulement comme une façon de susciter, de légitimer et d'inclure les suggestions des parties prenantes, mais aussi de les combiner avantageusement avec d'autres sources de données probantes (*traduction libre*)

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Evidence & Policy, • vol 2 • no 3 • 2006 • 357-71

The issue confronting any decision maker within a deliberative process is thus not so much how to balance the three types of evidence or to assess the weight to place on each, but rather to allow each to perform its appropriate task:

- scientific context-free evidence is evidence about general potential;
- scientific context-sensitive evidence is evidence about particular realistic scenarios;
- colloquial evidence helps to provide a context for otherwise context-free evidence and to supply the best evidence short of scientific evidence when there is neither context-free nor context-sensitive evidence.

Le problème auquel est confronté tout décideur dans un processus délibératif n'est pas tant de savoir comment équilibrer les trois genres de données probantes ou comment les pondérer, mais plutôt de permettre à chacun de remplir sa tâche appropriée : *(traduction libre)*

« Les données probantes ne prennent pas de décisions, ce sont les personnes qui le font »

Haynes et al., 2002



Rôle des méthodes délibératives dans la combinaison de plusieurs types de données probantes?



Revue systématique

Deux questions prédominantes :

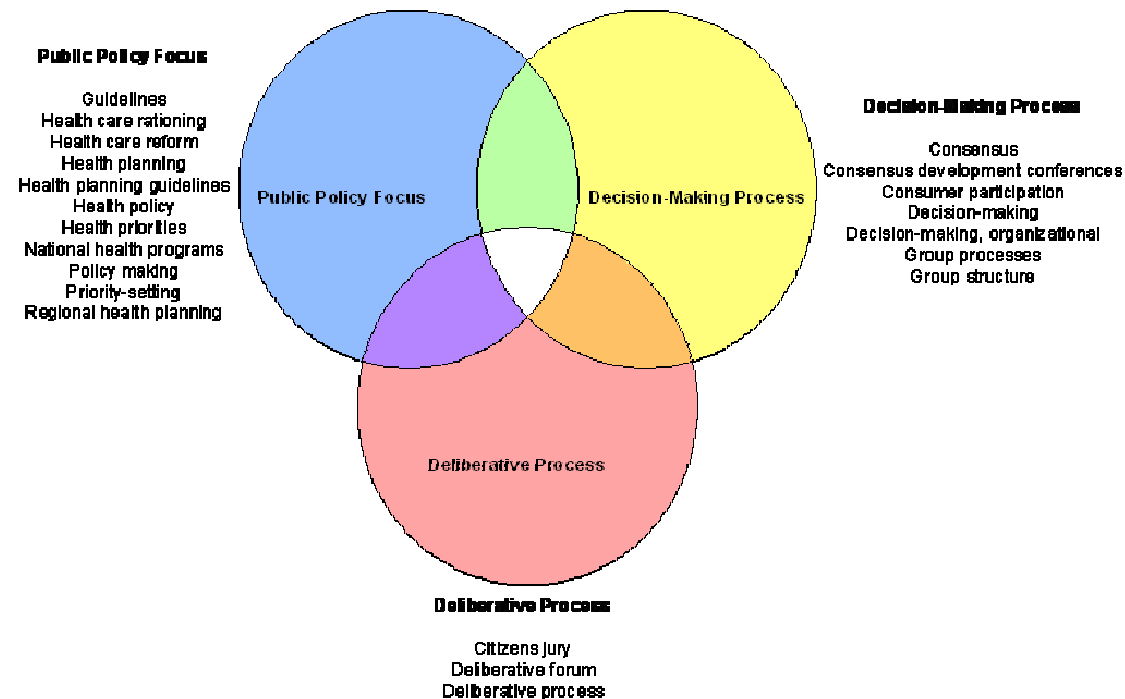
(Q1) Comment/quand les méthodes délibératives sont-elles utilisées pour combiner des données probantes hétérogènes?

(Q2) Que connaît-on sur l'efficacité des méthodes délibératives pour combiner des données probantes hétérogènes?



Méthodes 1/2

- Sources
 - 4 bases de données sur la santé
 - Medline, Embase, HealthStar, CINAHL
 - 14 bases de données non reliées à la santé
 - ERIC, TRANSPORT, Business Source Premier, InfoTrac Environmental Issues & Policy eCollection, GEOBASE, ProQuest, Scholar's Portal (IBSS, PsycINFO, SSCI, AGRICOLA, ESPM, PAIS, TOXLINE).
 - Autres sources
 - Équipe de recherche, recommandations d'experts, bibliographies, Google, Google Scholar/Books
- Stratégie de recherche



Méthodes 2/2

- Les articles étaient exclus si :
 - ils avaient été publiés avant 1980;
 - ils n'étaient écrits ni en anglais ni en français;
 - ils ne focalisaient pas sur le processus décisionnel des politiques publiques ou des pratiques de gestion (p. ex. focalisaient seulement sur la prise de décision individuelle/clinique);
 - ils ne décrivaient pas une combinaison de données probantes hétérogènes (p. ex. sans contexte scientifique, sensibles au contexte scientifique et/ou aux données informelles) dans le processus décisionnel; ou
 - ils ne recueillaient pas de données sur la façon dont fonctionnait le processus ou sur ce que les participants en pensaient (c'.-à-d., n'étaient pas évaluatifs).

Résultats

- Total d'articles uniques (de toutes sources) : **6853**
- Total d'articles de haute pertinence : **15/0***
 - Reliés aux politiques de la santé : 11
 - Reliés à d'autres politiques publiques : 4

*15 articles ultimement classés de (comme ayant une) haute pertinence ont (effectivement) fournis des perspectives reliées à la question (Q1), cependant ces articles ne répondaient qu'indirectement à la question (Q2)

- Caractéristiques des processus délibératifs hautement variables
- Approches évaluatives généralement basées sur des études de cas incorporant des méthodes qualitatives
- Trois facteurs mis en évidence
 - Approche délibérative
 - Nature des données probantes utilisées
 - Proximité décisionnelle



Approche délibérative





Implementation and evaluation of local-level priority setting for stroke

D Chappel^{1*}, J Bailey¹, R Stacy², H Rodgers^{1,3} and R Thomson¹

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We aimed to develop and evaluate a prioritisation process to combine the evidence base with stakeholder involvement within a stroke programme for a Health Improvement Programme (HImP). Implementation involved: formation of a district stroke group (DSG); review of the evidence; survey of DSG members; survey of other key professionals; consensus within the DSG; consultation with local users of the service. Evaluation was through semi-structured interviews and docu- participants, and a d process. However, s setting process was perceived lack of ov felt that the prioritic consultation days oc approach that is bro of stakeholders, cla setting. The model

Keywords: priority

In

Prioritisation and rationi national level over the la away from the view th rationing by marshallin calculating the best solu is 'inescapably a poli interest in defining th less discussion about h level, but a view that th and reduced scope for However, there will itisation, as national pri decisions can only be n specific treatments.⁵ u

No one involved (professional or manager) expressed any views that they should not have been involved or that anyone else should not have been. However, there was confusion at times as to whether people were acting as individuals or representatives of the organisations they came from—this was particularly difficult for primary care, but also occurred with people from NHS trusts, the health authority and social services.

Only two mentioned the lack of public, patient and carer input to the process.

[...] il y avait confusion parfois et on ne savait pas si les personnes agissaient à titre individuel ou représentaient les organismes dont ils étaient issus (traduction libre)

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Accepted 27 September 2000

England. We developed a process to combine the need for wide stakeholder involvement with the need for an evidence base with the need for stakeholder involvement. The evaluation of the process is part of a larger study evaluating a health care programme approach

Patients' influence

Stakeholder participation in health research agenda setting: the case of asthma and COPD research in the Netherlands

J Francisca Caron-Flinterman, Jacqueline E W Broerse, Julia Teerling, Melissa L Y van Alst, Simon Klaasen, L Edwin Swart and Joske F G Bunders

Current methodologies for stakeholder participation in research agenda setting often fall short of effectiveness in terms of ensuring shareholders' influence. This article reports on a newly developed participation methodology, which was applied in an interactive agenda-setting project concerning research on asthma and coronary obstructive pulmonary disease. The effectiveness of this methodology was evaluated on both the participation process and its outcomes. The results suggest that the methodology used is rather effective with respect to the legitimacy and rationality of the process, the quality of the outcomes and the achievement of mutual learning.

J Francisca Caron-Flinterman, Jacqueline E W Broerse, Julia Teerling, Melissa L Y van Alst, Simon Klaasen, L Edwin Swart and Joske F G Bunders are at the Athena Institute for Research and Innovation and Communication in the Health and Life Sciences (FALW), Vrije Universiteit Amsterdam, De Boelelaan 1085, NL-1081 HV Amsterdam, The Netherlands. J Francisca Caron-Flinterman: Tel: +031-20-5989439; Fax: +31-20-5987027; Email: francisca.caron.flinterman@falw.vu.nl.
Jacqueline E W Broerse; Email: jacqueline.broerse@falw.vu.nl
Joske F G Bunders; Email: joske.bunders@falw.vu.nl

THE FIELD OF HEALTH care is steadily experiencing a transformation driven towards demand in various Western countries. As are increasingly involved in decision-making on individual health care and on health research (Crawford *et al.*, 2002; Ham and Innes *et al.*, 2003; Jones *et al.*, 2004; Eccles, 2001). In the wake of this transformation, health research agendas are also increasingly involved in health research agendas. For example, policy-makers are consulted on their opinions and perspectives on research, or included in community and institutional and national health that appraise health research (Peters and Gorin, 2001; Caron-Flinterman and Oliver *et al.*, 2004; Telford *et al.*, 2001). Normative arguments considered as an end in itself, referring to values such as justice, fairness and equity. Normative arguments consider justice as an end and refer to equity and relevance (Fiorino, 2001; Telford *et al.*, 2002; W. An important issue concerning the evaluation of a participatory

Adequate representation of stakeholders Three stakeholder groups participated in the agenda-setting process: patients, health care professionals and scientists. During the consultation phase, respectively 13 (bio)medical scientists, six socio-cultural scientists, eight medical specialists/researchers, and 12 health care professionals were involved, representing the main disciplines involved in asthma and COPD research or care. In addition, more than 300 patients, who together reflect the demographic and disease-related characteristics of the entire NAF member community as well as the Dutch population of asthma and COPD patients in general, were consulted. In this way we achieved an adequate representation of Dutch asthma and COPD patients. **We thus can conclude that during the consultation phase an adequate representation of stakeholders had been achieved.**

Nous pouvons donc en conclure que nous avons atteint une représentation adéquate des parties prenantes durant la phase de consultation. (traduction libre)

Deliberation: Integrating Analytical Results into Environmental Decisions Involving Multiple Stakeholders

George E. Apostolakis¹ and Susan E. Pickett¹

The National Research Council has recommended the use of an analytic/deliberative decision-making process in environmental restoration decisions that involve multiple stakeholders. This work investigates the use of the results of risk assessment and multiattribute utility analysis (the "analysis") in guiding the deliberation. These results include the ranking of proposed remedial actions according to each stakeholder's preferences, as well as a number of performance indicators, such as individual worker risk, as well as...

A concern in utilizing deliberation in order to smooth out the differences among the stakeholders is that the technical issues often fall to the wayside, or

1. INTRODUCTION

Risk management has gained a significant amount of attention from both policymakers and the public over the past 30 years. This attention has been particularly evident in the areas of policy choice, evaluation, and implementation, particularly in the context of environmental cleanup of hazardous waste sites. Trade-offs among incompatible measures, such as environmental protection and economic development, have often been used to justify the need for risk management.

While balancing the multitude of objectives in order to meet social needs, policymakers and the responsible agencies are faced with difficult choices. Trade-offs among incompatible measures, such as environmental protection and economic development, have often been used to justify the need for risk management.

In order to address these challenges, the National Research Council⁽¹⁾ has recommended that the decision maker (government agency) incorporate all relevant stakeholders in the decision-making process from the beginning. This recommendation is particularly relevant for those situations where the stakes are high and the risks are substantial.

Our main objective in this paper is to structure the deliberation among the stakeholders in such a way that the most useful results and insights derived from analytical methods are enhanced and the previous failures and causes for mistrust will be overcome.⁽⁵⁾

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Policy Analysis

A Model for an Analytic-Deliberative Process in Risk Management

Analytique-délibératif

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preferences. Without consensus on values and often appears to be unnecessary. Thus, decision making, a new keywords are and co-determining. The popularity associated with communication, trust-building, however, obscures the challenge of how

Risk Analysis, Vol. 22, No. 1, 2002

A Procedural Evaluation of an Analytic-Deliberative Process: The Columbia River Comprehensive Impact Assessment

Aimee Guglielmo Kinney¹ and Thomas M. Leschine^{2*}

Analytique-délibératif

Risk Analysis, Vol. 18, No. 5, 1998

Deliberation: Integrating Analytical Results into Environmental Decisions Involving Multiple Stakeholders

Délibération : intégration des résultats analytiques

SAGE PUBLICATIONS (www.sagepublications.com)
Public Understand. Sci. 16 (2007) 299-322

PUBLIC UNDERSTANDING OF SCIENCE

Deliberative mapping: a novel analytic-deliberative methodology to support contested science-policy decisions

Jacquelin Burgess, Andy Stirling, Judy Clark, Gail Davies, Malcolm Eames, Kristina Staley and Suzanne Williamson

Analytique-délibératif



Policy Analysis

A Model for an Analytic-Deliberative Process in Risk Management

ORTWIN RENN*
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How can and should risk managers collect public preferences, integrate them into the management process, and assign stakeholders, and their views, are legitimate for determining the life cycle of risks. It articulates the reasoning with decision making. It articulates the reasoning with decision making. It articulates the reasoning with decision making.

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1. Introduction

Inviting the public to participate in risk analysis and management has been a major objective in European and American risk policy arenas. The recent report by the National Academy of Sciences encourages risk professionals to foster citizen participation and public involvement in risk management (1). The report emphasizes

preferences. Without a systematic procedure to reach consensus on values and preferences, the public's position often appears to be unclear (3). Participatory processes are thus needed that combine technical expertise, rational decision making, and public values and preferences. The new keywords are trust-building, community development, and co-determination (4).

The popularity associated with the concepts of two-way communication, trust-building, and citizen participation, however, obscures the challenge of how to put these noble goals into practice and how to ensure that risk management reflects competence, efficiency, and fair burden sharing. Fairness is key to producing a forum where equality and popular sovereignty can emerge and personal competence can develop. When participation is fair, everyone takes part

and design of policies by randomly selected citizens. The paper provides some empirical evidence about the application of this method from experiences in three different countries. The case studies show that analytical thinking and deliberative exchange of arguments cannot be separated but should be integrated in the decision making process. At the same time, the sequential involvement of stakeholders, experts, and the general public proved to be a productive way of ensuring competence, fairness, and efficiency.

for an analytic-deliberative process. The following section takes a closer look at the specific requirements for analytic-deliberative processes before the third section introduces and describes a structured model of cooperative discourse. This model of a structured model of cooperative discourse. This model of a structured model of cooperative discourse.

Les études de cas démontrent que la réflexion analytique et l'échange délibératif d'arguments ne peuvent être séparés mais devraient être intégrés dans le processus décisionnel. (traduction libre)

Approche délibérative

Democratic-Deliberative	Analytic-Deliberative
<ul style="list-style-type: none">▪ Participatory process▪ Seeks input from stakeholder/public representatives regarding values and preferences▪ Aim to encourage discussion and consideration of the evidence▪ Recommendations are evidence-influenced	<ul style="list-style-type: none">▪ Technical/participatory process▪ Seeks to combine technical knowledge/expertise with stakeholder/public values and preferences▪ Aim to improve understanding and comprehension of the evidence▪ Recommendations are evidence-informed



Type d'utilisation des données probantes

Evidence-based priority setting

JULIE ASTLEY AND WENDY WAKE-DYSTER

Julie Astley is Chief, Allied Health Division, at the Women's & Children's Hospital, Adelaide.
Wendy Wake-Dyster is Director of Therapy Services, Crippled Children's Association, Adelaide.

Abstract

This paper describes evidence-based priority setting and resource allocation undertaken by a Division of the Women's & Children's Hospital, Adelaide during 1998-1999. We describe the methods used to combine program budgeting marginal analysis (PBMA), evidence based and "community values" approaches into one decision-making framework. Previous organisational changes involving the formation of multidisciplinary team and program management were pivotal in setting a framework to successfully complete the priority setting process.

Abstract

This paper describes evidence-based priority setting and resource allocation undertaken by a Division of the Women's & Children's Hospital, Adelaide during 1998-1999. We describe the methods used to combine program budgeting marginal analysis (PBMA), evidence based and "community values" approaches into one decision-making framework. Previous organisational changes involving the formation of multidisciplinary team and program management were pivotal in setting a framework to successfully complete the priority setting process.

... emphasis on health outcomes... was rejected due to problems in... activity and cost minimisation (Rissell, Ward and Sainsbury, 1998). There has... more effectively based on marginal...

Nous décrivons les méthodes utilisées pour combiner la budgétisation des programmes et de l'analyse différentielle, les approches basées sur les données probantes et sur les « valeurs de la communauté » dans un seul cadre décisionnel. (traduction libre)

... developing the WCH... the WCH in determining the community's values in resource... were used further in developing the model used within the AHD.
Figure 1: WCH Resource Allocation Criteria



Australia and New Zealand Health Policy



Research

An Australian childhood obesity summit: the role of data and evidence in 'public' policy making

Open Access

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absence of strong research evidence if government sees the need to respond to public concerns.

obesity. It raised awareness in the public and political arena and provided a public forum for debating research evidence. The Summit demonstrated that while it is not

Le sommet a démontré que, bien qu'il ne soit pas

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(page number not for citation purposes)

Australia and New Zealand Health Policy 2005, 2:17

necessary to have all the evidence in place to agree actions, that more radical policy change is much more difficult to achieve in the absence of established and detailed evidence, given the interests of important stakeholders, notably the private sector. The process and the outcomes of the Summit suggest that in the absence of strong Type 1 data, and where Type 2 evidence is contested, that policy-makers may opt for the path of least resistance: a call for more

nécessaire d'avoir toutes les données probantes en place pour s'entendre sur des actions à poser, un changement plus radical de politiques est beaucoup plus difficile à obtenir en l'absence de données probantes reconnues et détaillées (traduction libre)

Les données probantes utilisées étaient divisées en trois types

la recherche empirique (Genre 1)

ideas and opinions (Type 2)

les idées et les opinions (Genre 2)

interests' outlined by Bowen & Zwi, and included evidence such as the results of consultation processes, opinions and views of "experts", interest groups and community members; and economic data (Type 3) which focused on economic implications.

les données économiques (Genre 3)

Page 1 of 10

(page number not for citation purposes)



Type d'utilisation des données probantes

Informal-Implicit	Formal-Explicit
<ul style="list-style-type: none">▪ Introduction of evidence often through informal channels (e.g., through general discussion)▪ Interpretation of evidence based on expert assessment/evaluation▪ Combination of evidence through unstructured deliberation▪ The recommendation rather than the evidence is the main focus of the process	<ul style="list-style-type: none">▪ Introduction of evidence primarily through formal processes resulting in broad/diverse evidence base▪ Interpretation of evidence based on formal assessment tools (e.g., GRADE, evidence hierarchies)▪ Combination of evidence based on formal weighting criteria▪ The evidence rather than the recommendation is the main focus of the process

Proximité décisionnelle



SEEING THE NICE SIDE OF COST-EFFECTIVENESS ANALYSIS: A QUALITATIVE INVESTIGATION OF THE USE OF CEA IN NICE TECHNOLOGY APPRAISALS

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SUMMARY

Resource scarcity is the *raison d'être* for the discipline of economics. Thus, the primary purpose of economic analysis is to help decision-makers when addressing problems arising due to the scarcity problem. The research reported here was concerned with how cost-effectiveness information is used by the National Institute for Health & Clinical Excellence (NICE) in national technology coverage decisions in the UK, and how its impact might be increased. The research followed a qualitative case study methodology with semi-structured interviews by observation and analysis of secondary sources. Our research highlights that NICE represents an important progressive commissioning process.

Thus, our data suggest that for analyses to be viewed as acceptable, it is necessary that they provide information: (1) that end-users see as relevant (i.e. providing data on parameters that are likely to influence the decision of the policy-maker), (2) that is appropriate to the decisions being faced, taking into account relevant contextual factors (e.g. budgetary arrangements commonly seen in the NHS), and (3) that can inform implementation of decisions in a complex decision-making environment.

INTRODUCTION

Resource scarcity is the *raison d'être* for the discipline of economics. In one sense or another, all economists are working on issues that have some connection to scarcity and limits on our ability to do all we would like. Thus, the primary purpose of economic analysis, and cost-benefit and cost-effectiveness analysis (CEA) in particular, is to help decision-makers when addressing problems arising due to the scarcity problem. Therefore, such information is generated with the direct intention of influencing policy – but is that objective achieved? Over recent years in the UK, there have been repeated expressions of concern about the impact of resource scarcity on the health service.

Il est nécessaire qu'elles fournissent de l'information : 1) pertinente aux yeux des utilisateurs (c'.-à-d. offrant des données sur les paramètres susceptibles d'influencer la décision des responsables de politiques; 2) appropriée aux décisions à prendre et tenant compte des facteurs contextuels pertinents [...]; 3) qui puisse informer l'application des décisions dans un contexte décisionnel complexe. (*traduction libre*)





Implementation and evaluation of local-level priority setting for stroke

D Chappel^{1*}, J Bailey¹, R Stacy², H Rodgers^{1,3} and R Thomson¹

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We aimed to develop and evaluate a prioritisation process within a stroke programme for a Health Improvement Pro district stroke group (DSG); review of the evidence; sur consensus within the DSG; consultation with local use interviews and documentary analysis. The process was participants, and a district HImP implementation group a process. However, some felt that stroke itself had been a setting process was not clear to all participants and cha perceived lack of ownership. Professionals from second felt that the priorities in the HImP could limit their abi consultation days occurred too late to influence the 199 approach that is broadly accepted by stakeholders and b of stakeholders, clarity of procedures, local ownership setting. The model developed will be of value in other

Keywords: priority setting; stroke; stakeholder; health

This was echoed by another interviewee who was concerned about a purely evidence-based approach:

‘... published evidence lags a long way behind actual knowledge. (...) nous devons être très réceptifs dans nos plans de développement actuels. (traduction libre)

out of date... we've got to be very responsive in our plans to current developments.’ (INT 8)

We have developed a process which integrates evidence into our processes. This has been used to develop priorities. Everyone felt that the right priorities were identified, although there remained some lack of clarity about how they were derived. There was also a concern that they are insufficiently owned to be actively taken forward. Proof of the value of this process comes from the way in which district...

Ces priorités étaient également une source de préoccupation parce qu'elles ne sont pas suffisamment maîtrisées pour être exploitées activement. (traduction libre)

Patients' influence

Stakeholder participation in health research agenda setting: the case of asthma and COPD research in the Netherlands

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Gestion indépendante et impartiale

Independent and unbiased management The process management was in the hands of staff members of the Athena Institute who were all independent from both the Asthma Foundation and stakeholders as well as unbiased with reference to asthma and COPD research.

ences, Faculty of Earth and Life Sciences, 1085, NL-1081 HX Amsterdam, The Netherlands. J Francisca Caron-Flinterman: Tel: +031-20-5989439; Fax: +31-20-5987027; Email: francisca.caron.flinterman@falw.vu.nl. Jacqueline E W Broerse: Email: jacqueline.broerse@falw.vu.nl. Joske F G Bunders: Email: joske.bunders@falw.vu.nl

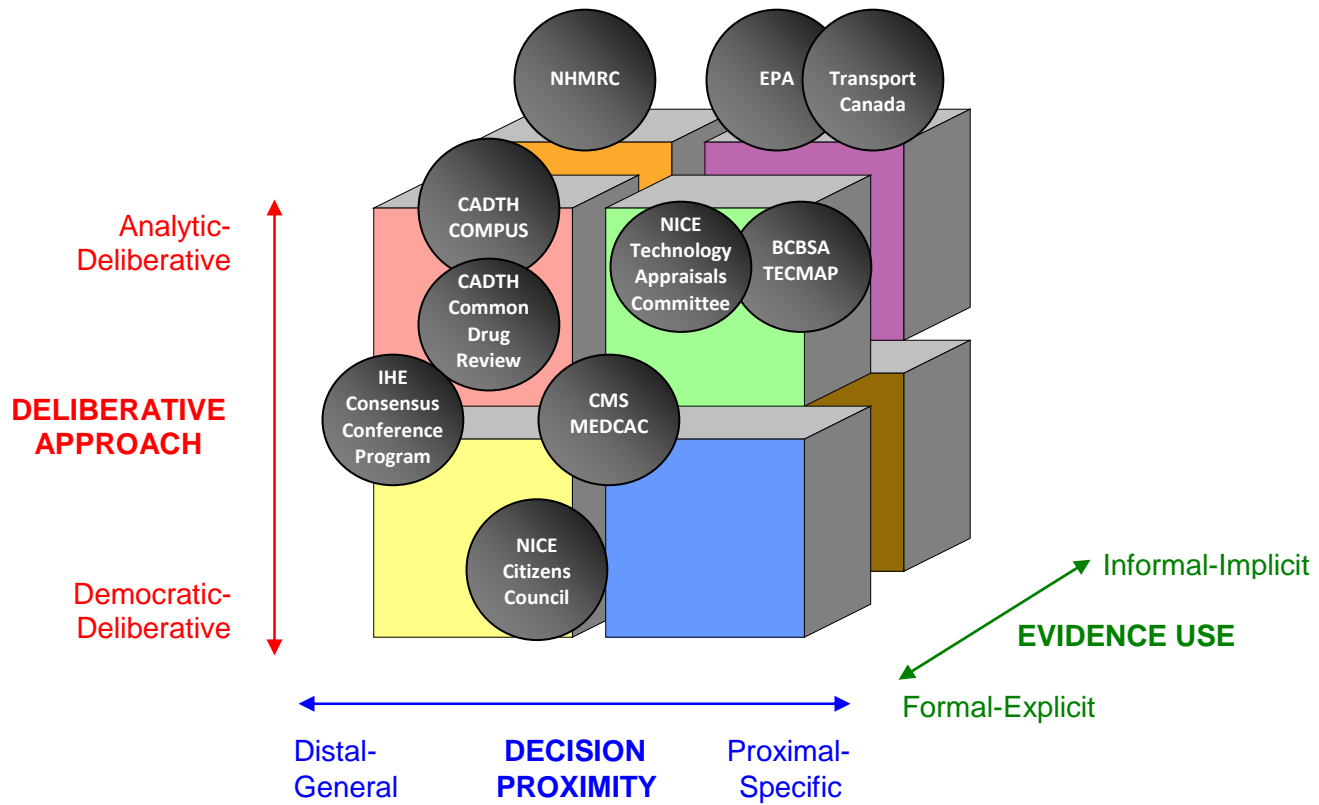
tients to decision-making outcomes, patients' participation, validity and relevance (Fiorino, 1990; Flinterman *et al.*, 2001; Telford *et al.*, 2002; Webler and Renn, 1995). An important issue concerning the design or evaluation of a participation methodology relates to



Proximité décisionnelle

Distal-General	Proximal-Specific
<ul style="list-style-type: none">▪ Decision context is general, theoretical▪ Key decision-maker audiences not always clearly identifiable▪ Relevant decision-making contexts are heterogeneous▪ External to decision-making process▪ Unlikely to be linked to a specific decision outcome▪ Addresses 'global' issues including values and preferences▪ Context-specific evidence not sought▪ Generates/combines evidence	<ul style="list-style-type: none">▪ Decision context is specific, operational▪ Key decision-maker audiences clearly identifiable▪ Relevant decision-making contexts are homogenous▪ Linked to, or embedded within, decision-making process▪ Likely to be linked to a specific decision outcome▪ Addresses 'local' issues including effectiveness, feasibility and implementation▪ Context-specific evidence sought▪ Combines evidence





Conclusions

- Que savons-nous de l'efficacité des méthodes délibératives pour combiner différents genres de données probantes?
 - Nombreux exemples identifiés où des méthodes délibératives sont utilisées dans les processus d'orientation des politiques.
 - Cependant, il y avait seulement quelques exemples explicites d'utilisation de méthodes délibératives pour combiner des données probantes hétérogènes, avec très peu de travail empirique évaluant directement leur efficacité.
 - Le secteur de la santé utilise des processus délibératifs mieux établis que les autres secteurs; cependant, le travail effectué dans le domaine des politiques environnementales a fourni d'importantes perspectives sur le rôle des méthodes délibératives pour combiner des données probantes hétérogènes.
- Ultiment, nous avons identifié 3 facteurs clés qui influencent la façon dont les méthodes délibératives contribuent à combiner différents genres de données probantes :
 - **Approche délibérative :** démocratique vs analytique
 - **Nature de l'utilisation des données probantes :** formelle/explicite vs informelle/implicite
 - **Proximité décisionnelle :** proximale/spécifique vs distale/générale

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Articles de haute pertinence

- Apostolakis GE, Pickett SE. (1998). Deliberation: Integrating analytical results into environmental decisions involving multiple stakeholders. *Risk Analysis* Vol 18(5):621-634.
- Astley J, Wake-Dyster W. (2001). Evidence-based priority setting. *Australian Health Review*; 24(2): 32-39.
- Bryan,S., Williams,I., & McIver,S. (2007). Seeing the NICE side of cost-effectiveness analysis: a qualitative investigation of the use of CEA in NICE technology appraisals. *Health Economics*, 16(2), 179-193.
- Burgess,J., Stirling,A., Clark,J., Davies,G., Eames,M., Staley,K., & Williamson,S. (2007). Deliberative mapping: a novel analytic-deliberative methodology to support contested science-policy decisions. *Public Understanding of Science*, 16(3), 299.
- Caron-Flinterman,J.F., Broerse,J.E.W., Teerling,J., van Alst,M.L.Y., Klaasen,S., Swart,L.E., & Bunders,J.F.G. (2006). Stakeholder participation in health research agenda setting: the case of asthma and COPD research in the Netherlands. *Science and Public Policy*, 33(4), 291-304.
- Chappel D, Bailey J, Stacy R, Rodgers H, Thomson R. (2001). Implementation and evaluation of local-level priority setting for stroke. *Public Health*; 115(1):21-29.
- Corburn J. (2006).Community knowledge in environmental health science: co-producing policy expertise. *Environmental Science and Policy*; 10(2).
- Dobrow MJ, Goel V, Lemieux-Charles L, Black NA. (2006.) The impact of context on evidence utilization: a framework for expert groups developing health policy recommendations. *Social Science & Medicine*; 63(7):1811-1824.
- Kinney,A.G. & Leschine,T.M. (2002). A procedural evaluation of an analytic-deliberative process: The Columbia River Comprehensive Impact Assessment. *Risk Analysis*, 22(1), 83-100.
- McMahon,M., Morgan,S., & Mitton,C. (2006). The Common Drug Review: A NICE start for Canada? *Health Policy*, 77(3), 339-351.
- Milewa T. (2006). Health technology adoption and the politics of governance in the UK. *Social Science & Medicine*; 63(12):3102-3112.
- Nathan SA. (2005). An Australian childhood obesity summit: The role of data and evidence in 'public' policy making. *Australia and New Zealand Health Policy*; 2(1):17.
- PausJenssen AM. (2003). Ontario's formulary committee: How recommendations are made. *Pharmacoeconomics*; 21(4):2003.
- Quennell P. (2003). Getting a word in edgeways? Patient group participation in the appraisal process of the National Institute for Clinical Excellence. *Clinical Governance: An International Journal*; 8(1):39-45.
- Renn,O. (1999). The role of risk perception for risk management. *Reliability Engineering & System Safety [Reliab.Eng.Syst.Saf.]*.vol.59, 599(1), 49-62.

