
Editorial

Helping Health Service Researchers and Policy Makers Speak the Same Language

For decades, health services researchers have grappled with fundamental questions of how research can best inform policy and practice (Roper 1997; Hadley 2000; Epstein 2001; Fielding, Marks et al. 2002; Feder 2003; Bowen, Erickson et al. 2009; Grimshaw, Eccles et al. 2012). Yet researchers and policy makers largely remain “travelers in parallel universes” (Brownson, Royer et al. 2006) or in an “unrequited love affair” (Clancy, Glied et al. 2012). Policy makers may view research as something that is “off the shelf” and immediately ready for use. Researchers may perceive policy making as a singular event (Lomas 1997, 2000a,b, 2007). Educating each about the constraints and benefits of working together can help begin to address these misperceptions and missed opportunities (Coburn 1998; McBride, Coburn et al. 2008). While work coming out of the Agency for Healthcare Research and Quality (Eisenberg 2000; Clancy 2003; Clancy, Slutsky et al. 2004) and the Robert Wood Johnson Foundation Clinical Scholars Program (Clancy, Glied et al. 2012; Davis, Gross et al. 2012) provide examples of success, much remains to be done. Understanding and addressing barriers to productive collaboration is key for ensuring that health services research has a wide and enduring impact on how health care is actually delivered, a goal that funders are focused on as well.

On April 13, 2012, the Center for Healthcare Research and Transformation (CHRT), the Ann Arbor Department of Veterans Affairs (VA) Center for Clinical Management Research, and the Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan (U-M) cosponsored a symposium to understand the barriers and consider solutions to increasing the impact of health services research on policy and practice (Center for Healthcare Research and Transformation 2012). For our symposium, we defined a “policy maker” in the broadest way; including local, state or federally elected officials, as well as payers, purchasers, practice, and health system leaders.

The symposium included panels of policy makers, funders, and researchers. Each panel addressed how academic researchers can more effectively work with policy makers, that is, how they can learn to “speak the same language.” While the literature has shown that there is a variety of pathways that researchers can take to impact policy and that there is no “one-size-fits-all” approach or magic bullet that guarantees success (Gold 2009), our symposium focused on providing concrete strategies that academic researchers could apply directly with policy makers. The dialog was robust; participants were candid and engaged.

To develop the lessons and recommendations presented here, the symposium was recorded and transcribed. Authors independently identified major themes by reviewing the transcript and then came to a consensus on the final set of recommendations emerging from the symposium. Specific quotes were chosen for their illustrative nature. Key recommendations are presented as four main lessons, with possible solutions.

LESSON 1: WHEN RESEARCHERS TALK TO POLICY MAKERS, THEY MUST BE PREPARED TO BE CLEAR, CONCISE, AND TELL THE POLICY MAKER WHAT ACTION SHOULD BE TAKEN

Policy makers suffer from an extreme shortage of time and are faced with more issues than they have the ability to become knowledgeable about. Gretchen Whitmer, senate minority leader, Michigan State Senate noted, “We do rely on research a great deal . . . but as generalists we have to be able to ferret through it and distill the messages or what the lesson is and how we can employ that.” Policy makers rarely have time to read academic journals. Indeed, the policy makers on our panel noted that they most often get their “research” information from the media or emails or brief publications from organizations that synthesize and translate research. David Gifford, Senior Vice President, Quality & Regulatory Affairs, American Health Care Association/National Center for Assisted Living: “I just read little snippets

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because that is all I have time for” Fred Blow, Ph.D., U-M Professor and VA Research Scientist, described how he learned to communicate to policy makers: “what I’ve learned, is that . . . we have to really . . . target our information [and] our approaches or we really miss the boat. They get glassy-eyed very quickly.”

Just as important as being concise is providing clear and actionable findings. David Gifford furthered this thought by commenting that “. . . academics keep arguing on the merit. And arguing on the merit isn’t going to get you anywhere. Similarly, academics . . . always like to point out the limitations. And if you point out the limitations to a policymaker, they’ll say, ‘I want to talk to the person who doesn’t point out the limitations because I have to do something.’” Fran Parker, Executive Director, UAW Retiree Medical Benefits, noted, “If you are going to give me research, give me something that I can use to impact the lives of my retirees.”

Policy makers/practice leaders live in a world of action. Whether there is solid evidence, a decision will be made. Our panelists emphasized that they wanted to use research in policy decisions. However, they told stories that illustrated that research is often not provided to them in ways that enables its use. Policy makers at our symposium challenged researchers to help them increase evidence-based policy.

SOLUTION: RESEARCHERS SHOULD DEVELOP MATERIALS FOR NONSCIENTIFIC AUDIENCES, INCLUDING ACTIONABLE RECOMMENDATIONS

Researchers on our panel noted that they often learned how best to communicate with policy audiences through trial and error but felt that there should be more formal instruction. Specifically:

- Academic institutions should provide communication training for researchers, including instruction on writing one-page briefs and op-eds based on research results, and delivering testimony to legislative bodies, executive branch members, or other policy making groups (e.g., health plan leaders).
- Researchers should identify and work closely with government affairs and/or communication experts within their organizations to get help with understanding the policy implementation context and seek out training and support for policy impact activities.

- Researchers should partner with individuals or entities that can help them develop actionable recommendations relevant to their target audience.

LESSON 2: BUILDING TRUSTED RELATIONSHIPS BETWEEN RESEARCHERS AND POLICY MAKERS IS KEY TO GETTING RESEARCH USED

To the extent policy makers seek out research, they are most likely to go to those they know and trust. “I go to . . . experts and I get the information from them rather than reading the literature,” noted Tom Simmer, M.D., Senior Vice President and Chief Medical Officer, Health Care Value, Blue Cross Blue Shield of Michigan. David Gifford concurred, “. . . if you’re publishing and you’re waiting for someone to call, you’re going to wait a long time.”

SOLUTION: ACADEMIC INSTITUTIONS SHOULD DEVELOP MECHANISMS THAT FACILITATE RELATIONSHIP BUILDING BETWEEN RESEARCHERS AND POLICY MAKERS AND PROVIDE OPPORTUNITIES TO DEFINE COMMON INTERESTS AND NEEDS

Suggested ways to accomplish this include the following:

- Academic institutions with an interest in policy/practice impact should help researchers identify those policy makers most relevant to the researcher’s topic of interest.
- Once those individuals are identified, the academic institution should help the researcher identify those best suited to help create connections.
- Creation of connections should be an intentional and defined part of the institutional process. For example, institutions could develop and maintain a “one-stop shop” or a liaison function to help policy makers and health service researchers match needs to research.

LESSON 3: RESEARCH FINDINGS MUST BE TIMELY AND RELEVANT

Academic research can take several years to produce results while policy makers face short-time frames and hard deadlines to make their decisions. If research is to be of use to policy makers, it must not only be relevant, but on time. Gary Freed, U-M Professor, underscored this point: "...we promised that we would be on time and on budget. Now, that's blasphemous to most people in academia, because we are masters of what we call the 'no-cost extensions.' But if there's a hearing on November 11th and there's data and information that needs to be promulgated or addressed at that hearing, the fact that someone in my group can do a few more regression analyses and have it really pretty by November the 16th makes that information irrelevant."

The choice of a research topic is also a critical issue. David Fukuzawa, M.Div., M.S.A., Program Director, Health, The Kresge Foundation noted, "...that's where the language gap may be, in that, ... researchers feel intensely passionate about the things that they're focused on, but they're often not the things that funders or policy makers are ... concerned about." David Atkins, M.D., M.P.H., then Director, Quality Enhancement Research Initiative (QUERI) Program, VA, pointed out that "...researchers too often think about a push-model, 'I find an answer to a question or I find a problem and how can I push that message out?' and I think we need to move to recognizing where there is pull. And so, what are the things that your audience of policy makers want information on, where is their pull in the system..." In response, the QUERI program has developed a rapid-response mechanism to quickly fund studies where timing is critical to allow researchers to help design and evaluate new initiatives together with policy makers. This model facilitates the relationships that are critical to developing timely and relevant topics among VA researchers and stakeholders (http://www.queri.research.va.gov/partnered_research.cfm).

Funders at the symposium also noted the critical importance of researchers choosing topics that will produce relevant results at the time that policy makers are making decisions. Karen Davis, Ph.D., then-President of The Commonwealth Fund said, "We want to fund research that will answer questions policy makers have 18 months from now. So we need to know what Congress will be asking for 18 months from now, fund the research, find the best

person to do that research . . . and have the results ready when Congress wants the answers.”

SOLUTION: RESEARCHERS SHOULD ENGAGE POLICY MAKERS OVER THE ENTIRE CONTINUUM OF THE RESEARCH PROCESS

- Academic institutions should create mechanisms to foster interaction between researchers and policy makers in concrete and sustained ways. This can help researchers identify critical questions that will be policy relevant, frame the methods to yield actionable results, and identify existing “knowledge reservoirs” that can be more immediately synthesized and tailored to a particular policy audience (Fraser, Lanier et al. 2002; Davis, Gross et al. 2012; Bindman 2013).
- While some may attribute policy impact to serendipity—having the right research at the right time—most on our research panel emphasized that having impact is an intentional activity. Therefore, researchers must understand policy makers’ priorities and time frames and commit to deliver in those parameters. This means that there might sometimes need to be compromises on the complexity of the work done or the purity of the academic approach taken if the goal is to be useful in the near term.

LESSON 4: ACADEMIA MUST ALIGN INCENTIVES FOR RESEARCH TO HAVE AN IMPACT

Researchers felt that the academic environment, which primarily rewards publishing and extramural funding, impedes working directly with policy makers, communicating results in different ways, and participating in briefings or other information sessions that are necessary for getting research understood more broadly. While some researchers indicated that success in these areas is possible, all acknowledged that it takes a great deal of work to make it happen, and not a little bit of courage. Two researchers on our panel highlighted this point. Mark Fendrick, U-M Professor, stated, “I think the first and most important thing is that academic currency, that being funding and

publishing, does not support policy efforts.” John Piette, Ph.D., U-M Professor and VA Research Scientist concurred noting that work with policy makers is considered outside of academic work, “You have to keep doing the things that you were expected to do for many years, but now we’re expected to do more.” Gary Freed offered a suggestion on how to manage these institutional barriers: “I think the only way you can protect junior faculty is being able to have senior people who will manage this kind of business flow, to be honest with you, because that’s what it is.” All agreed that a fundamental change in the academic incentive structure is necessary to motivate researchers to focus more on policy translation.

SOLUTION: ACADEMIC INSTITUTIONS NEED TO PROVIDE INCENTIVES FOR RESEARCHERS TO HAVE AN IMPACT ON POLICY AND PRACTICE

Academic institutions that want to have an impact on policy/practice should:

- Elevate the importance of policy impact activities within promotion and tenure structures (Kindig, Day et al. 2003).
- Capitalize on new funding mechanisms brought about by the Affordable Care Act, particularly in the Patient Centered Outcomes Research Institute, which rewards research that is conceptualized with the end-use and users clearly in mind (Bindman 2013).
- Develop institutional models that provide guidance, mentoring, and strategic management to forward and reward work that translates research to impact.

CONCLUSION

Many institutions are beginning to integrate some of the lessons and solutions enumerated above to help researchers be more effective in translating their work to policy. Our panelists and the literature are both clear that having an organizational infrastructure that intentionally and systematically supports translating health services research into health policy or practice is key to its successful uptake (Coburn 1998; Lomas 2000a,b). For example, in 2013 AcademyHealth created the Translation and Dissemination Institute, an incubator for new and innovative approaches to moving knowledge into action (AcademyHealth 2012).

Academic institutions are also increasingly recognizing the importance of helping faculty translate their research. For example, the Harvard School of Public Health, Division of Policy Translation and Leadership Development, and the Dartmouth Institute for Health Policy and Clinical Practice all have explicit goals to use health services research to make a difference in health care policy decision making. Both have training programs aimed at developing media and communication skills with policy makers. Another example is the creation of U-M's new IHPI. Created in 2011, IHPI includes over 400 U-M health service researchers and is dedicated to enhancing the health and well-being of local, national, and global populations through innovative, interdisciplinary health services research. Within the IHPI, the Impact Accelerator, in collaboration with CHRT, will assist IHPI members who seek to have a greater impact on health policy and health care delivery through their research. Tools and supports are being developed that will specifically:

- Build relationships between researchers, policy makers, funders, media, and other stakeholders.
- Develop communication opportunities for faculty.
- Provide in-depth information on specific, health policy-relevant topics.

Such efforts that are specifically designed to address barriers to translating research to impact represent significant investments by advocacy organizations and academic institutions in helping research and policy makers speak the same language. In addition, while not addressed at the symposium, we suggest that similar investments in how to more effectively use research evidence and to work with researchers may need to be part of policy makers' training or in the training of their staff. Ultimate success in maximizing the transfer of knowledge to policy and practice will require efforts by not only researchers but also by policy makers to engage with the research community, funders to develop timely funding mechanisms and to cover dissemination efforts within grants, and publishers of research to highlight successful translation efforts.

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REFERENCES

- AcademyHealth. 2012. "Translation and Dissemination Institute" [accessed on August 16, 2013]. Available at <http://www.academyhealth.org/Programs/ProgramsDetail.cfm?itemnumber=10492>
- Bindman, A. B. 2013. "The Evolution of Health Services Research." *Health Services Research* 48 (2 Pt 1): 349–53.
- Bowen, S., T. Erickson, P. J. Martens, and S. Crockett. 2009. "More Than "Using Research": The Real Challenges in Promoting Evidence-Informed Decision-Making." *Healthcare Policy* 4 (3): 87–102.
- Brownson, R. C., C. Royer, R. Ewing, and T. D. McBride. 2006. "Researchers and Policymakers: Travelers in Parallel Universes." *American Journal of Preventive Medicine* 30 (2): 164–72.
- Center for Healthcare Research and Transformation. 2012. *Healthcare Policy and Research: Can We Speak the Same Language?*. [accessed on June 10, 2014]. Available at: <http://www.chrt.org/blog/can-we-speak-the-same-language/>
- Clancy, C. M. 2003. "Health Services Research: From Galvanizing Attention to Creating Action." *Health Services Research* 38 (3): 777–82.
- Clancy, C. M., S. A. Glied, and N. Lurie. 2012. "From Research to Health Policy Impact." *Health Services Research* 47 (1 Pt 2): 337–43.
- Clancy, C. M., J. R. Slutsky, and L. T. Patton. 2004. "Evidence-Based Health Care 2004: AHRQ Moves Research to Translation and Implementation." *Health Services Research* 39 (5): xv–xxiii.
- Coburn, A. F. 1998. "The Role of Health Services Research in Developing State Health Policy." *Health Affairs (Millwood)* 17 (1): 139–51.
- Davis, M. M., C. P. Gross, and C. M. Clancy. 2012. "Building a Bridge to Somewhere Better: Linking Health Care Research and Health Policy." *Health Services Research* 47 (1 Pt 2): 329–36.
- Eisenberg, J. M. 2000. "The Agency for Healthcare Research and Quality: New Challenges, New Opportunities." *Health Services Research* 35 (1 Pt 1): xi–xvi.
- Epstein, A. 2001. "A Broader Vision." *Health Services Research* 36 (6 Pt 2): 8–15.
- Feder, J. 2003. "Why Truth Matters: Research versus Propaganda in the Policy Debate." *Health Services Research* 38 (3): 783–7.
- Fielding, J. E., J. S. Marks, B. W. Myers, and P. A. Nolan. 2002. "How Do We Translate Science into Public Health Policy and Law?" *Journal of Law, Medicine and Ethics* 30 (3 Suppl): 22–32.
- Fraser, I., D. Lanier, F. Hellinger, and J. M. Eisenberg. 2002. "Putting Practice into Research." *Health Services Research* 37 (1): xiii–xxvi.
- Gold, M. 2009. "Pathways to the Use of Health Services Research in Policy." *Health Services Research* 44 (4): 1111–36.
- Grimshaw, J. M., M. P. Eccles, J. N. Lavis, S. J. Hill, and J. E. Squires. 2012. "Knowledge Translation of Research Findings." *Implementation Science* 7: 50.
- Hadley, J. 2000. "Better Health Care Decisions: Fulfilling the Promise of Health Services Research." *Health Services Research* 35 (1 Pt 2): 175–86.

- Kindig, D., P. Day, D. M. Fox, M. Gibson, J. Knickman, J. Lomas, and G. Stoddart. 2003. "What New Knowledge Would Help Policymakers Better Balance Investments for Optimal Health Outcomes?" *Health Services Research* 38 (6 Pt 2): 1923–37.
- Lomas, J. 1997. "Improving Research Dissemination and Uptake in the Health Sector: Beyond the Sound of One Hand Clapping." McMaster University Centre for Health Economics and Policy Analysis, Policy Commentary C97-1.
- . 2000a. "Connecting Research and Policy." *ISUMA Canadian Journal of Policy Research* 1 (1): 140–4.
- . 2000b. "Using 'Linkage and Exchange' to Move Research Into Policy at a Canadian Foundation." *Health Affairs (Millwood)* 19 (3): 236–40.
- . 2007. "The In-Between World of Knowledge Brokering." *British Medical Journal* 334 (7585): 129–32.
- McBride, T., A. Coburn, C. MacKinney, K. Mueller, R. Slifkin, and M. Wakefield. 2008. "Bridging Health Research and Policy: Effective Dissemination Strategies." *Journal of Public Health Management and Practice* 14 (2): 150–4.
- Roper, W. L. 1997. "The New Environment for Health Services Research: Private and Public Sector Opportunities." *Health Services Research* 32 (5): 549–56.

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of this article:

Appendix SA1: Author Matrix.