



Evaluating the impact of national policies in health care

Roland Friele
Netherlands Institute for Health
Services Research (NIVEL) and
Tilburg University

News



31 October 2011 | The information needs on diabetes of people with an intellectual disability

For people with an intellectual disability diabetes means the same as for anyone else. However, in diabetes selfmanagement they are more dependent on the support of a professional caregiver or a member of the family. So far, no customized information exists. These findings were recently published by researchers at NIVEL and the university hospital UMC St Radboud in the *Journal of Intellectual Disability Research*. [more](#)



11 October 2011 | Respect and communication more important than waiting time

Respect and communication are weighed most heavily in patient's overall assessment of care. Structure aspects, such as waiting times, also contribute to the overall assessment. Managers and professionals in health care should focus on improving these aspects if they aim to increase the overall judgement of care given by patients. These findings were recently published by the NIVEL and the Centre for Consumer Experience in Health Care in the journal *BMJ Quality & Safety*. [more](#)



5 October 2011 | Valuable tips for medical consultations. Patients speak up for themselves

Patients are very capable of participating in discussions about the quality of communication that takes place in the consulting room. They have also given valuable tips for doctors and patients in this situation. This is evident from recent publications by researchers from the universities of Ghent, Utrecht, Liverpool and Verona, together with NIVEL, in scientific journals that include *Patient Education and Counseling*. [more](#)

Current international projects

WHO funded research:

- [PC Evaluation Tool](#) for transitional countries
- [PC Quality Management](#) in transitional countries
- [Integration](#) of vertical programmes in PC

EC funded research:

- [PHAMEU](#): PC Activity Monitor
- [QUALICOPC](#): Quality and costs of PC in Europe
- [EURHOMAP](#): Home Care in Europe
- [APRES](#): Prescribing antibiotics in PC
- [EUGATE](#): Health Care for Immigrants

Recent NIVEL publications

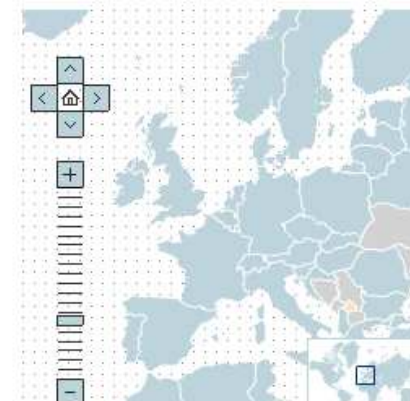
- Benefits and problems of electronic information exchange as perceived by health care professionals: an interview study. [more](#)
- Unspecified gastroenteritis illness and deaths in the elderly associated with norovirus epidemics. [more](#)
- The appropriateness of prescribing antibiotics in the community in Europe: study design. [more](#)

Foreign visitors



On September 28th, prof. Masako LI and prof. Ryuki Kassai from Japan visited NIVEL as part of their study visit to the Netherlands. [More](#)

NIVEL publications on Health care in Europe





Little introduction ...

Field of research: the evaluation of health law. Not as a lawyer, but as a social scientist.

Was involved in around ten evaluations of health law: on organ donation, health insurance, blood supply, advertising for medicines, complaints handling etc..

Deputy director of NIVEL



And you?

Can you mention a national policy or program that your research relates to?
What is it?



Evaluating system changes in health care:

**why
and
how**



WHY

Doing research is fascinating

Research can play a role in society



Evidence based
policies?

WHY

But, in practice government has a mixed attitude towards research.

Results can be inconvenient, the researcher blamed as being wrong, at the wrong moment or naïve or just ignored.

WHY..a role in society



“ Strong expert institutions enhance the effectiveness and cost-effectiveness of public decision-making.”



“ The information basis for decision-making will be improved through systematic foresight efforts, which will also be used to identify weak signals.”

From : Socially Sustainable Finland 2020; Strategy for social and health policy. Finish ministry of social affairs and health. Dec. 2010

Two major issues...

Evaluating system changes needs a more explicit and shared methodology,

- designs are often the result of personal liking,
- management of expectations among policy makers is difficult...

The evaluation of system changes comes very close to the day to day politics

- we need a more worked out strategy for the interaction with policy makers

HOW (1)

A research methodology for the evaluation of system changes ..



... a RCT is not the instrument to use, you need another methodology

HOW (1)

The evaluation of system changes is research with specific conditions:

- multiple interventions (single interventions won't work)
- multiple actors with multiple agendas (that's society)
- multiple goals, vague goals, opposing goals (politics need these to get things done)
- changes in goals and instruments along the way (results of learning and policy changes)
- interventions are reinvented (that's what you want)
- there will always be surprises (you can be sure of that)
- interdisciplinary research (= needed) requires cooperation between different research cultures

This requires a fit to measure research strategy

HOW (1)

These were all context factors that influence the impact of interventions, programs and policies.

How about the context of your research

Can you identify three or more context factors that are relevant for the impact of interventions, programs of policies that your research relates to?

HOW (1)

- We need to get into the policy tool-kit and analyse it's mechanics
- Policy makers say: publishing quality information on care providers will make patients choose and thus improve quality.
- So they made legislation on publishing quality information
- But does this work?

HOW (1)

To learn whether this works we need to answer several more detailed questions

The idea that patients will choose their care provider based on quality information is based on several assumptions (if-then relationships) that should be reconstructed and can be tested

HOW (1)

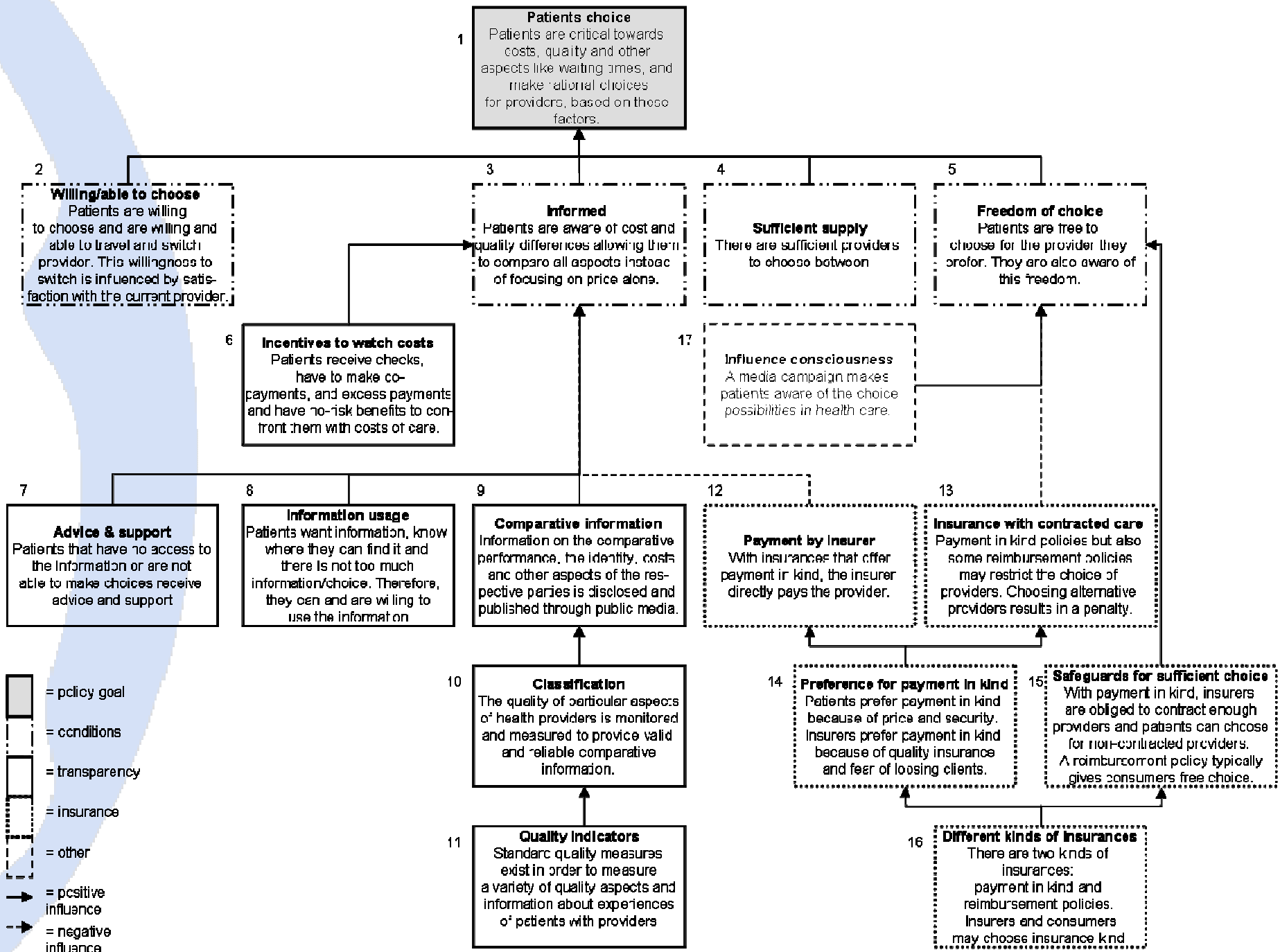
Let's try such a reconstruction (without being complete)

Steps in the framework	Assumptions
1. We will make legislation stating the obligation to publish individual quality indicators	There are no privacy problems in doing so We have the means to enforce publication
2. We will publish information showing differences in quality	The instruments to assess this information are valid and reliable
3. Patients will use this information to choose their care provider and act accordingly	Patients are interested in this information and are willing to change care provider
4. Care providers do their best to improve their quality	Care providers are afraid they will lose patients

HOW (1)

Can you make this scheme for the program or policy your research relates to?

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HOW (1)

So, for each individual assumption we can test whether there is evidence that it may work (on forehand – ex ante)

HOW

The assumptions can be tested, first in desk research

Assumptions	Desk research
1. There are no privacy problems in doing so and we have the means	What can we learn from other legislation, regarding privacy? Are the means to enforce compliance legally sound?
2. The instruments to assess this information are valid and reliable	Have the indicators been tested scientifically?
3. Patients are interested in this information and are willing to change care provider	What to learn from previous research on patient's change? Are there examples in health care that can be studied?
4. Care providers are afraid they will lose patients	Do care providers believe they may lose a relevant market share because of patient choices?



HOW (1)

There may be inconsistencies
between assumptions

These should be analysed

HOW (1)

And,

By focussing only on the assumptions you focus on the expected developments and are likely to miss the unexpected developments.

These may be positive or negative

HOW (1)

So,

You also need to look for events that you don't expect.

In addition to the reconstruction of the policy theory, and the analysis of its consistency, you need to address stakeholders. They may inform you about these events and make you aware of them..

HOW (1)

So,

You also need to look for events that you don't expect.

In your area...were there events you didn't foresee that had a major impact on your results, or may have?

HOW (1)

The assumptions can be tested, **also in practice**

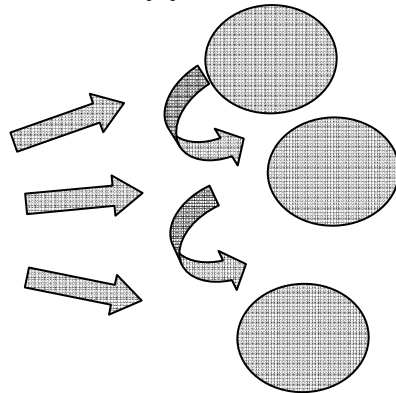
1. There are no privacy problems in doing so and we have the means to enforce publication	Were there any court cases demonstrating privacy problems or compliance problems
2. The instruments to assess this information are valid and reliable	Have data been published? Can we test published scores against a golden standard?
3. Patients are interested in this information and are willing to change care provider	Do patients read this information, what patient groups? What patient groups change care provider?
4. Care providers are afraid they will lose patients	Do care providers experience changes in patient streams
5. Non expected event	Did the non expected event occur and what did it do?

Reconstruction of the policy theory

Goals

Usually not well defined, they have to be distilled from documents and people

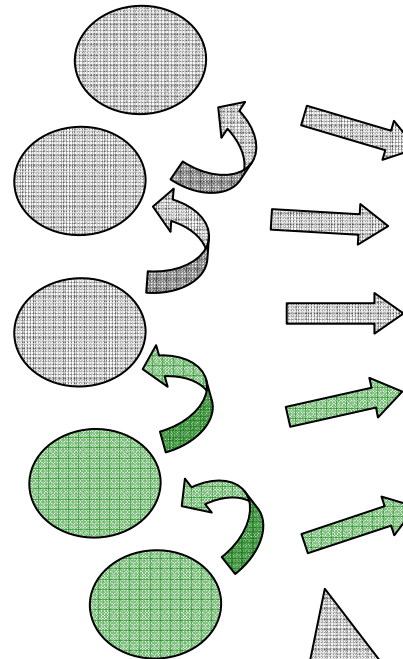
Steps in the framework, how they are supposed to work



Assumed relationship between Goals and framework steps

Analysis

Steps: were they employed as intended?



Impact

Were the steps employed as intended, were there unexpected events do we see changes as expected or surprises?

Did the steps work out as expected. What about unexpected events ?

HOW (1)

Five steps

- 1: To reconstruct the framework of concepts that policy makers used to make a policy
- 2: To identify the fundamental assumption in this framework
- 3: To test the validity of these assumptions through research
- 4: Be receptive for the non expected events
- 5: To confront this research with the assumptions and thus with the framework of the policy maker

HOW (1)

Towards a more explicit and shared methodology

Further reading...

Literature on program evaluation

Realistic evaluation

HOW (2)

The interaction with policy makers

Increasing the likelihood that your results are being used ...

... the key word here is interaction ...

HOW (2)

Policy makers
usually don't read
the academic
journals

Have a
communication
policy



HOW (2)

And...

The concept of time is different for academics as compared to policy makers



HOW (2)



Finally: Is anybody waiting for your information?

HOW (2)

Create productive interactions:



HOW (2)

Create productive interactions:

Before: discuss your research questions
and inquire about relevant dates in time

At the start: share reconstruction of policy
theory (it's a good validity check)

During: discuss intermediate results

Nearly after: discuss results and their
meaning

After: organise meetings and communicate

HOW (2)

But

Yes, you will be influenced (that's the idea)

Yes, this sometimes creates very tricky situations
(don't do this alone, but organise backing, checks
and balances)

(research questions can be negotiated (or
questions added))

(results can not be negotiated, but interpretations
will be negotiated ... and you'd better be aware
as early as possible)



Why and How

Why... because it's fascinating and may be useful

How...

Evaluating system changes needs a more explicit and shared methodology ...

and be aware of the policy makers' agenda both in terms of concepts, communication and timing