EVIDENCE INFORMED POLICY MAKING

Interview with Dr. Moriah ELLEN

-Associate Professor, Department of Health Systems Management, Guilford Glazer Faculty of Business and Management and Faculty of Health Sciences, Ben-Gurion University of the Negev, Israel;
-Assistant Professor (Status) at the Institute of Health Policy Management and Evaluation at the University of Toronto, and Investigator at McMaster University in Canada.

Dr. Moriah ELLEN studied in Canada at York University, McMaster University and University of Toronto and now are teaching in Israel, at the Ben Gurion University of the Negev. She developed a Knowledge Translation framework on ageing and health and are currently involved in TRANSSENIOR, an International Training Network (ITN), funded by Marie Skłodowska Curie Actions, Horizon2020.
She is also a member of the editorial board of "Implementation Science", an open science journal that publishes research on methods to promote the uptake of research findings into routine healthcare in clinical, organizational, or policy contexts.

***Reporter**: Doctor Moriah Ellen, you are an internationally acknowledged expert in the area of Evidence Informed Policy. To start our conversation, could you share with our readers how you became interested in this topic?*

***Moriah ELLEN*:** I did my PhD predominantly on evidence-based medicine and the use of clinical practice guidelines in hospitals. A couple of years after my PhD, I was in touch with an instructor of mine from my Master's programme, who ended up becoming a mentor of mine, and he said, "your background is in business and organisations, and you have the Evidence based Medicine (EBM) knowledge. I have funding to look at this idea of Evidence Based Policy and to do the work at the organizational level, at how organisations make decisions, how policymakers make decisions, based on evidence." So he offered me a post-doc position and while I wasn't 100% sure I wanted to do a Postdoc, it sounded interesting. So, I did it and it is one of the best decisions I ever made.We were calling it Evidence Based Policy at the time. Very quickly, we realized there is no such thing as Evidence Based Policy and the term got changed to Evidence Informed Policy. I just found it so fascinating.
Initially I approached this issue from the organisational level as one of my first projects was looking at how three different types of organisations were using evidence to inform their management decision making, in Ontario and Quebec - two provinces within Canada.
We took a positive deviance approach; we chose organisations that have showed excellence in using evidence to inform decision making. So, instead of always asking "Why doesn't it work?", we looked at "Why does it work? What do you need to have in place to make this work?" It was really a fascinating study. Because we learned a lot about what works in large hospitals and regional health networks and family health teams - major players in the system – and about what they had in place to support evidence informed decision making. Ever since then, I've pretty much had this balance between organisational level, policy level and individual level. It's been interesting.

R: *This is a very interesting study. Could you share with us one or two factors you found out to facilitate evidence informed decision making at the organisation level?*

ME: For sure. One major factor was leadership, because they felt that organisational leaders really set the tone. So again, we interviewed people at very senior levels in the organisation, people that are sitting around the executive level, such as the vice presidents of major regional health networks or hospitals. And they said that the leaders, when they would have management meetings and someone would propose an idea, set the tone by asking "Well, where's the evidence to support that idea?". It almost became an expectation that you couldn't go forward with a proposal without looking at the evidence for and evidence against and at what the literature says. Even after the leader had left the organisation, that very much set the tone. That was one aspect. Another aspect is the access to the basic infrastructure on the ground, just having the basic technological infrastructure in place, access to journals, enough bandwidth, whatever it was. The articles and the research, even as much as you may want to use it, it's an easy stumbling block to say "Okay, I'm done. I tried, I can't access them, done." So, it was a broad spectrum of results, but it was interesting to see all the different levels.

R: *You have studied in Canada at York University, McMaster University and University of Toronto and now are teaching in Israel, at the Ben Gurion University of the Negev. Having been academically involved in two different systems and cultures have you observed any differences in evidence informed decision making between the two countries?*

ME: In Canada this whole concept of evidence informed policy and evidence informed decision making is a given. It took a while for them to get here, but it's been a 'given' for many years. It's a part of their decision-making processes, an institutional component. It's in the culture, it's in the blood. It's an accepted concept and idea and approach to making decisions at a high level. Currently, I'm faculty at Ben Gurion University in the Faculty of Management and the Department of Health Systems Management. I teach in the master's and PhD programmes. Most of our students are managers or leaders, or future managers in the healthcare system. So we're not talking you know, 19-20 year old students, we're talking mature students who have years of experience under their belts, and I teach different courses, research methods, leadership courses, etc.

Management in health
XXIV/3/2020; pp.1-2

In the research methods course, I have a whole section in there on systematic reviews. At the start of the semester, I would say most of my students have never heard about a systematic review. By the end of the semester, they know what it is and that you don't make management decisions without examining systematic reviews. In Israel, there are key players that understand the importance, but this idea of evidence informed policymaking is not as widespread at certain levels of the system.

R: *You are currently a Committee Member of the European Advisory Committee on Health Research (EACHR) which was set up in 2011 by the World Health Organization to promote and strengthen the use of research evidence for public health decision-making and to inform policies for the development of health research in the Region. Can you tell us more about the scope and impact of EACHR?*

ME: EACHR is the regional equivalent of the Global Advisory Committee on Health Research, and it was established in 1959.The membership in the EACHR is about 24 public health research experts, membership is on a rotation basis; members can serve up to two four-year terms. We have a balanced representation throughout Europe. The scope of EACHR is to advise the Regional Director on general orientation for WHO Europe research and to provide guidance on the formulation of regional priorities. For example, at the last meeting, we spoke about non-communicable diseases, vaccine hesitancy, big data, investing in early childhood development, those types of topics. The EACHR has different subgroups, such as an evidence informed policy subgroup, or an implementation research subgroup, which is a relatively new group that was established based on the recommendations from the eighth meeting.

R: *Part of your previous and current work lies in the area of ageing; you have previously developed a Knowledge Translation framework on ageing and health and are currently involved in TRANS-SENIOR, an International Training Network (ITN), funded by Marie Skłodowska Curie Actions, Horizon2020. Can you tell us a little bit about your interests in the area? And then, how these projects have come to be?*

ME: Ageing has always been close to my heart. My parents moved to Canada the year before I was born and then my mother's parents lived with us until they passed away. And so, ageing and the elderly and the care for the elderly was always something that was emotionally close to me. Actually, my first research project ever, I think it was in my master's, was evaluating an online training program for the elderly with diabetes care, etc. Okay, this was the late 90s so it was very new and innovative. It was amazing. So that was the first research project I ever got involved in. I really enjoyed it. Over time, I dabbled with projects focusing on the elderly, but it wasn't necessarily my area of focus and I went into the field of evidence informed policy and implementation science. Most of the work I do now with the elderly is I bring in the knowledge transfer and exchange (KTE) lens, or the implementation science lens. So, it's not just with the elderly, for example, I do a lot of work in the area of overuse of health services and reducing unnecessary use of health services. But I come at it from the implementation science lens, or rather, the de-implementation science lens, right? How do we stop these unnecessary practices? For example, with the ITN (Marie Curie's International Training Network), there are 13 projects with very, very talented researchers. Overall, the ITN is focusing on transitions of care e.g., how to prevent transitions when they're not needed among the elderly and when they are needed, how to improve them. I'm involved in four different projects, but ones that are heavily focused on implementation science or evidence informed policy. One of them, for example, will be focusing on how to properly engage the elderly and their caregivers in the policymaking process. My work is about taking what I know and working with the people that are experts in those fields, I need to take what the clinician is telling me and then work with them to try and figure out different behaviour change interventions, or policies that would be appropriate. So, that's how I've been able to stay involved within ageing, even though my area of expertise is not necessarily ageing.

R: *Based on your observations as an editor, which are most promising areas of action that could support the implementation of research evidence at clinical, organizational or policy levels?*

ME: I think we are seeing more and more interdisciplinary research. In many instances, that should be a requirement going forward. Individuals with different training and background such as anthropology, sociology, behavioural economics… they have so much light to shed on different aspects and different perspectives that I think there should be some funding requirements that require that, because we're never going to be able to solve any of these problems with only one type of specialty. Right? If we only have people that have studied health policy, they're missing many other perspectives.
If we look at COVID, we're spending billions on these pharmacological solutions. Our investment in implementation science is minimal; our investment is nowhere near the investments in vaccines. The reality is that all the great solutions are only great if we can implement them and that is the challenge where implementation science can help. I saw a newspaper headline recently stating that 'behaviour change is the vaccine of 2020'. Right? And that's what a lot of implementation science is trying to get at is, how do we understand how we change behaviour, how we change decision making, how we change policy? Once we establish the policy, how do we get that policy implemented? We need to come together on that. It's not enough having people that understand behaviour change, without having people that understand economic incentives and how those work, or the researchers studying air ventilation and everyone that has some insight to shed on this. Without all of us working together, we will never get our kids back to school, if we don't work together in terms of how can they sit in a classroom. How can we make sure they sit in the classroom for so long? That's what the evidence is telling us. But without the implementation science behind getting that evidence into use we are lost.

Thank you for your time and for sharing your views on evidence informed policy!

Interview conducted by Raluca Sfetcu