Developing an International Perspective on Evidence Development: Lessons and Opportunities for HSRProj.

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Introduction and Background

The National Library of Medicine’s (NLM) Health Services Research Projects-in-Progress (HSRProj) is the most comprehensive repository of health services research (HSR) in the United States, including more than 30,000 HSR projects in progress. AcademyHealth and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, Chapel Hill (UNC-CH) have managed outreach and solicitation of more than 260 organizations and searched online grants databases for relevant records on behalf of the NLM for more than 20 years. The team’s rigorous protocols and experience present a unique opportunity to create a scalable model to identify and curate global HSR projects.

Increasing the global view of HSR within HSRProj is particularly important at a time when intergovernmental global health governance has spearheaded the proliferation of global health and systems research, notably through the health-related targets of the Millennium Development Goals (MDGs), and now the Sustainable Development Goals (SDGs). This research is funded by governments, bilateral and multilateral donors, aid agencies, intergovernmental organizations and international financial institutions as well as global and local foundations and NGOs.

Methods

The project aims to:
1) Assess the current status of international HSR in HSRProj.
2) Understand the terminology and funding patterns of HSR internationally; and
3) Apply current methodology to expand HSRProj globally.

Staff used a mixed-methods design to complete the project, including:
1) Developing and applying queries of HSRProj records between 2009-2014, and using NVivo qualitative software to assess global records in HSRProj.
2) Conducting a literature scan to understand HSR in international context.
3) Reviewing AcademyHealth institutional documents on solicitation and outreach.

Findings

The vast majority of projects conducted outside of the U.S. (n=758) were conducted in Canada (681 projects, 89.8%). Seventy-seven (10.2%) projects were conducted outside of the U.S. and Canada. Seventy (9.2%) of all international projects were funded by U.S.-based organizations, including the Commonwealth Fund, various Institutes of the NIH (notably Fogarty), as well as a small number by PCORI, AHRQ, the CDC and the Bill and the Melinda Gates Foundation. Projects funded by non-US organizations (n=688) are Canadian, Belgian, British, Israeli, Spanish and UNICEF.

Content between US-based and global projects only differed when Canadian projects were removed. See Figure 5 for word clouds of the content of project titles and abstracts for three geographic categories of HSR projects.

Discussion and Next Steps

Many funders and researchers of HSR globally do not use the term “HSR.” AcademyHealth defines HSR as the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being.

HSR falls within the meso and micro levels of the broad field of health systems research. HSR overlaps with health policy research, and touches clinical and behavioral as well as population research. While many countries focus on health systems research, “In Britain and the USA the general focus is on HSR rather than on health systems research. HSR is defined more narrowly in relation to the relationship between health service delivery and the health needs of the population (Bowling 2014: 6)” The Alliance for Health Policy and Systems Research uses the term “health policy and systems research”, “for a field that is often referred to simply as HSR...the broader term better captures the terrain of work it encompasses (Sheikh et al. 2011: 1).”

If HSRProj grows to include more global projects, more resources will be required to extend the database. To assess the feasibility and sustainability of these efforts, HSRProj staff will work closely with the NLM to explore partnerships with organizations outside of the U.S. collecting and reporting on HSR information and development opportunities to support additional staff.

Examination of the differences in content between North American HSR and the broader field suggests that inclusion of more global research will make HSRProj a richer resource (see Figure 5). Extending the expertise gained over 20 years of managing HSRProj to “internationalize” the database has tremendous potential to expand our understanding of trends in the field on a global scale.

References & Acknowledgements


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