

Translation and Dissemination of Health Services Research for Health Policy: A Review of Available Infrastructure and Evolving Tools

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AcademyHealth is a leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health. Launched in 2013, AcademyHealth's Translation and Dissemination Institute helps move health services research into policy and practice more effectively. It undertakes activities that help research producers better understand the needs of research users, and serves as an incubator for new and innovative approaches to moving knowledge into action. This project is supported by the Robert Wood Johnson Foundation, Kaiser Permanente, and AcademyHealth.



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Executive Summary

Focus and Methods

This paper examines how user interest in health services research is shaped by the following factors: the current health care policy environment, the organizations and institutional mechanisms available to advance the movement of health services research into policy and practice, and emerging innovative models. The paper also considers the implications of these factors for health services research. It builds on earlier work defining pathways that support the translation of research (evidence) and policy (action). It is one of a series of papers commissioned by AcademyHealth to help identify strategies that the field can use to enhance the impact of health services research.

Given the breadth of the research questions, the paper does not compile a systematic and complete inventory of all activity relevant to the concerns of the paper. Instead, it provides a reality-based framework for organizing current thinking about the resources and tools available to health services research for translating relevant research into applications suited to the policy and broader environment. Its perspective is that of engaged researchers interested in making their work more relevant. The paper draws on the literature, the Web, and the author's experience.

Summary of Key Findings

User Environment. For a broad variety of policymakers, health care remains a salient issue. While Congress is an important audience for research findings, congressional gridlock and the recent passage of major health laws means that policy interest in many areas has shifted from enacting policy (especially at the national level) to executing policy. With these changes, executive branch agencies and states are increasingly important audiences for health care research. Further, policy interest in promoting change in the operations of health care organizations is blurring the distinction between the need for research that supports policy and the need for research that supports practice. In other words, researchers more than ever need to understand implementation and how health care organizations work. The field's ability to address these needs depends on support from the potential users of research findings as it the users of research who determine funding levels. Translating research into forms usable to a policy audience is therefore critical to the survival of the health services research field. Such translation is a two-way street—active engagement of potent users in defining their informational needs can enhance the likelihood that users will value research evidence.

Translation and Dissemination Infrastructure. From the perspective of the health services research field, the infrastructure available for translation may be viewed in two dimensions. The first dimension involves people working in diverse organizational settings that, for simplicity, may be grouped into five types: academia, independent research centers, government, foundation-based organizations, and industry-/stakeholder-based organizations. These organizations tend to play different roles in translating research to action, depending on their organizational mission, financing, organizational culture, and staff preferences. The second dimension involves a variety of tools that are or may be employed to disseminate and translate research findings into practice. These tools also span a continuum, with shifting emphasis from documentation of research to various ways of disseminating research to users.

Selected Innovations in Dissemination. Effective forms of dissemination often require strategies that rely on a variety of tools to reach different audiences, involving actions that engage a diversity of organizations to create actionable findings and convert those findings to audience-specific messages conveyed by credible messengers. In the absence of magic bullets, innovative responses often emerge to address challenges that typically include matching research time lines to user needs, enhancing value by creating tools that allow users to help themselves, and seeing technical assistance as an opportunity to create and build on an evidence base.

Implications for the Field

In today's environment, it is more important than ever to provide research-based evidence that can support policy development and implementation as well as the operational change in health care delivery. This paper illustrates the complexity of communication channels and organizations that mediate between the production of research and its take-up and use. Even though it is possible to teach individual techniques for translation and dissemination, it does indeed "take a village" to translate research to policy.

There are ways we can work together collectively to enhance our effectiveness by (1) promoting standards that give users tools for distinguishing "signal" from noise; (2) helping researchers deal with the inherent ambiguity of policy questions; (3) setting realistic expectations and specifying appropriate metrics for success; and (4) taking advantage of social science concepts from diverse disciplines to enhance the field's understanding of how policy is formed, organizations work, and implementation unfolds.

Background

Health services research is an applied field that seeks to inform the policy debate and implementation experience by drawing on evidence-based research and analysis that is relevant at the national, state, and local levels. However, the field confronts several challenges in its efforts to translate evidence-based research into practical applications. This paper is one in a series commissioned by AcademyHealth to identify strategies that the field can use to enhance the impact of health services research.

The paper builds on the author’s experience and earlier work in reviewing the literature to identify knowledge about how the policy and organizational environment works and what that knowledge means for making connections (translations) between research (evidence) and policy (action).¹ Given how health policy decisions are made, connections are likely to be solidified when evidence addresses relevant issues at given time points and provides credible and timely insights into those issues and the associated decisions under consideration. Researchers, policymakers, and organizations (so-called intermediaries) that mediate between evidence and action (the conditions) also may play a role in whether the conditions are met. An earlier paper by the author identified a diversity of pathways through which research findings are translated into action. The pathways differ in how researchers, policymakers, and organizations translate research into action (Figure 1). The effectiveness of translation is a function of the substantive findings from research either in single studies or across multiple studies, the processes that determine how findings reach policymakers and other users, and how users provide feedback on their needs and priorities.

In this paper, the focus is largely operational. Drawing on the literature (often “gray” literature), the Web, and the author’s experience, the paper looks at the environment in which translation occurs today in the health services field and the organizations and tools that have emerged to support translation across a wide range of potential pathways. These organizations and tools may be viewed as potential “infrastructure” for generating connections between and among research, policy, and practice—or what may also be termed the translation of evidence to action.

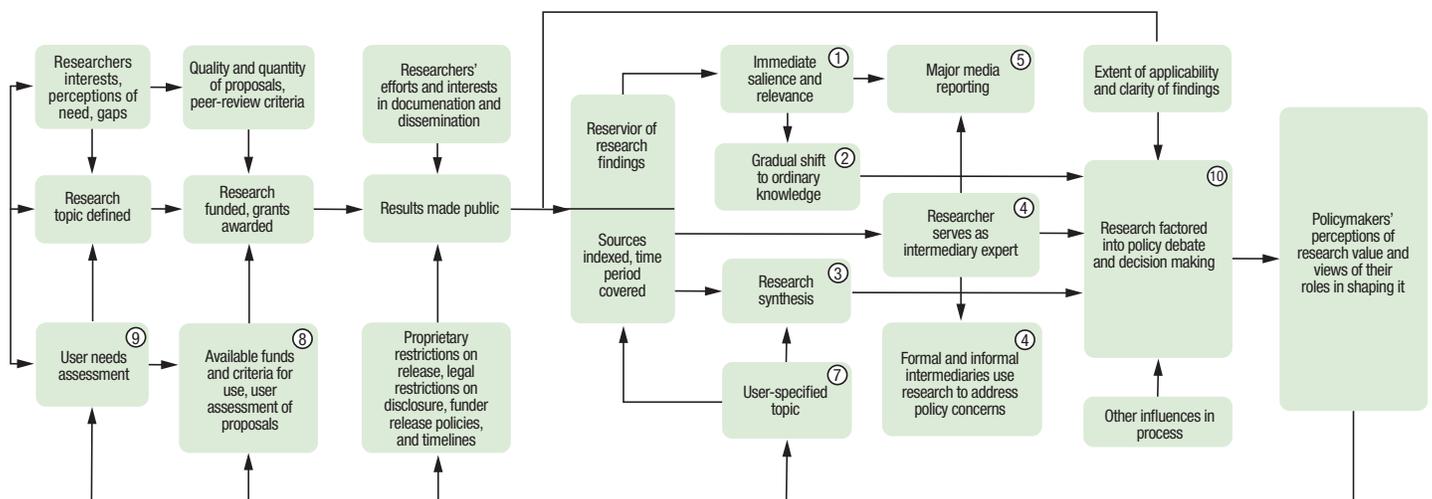
Key Questions And Approach

The paper addresses three main questions:

1. In today’s environment, what type of decision-making is occurring at the federal and state levels? What does it mean for the evidence and information sought? (User Environment)
2. What organizations and institutional mechanisms support the health services research community in moving research into policy and practice? (Translation and Dissemination Infrastructure)
3. Are there examples of applications of innovative translation and dissemination efforts that might be further leveraged for more effectively translating information and making it available to policymakers and others in the user community? (Selected Innovations)

The paper discusses each question in turn, recognizing the interconnections among them. It concludes with a discussion of the opportunities and challenges facing the health services research community in strengthening the use and value of health services research.

Figure 1. Factors, Processes, and Actors That Shape Pathways between Research and Its Use



Source: Author’s analysis.

The above questions are broad. In no way does this paper represent a systematic and complete inventory of all the relevant translation and dissemination activity now underway in the field. Rather, it seeks to provide a reality-based framework for understanding user needs in the current environment, what resources and mechanisms are currently available to the health services research community to meet those needs, and how those resources might be used to strengthen the effectiveness of translation.

The paper relies heavily on the knowledge and experience developed during more than 35 years of diverse work with a variety of colleagues and organizations to make the connections between policy and research. It draws on the author's earlier "Pathways" paper and other work to provide analysis and propose a framework for identifying available infrastructure. AcademyHealth's work on the Lessons Project has generated valuable source material, as have other selected studies in the field. The list of AcademyHealth's organizational members was valuable in highlighting the range of organizations currently engaged in research, interested in translating research to policy and action, or mediating between the two. The rich content of many organizations' Web sites provided information on focus and specific activities. The author used these and other sources to enrich the paper.

User Environment

High Salience. Health care spending currently accounts for 17 percent of the nation's Gross Domestic Product (GDP), a figure that continues to rise despite a recent slowdown in the rate of growth.² Given that a mix of public and private sources and individuals' out-of-pocket payments finance health care, the cost of health care is a salient issue for a range of audiences, including the federal and state governments, employers and other health care purchasers, the public, and the large and diversified health care industry that is supported by health care spending. A review of the multitude of issues associated with health care is beyond the scope of this paper, but the cost of health care nonetheless embodies concerns about *value* (effectiveness and efficiency of health care), *distribution* (access to coverage and care, adequacy of care for specific types of needs, disparities in outcomes, payments to some providers relative to others), and *fiscal burden* (affordability for those paying the bills, trade-offs on other fund uses)—all of which reflect a variety of priorities depending on the perspective of the particular audience.

Implications of Congressional Gridlock. Congress has long been viewed as an important audience for evidence derived from health services research.³ Yet, congressional gridlock associated with the increasingly partisan environment in the nation's capital is producing an adverse effect on the use of information by Congress and those who seek to influence the nation's lawmakers. Research

findings have always found application as "ammunition" in policy debates,⁴ but today's opponents are probably less willing than in the past to share a common set of facts as the basis for debating the implications of policy options. Accordingly, the nonpartisan translation of research into practical information for congressional debate presents a significant challenge. Evidence and those presenting it may be viewed as members of one camp or another, and the value of information is increasingly judged by how it is "spun."

Despite today's challenges, solid and credible analysis remains relevant to the congressional debate. For example, lawmakers are understandably interested in obtaining updated, solid, and credible information on the nation's and state-by-state enrollment experience under the Affordable Care Act (ACA) as they prepare to address the value of expanded coverage. Similarly, lawmakers require well-documented data to address, for example, the future role and forms of entitlements such as Medicare. AcademyHealth's Listening Project revealed a continuing and strong interest in research into new organizational approaches to deliver care and control Medicare costs, policymaker-identified data gaps, and the need for change in how research is performed.⁵ Policymakers say that researchers need to understand that, even though research is nonpartisan, politics and political feasibility affect how the resulting evidence is used. In addition, timing, clear communication, and personal relationships built over time often are essential to how evidence is received. These findings influence how the "value" of research is assessed.

A Shift from Policy to Execution. With the enactment of both the ACA and other recent laws, policy interest in many areas has been shifting from the enactment to the implementation of policy (especially at the federal level), particularly with respect to administrative decisions that move policies from paper to real-world application in response to mandated change. Major work is underway to (1) expand insurance coverage (motivating and encouraging people to enroll in coverage and developing the infrastructure to support enrollment activities), (2) promote effectiveness and efficiency in the delivery of health care (devising new arrangements for care delivery and payment and creating the associated information technology), and (3) make spending more effective and equitable (addressing prevention strategies, disparities in outcomes, and patient-centered outcomes research). At the federal level, the executive branch agencies are now the locus of considerable activity associated with implementation of the ACA and other laws. At the same time, some of the legislative focus has shifted from Congress to state legislatures and to the administrative agencies implementing state policy. Consequently, state audiences and the ability to distinguish cross-state variation are an increasingly important focus for health policy research.

Converting Policy to On-the-Ground Change. Amid growing policy interest in promoting change in the operation of health care organizations, it is possible that the distinction between the needs of policy and the needs of care delivery is likewise undergoing a shift. Policymakers and other purchasers are depending on health care providers to change care delivery, to make quality improvements, and to address disparities in access and outcomes. For example, the ACA encourages innovation and change in care delivery through the new Center for Medicare and Medicaid Innovation (CMMI), which is authorized to spend \$10 billion over 10 years to promote and assess potential innovations in care delivery and payment. The ACA gives the secretary of the U.S. Department of Health and Human Services (HHS) authority to learn from the innovations and, if certain conditions are met, to use administrative powers to introduce permanent policy changes.^{6,7} Similarly, the Health Information Technology for Economic and Clinical Health (HITECH) provisions of the American Recovery and Reinvestment Act (ARRA) encourage the development and use of electronic health records and health information exchange in ways that help providers make meaningful use of health information technology.⁸ The goal is to support quality improvement within practices and to coordinate patient-centered care for patients across practices regardless of where individuals seek care.

Increasingly, researchers who are charged with assessing whether change is occurring—as evidenced by improved outcomes—need to understand the dynamics of change in and across individual provider and payment organizations. In some cases, researchers must generate and contribute relatively “real time” information that can function as feedback as an innovation is tested. Certainly, many researchers have experienced such information demands, but, for many, they face a major paradigm shift in how they relate to the organizations they are studying and the outcomes they are assessing. With this shift, users of health services research are looking for timely actionable feedback on early results of change and how to increase the likelihood of success. Researchers are expected to work much more collaboratively and interactively with those whose work they are evaluating, with more emphasis on interim feedback that is actionable.

The Shape and Size of the Research “Reservoir.” Research often plays out on a “real time” basis prescribed by a given research agenda. Frequently, though, a pressing deadline requires a decision based on existing rather than newly developed information. As a result, policymakers and others may exert considerable influence on the nature and scope of the “research reservoir” of existing studies and data that guide the policy debate. The role of government in funding research is disproportionate in that the government is responsible for much of the data available for research. Such funding supports large, ongoing

population surveys, the conversion of operational data (such as from Medicare and Medicaid claims) to research files, and, to a lesser extent, provider surveys and other data collection tools. Government funds also support particularly large studies that involve independent data collection or complex analysis.

Environment for Research Support. Beyond the matter of funding per se, the government influences the substance of research. For example, new government support for patient-centered outcomes research and rapid-cycle assessment of innovation at the Centers for Medicare & Medicaid Services (CMS) has influenced the current direction of health services research. In addition, the capacity of any researcher to perform analysis is influenced by government policies that determine what information is made public and when and how easy it is to access or analyze.

Political partisanship and budgetary concerns could make it difficult to maintain a robust public data set and to support analysis in the face of other competing priorities. To ensure long-term support for the translation and dissemination of information to the user community, the research community needs to continue cooperating and collaborating with other, potentially more powerful stakeholders, with the goal of maintaining and even strengthening alliances.⁹ Such coalitions are likely to take root if stakeholders view research as valuable and relevant to their needs. Thus, the health services research community has a strong interest in ensuring that the products of their work are disseminated and tailored to the needs of a wide variety of user audiences capable of transforming results into action.

But translation is a two-way street; that is, the active engagement of an influential user in defining informational needs can enhance the likelihood that the information will find application. New organizations such as the Patient-Centered Outcomes Research Institute (PCORI) are engaging key stakeholders in defining priorities and reviewing potential research projects (www.pcori.org, accessed May 22, 2014). Though PCORI places heavy emphasis on patients, its experience is relevant to broader stakeholder engagement.

Translation And Dissemination Infrastructure

Broadly speaking, the infrastructure available to support the conversion of research to policy and practice may be viewed in terms of (1) people working in diverse types of organizations whose missions and funding sources influence their interest in translation and the types of translation activities they undertake (2) tools available for translating and disseminating research results (Table 1). We discuss each below, taking a broad perspective on organizational relevance and providing examples of emerging possibilities and innovative ways to enhance the effectiveness of translation.

Organization Types and Focus

A variety of organizational types with diverse goals, funding sources, and incentives make research available, disseminate it, and translate it for policy and practice applications. For simplicity, organizations primarily engaged in research and its translation into policy and practice may be grouped into five categories: academia, independent research organizations, government-based organizations, foundation-based organizations, and industry-/stakeholder- based organizations (Table 2). These organizations tend to play different roles in translating research to action, though they exhibit considerable overlap across settings as well as diversity in terms of mission, financing, organizational culture, and individual researcher preference.

Academia. Health services research traditionally has had a particularly strong base in academia. AcademyHealth’s organizational members include approximately 50 university-based organizations. Most academic-based researchers hold appointments in one or more departments (e.g., social science disciplines, health services administration) and schools (e.g., arts and sciences, medicine, public health, public policy, business law). They often join forces in research centers to collaborate and carry out health services research. In 2013, 45 percent of AcademyHealth members were employed in academic settings (versus 10 percent in government and 45 percent in private organizations) (Unpublished information from AcademyHealth 2014).

Table 1. Moving Research to Policy and Practice: Organizational Resources and Tools

Tools for Translation and Dissemination		Organizational Type and Traditional Emphasis				
		Knowledge	Policy Translation and Implementation			Operations
						
		Academia	Independent Research Organization	Government	Foundation-Based Organization	Industry-/Stakeholder-Based
Research Focus 	Traditional research articles, reports					
	Policy-oriented research articles					
	Research syntheses (emphasis may vary)					
	Issue and related briefs					
	Webinars					
	Policy question–focused brief					
	Analysis tools for users					
	Direct policymaker communication: Press or personal					
	Implementation support analysis and tools					
	Action Focus	Practice change tools and guides				

Source: Author’s analysis.

Table 2. Characteristics of Research Focus, Funds, and Core Audiences by Organization Type

	Organizational Type and Traditional Emphasis				
	Knowledge	Policy Translation and Implementation			Operations
	 Academia	 Independent Research Organization	 Government	 Foundation- Based Organization	 Industry-/ Stakeholder- Based
Prototypical Role	Researcher	Researcher	Data provider/ funder/ intermediary	Translation focus/ intermediary	Policy interest and practice intermediary
Traditional Focus of Research Interest	Investigator initiated research, peer-reviewed publications	Major policy-oriented studies, contract research addressing user- specified questions	Development of large national databases and basic indicators, evidence-based analysis of questions raised by policymakers	Research and analysis furthering goals of mission-driven organization	Policy analysis addressing stakeholder concerns, technical support to members in operations
Typical Funding Source	University salary support, government and foundation grants	Government and foundation contracts and grants	Federal and/or state budget covering salary and data collection, user fees at times may support data collection	Endowment-funded salary or grant	Member- based salary support, user fees, industry contracts
Dissemination Incentives	Other researchers, high- visibility peer-reviewed publications	Publications reflecting mix of academic and funder interests, contract provisions may constrain release (e.g., prior approval)	Release typically conditional on extensive internal review process that varies with governance context, emphasis often on facts versus interpretation and policy implications	Dissemination often encouraged and possibly externally supported, interest in timeliness and audience targeting, encourage alternative modes of dissemination	Release may be conditioned on match with organizational interest, business incentives may lead to development of proprietary information
Core Audience for Funder	Other researchers, policymakers	Policymakers, funding agency, other researchers	Congress and other policymakers, data in "the public interest"	Varies with mission of organization	Policymakers relevant to stakeholders, industry in sector of interest

Source: Author's analysis based on experience.

Note: There is considerable diversity in organizations within and across each type; therefore, these statements are best viewed as reflecting prototypes rather than as fixed characteristics that apply universally.

University-based researchers account for a large share of investigator-initiated research. For example, a 2008 survey of Agency for Healthcare Research & Quality (AHRQ) investigator-initiated grantees studying health care costs, productivity, organization, and market forces found that 85 percent of researchers were university-based.¹⁰ Dissemination took place largely through peer-reviewed publications, with researchers reporting that they spent relatively little time interacting with policymakers or other users (average 10 percent), even though they stated that would like to spend somewhat more time doing so (15 percent). The culture of the university—and tenure criteria—strongly favor peer-reviewed publications and investigator-initiated grants, with limited incentives or support for other forms of dissemination or translation. In its 2006 needs assessment, AcademyHealth found that university culture posed a barrier to the performance of policy-relevant work.¹¹

Nonetheless, with their scale and skills, academic organizations are critical to the effectiveness with which research may support policy and practice. The publications generated from academic research represent a major contribution to the research reservoir, often generating relevant work even in the absence of investigator follow-up; the work is publicly available and may be useful to others positioned to support user needs. In rare cases, the press directly picks up a publication and becomes a major participant in the policy debate, as occurred recently with the release of a study on Oregon's pre-ACA coverage expansion.¹² Given that academia is home to many individuals highly respected for their expertise, policymakers may seek their guidance individually and as part of panels, as in the case of the Congressional Budget Office's health advisory panel.¹³ Sabbaticals also mean that some university-based researchers benefit from working in a policy or operational environment, bringing back to academia new insights into user needs as well as an enhanced ability to shape the research agenda.

In some cases, academia accounts for a much more diverse set of activities than many assume. For example, the National Health Policy Forum, which focuses on the translation of research for a national policy audience, is housed at George Washington University, though its work is externally funded, mainly by foundations (www.nhpf.org/sponsors, accessed March 14, 2014). In at least 12 states, public universities are engaged in ongoing collaborations with state health agencies to support agency needs; generally, the university and its respective state set the research agenda. AHRQ supports several practice-based research networks, many with strong ties to medical school-based clinical researchers (pbrn.ahrq.gov, accessed March 14, 2014). These activities draw researchers far beyond the “ivory tower,” allowing them to build connections to users in the policy and practice environment. Because the requirements of these jobs may lead to products inconsistent with tenure-track criteria, the affected researchers, at least for a large part of their time, may hold clinical or research appointments.

Independent Research Centers. Public policy-focused health services research that is not lodged in academia typically takes place in independent organizations, with researchers engaged in research on a full-time basis. Though such researchers may have academic ties, they generally participate in research projects funded by government or, to a lesser extent, foundations.

A number of the largest of the independent research centers formed in response to the research needs generated by the expansion of government programs after World War II. For example, The Urban Institute was formed in the late 1960s to study the problems of cities, RAND’s health division was a response to the interest in national health insurance in 1968, and Mathematica emerged in 1968 to evaluate the New Jersey Negative Income Tax. Some research centers are based in provider organizations and enjoy considerable autonomy. For example, large established research programs, such as those associated with the Palo Alto Medical Research Foundation and Kaiser Permanente, provide researchers with organizational support to pursue investigator-initiated research, though such researchers are often expected to carry out research directed at organizational needs and priorities.

With a full-time commitment to research, independent research centers tend to operate with a structure and at a scale that make it easier than many university-based organizations to work flexibly across disciplines, staff assignments, and research infrastructure, particularly with respect to data collection, specialized analysis skills, and programming in the context of large research projects. While they may receive grant support from government (especially in the case of nonprofit organizations), the centers tend to rely on contract-based work commissioned by client organizations that play a significant role in framing the questions to be addressed, defining the period of performance, and specifying the research products.

This form of contract based research in which users of research are more directly engaged in overseeing research offers the advantage of closely aligning research with policy needs, although those engaged in such research potentially must work harder than grant funded investigators to maintain the integrity of the research process, draw conclusions independently, and disseminate research findings to the appropriate audiences. Historically, funding contacts for this work have been themselves researchers, making it easier to enforce professional norms. AcademyHealth has developed ethical guidelines for managing this conflict.¹⁵ However, follow up by the health services research field has been limited and relatively little collective work has yet to be completed to develop contract language that reinforces professional norms. Such norms are particularly important in today’s polarized environment to provide shared principles upon which to build the conduct of research and dissemination.

In addition to giving rise to issues of integrity, user engagement in defining the research agenda carries some risk that users will focus on immediate needs rather than on fundamental questions. But there are corresponding risks that investigator-initiated research may fail to address the fundamental questions if research focuses on questions of interest to investigators and not on the needs of users.

For an organization that depends on grants or is a grant-making organization (so-called “soft” money), dissemination can be impeded because contracts often do that finance translation and dissemination activity. Independent endowments or other means of organizational support may, however, cover such costs; in fact, an organization might assume the burden of translation and dissemination costs as part of the expense of reputation building or organizational marketing. Nonetheless, few research organizations have the luxury of an endowment, and, in a tight fiscal climate, resources for what may be viewed as discretionary activity could be limited.

Government. Most national and state data collection is funded by government entities, though operational support for survey administration and computer programming may come from external sources. In the realm of health services research, major external organizations include the Agency for Healthcare Research and Quality, National Center for Health Statistics, Census Bureau, Centers for Medicare & Medicaid Services, state health statistics centers, and organizations responsible for health facility data. While staff in these organizations often are trained researchers—some of whose job responsibilities include intramural research—they are more likely to be engaged in generating data or analysis rather than in interpreting results (what the results mean for policy); doing otherwise may be controversial.¹⁶ In fact, government-sponsored publications typically undergo extensive internal clearance within the executive branch before public release.

Government also funds organizations to conduct analysis relevant to its own needs. Such organizations serve as potentially valuable intermediaries in translating research findings for a policy audience. Congress, for example, relies heavily on agencies such as the Congressional Budget Office, U.S. Government Accountability Office, Congressional Research Service, Medicare Payment Advisory Commission, and Medicaid and CHIP Payment and Access Commission. To avoid charges of partisanship, these agencies typically operate with considerable autonomy, and the release of their reports usually generates high levels of interest among policymakers. In producing and disseminating public reports, the agencies also play a valuable function in synthesizing statistics and bodies of research that address policy-relevant questions and provide user-focused analysis. Thus, the agencies offer important opportunities for health services researchers seeking to perform policy-relevant research.

In most state governments, resources that support data collection, analysis, and interpretation functions are relatively limited. To supplement state-specific research efforts, many states look for support to national organizations such as the National Governor's Association Center for Best Practices, National Association of State Medicaid Directors, and Association of State and Territorial Health Officials. The dependence on external sources may explain why states rely heavily on outside state health policy organizations, many of which are based in public universities, as previously noted. Some national organizations, such as the National Association for State Health Policy and AcademyHealth, receive external funds to support their organizations in addressing state policy concerns.

Foundation-Based Organizations. Many of the health care-based philanthropic organizations, particularly the larger ones, view the generation and translation of policy-relevant work as important tools for accomplishing the respective organization's mission. Large foundations such as the Robert Wood Johnson Foundation have historically supported programs that fund health services research, as exemplified by the Health Care Financing and Organization program (HCFO). While these programs are not necessarily large and are subject to termination as priorities shift, they may be more flexible than government programs and place greater emphasis on knowledge dissemination.¹⁷

Smaller foundations typically do not view health services research as a priority per se for their organization, but many still may see such research as vital to achieving their broader mission because of the role played by research and analysis as tools for achieving broader policy or operational changes. To support its insurance

coverage goal, for example, the Robert Wood Johnson Foundation funded a long series of evaluations to learn what tools work to encourage children to enroll in the Children's Health Insurance Plan (CHIP) or to enhance the effectiveness of consumer advocates. It also sponsored the initial development of the Centers for Health Care Strategies, with a focus on making state-based Medicaid managed care operate effectively for vulnerable populations most in need. The Commonwealth Fund developed extensive analyses of health system performance across states and nations as part of its initiative for a high-performing health care system. Several conversion foundations—created using proceeds from the shift of some providers and insurers from nonprofit to for-profit status—have assumed responsibility for supporting state policy analysis through groups such as the Kansas Health Institute and the Colorado Health Foundation. The Hospital Research and Education Trust played a critical role in developing tools for use by hospitals to measure race and ethnicity. Most foundations make direct grants, but some, including the Kaiser Family Foundation, operate foundations that run their own programs; the Kaiser Family Foundation, for instance, provides research, journalism, and communications, sometimes in partnership with other groups. Even when foundations are grant-making organizations, they often support the dissemination and communication of research results to user audiences because they view that function as vital to their mission. Thus, it is typically easier to disseminate foundation-sponsored work than the results of research sponsored by other sources.

As nonprofit organizations, foundations may exercise considerable flexibility in defining their mission and the strategy they employ to pursue it, though the terms of their incorporation may impose some restrictions (such as on lobbying). Some foundations focus heavily on advocacy, seeking to promote change of a given type. Such organizations differ greatly in how they view knowledge and use it to promote their agenda. While many foundations have earned respect for the quality of their staff and communications, others cannot claim the same. In a polarized environment, sponsorships and style of communication may be important considerations in the effective translation of knowledge.

Industry-/Stakeholder-Based Organizations. Several industry-based organizations or organizations representing other constituencies important to the health policy field may play a role in how research is communicated or used. Constituency-based groups include purchasers, consumers, insurers, providers, suppliers, and others involved in the health care sector. These organizations and groups tend to follow two paths in supporting research and the knowledge generated from it.

The first path involves policy support through the analysis of issues relevant to the particular organization or group. Typically, such organizations/groups have limited capacity or interest in conducting new research, but they may analyze existing data or findings to address relevant concerns. For example, AARP's Public Policy Institute examines issues affecting older Americans, the Employee Benefits and Research Institute provides extensive analysis of pension and health benefit issues, and the American Hospital Association has long been producing statistics relevant to tracking the hospital industry.

Credible analysis performed by industry and stakeholder sources can make important contributions to the policy debate, particularly by raising implementation or operational issues that otherwise may go overlooked by those less familiar with the practices in a given industry. Information that is not credible—often because it focuses exclusively on analysis supportive of a particular position—increases “noise” in ways that complicate the development of evidence-based policy (where evidence exists). The health services research community may have a role to play in helping policymakers differentiate between biased and nonbiased evidence by, for example, promoting professional norms such as those relating to appropriate disclosure of methods and funding.

The second path involves technical support for industry- or constituent-based organizations. For example, industry has been important to the development of some of the quality metrics and informatics used in the health system and even more important to their effective use in health care delivery and quality improvement. Organizations such as the ECRI Institute help industry organizations address patient safety, quality, and risk management issues (www.ecri.org/Pages/default.aspx). Others, such as Optum Labs, a partnership between UnitedHealth Care's Optum Solutions and the Mayo Clinic, works with other partners to share information assets to improve care (www.unitedhealthgroup.com/Newsroom/Articles/Feed/Optum/2014/0213OrganizationsJoinOptumLabs.aspx).

Many support organizations and consulting firms have formed units dedicated either to helping the federal and state governments implement policies or assisting the private sector in changing long-entrenched practices. In general, these organizations are not research organizations, but they are potential consumers of research and research collaborators capable of translating research to on-the-ground practice. At times, they also generate analysis on industry-relevant issues that supports marketing efforts, with the added benefit of making their firm more visible and credible. Even though the quality of the analysis (and sometimes of the data) varies, support organizations and consulting firms can be

valuable in explaining practices poorly captured by other sources of information. In early work on ambulatory electronic health records (EHRs) for example, the author found that industry-focused reports provided almost all the available information on the field.¹⁸

Tools for Translation and Dissemination

Several tools are available for disseminating research results and translating research findings into practical applications for a given user's needs; each tool embodies its own strengths and weaknesses (Table 3). Tools near the top of the list may be viewed as “archival” or basic approaches that often document the work of particular studies—whether published in journals or the gray literature. Tools farther down the list synthesize the findings from archival approaches in order to address user needs and communicate credible information to the appropriate user audience. Rather than viewing sources as a set of discrete choices, it may be useful to consider them as the components of flexibly built “packages,” or combinations of tools that are potentially targeted to a variety of individuals and organizations over time and that convert basic research into received messages and actionable findings.¹⁹

Actionable Findings. Whitehead et al. have described the process of developing actionable findings as “assembling the evidence jigsaw puzzle.”²⁰ Individual studies—published in either the formal or gray literature—are easier to convert into actionable messages when the source material clearly articulates the major findings (ideally, with each finding expressed in single-sentence form), places the findings in the context of historical research (how the findings depart from or support earlier research), and demonstrates at least basic reflection on how such findings may be relevant to potential user needs. The more effectively that researchers communicate the findings from their research, the greater is the likelihood that the findings will find real-world application.

Audience-Specific Messages. Researchers can help shape the message by participating directly in drafting press releases or advisories. In addition, the simultaneous communication of results via several media channels can enhance a message's reach beyond those who read a particular journal. Press advisories, blogs, and other means of communication allow findings to be framed in ways relevant to particular audiences. For example, *Health Affairs* works directly with authors to distill key messages from articles and utilizes multiple platforms to highlight published works. (see box: Health Affairs)

Table 3. Selected Tools for Translation and Dissemination and Their Strengths and Weaknesses

Tools for Translation and Dissemination	 Tool	 Example	 Strength	 Weakness	Likely Role in Dissemination
Research Focus	Traditional research articles	<i>Health Services Research, Medical Care, Journal of the American Medical Association, American Journal of Public Health</i>	Documentation and credibility, indexed for search reference, often required for promotion and tenure in academia	Long time line until available, highly competitive, heavy emphasis on methods and data versus implications, typically focused on single study in historical research context	Archival sources, research reservoir. Even directly relevant studies probably will remain unknown without some supplementary form of communication (press release, blog, etc.).
	Policy-oriented research articles	<i>Health Affairs, Milbank Quarterly</i>	Increased flexibility to target policy questions and presentation, retains some advantages of traditional journals	Long time line until available, highly competitive, focus may be more or less immediately relevant to policy	Same as above, but form of publication may make article more accessible to policymakers and the message's relevance easier to identify.
	Research syntheses	<i>Medical Care Research and Review, The Robert Wood Johnson Foundation's Synthesis Project, AcademyHealth's Research Insights Project, the Institute of Medicine reports</i>	Takes into account bodies of work versus single studies, systematic focus can strengthen work, some forms retain advantages of traditional journals	Runs risk of finding "we know little and more research is needed" versus policy-relevant information, synthesis may become outdated in heavily researched fields	Synthesizing body of work makes it easier to identify actionable findings and messages. Some further translation likely to be required for effective translation for users.
	Issue and related briefs	Many foundations and research organizations	Relatively quick to produce, often formatted to be shorter and more readable by target audience	May be difficult to locate and lack archival feature, lacks historical credibility of journals, quality can vary	Format lends itself to greater emphasis on descriptive statistics and a few key messages that may be more accessible to policy audience.
	Webinars	Many membership organizations	Conveys a body of work relatively rapidly to a target audience, encourages user feedback and questions	Quality can vary with design and expertise of moderator, technology can pose challenges, requires funds for sound execution	Allows for broader coverage of a body of work and greater user
	Policy question-focused brief or briefing	The Urban Institute's Quick Strike series, the <i>New England Journal of Medicine</i> Commentary, National Health Policy Forum, Alliance for Health Reform (press releases and blogs can serve same purpose)	May be developed relatively quickly around policy-relevant topics, focused on user quality, briefings allow interaction	Feasibility and quality depend on ability to leverage existing body of knowledge and reputation; form of policy question may lead to criticism of bias, in-person briefing most feasible when attendees are co-located	Targeted dissemination of findings (usually already known) relevant to a particular question.
	Analysis tools for users	The Kaiser Family Foundation's State Health Facts online, the Rippel Foundation's ReThink Health Tools	Allows users to self-define analysis to match their needs, basic data and algorithms not fixed so that they may be updated	Potentially challenging to create sound tools that are user-friendly and of high quality, users may lack skills to take advantage of tools	Helps user audiences answer their own questions.
	Direct policy-maker communication: Press or personal	Congressional briefings, editorial board briefings, congressional fellowships, policy sabbaticals	Allows more flexibility to engage with research users on an interactive basis and determine their concerns	Access may be limited in the absence of trust-based relationship, requires judgment in how best to translate research	Opportunity for interaction that can address user needs and build trust.
	Implementation support analysis and tools	<i>Implementation Science</i> , Web sites created by the Centers for Medicare & Medicaid Services and others to support innovators	Focused directly on issues of implementation, addresses questions raised immediately	Strong evidence may be lacking for many important questions, use often requires ability to tailor knowledge to context	Recognizes that policy is meaningless without follow-through and that many decisions occur during implementation. Aims to integrate research knowledge into the implementation process to enhance policy effectiveness.
	Action Focus	Practice change tools and guides	Health Research and Educational Trust work on Race ethnicity and language preference coding (REL), Institute for Healthcare Improvement	Allows for evidence to be integrated into the processes of health care and for learning to occur	Bar for judging evidence may differ from that used in much research, effective tools require solid operational knowledge

Source: Author's analysis based on experience.

Note: Table 2 of AcademyHealth's Navigating the Translation and Dissemination of PHSSR Findings: A Decision Guide for Researchers addresses some similar issues and was useful in developing this table.

Health Affairs

In recent years, Health Affairs has devoted considerable effort to generating visibility for the articles it produces. From the start, Health Affairs encourages authors to write in a style that is comprehensible to the general public. Abstracts undergo intensive editorial treatment because they may be the only part of an article read by the general public. Articles cover key facts about methods, but authors refer readers elsewhere for additional detail. Before publication, Health Affairs editors work with authors to distill study results into a single sentence that serves as the headline or title for the work. Such a practice helps reinforce the emphasis on message, although it requires active author engagement for accuracy. In fact, some researchers prefer the ambiguities often introduced by their work. Upon release of an issue, Health Affairs sponsors meetings at the National Press Club to highlight a common topic shared across papers. Health Affairs's own blog and social media (such as Twitter) notify readers of published works.

Credible Messengers. The national and state user communities often look to respected public and private intermediaries to examine complex questions whose answers frequently derive from several bodies of work. User communities' relationships with intermediaries often involve a long history based on previous employment, student-mentor interactions, professional networks, name recognition gained through earlier publications, and media attention or other means. In the policy arena, organizations created by policymakers to address their information needs are likely to be regarded as credible.

Selected Innovations In Dissemination

Effective forms of dissemination often rely on a host of tools to reach various audiences. Dissemination engages a diversity of organizations to identify actionable findings that may be converted to audience-specific messages conveyed by credible messengers. In the absence of magic bullets, innovation often provides a response to the challenges of dissemination. Such challenges include the need to (1) match research time lines to user needs, (2) enhance value by creating tools that allow users to help themselves, and (3) cast technical assistance as an opportunity to create and build on an evidence base.

Dealing with the Challenge of Timing. To deal with timing mismatches (and the lead time required for contracts and grants), the Robert Wood Johnson Foundation made a grant to the Urban Institute to support Quick Strike analyses of a set of questions likely to arise under the ACA (see box: "Urban Institute's Real-Time Policy Analysis of Health Reform"). The mechanism allowed Urban Institute researchers to respond in real time to policy questions and take advantage of existing data sets and research knowledge. One of AcademyHealth's goals for its Translation and Dissemination Institute is to determine how to provide real-time answers to real-world questions (see box: "The Translation and Dissemination Institute at AcademyHealth"). To help develop

strategies, the institute has gathered stakeholder feedback both to identify emerging needs (the Listening Project) and jointly disseminate and gather information on gaps (Research Insights meetings and subsequent briefs).

Supporting Users to Help Themselves. It is obviously difficult to foresee all user needs or to be available to respond to them. Some of the more innovative tools represent an attempt to recognize that users identify their own needs, thereby making it easier for them to access information to meet those needs. For many years, the Kaiser Family Foundation has sought to help state-level interests gain access to and present comparative data over time and/or across states, drawing from a wide variety of sources that otherwise would need to be accessed independently (see box: "Just the Facts Please: Kaiser Family Foundation's *State Health Facts and Related Products*"). More recently, the Rippel Foundation has worked with researchers at the Massachusetts Institute of Technology (MIT) and elsewhere to develop tools that can be used to help community-based stakeholders work collaboratively to identify potential priorities for intervention (see box: "Supporting Local Leadership Building and Intervention with Analytic Tools: The Rippel Foundation's ReThink Health Dynamics Project").

Technical Assistance as a Form of Dissemination. Many of the ambitious health delivery innovations mandated by the ACA require states, provider organizations, and others to change how they are organized and respond to care. The implementation of such change can often benefit from research, particularly when it is applied and converted into practical tools. To that end, CMS has engaged support contractors to work with organizations seeking to make needed change. In particular, Mathematica, the Center for Health Care Strategies, and other organizations are collaborating with states to develop a toolkit that will help interested states align Medicare and Medicaid services for dually eligible individuals (see box: "The Integrated Care Resource Center: An Example of CMS-Sponsored Toolkits and Other Resources to Promote Innovation in Health Care Delivery"). These and similar efforts aim to make tools for change readily available to user groups with limited research experience. Often, the information provided by support contractors comes from intermediaries who aim to address user questions. Given that researchers make different use of information in cases of policy implementation versus policy development,²² they need to recognize the dominant role that management time lines and other operational constraints play when research is used to support implementation, not to mention the implications for who makes critical decisions.

Urban Institute's "Real-Time Policy Analysis of Health Reform" and Related Activity

Quick Strike Series. With funding from the Robert Wood Johnson Foundation, the Urban Institute has been producing policy briefs that provide timely analysis of health policy issues associated with the implementation of health care reform and other issues related to health insurance coverage, access, and cost in the United States (www.rwjf.org/en/grants/grantees/the-urban-institute.html). Briefs in the series are made available on the Urban Institute's and Robert Wood Johnson Foundation's Web sites. On the Urban Institute's Web site, the briefs appear among the health care reform publications listed for the Health Policy Center (www.urban.org/health_policy/health_care_reform/). Topics covered in the Quick Strike series over last year include the following:

- The Inevitability of Disruption in Health Reform (February 18, 2014)
- Tax Preparers Could Help Most Uninsured Get Covered (February 18, 2014)
- Redistribution under the ACA Is Modest in Scope (February 14, 2014)
- Will Those with Cancelled Insurance Policies Be Better Off in the ACA Marketplace? (January 23, 2014)
- The Affordable Care Act Can Survive Low Enrollment and Adverse Selection in the First Year (December 18, 2013)
- Limiting the Tax Exclusion of Employer-Sponsored Health Insurance Premiums: Revenue Potential and Distributional Consequences (May 8, 2013)
- Why the ACA Limits on Age-Rating Will Not Cause "Rate Shock:" Distributional Implications of Limited Age Bands in Nongroup Health Insurance (March 4, 2013)

Related Work. The Quick Strike series draws, at least in part, on knowledge and data generated by staff experts with access to a large base of more traditional research efforts involving longer timeframes. The Urban Institute publishes in a variety of formats, including journal articles, research briefs, health policy briefs, and research reports. Often, these publications are based on large policy-oriented research projects that generate data and analysis over many years. For example, the Urban Institute is tracking implementation of the ACA in 10 states with funding from the Robert Wood Johnson Foundation. It also is fielding a quarterly health reform monitoring survey. Other major areas of work address the uninsured, Medicaid/CHIP, Medicare, private insurance, disability and long-term care, and vulnerable populations.

Organization. The Urban Institute is an independent nonprofit organization formed in the late 1960s to pursue policymakers' perceived needs for an independent and nonpartisan source of analysis on the problems facing U.S. cities and their residents (www.urban.org/about/index.cfm). It views itself today as "building knowledge about the nation's social and fiscal challenges, practicing open-minded, evidence-based research to diagnose problems and figure out which policies and programs work best, for whom, and how." Health policy work at the Urban Institute takes place largely in the Health Policy Center, which focuses on trends and underlying causes of changes in health insurance coverage, access to care, and use of health care services by the entire U.S. population (www.urban.org/health_policy/about/index.cfm).

The Translation and Dissemination Institute at AcademyHealth

Translation and Dissemination Institute. AcademyHealth's Board of Directors established the institute in 2013 as a means of better identifying innovative approaches to moving knowledge into action (www.academyhealth.org/Programs/ProgramsDetail.cfm?ItemNumber=10492&navItemNumber=10537). An advisory committee oversees the institute's work (www.academyhealth.org/Programs/content.cfm?ItemNumber=10496&navItemNumber=10537), which focuses on three initial areas as follows:

- The Listening Project is an ongoing series to help researchers identify policymakers' and health system leaders' research needs. Its first report focuses on the evidence base for Medicare policymaking. Reports currently in progress will focus on research gaps identified by safety net care providers and Medicaid policymakers. Future reports will address the needs of other research users.
- To identify innovative ways to translate and disseminate information, the Innovator-in-Residence program brings together professionals with unique and innovative experiences that can benefit the health services research field (www.academyhealth.org/files/Innovators-in-Residence%20Program.pdf) while the Lessons Project scans for relevant innovations in health services research, other disciplines, and other areas of public policy. The Translation and Dissemination Institute will share what it learns through professional learning activities for researchers and decision makers. It has already compiled an initial list of resources (www.academyhealth.org/Training/ResourceDetail.cfm?ItemNumber=2329).
- In collaboration with AcademyHealth members, the third area calls for experimenting with innovative approaches to research translation and dissemination, as guided by the Innovators-in-Residence program, the Lessons Project, and the Translation and Communications Interest Group associated with AcademyHealth (www.academyhealth.org/Communities/GroupDetail.cfm?ItemNumber=2407&navItemNumber=2037).

Related Activity. AcademyHealth operates several ongoing programs in areas related to the work of the Translation and Dissemination Institute. For example, with funding from AHRQ and others, it has sponsored a series of Research Insights meetings that bring together policymakers and researchers to identify findings relevant to policy issues, resulting in Research Insights briefs on particular topics (www.academyhealth.org/Programs/ProgramsDetail.cfm?ItemNumber=6752). In addition, the Medicaid network for evidence-based treatment seeks to help identify better approaches to mental health care (www.academyhealth.org/files/FileDownloads/MEDNET.pdf). National meetings, including the Annual Research Meeting and National Health Policy Conference, provide a natural meeting ground.

Organization. AcademyHealth is a national nonprofit organization whose mission is to improve health and health care by generating new knowledge and moving knowledge into action. Members include organizations as well as individuals who are researchers, policymakers, or practitioners with an interest in this goal. The organization's operations are supported by member dues and a variety of grants and contracts for targeted projects consistent with AcademyHealth's overall goal.

“Just the Facts Please.” Kaiser Family Foundation’s State Health Facts and Related Products

State Health Facts. The Henry J. Kaiser Family Foundation provides free, up-to-date, and easy-to-use health data for all 50 states, the District of Columbia, the United States as a whole, and other subdivisions of government; the information is available at www.kff.org/statedata/. Data are available in a wide variety of topic areas, including health coverage and the uninsured, health costs and budgets, Medicare, Medicaid, CHIP, HIV/AIDS, minority health, and health reform.

State Health Facts is a searchable online resource comprising more than 800 health indicators, with the associated data updated or added as new information becomes available. Users may search for information by indicator or state and may map, rank, trend, and download data. Data come from a variety of public and private sources, including Kaiser Family Foundation reports, public Web sites, government surveys and reports, and private organizations. Complete source information is provided for each indicator, along with links to the data sources themselves (when these are publicly available).

Though other sites may provide access to individual data elements, the Web site’s strength is in its breadth of coverage across sources, frequent updates, and ease of use.

Related Products. Web site users may download a variety of slides developed by KFF staff to support their work in priority areas. The slides are available in image or PowerPoint format (www.kff.org/kaiser-slides/). Users may also access interactive tools and other graphics (www.kff.org/graphics/search/) based on KFF analysis and polling. A tool allows users to calculate possible subsidy amounts under various state health exchanges. Another tool allows users to identify data and other resources relevant to different subgroups of the population and their coverage options. Kaiser Family Foundation also posts and periodically updates fact sheets that include text and graphics with the basics on selected areas of interest such as the ACA, Medicaid, Medicare, Medicare Advantage, Part D prescription drug benefits, HIV, the uninsured, global health, and more. The fact sheets complement a broader set of publications presenting data and analysis on policy areas of interest to the foundation.

Organization. The Kaiser Family Foundation is a nonprofit, private operating foundation focusing on national health care issues. Unlike grant-making foundations, KFF develops and runs its own research, journalism, and communications programs, sometimes in partnership with other nonprofit research organizations or major media companies. According to KFF’s Web site, the foundation seeks to “serve as a non-partisan source of facts, information, analysis and journalism for policymakers, the media, the health care community, and the public.”

Supporting Local Leadership Building and Intervention with Analytic Tools: The Rippel Foundation’s ReThink Health Dynamics Project

The ReThink Health Dynamics Project. The ReThink Health Dynamics Project, launched in 2007, aims to foster community-based leadership and best innovations for reshaping and redesigning health and health care systems (www.rippelfoundation.org/rethink-health/). A systems model supports the project by providing an empirically based analytic tool for use by leaders to simulate behavior within the health system and to anticipate the likely effects of different program initiatives, policy interventions, financing schemes, and investment strategies (www.rethinkhealth.org/what-we-do/rethink-health-model). The model, developed in collaboration with MIT-trained system modelers and refined per the experience and feedback of outside experts, supports multi-stakeholder planning and active stewardship to develop effective strategies and sustainable finance for community-based change (Summary of ReThink Health Dynamics Model 2013). The tool uses system dynamics modeling to depict the population and environment in a particular geographic area. Using empirical data, the model allows decision makers to take into account health risks, various care delivery strategies, health system capacity, cost, trends, and funding strategies to identify potential effects of alternative strategies. While the model recognizes uncertainty and unknowns, it allows the results to promote debate that will facilitate local decision-making. Several organizations are collaborating on the project and guiding tool development and application in local communities (www.rippelfoundation.org/rethink-health/). The Rippel Foundation’s Web site makes tools publicly available.

Related Work. The ReThink Health Dynamics Project model is one of a series of related models intended to facilitate decision-making and spur the launch of projects (<http://rippelfoundation.org/rethink-health/dynamics/tools-resources>). ReThink Health team members received the Article of the Year Award from the Society of Public Health Education for a paper describing the use of the Prevention Impacts Simulation Model by leaders in Austin, Texas (Loyo et al. 2013; www.rippelfoundation.org/2013/in-the-news/article-of-the-year-award).

Organization. The Fannie E. Rippel Foundation is a relatively small foundation that views itself as a “catalyst for new ways of thinking and innovative solutions that are necessary to address the complex and growing challenges in our health care system” (www.rippelfoundation.org/about-us/mission-and-focus). It seeks simultaneously to address better health, improved care, and lower costs through leadership engagement and use of a systems-based approach to health and health care design.

The Integrated Care Resource Center: An Example of CMS-Sponsored Toolkits and Other Resources to Promote Innovation in Health Care Delivery

The Integrated Care Resource Center. Mathematica Policy Research and the Centers for Health Care Strategies, with additional assistance from Balit Health Purchasing and external experts, coordinated development of www.integratedcareresourcecenter.com under contract with the Centers for Medicare & Medicaid Services. Development of the Web site was part of a larger technical assistance initiative focused on states interested in aligning the operation of Medicare and Medicaid for those served by both programs.

The Web site provides a single location where states may obtain information on a variety of topics relevant to state design and implementation of integrated Medicare and Medicaid programs. Some material is original to the Web site, whereas other is available through links. The Web site includes briefs and toolkits on a number of topics, links to relevant external material, and shared communication on lessons learned (e.g., Webinars, “study halls”). Topics include background and statistics, general CMS resources, program design, financial models to support integrated care, identification/stratification (i.e., high-need individuals), data integration, consumer engagement, care management, care transitions, long-term services and supports, measurement and evaluation, physical health/behavior health integration, Medicare, Special Needs Plans, and state resources.

While this Web site serves an operational need and is part of implementation support, it also provides opportunities to embed research knowledge in practical efforts to address user needs. For example, technical assistance briefs and/or mini-case studies based on telephone interviews with state employees summarize lessons learned about, for example, disease and care management and the reduction of avoidable hospitalizations from nursing facilities. Briefs and toolkits update states on Medicare issues, including ways of accessing Medicare data. The identification/stratification topic provides links to research on characteristics of the dual eligible population, a predictive modeling tool, a risk-adjustment tool used in Massachusetts, analysis of the characteristics of the dually eligible population, and relevant analysis performed recently by both the Medicare Payment Advisory Commission (MEDPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). The measurement and evaluation links include related work completed by the National Committee for Quality Assistance (NCQA), National Quality Forum (NQF), and Long Term Quality Alliance; work by California on ways to strengthen Medicaid contracts for the disabled; AARP’s state scorecard on long-term services and supports for older adults, people with physical disabilities, and family caregivers; and similar documents. Many of the sources are gray literature written in terms accessible to the user audience but based on established research techniques. Some content is publicly available, whereas some other content requires a unique log-on.

Related Work. CMS, other government agencies, and the private sector have developed several other dedicated Web sites to support specific innovations. For example, AHRQ has contracted with Mathematica Policy Research to develop a web-based resource center and related content around the Patient-Centered Medical Home (www.pcmh.ahrq.gov). The site serves researchers, practitioners, and others with an interest in medical homes, providing analysis and links to relevant information, including materials defining core concepts, a review of the literature on the model’s effectiveness, case studies of medical practices that have implemented the model, and a guide for practice facilitators.

Implications For Our Field And Collective Action

In today’s environment, it is more important than ever to provide research-based evidence that can support policy development, implementation, and operational change in health care delivery. It does indeed “take a village” to translate research to policy, and we can and should take steps collectively to enhance the utility of our work in the policy environment.

Professional Standards to Help Policymakers Separate Signal from Noise

In views of the large number of channels for information transfer, we face the risk that users will be overloaded and unable to process the wide variety of communications sent their way. Moreover, in a context characterized by partisanship and sharply divergent perspectives, it is often difficult to separate fact from fiction, particularly when so many “facts” may themselves be debatable.

It is unrealistic to expect to avoid a debate; however, the health services community could make a major contribution to the tone of the debate if it could establish selected ground rules or guidance for users seeking to assess the merits of diverse analyses. For example, professional standards might call for any press release that cites statistics from a study to contain a link to the original report

so that users can judge the source of the data and the quality of the analysis. Such standards might also require reports to include—either within their body and/or in a technical appendix—standard information on methods such as the population of interest and the size and composition of the study sample, data sources and time frame, response rate (if relevant), definition of measures used, and analysis techniques. Such information would build on established research conventions and increase the transparency of individual analyses, encouraging more standardization in practice and making it easier for study users to assess the quality of study results.

Helping Researchers Deal with Inherent Policy Ambiguity

Many policy questions do not lend themselves to unambiguous answers. Studies often disagree on the answers to some important questions, and the answers vary with the underlying assumptions and values applied to decision-making. Researchers seeking to translate research to action need help in negotiating disparities in research results. They also need tools for dealing with policy ambiguity. The value of research is undercut to the extent that researchers assert “it depends” and “we don’t know.” On the other hand, we are limited in our ability to answer questions posed by policymakers. In the author’s experience, someone may answer policymakers’ questions—and it may well be someone with a lot less knowledge than the researcher. As

part of their training, researchers need help in thinking about how to address the types of questions posed by policymakers. For example, researchers might find it useful to consider how to clarify the assumptions underlying their answers, how to frame answers that allow the realm of facts (the research arena) to be distinguished from values (the policy arena), and how to demonstrate confidence in facts that may be fairly robust even amid uncertainty.

Developing Realistic Expectations for Success

Legislation rarely is precedent-setting, and it is even rarer that research is the major impetus behind the consideration—let alone the enactment—of legislation. Many of the major contributions of health services research probably derive less from a big bang, earth-shaking finding than from the continued accumulation of evidence that ultimately results in the conversion of expert judgment into common knowledge. For example, repetitive research conducted over years and years has demonstrated that the uninsured population receives less health care and, as a result, experiences poorer health outcomes than the insured population. Research that credibly reports the same statistics year after year can be valuable even if it is not exciting. Researchers who work on implementing change also can make a difference. Policymakers do not want to hear that change takes time, yet the author's experience shows that the slow pace of change is the most robust of all research findings. Evaluators who work with implementers to think through the logic of their innovation, plans for implementation, and assessment of reality warrant more respect from the health services research community than they often receive. The logic of research has much to contribute to the logic of implementation. In fact, some funders now directly ask evaluators to provide organizations with more real-time feedback on their progress in achieving change. We should appreciate the range of areas in which our field provides support and not judge as much on the ability to hit the home run, satisfying though that is.

Learning from the Social Sciences

In responding to the “Pathways” article,²³ Blendon and Steelfisher argued that health services research made a critical miscalculation when it sought a medical science versus a social science model for our research.²⁴ They argued that social science knowledge is essential to understanding policy decision-making. The same logic extends to all the social sciences that bear on how organizations behave, professions work, money affects influence, and individual preferences and values influence decisions. Health services delivery is influenced by a multitude of overlapping organizations and institutions that work in complex environments; it does not take place solely in communications between patient and provider. If our research is to be useful, we need to understand what the findings mean for the different stakeholders in the health care system, for how health care is delivered, and for how health care is financed. Randomized trials that attempt to define the ideal solution do not

work if they cannot simultaneously address how change can benefit each constituency and each organization in a multilayered environment. In today's environment, the blurring of boundaries between/among policy (politics), implementation (organizational behavior), and practice (how people interact) provides an important opportunity to make our work more relevant.

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