

Social returns from health research: the role of research priority setting

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Structure of presentation

- HERG 'payback' framework for assessing wider impacts:
 - *multidimensional categorisation of research impacts or returns*
 - *logic model for assessing research impacts or returns*
- 2 types of priority setting
 - *researcher-led (curiosity-driven, internally-driven) research*
 - *user-led (social needs-driven, externally-driven) research*
- Using the payback framework to assess the impact of examples from each type of priority setting
- Conclusions about role of prioritisation and opinions about assessing returns

HERG's payback framework

- Payback framework has 2 main elements (Buxton & Hanney, 1996, 2008)
- Multidimensional categorisation of benefits or impacts:
 - *knowledge production*
 - *targeting future research, capacity building, & absorption*
 - *informing policies & product development*
 - *health and health sector benefits, eg better health*
 - *broader economic benefits*
- Logic model of how to assess the benefits:
 - *7 stages*
 - *2 interfaces*

Payback logic model & priority setting

Inputs
Processes
Primary outputs

Payback logic model & priority setting

Research needs assessment or
topic/issue identification

Inputs
Processes
Primary outputs

Payback logic model & priority setting

Research needs assessment

Inputs
Processes
Primary outputs

Secondary outputs
Applications
Impacts or final outcomes

Payback logic model & priority setting

Research needs assessment

Interface (a)

**Inputs
Processes
Primary outputs**

Interface (b)

**Secondary outputs
Applications
Impacts or final outcomes**

Political and social environment

Research needs assessment

Interface (a)

Inputs
Processes
Primary outputs

Interface (b)

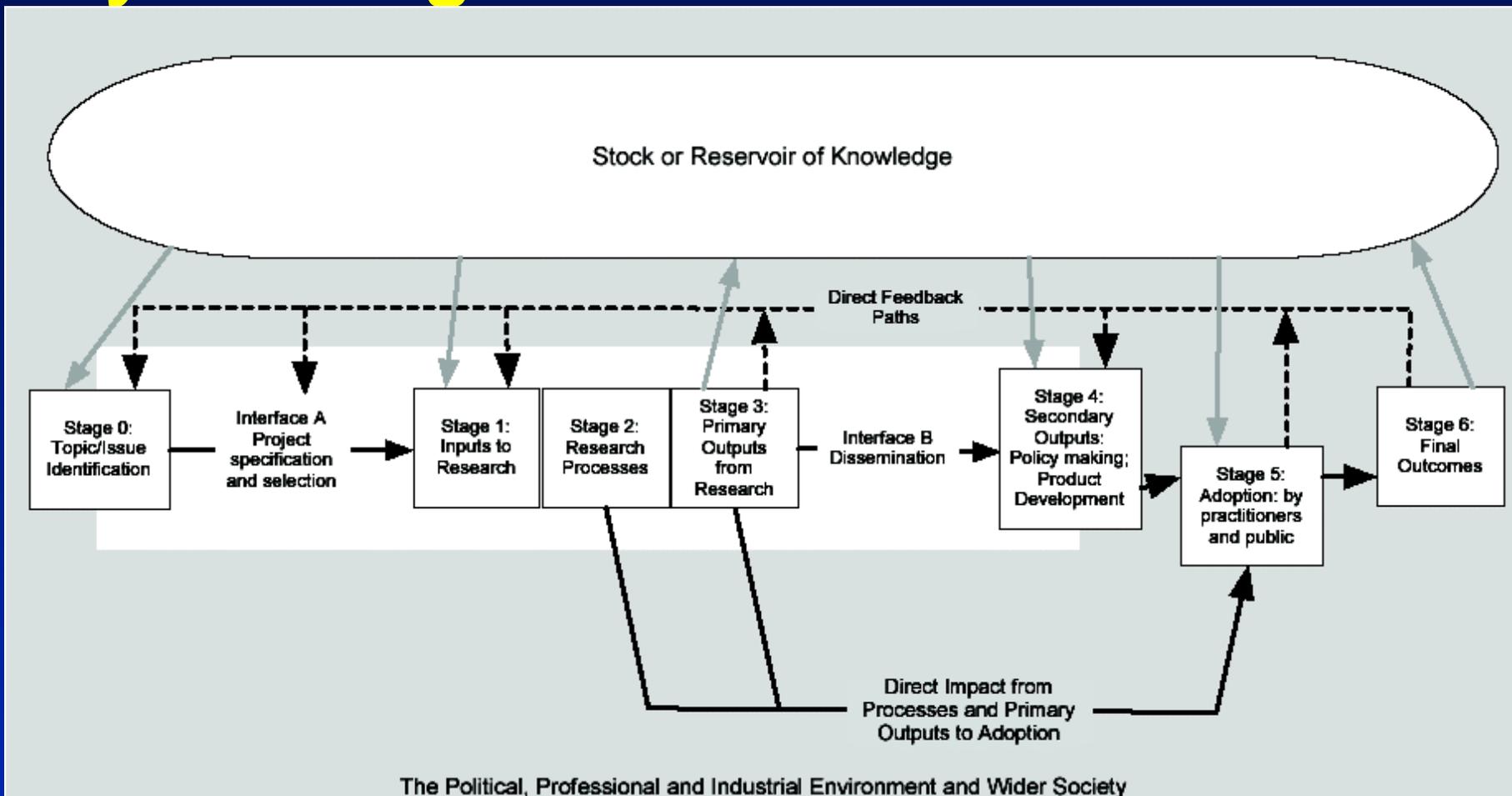
Secondary outputs
Applications
Impacts or final outcomes

Professional practice

Stock of knowledge

Systematic reviews

Payback logic model



Adapted from: **Hanney S, Gonzalez-Block M, Buxton M and Kogan M,**
The Utilisation of health research in policy-making: concepts, examples
and methods of assessment. Health Research Policy Systems 2003, 1:2

Two types of priority setting

- Curiosity-driven or researcher-led research
 - *many researchers believe they make most progress when they are free to set own priorities*
 - *these priorities come from within science or own clinical practice*
 - *often this approach used in basic science & leads to small advances*
 - *sometimes leads to dramatic breakthroughs & big impacts eg RDS*
- Needs-driven or user-led research
 - *long history of science serving needs of society (Bacon, 1627)*
 - *now increased emphasis on groups in society setting priorities*
 - *often associated with applied research*
 - *can be difficult to engage potential users in setting priorities but a collaborative approach between users & researchers best (Kogan et al)*
 - *often user-led approach linked with 'receptor bodies' to receive findings*
 - *in some user-led research programmes many projects can make impacts, but the approach can be unpopular with researchers*

Assessing the impacts from curiosity-driven research: corticosteroids for prevention of RDS

- Used payback framework to organise data to show benefits from the curiosity-driven work of Liggins on ante-natal use of corticosteroids for prevention of Respiratory Distress Syndrome
- Researcher moved from animals to humans: randomised the first patients to receive the treatment
- Considerable impact in most categories (Hanney et al, 2005)
 - *major, widely cited publications*
 - *targeted much research from others (these studies inspired Cochrane logo)*
 - *influenced clinical policies in many countries*
 - *thousands of babies survived, plus reduced morbidity*
 - *possible cost savings*
- Raises nationality issues in impacts assessment

Cochrane logo: Liggins' RCT and subsequent trials



Assessing the impacts from needs-driven research: the UK Health Technology Assessment Programme

- UK's HTA programme has several streams including:
- Primary and secondary research:
 - *complicated process of priority setting involving many groups (clinicians, policymakers, managers, public, researchers)*
 - *aim is to prioritise topics that meet the needs of the NHS*
 - *there is an open tender for the selected topics & often many research teams make diverse proposals*
- Technology Assessment Reports (TARs) for NICE
 - *each one is specifically commissioned by NICE to inform a priority coverage decision NICE is going to make for interventions in the NHS*
 - *for each TAR one research team is asked to undertake a precisely specified review*
 - *the completed review is always sent to the NICE committee*

Assessing the impacts from needs-driven research: the UK Health Technology Assessment Programme

- Impact assessment of HTA Programme used payback framework to inform all the methods & write-up (Hanney et al, 2007)
- Questionnaire to all PIs in programme (133/204); 16 case studies involving documentary review and PI interview
- Average of 2.93 peer-reviewed publications per project often in quite high impact journals which reflects scientific quality
- Many projects made wider impacts on health policy and practice; especially the TARs for NICE

Assessing the impacts from needs-driven research: the UK Health Technology Assessment Programme

	% of projects claiming an impact on policy	% of projects claiming an impact on practice
Primary research	66%	45%
Secondary research	57%	21%
Technology Assessment Reports	96%	58%
Totals	73%	53%

Assessing the impacts from needs-driven research: the UK Health Technology Assessment Programme

- Many of the projects commissioned to meet the needs of NHS make an impact even when no specific customer identified.
- There are now many bodies in the UK that make policies on clinical matters & act as 'receptor' bodies for needs-driven research even when they did not directly commission it.
- Nearly ALL the review projects directly commissioned to inform policy of a 'receptor' body such as NICE make some impact even if it is not very large: the review does inform discussions
- Sometimes the attempt to set priorities to meet the needs of potential users goes too far & results in researchers being pushed to do things that are not practical

Assessing the impacts from needs-driven research: a review of studies of the returns from research

- Along with our study of the UK HTA program we also conducted a review of studies of impact or returns from research programs
- These health research programs varied in many ways, including types of research prioritisation used; but in each case the impact study started with the research program & worked forwards
- All types of program produced impacts, but the % of projects making an impact was generally high for needs-led research
- This included several HTA programs, especially the one from Quebec: 'The best insurance for impact is a request by a decider that an evaluation be made' (Jacob & McGregor)

Conclusions about the role of priority setting

- The chances of health research making some impact are likely to be increased where there are need-driven priority setting processes directly linked to decision-making process
- This type of research is most likely to be clinical or applied research
- There is a major role for curiosity-driven research that is often basic & makes small advances, but can make big impacts
- The health research system in any country should fund a portfolio of research including curiosity-driven & needs-driven research, but different programs (such as HTA) could concentrate on needs-driven research.

Opinions about assessing research returns

- Impacts on health or society are rarely attributable to just one specific research project & might take many years to achieve
- Some progress on payback assessment is feasible but often requires careful analysis of the contribution made by projects
- A multidimensional perspective on payback or returns is valuable and appeals to multiple stakeholders
- A logic model helps focus thinking about the role of specific research and provides consistency over a series of cases
- ***Formal analysis of payback can begin to provide an evidence-base for research policy***

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