

Evidence and the Deliberative Process



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(on behalf of the "What Is Evidence?" team)

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Conceptualizing and Combining Evidence for Health-System Guidance

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Weighing Up the Evidence

Workshop of leaders of organizations that offer guidance to health systems (e.g., CCOHTA; AETMIS; NICE; ZonMW; US and Can. evidence-based practice centres; health quality councils)

The Issue

- **There are multiple forms of guidance for the health system,**
 - e.g. practice guidelines, benchmarks, standards, expert advisories, and so on.
- **What counts as evidence in *evidence*-based guidance**
 - as in, but not restricted to, “evidence-based benchmarks for medically acceptable wait times”

Background

- A commitment was made in the September 2004 First Ministers' 10-year plan for health care to establish "evidence-based benchmarks for medically acceptable wait times".
- Wait times working group interested in looking beyond a clinical definition of evidence. Hence, our first question:
 - In addition to research on health outcomes, what other forms of information count as evidence for clinical, management, or policy decision-making in the health sector? (Hour 1 with LOMAS)
- Consideration of 'kinds of evidence' lead to a second question on how to combine the forms of evidence:
 - How can various forms of evidence and stakeholder perspectives be combined through a deliberative process to yield evidence-informed guidance for health systems? (Hour 2 with McCUTCHEON)

Challenges

- Diffuse questions
 - Defining the scope
 - Identifying & sorting through the literature
- Rapid response
 - Narrowing / focusing the scope
 - Prioritizing the literature

Being Evidence-Informed:

Looked to existing approaches / methodologies

"Effectiveness and efficiency of search methods in systematic reviews of complex evidence. An audit of 495 primary sources."

Greenhalgh T, Peacock R

Research vs Guidance/Synthesis vs Decision

- **First comes the summary of research for an issue or question (systematic review, etc)**
- **Then comes the synthesis for guidance:**
 - **“Implications from research” for the issue or question – research-driven guidance**
 - **“Recommendations for practice, management or policy” for the issue or question– system-driven guidance**
- **Finally, comes the decision!**

What is meant by guidance?

- Not the same as research summaries or synthesis
- Not the same as drawing implications from research
- Not the same as evidence-based decision-making

Guidance

Guidance is the set of options presented to decision makers by neutral parties on what to do in response to a particular issue and how to do it. Evidence-informed guidance goes beyond summarizing or synthesis of research: it makes recommendations for concrete action that consider scientifically proven practices and the contextual factors moderating implementability.

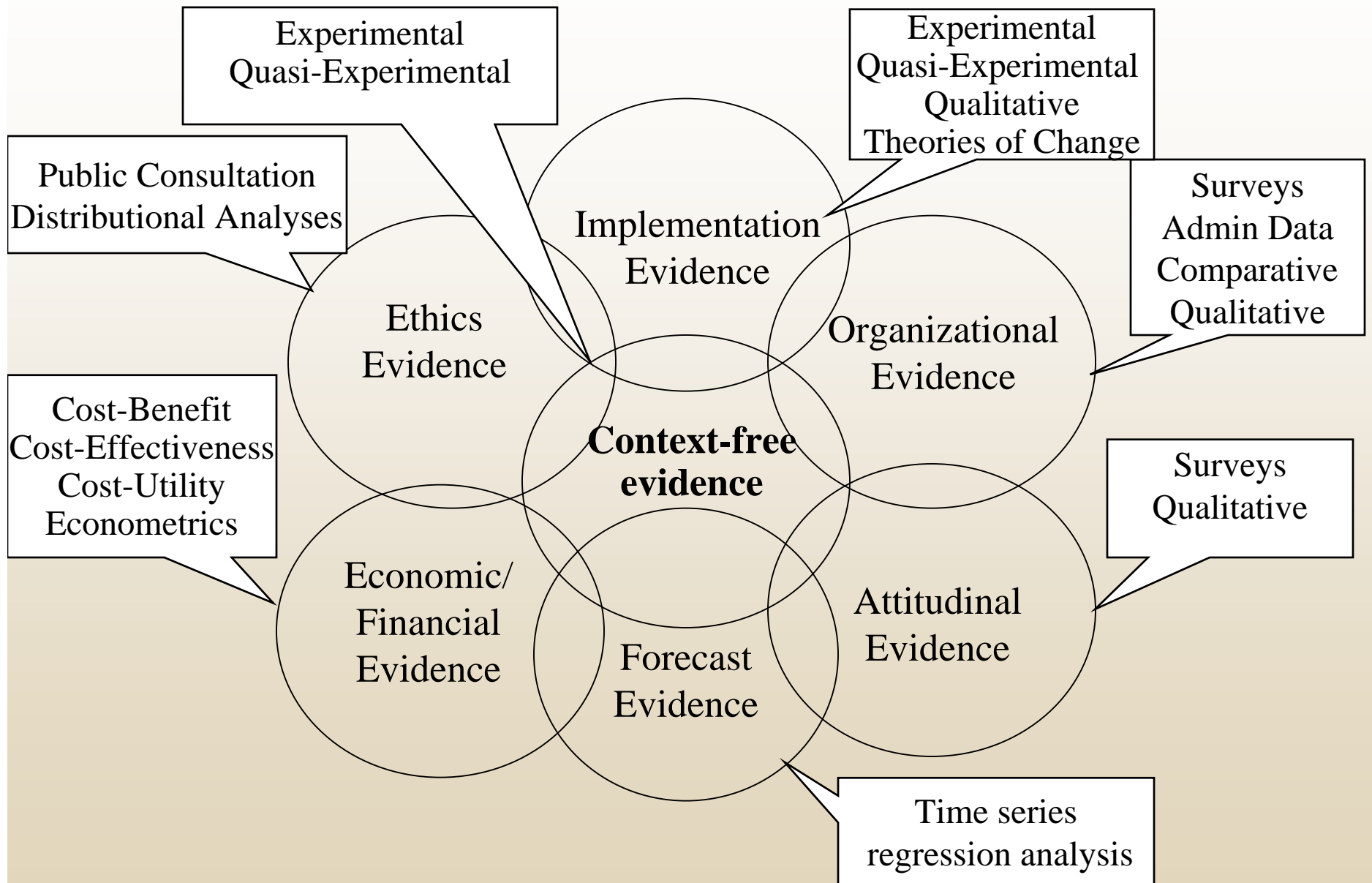
The Approach

- **Identify the literatures discussing concepts of evidence (Q. 1) or use of deliberative processes (Q. 2) (via complex library and database search strategies)**
- **Focus on contrasts in perspectives, e.g. research producers vs guidance producers; clinical vs social scientists**
- **For Q. 1: 2000+ initial articles; 187 screened; 29 directly addressing the topic**
- **For Q. 2: 800+ initial articles; 28 screened; 15 directly addressing the topic**

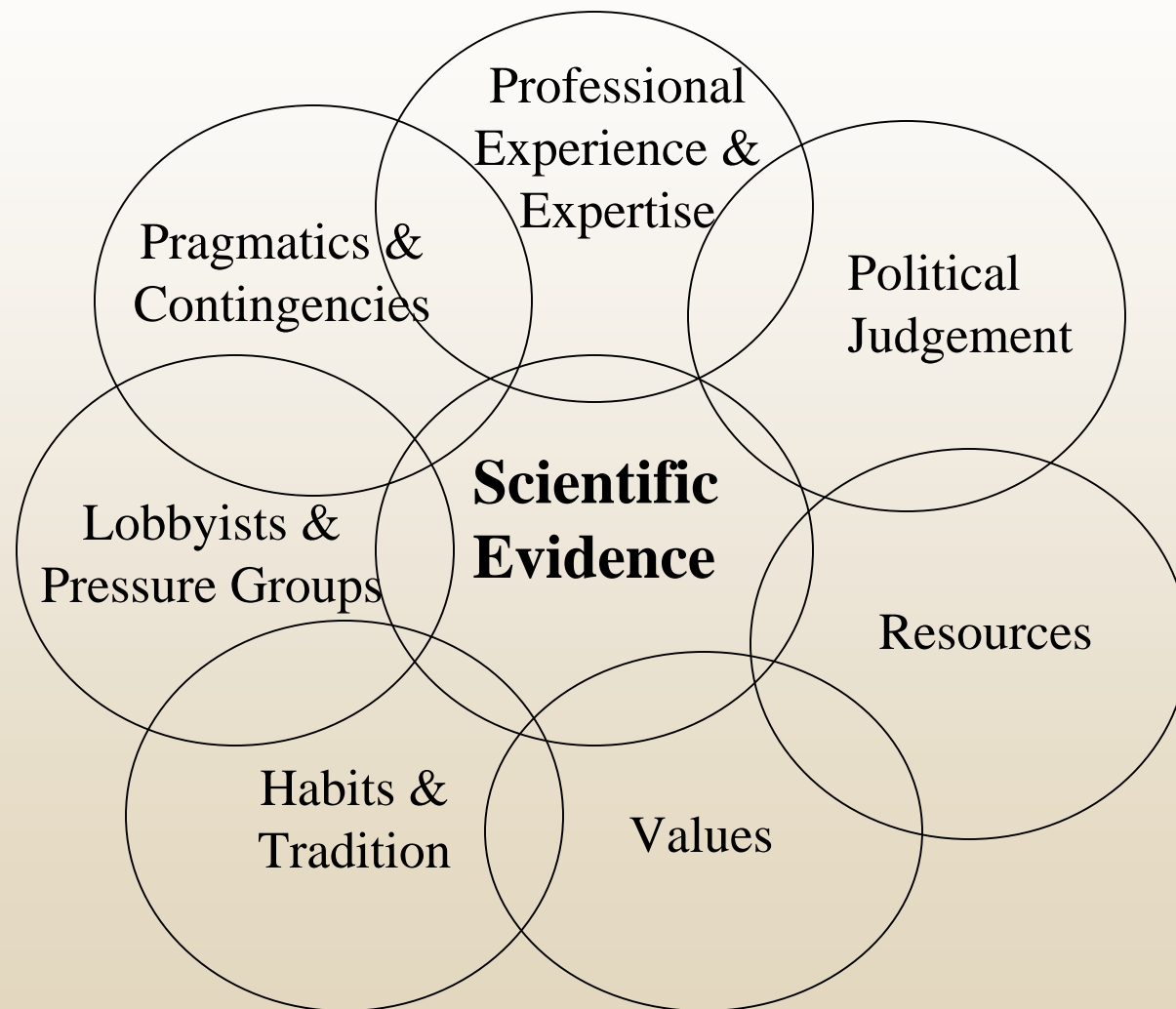
Discounting the Legal Concept

- **Healthcare guidance evidence clearly distinguished from legal concepts of evidence**
 - “law relies on evidence of the instance; health care relies on evidence of the generalizable” (Eisenberg, 2001)
 - law has the benefit of 20:20 hindsight on the past, guidance is recommending best options for the future

Scientific evidence: Context-sensitive complements context-free



Colloquial evidence informs scientific evidence



Evidence Defined (finally)

CHSRF Mission

To support **evidence**-informed decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Evidence is information that comes closest to the facts of a matter. The form it takes depends on context. The findings of high quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience – while privileging the former over the latter.

Why a deliberative process?

...such that the values influencing the assignment of weight are not hidden but explicit.
How do you combine all three forms of evidence?

For now we see through a glass, darkly; but then face to face: now I know in part; but then shall I know even as also I am known.

— 1 Corinthians 13:12

The synthesis of the research evidence may be rigorous and transparent, but the judgments tend to be opaque.

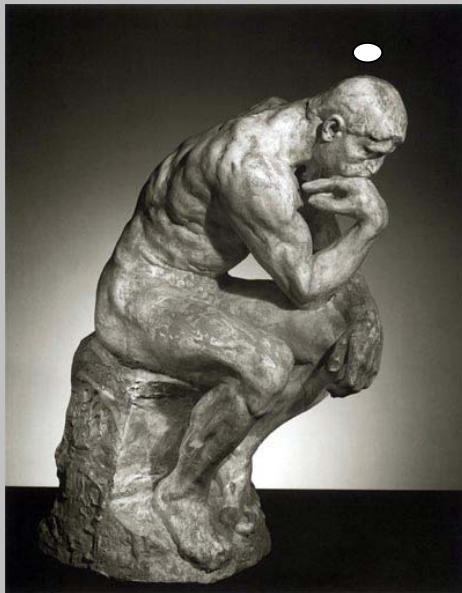
— Raine et al., 2003

Where we started

To move from evidence to guidance we must draw on values and make judgments.

Solutions to combining scientific evidence do exist, **but**:

- algorithmic approaches tend to “bury under a series of assumptions many value judgments that may or may not reflect those of the broader population” (Lomas et al., 2003); and
- scientific and colloquial evidence are too dissimilar to be combined without transparent deliberation.



What is a deliberative process?

Petts definition

A deliberative process is a “participatory process that has clear objectives; is inclusive and transparent; challenges science; promotes dialogue between all parties; promotes a consensus about the potential decision, and directly impacts [sic] on the decision itself” (Petts, 2004)

Our definition

A deliberative process is a tool for producing guidance based on heterogeneous evidence. It is a participatory process that includes representation from both experts and stakeholders, face-to-face interaction, criteria for the sources of scientific evidence and their weight, and a mechanism for eliciting colloquial evidence while making it subsidiary to the science.

Our search

Our question

How can various forms of evidence and stakeholder perspectives be combined through a deliberative process to yield evidence-informed guidance for health systems?

What we were looking for

- Definitional aspects of deliberative process
- Literature that describes a tried and evaluated deliberative process for using research evidence

What did we find?

Not a lot, the literature is largely theoretical and anecdotal.

Reasons to use a deliberative process

Technical

Eliciting and combining evidence

- To bring evidence together and weigh it all up
- To reveal “evidence” not otherwise available
- Exposing and/or resolving conflict over evidence

Practical

Producing implementable guidance

- To get potential opposition inside the tent
- To let all stakeholders have their say
- To embody implementation issues of specific contexts

Nature and role of

colloquial evidence changes

Political

Democratic governance

- Involvement of people in their own governance
- Transparency and accountability
- To embody the public’s values

Design considerations

Topic selection

- Wide variety of approaches used

Size of group

- No consensus on ideal
- Ranges from 9 to 30 members
- Size affects ability to reach consensus

Participants

- Distinguish between panel members and those authorized to provide input
- Some selected for colloquial input, others for scientific expertise
- May sit as individual or represent stakeholder group
- Selection of members influences outcome

Chair

- Generally selected by process external to the panel itself

Types of meetings

- Sometimes face-to-face, sometimes virtual
- Structures that explicitly separate consideration of different types of evidence increase the degree to which final guidance can be traced back to the scientific evidence

Scientific evidence inputs

- Usually systematic reviews
- Can be background or focal point

Framing effects

- Presentation of question or background material can influence outcome

Publicness of process

- Most try to strike balance between transparency and privacy felt necessary for free discussion

What does it look like? Examples

National Consensus Conference on Aspects of Cesarean Birth in Canada

Ten-member multi-stakeholder panel (5 obstetricians, one gp, one neonatologist, one epidemiologist, one lawyer, one consumer)

The panel:

- received and read background papers on the clinical science and on surveys of attitudes, organizational capacity, and other context factors (**both forms of scientific evidence**)
- heard 'testimony' from 'witnesses' in public forum (**colloquial evidence**)
- convened in private to write draft guidance (**using colloquial and scientific evidence**)
- released draft guidance for public comment
- re-convened to incorporate feedback and finalize guidance

What does it look like? Examples

Texas Benefit Design Initiative, Texas Department of Mental Health and Mental Retardation

Goal: to create evidence-based and multi-stakeholder, consensus-driven principles for the delivery of psychosocial rehabilitation services

Step 1

Staff and expert consultants identified six goal areas

Step 2

Experts selected for each goal area and asked to:

- a) identify critical ingredients or underlying principles of interventions in each goal areas;
- b) characterize the level of evidence supporting each; and
- c) do the same for a series of implementation issues (staff competencies; target populations; ideal service duration; structure and organization of service delivery)

What does it look like? Examples

Step 3

Held two-day consensus conference of over 200 stakeholders, including representatives of consumer and family organizations, service providers and provider groups, advocates, state level administrators, researchers and other interested parties.

Day 1

- Experts presented research evidence
- Presentations by other parties
- Open discussion and question period

Day 2


Consensus panel of the scientific experts and 40 representatives of the stakeholder groups tasked with:

- a) Reviewing each of the service delivery principles and reach consensus on those not well supported by evidence;
- b) Reviewing the available evidence for each of the implementation issues previously identified; and
- c) Since evidence was lacking for all but one of the issues, to apply develop and apply criteria for making implementation recommendations

Core features of a deliberative process

Petts definition

A deliberative process is a "participatory process that has clear objectives; is inclusive and transparent; challenges science; promotes dialogue between all parties; promotes a consensus about the potential decision, and directly impacts [sic] on the decision itself" (Petts, 2004)



- consideration of different types of evidence
- **must have a mechanism to keep the colloquial evidence subsidiary to the scientific evidence (fixing the dice)**
- strong chairperson
- engagement between the scientific and decision maker communities;
- explicit inclusion process
- face-to-face discussions
- appropriate timeline for questions
- mechanism to elicit the values of the participants
- venue or process for minority views to be expressed and considered

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Thank you

For copies of our reports go to: www.chsrf.ca/other_documents/evidence_e.php

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