Wrap-up of HSR Training Day for starting researchers
Organised by HSR Europe and the EUPHA Section on HSR on Wednesday 13 November 2013 at KCE as preconference to the EPH Conference, Brussels 2013

The format
Focus of this first-time training day was on how to improve the quality of studies in health services research (HSR) and their applicability for policy making. In total, 24 researchers from 12 countries joined the workshop. Six of them were asked to provide a presentation in the morning session. Two senior researchers provided feedback on the work presented, both regarding scientific quality and policy relevance. Another six were asked to present in the afternoon, after which two senior policy makers reflected from a policy perspective. How is scientific evidence used and reviewed and how can we make our research more attractive for policy audiences? Both sessions had ample opportunity for collective discussion with all participants.

The presentations
As kick-off to the training day, KCE director Raf Mertens gave a short introduction on the position of KCE, the Belgian Health Care Knowledge Centre. He congratulated the participants with their choice for HSR as it is an area which is both exciting and badly needed in policy making.

The training day brought together a rich diversity of researchers. Some had a background as MD, while others were trained as sociologists, economists or psychologists. This diversity was also reflected in the types of studies presented, covering the entire life cycle of health care users. E.g., Vera Schölmerich investigated coordination of care in midwifery and obstetrics, while Marieke Nanninga focused on entrance to care for children and adolescents with behavioural problems. Other presentations focused on care provision for adults, e.g. health care experiences of patients with chronic pain (Maarten Krol), health care utilization in case of obesity (Sheena McHugh) or reductions in hospital stay for patients with stroke (Malin Tistad).

Also in terms of methodologies, an interesting variety was seen. Many presenters used or planned to use quantitative data (e.g. on insurants by Romy Bes or on patient records by Audrey LeLong). The participants suggested that for gaining extra insights it may be useful to consider in-depth interview data as well. For example, Laura Schang planned to use both performance data from Scottish regions, but also to investigate decision making in each of these regions. Similarly, the mixed methods study by Abeda Mulla showed that when transferring research evidence, clinicians mostly prefer to rely on quantitative ‘hard’ data, but that the stories gathered by qualitative methods can help them understand what is actually going on. In addition, Gobnait Byrne and Marios Kantaris raised awareness about the difficulties of establishing research participation by vulnerable groups. Both focused on immigrants’ health care use and had to use snowballing and convenience samples, including visiting churches or other meeting places where their target groups might frequent.
The feedback provided
After each presentation the experts asked questions about the meaning and consequences of a research and provided the presenters with constructive feedback. Both Koen van den Heede (KCE, Belgium) and Matthias Wismar (European Observatory on Health Systems and Policies) often drew on knowledge from other countries or topic areas, which helped presenters look beyond the borders of their own field of expertise. They also pointed to the need to better clarify the concepts that presenters used, e.g. what they exactly meant with 'trust in health care providers'. In the afternoon session, Ri de Ridder (RIZIV, Belgium) and Jack Hutten (Ministry of Health, Welfare and Sports, the Netherlands) asked the participants to critically think about the implications of their research for the policy field. It was also recommended to involve policy makers as early as possible in research.

Part of the discussions dealt with the underlying values of researchers when conducting their study, but also with the question of where the responsibilities of the researcher end: should the researcher predominantly provide the evidence or should he/she also take responsibility for providing advice. An interesting institutional model in that respect was explained by the hosts of the meeting. At KCE, researchers conduct their work as independently and objectively as possible. After the research is finished, it is presented to the board in which various stakeholders are represented. It is then the responsibility of the board to decide on recommendations for policy to be added to the report, leaving the researcher in a neutral position.

A major point stressed by all four experts was that researchers should better show why their study is relevant for policy instead of expecting that policy makers are automatically interested. For that purpose, it is relevant to know what the issues are that society, policy makers and/or politicians are faced with. The focus should be on incorporating aspects in your research that can be influenced or changed by policy. If it isn’t policy-sensitive, it isn’t relevant to policy. The experts also mentioned the importance of finding the right language and showing the trustworthiness of yourself as a researcher. Collaborating with others can be an important way in doing this. As each researcher has his or her own agenda and field of expertise, research evidence is especially considered reliable if it has been established by a broad and multidisciplinary team, preferably from different institutes.

“What we like the most is the evidence that we like”

The future
Looking back on the interactions between young researchers and senior experts and policy makers during the day, we think this provides an ideal opportunity to become more aware of both the complexities of producing HSR as well as the need to think more about its end users, preferably already in the early phases of a research/PhD project. A next HSR Training Day is scheduled as preconference event to the European Public Health Conference in October 2015 in Milano. Prior to that we will organise capacity building workshops at other events.

The organisers
The training was organized by Johan Hansen, Judith de Jong and Willemijn Schäfer of NIVEL, the Netherlands institute of health services research, representing HSR Europe and the EUPHA section of Health Services Research. We are grateful to all experts, Koen van den Heede, Matthias Wismar, Ri de Ridder and Jack Hutten for their time and efforts. In addition, we would like to thank EUPHA for their assistance with conference registrations and KCE for their hospitality when hosting the event.

Contact: hsr_europe@nivel.nl
www.healthservicesresearch.eu
http://www.eupha.org/site/section_page.php?section_ref=S_HSR
List of presenting authors and their presentations

Morning Session (presenting your work to a scientific audience)

Malin Tistad        Early supported discharge service after stroke – how is the service implemented in clinical practice?
Romy Bes            Selective contracting by health insurers (PhD proposal)
Marieke Nanninga    Entrance care for children and adolescents with emotional and behavioural problems in the Netherlands
Vera Schölmerich    A new take on the key players of coordination: clients as co-producers rather than as recipient of coordination
Gobnait Byrne       Transnational healthcare of Polish migrants living in Ireland
Matthias Brunn      Disease Management in France and Germany: comparing the transfer of a policy ‘made in USA’

Afternoon Session (presenting your work to a scientific audience)

Abeda Mulla         Knowledge transfer of health services research is impeded by a lack of policy levers
Marios Kantaris     Access and utilization of health services by domestic helpers in Cyprus
Maarten Krol        Health care experiences and preferences of Dutch chronic pain patients: a call for coordination and continuity
Laura Schang        Managing Ambiguity in Health Service Performance Measurement and its Use to Steer Health System Planning and Purchasing
Audrey Lelong       Modelling of impact of the hospital heterogeneity during a survey method: study managed in Clermont-Ferrand in 2013
Sheena Mc Hugh      Overweight/obesity and health care utilisation among older adults