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FOCUSING A NATIONAL EFFORT IN  
HEALTH SERVICES RESEARCH

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## FOCUSING A NATIONAL EFFORT IN HEALTH SERVICES RESEARCH\*

An organization or institution usually assumes that there is a general understanding and appreciation of the nature and importance of its work. This assumption is reinforced when there is support for the continued efforts of the organization in terms of a substantial level and growing commitment of resources. When such concrete evidence of support is lacking, this assumption of importance of ones work becomes somewhat tenuous. The experience in the United States in recent years in fact suggests that health services research may not be viewed as being of especially critical importance. Discussion of the reasons why this may be the case and what actions might be taken to alter outside perceptions would therefore be useful.

The conclusion that health services research may not be viewed in the most positive way is not immediately apparent even in the face of budgetary restrictions. For those of us intimately concerned with the support of research activity it has seemed that arguments for more rather than less health services research ought to be compelling. We have watched the results of earlier research become incorporated into several policies and programs; the relevance of longer term research to allow such policy analysis and synthesis to occur seems obvious. Moreover, the issues which this research is designed to address are those that regularly absorb the attention of the public and the government.

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However, the decline over time in the budget and a lack of apparent public concern over this reduction in resources for health services research, forces us to address the question of why this activity is not more highly valued.

Most health services research is supported by the Federal Government. Moreover, two agencies in the Federal Government account for a large part of the expenditures--together these agencies support approximately \$50.0 million of research annually. Five years ago the budget for the National Center for Health Services Research alone was \$58.0 million. Further, we estimate that the total expenditure for health services research in the U.S. is roughly \$80.0 million. While this may appear to be a large figure, it represents only 0.04 percent of all national health expenditures in 1977. For comparative purposes it is useful to note that the amount spent to support biomedical research at the Federal level alone was 26 times larger--\$2.062 billion in 1977. We now believe that there are a number of factors that account for this situation. I would like to describe these and discuss the strategies we have devised for dealing with them.

The first problem I want to address is the confusion that seems to prevail about what health services research includes. To the extent that those who make allocation decisions have no confusion about purpose, programs seeking support are more likely to succeed in that effort. Clarity of purpose does not seem to exist in our area. Two explanations can be provided for this situation.

First, the range of issues that have been identified as falling into the purview of health services research make it difficult for non-researchers to identify a discreet focus. The issues include at one end of the spectrum matters that people tend to associate with biomedical or clinical research. This set contains studies that address the effectiveness of the therapeutic process, the appropriateness of technology, and the nature of the clinical decision making process. At the opposite end of the spectrum are studies that examine such matters as the ethical, legal and logical bases for health care policy. Such a diverse set of research questions does not convey a clear sense of purpose to those not familiar with the field.

No less important in fostering the confusion about what is encompassed by health services research is the variety of techniques and disciplines that are employed such as applied social research. The staff of the National Center includes engineers, computer specialists, psychologists, economists, sociologists, in addition to social workers, nurses, hospital administrators and physicians. More often than not a health services research project requires a diversity of skills and experiences. The multi-disciplinary nature of the activities provides the outside world little reassurance that the program has definite and distinct focus.

The second major problem as we see it is the nature of the research itself. Applied social research is rarely definitive. Not only is the set of variables that must be considered in a given project beyond the complete control of the investigator, but the very target of the study--

that is, the social system--is always in some state of change. In contrast to the physical and biological sciences, health services research findings describe transitory events. These two factors must inevitably call into question the utility of the activity when decision makers are seeking a basis for developing and justifying policies.

An even more serious problem is the failure to make clear the relationship between research and subsequent policies and decisions. This failure derives in part from the applied nature of this type of research. Much of health services research is designed to study real problems in operating settings. The result is that important findings often make their way into the system before the formal presentations of the research results is prepared. The actual utility of the specific research is not apparent to the outside observer.

This failure also derives in the United States, at least, from the way research is funded and the way results tend to enter the policy and decision making processes. A significant part of our research is undertaken by individual investigators not associated with the National Center for Health Services Research itself. More often than not, those who are seeking information learn of the products of research from discussions. The written presentation with the critical attribution to the source of support is rarely consulted under the pressures of time that seem to surround our legislative and decision making processes.

As a result the government investment that has generated the expertise of the researchers is not immediately obvious and the social utility of this investment is obscured.

These represent some of the problems which we believe have made it increasingly difficult to expand the health services research effort in the United States. It is paradoxical that at the same time as support for this research is eroding, the drive for strategies to deal with the demand for universal health insurance, control over costs, and better quality assurance has accelerated.

Over the past three years the National Center for Health Services Research has attempted to devise various mechanisms to deal with the problems described here.

The most important of these is the establishment of a mechanism for ensuring that the relationship between research and the applications that might be made of research findings is clear. The approach employed by the National Center to achieve this result is based on the assumption that the relevance of research for policy should be identified and determined before, rather than after, projects are initiated. Toward this end, a planning process has been developed, a critical feature of which is the obtaining of advice and guidance from "users" of research--a broad array of individuals and groups from the private sector as well as all levels of government. This advice is obtained through the means of formal conferences. A second critical feature of this strategy is the organizing of the discussion,

and the presentation of the plans and content of the research programs in a manner that makes the relationship between the research and public and government concerns immediately apparent. Projects are presented in the context of the issues they are designed to examine. And these issues are identical to the issues being debated in the political process. Hence, our current research priorities are defined as:

(1) Cost Containment; (2) Health Insurance; (3) Health Manpower; (4) Quality of Care; (5) Planning and Regulation; (6) Health Care and the Disadvantaged; (7) Long Term Care; (8) Emergency Medical Services and (9) Technology Assessment. This is in contrast to other possible approaches such as by discipline involved or by institutional focus, for example, hospitals.

Until 1974 the National Center for Health Services Research took a relatively passive role in its relationship with the research community.

This role was consistent with the approach generally employed by government research agencies at that time. Researchers submitted proposals according to their own individual preferences, and the organization funded them largely on the basis of scientific merit.

The result was a research program that was not focused on particularly timely and consequential issues. It is our position that this approach contributed to the general view that the research was only occasionally relevant to the issues confronting decision makers. Further, it was clearly inconsistent with our other efforts to alter the perceptions of policy makers.

A logical extension of the planning process that was instituted by NCHSR

was to define the research priorities for investigators, as well, and to indicate that the probability of proposals being funded was much more likely if the research addressed the critical questions identified by the Center. On a regular basis the Center now issues a statement of specific priorities. Further the organization now encourages the research community to examine issues of particular national importance by means of periodic grant solicitations. The result of this approach has been to ensure the generation of research findings that have immediate relevance for those concerned with policy decisions. It has also made the potential utility of the program more readily apparent.

Let me now turn to the problem of the nature of the research--the view that studies of the social system are difficult to undertake, that results cannot be definitive, that quantitative information to shape policy is not likely to be forthcoming under the best of circumstances. Our strategy for dealing with this problem is limited. The only mechanism we have developed is to subject research projects to initial and recurrent reassessment by recognized researchers from the field itself.

No proposed project receives support unless a panel of experts has affirmed that it is scientifically meritorious. Furthermore, a similar set of outside experts reviews the progress of every study that is funded on an annual basis and their assessment determines the extent of future support. Clearly, this approach cannot in itself dispel the concerns that exist about the validity of social research in general.



Finally, I want to turn to the problem of actually linking the research to the policy and decision making process. It has been evident that those directly involved in formulating policy cannot be expected to intensively review the research literature. Nor is it particularly effective given the complex issues that must be attended to in our system to be dependent for information on personal interactions with a few prominent investigators. The National Center for Health Services Research believes that it is a critical function of such a research organization to extract and summarize the results of research around given issues. The assumption of this responsibility has had two major effects. First, it has provided decision makers with information that is prepared for their consumption. The summaries and syntheses are non-technical in nature and are designed to quickly convey critical findings without the burden of details of methods and problems. Second, it has provided policy makers with incontrovertible evidence of the relevance of health services research for the issues with which they must regularly deal.

I began this discussion with a relatively negative assessment of the priority of health services research in the United States today. I then tried to convey some of the strategies we have adopted to deal with the problems which have created the present situation. It is our view that these strategies must be successful in achieving wider support for health services research. For such research is crucial to the success of the various initiatives being considered to make the present health care system both more efficient and effective.

We believe that health services research is essential to provide the basis for developing new options for health services delivery and health policy, to test the assumptions on which current policies and delivery practices are based, and to provide the means for monitoring the performance of the health care system and its component parts. This activity is, therefore, a crucial prerequisite for providing better health services to our population.