Challenges in Evidence-Informed Decision-making to Achieve Universal Health Coverage (UHC)

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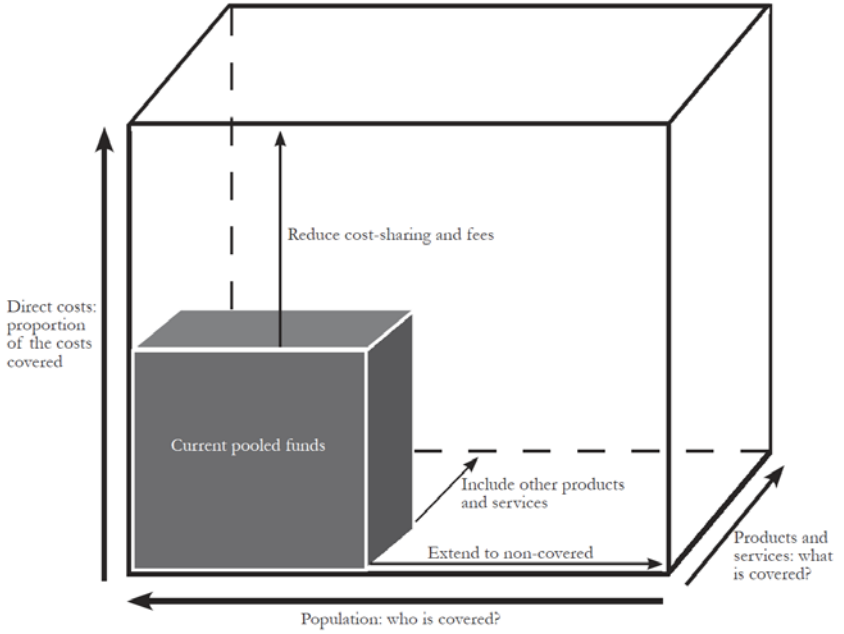
Key Message

- To achieve the triple aim of health systems (improve experiences and outcomes at manageable costs) we should
  - Position UHC efforts within a ‘rapid-learning health system’ lens
  - Get better at policy, system and political analysis

How Does UHC Fit Into the 'Triple Aim' of Health Systems?

1) Improve patient/citizen **experiences**
2) Improve health **outcomes**
   a) Cover more people (X axis)
   b) Cover more products & services (Z axis)
3) Keep per capita (& out-of-pocket) **costs** manageable
   a) Reduce cost-sharing & fees (Y axis)



But what about patient experiences?

And don't we need well designed governance & delivery (not just financial) arrangements & implementation strategies to get the right products & services to those who need them (and thereby improve health outcomes)?

[as we heard from the Minister of Health from Kazakhstan yesterday]

How Does UHC Fit into A 'Rapid-Learning Health Systems' Framework?

1) Anchored on **patient/citizen** needs, perspectives and aspirations (e.g., they pick the 'needles' that need to move and co-design approaches to moving the needles) and focused on improving their experiences & outcomes at manageable per capita costs (here's the 'triple aim' again)
2) Digital capture, linkage, analysis and timely sharing of relevant **data**
3) Timely production, synthesis, curation and sharing of **research evidence** about problems, options & implementation considerations
4) Appropriate **decision supports** (from guidelines to digital solutions)
5) Aligned governance, financial and delivery **arrangements** – UHC is typically conceived of primarily as a set of financial arrangements
6) **Culture** of rapid learning and improvement
7) **Competencies** for rapid learning and improvement

Why don't we treat UHC as the means to an end that it is (at least for experiences and outcomes, if not financial protection)?

And why are we obsessed with data these days, and not all 7 characteristics?

How Does UHC Fit into A 'Rapid Learning & Improvement' (RL&I) Cycle

1) Any policy initiative to improve UHC will **use up lots of political & social capital** (to launch, institutionalize & sustain it)
2) No policy initiative to improve UHC will **get it right** the first time or get it right for all time
3) No policy initiative to improve UHC will **do it all** (e.g., Ontario has UHC for hospital-based & physician-provided care, but not for medicines)
4) Any policy initiative to improve UHC also needs to be seen as a chance to do **more to achieve the triple aim**

Why not position the push for UHC as a series of opportunities for rapid learning & improvement (RL&I)?

(For RL&I) We Need to Get Better at Policy Analysis: Using a Systematic Approach to Analyzing Issues

1) Prioritizing problems and understanding their causes
   - Risk factors or conditions [here's where epidemiologists come in]
   - Products & services
   - Governance, financial or delivery arrangements (system analysis)
   - Implementation of agreed courses of action
2) Deciding which option to pursue
   - Add, drop or change products or services
   - Change governance, financial or delivery arrangements (system analysis)
3) Ensuring the chosen option makes an optimal impact at acceptable cost (implementation)
   - Prioritize & diagnose, and design & deliver an implementation strategy, at the level of patients/citizens, providers, organizations and/or the system
4) Monitoring implementation and evaluating impact (bringing us back to 1)

(For RL&I) We Need to Get Better at Policy Analysis: Looking for the Right Types of Information

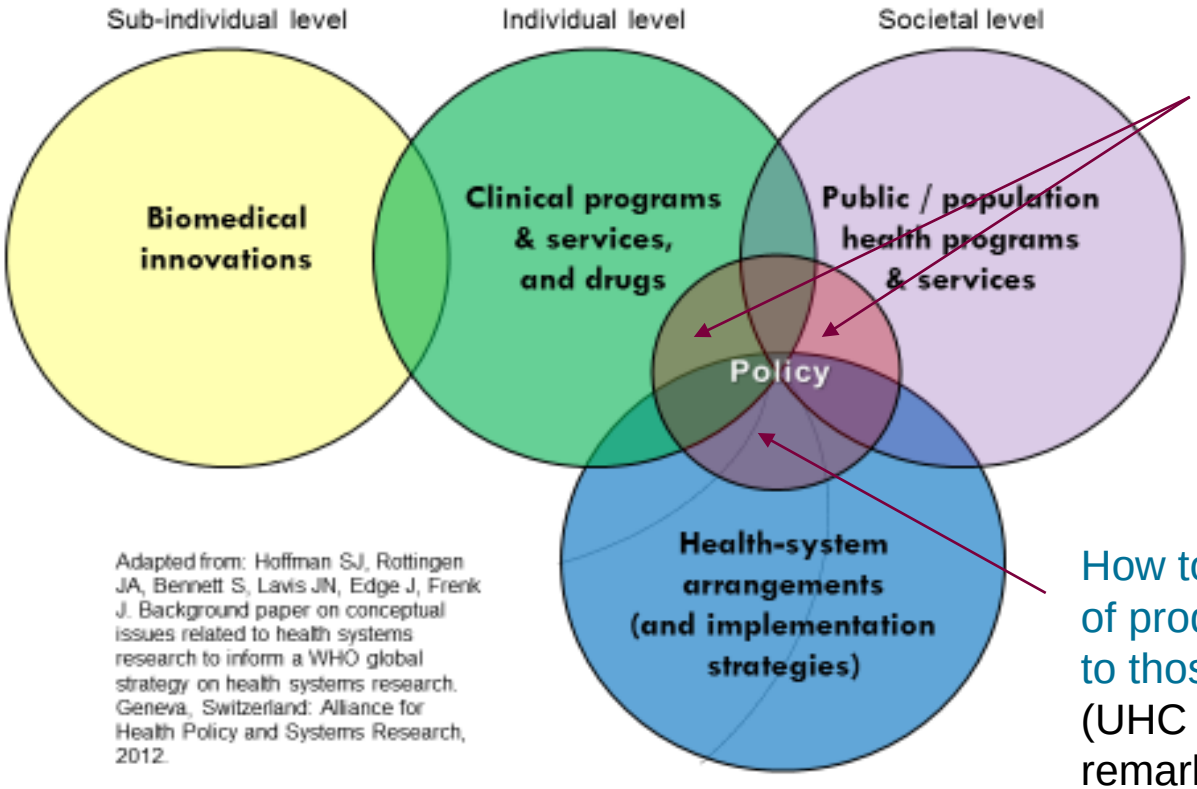
1) Prioritizing problems and understanding their causes
   - Indicators - **data**
   - Comparisons – administrative database studies or community surveys
   - Framing – qualitative studies
2) Deciding which option to pursue
   - Benefits – effectiveness studies
   - Harms – effectiveness or observational studies
   - Cost-effectiveness – cost-effectiveness evaluations
   - Adaptations – qualitative (process) evaluations
   - Stakeholders' views and experiences – qualitative (acceptability) studies
3) Ensuring the chosen option makes an optimal impact at acceptable cost (implementation)
   - Barriers and facilitators – qualitative studies
   - Benefits, harms, cost-effectiveness, etc. of implementation strategies
4) Monitoring implementation (**data**) and evaluating impact

(For RL&I) We Need to Get Better at Policy Analysis: Looking in the Right Places for Information

- One-stop shops for pre-appraised, synthesized research evidence
  - Health Systems Evidence – Quality-rated systematic reviews (and economic evaluations) about how to strengthen health systems and get the right products & services to those who need them
    - Can search in Chinese, English, French, Portuguese & Spanish
    - Can limit searches to only reviews that include studies from your country or region (among many other options)
    - Can sign up to receive monthly alerts in your area of interest
    - Includes all relevant Cochrane reviews (1128 / 8385 = 14%)
  - Social Systems Evidence - Quality-rated systematic reviews (and economic evaluations) about non-health programs, services & products, and about how to strengthen social systems and get the right programs, services and products to those who need them

Citizenship	Culture & gender	Environmental protection*	Infrastructure
Children & youth services	Economic dev & growth	Financial protection	Natural resources*
Climate action*	Education	Food safety & security	Public safety & justice
Community & social services	Employment	Government services	Recreation
Consumer protection	Energy*	Housing	Transportation

(For RL&I) We Need to Get Better at System Analysis: Distinguishing Policy About System Arrangements



Adapted from: Hoffman SJ, Rottingen JA, Bennett S, Lavis JN, Edge J, Frenk J. Background paper on conceptual issues related to health systems research to inform a WHO global strategy on health systems research. Geneva, Switzerland: Alliance for Health Policy and Systems Research, 2012.

Which products & services to cover (where much of the UHC conversation is focused)

How to get the right mix of products & services to those who need them (UHC is touches on a remarkably small number of health-system arrangements in the HSE taxonomy)

(For RL&I) We Need to Get Better at System Analysis: Recognizing Policy About System Arrangements is Dif

1) Many different types of decisions about system arrangements
   - E.g., Should nurses be allowed to prescribe medicines? (governance arrangements | who can make what decisions?)
   - E.g., Should we incentivize primary-care practices for appropriate prescribing? (financial arrangements | how does money flow into and through the system?)
   - E.g., Should pharmacists be part of inter-professional teams? (delivery arrangements | how do we organize ourselves to get the right programs, services & products to those who need them?)
2) Many different types of actors involved (often unique to the type of decision)
3) Process is not routinizable (given problems & causes are themselves contested, let alone the options & implementation considerations, and there are many venues for decision-making)
4) Process tends to be iterative & flexible (given dynamic political- and health-system influences)

(For RL&I) We Need to Get Better at Political Analysis: Understanding Government Agenda-Setting

- Governmental agenda is influenced by
  - Problems or politics
- Decision agenda is influenced by
  - Coupling of all three 'streams' (problem, policy and politics) into a single package

We need to get better at coupling

- Compelling problem (e.g., high and rising prescription drug costs)
- Viable policy (e.g., policy that addresses both the demand for and prescribing of essential medicines, extends UHC from the elderly to a broader population group, and supports adherence & de-prescribing)
- Conducive politics (e.g., upcoming election or new government/minister)

(For RL&I) We Need to Get Better at Political Analysis: Understanding Government Decision-making

- Policy choice is influenced by an unpredictable mix of
  - Institutional constraints
  - Interest-group pressure
  - Ideas
  - External events

We need to get better at navigating policy venues & playing up the factors in favour of a new policy in the language of the chosen venue

- Institution allows it to pass easily (no veto points)
- Interests with power support it or mass groups mobilize to support it (because of concentrated benefits), or interest groups with power don't actively oppose it (because of diffuse costs)
- Ideas are aligned with it (because knowledge/beliefs about 'what is' and values/mass opinion about 'what ought to be' are aligned)
- External factors are a trigger to action

Key Message

- To achieve the triple aim of health systems (improve experiences and outcomes at manageable costs) we should
  - Position UHC efforts within a 'rapid-learning health system' lens
    - Don't just focus on a category of financial arrangement (or data)
    - If you put patients/citizens first, they will quickly start to keep you focused on what matters most
  - Get better at policy, system and political analysis

For more information: www.mcmasterforum.org

- Rapid learning health systems
- Policy, systems & political analysis (and evidence synthesis & stakeholder / citizen engagement)
- One-stop shops
- EVIPNet (focused on health systems) & our new 14-country collaborative called Partners in Evidence-driven Rapid Learning in Social Systems (PERLSS, focused on the SDGs more generally)

Thank you to my colleagues at Tehran University of Medical Sciences for the invitation, for being such gracious hosts, and for past (and future) collaborations