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The Ontario Drug Policy Research Network: Bridging the gap between Research and Drug Policy

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ABSTRACT

Policymakers have cited several barriers to using evidence in policy decisions, including lack of research relevance and timeliness. In recent years, several reports have focused on the successes and challenges of researcher–policymaker collaborations, a form of policy engagement intended to help overcome barriers to the use of research evidence in policymaking. Although these reports often demonstrate an increase in research relevance, rarely do they provide concrete methods of enhancing research timeliness, which is surprising given policymakers' expressed need to receive "rapid-response" research. Additionally, the impact of researcher–policymaker collaborations is not well-discussed. In this paper, we aim to describe the collaboration between the Ontario Drug Policy Research Network (ODPRN) and its policymaker partner, the Ontario Public Drug Program (OPDP), with a particular focus on the ODPRN's research methodology and unique rapid-response approach for policy engagement. This approach is illustrated through a specific case example regarding drug funding policies for pulmonary arterial hypertension. Moreover, we discuss the impact of the ODPRN's research on pharmaceutical policy and lessons learned throughout the ODPRN and OPDP's five-year partnership. The described experiences will be valuable to those seeking to enhance evidence uptake in policymaking for immediate policy needs.

1. Introduction

Evidence-informed policymaking is recognized as an important tool to improve health outcomes. For example, evidence-informed anti-tobacco policies partly contributed to a significant decrease in tobacco use [1], and the consequent decline in lung cancer-related deaths [2] and

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hospital admissions for childhood asthma [3]. Although there is persistent advocacy for evidence-informed policymaking, the challenges of utilizing evidence in policy are well documented [4]. Policymakers regularly cite lack of timeliness and relevance of research as barriers to considering evidence in policy decisions [5–8]. The absence of ongoing communication between researchers and policymakers [5] poses an additional challenge to developing evidence-informed policy, as interaction among these groups is necessary to enhance research relevance.

Several established models of researcher–policymaker collaborations are designed to overcome these challenges [9]. Among the most successful is the interactive model [9–11], in which continuous researcher–policymaker interaction and collaboration facilitate the process of producing policy-relevant research findings [12]. As researcher–policymaker collaborations become more common, understanding existing interactive and collaborative methods is imperative to optimizing future endeavours. To date, most reports describe the potential successes and challenges of researcher–policymaker interactions [5,10] rather than specific methods of collaboration. Two examples of exceptions include a report on the partnership between a mental health research unit and the mental health reform branch of the Ontario government [13]; and an Australian researcher–policymaker collaboration focused on case-mix classification of subacute and acute patients in Australia [14]. Each of these collaborations focused on enhancing communication between policymakers and researchers through regular meetings and forums to inform research questions and potentially impact policy directions. These examples have demonstrated successful policy engagement, but there are a few notable limitations. First, reports on research–policy collaborations rarely provide a comprehensive description of the impact of the collaboration, with only a few examples of ongoing impact assessment evident in the available literature; for example, the integration of research into pharmaceutical policy systems in Stockholm, Sweden [15,16]. Second, many descriptions of partnerships focus on engaging with policymakers while conducting traditional research studies—therefore, the research typically spans two years or longer. Given that policymakers have expressed a desire for a "rapid-response" research program that could be consulted for these pressing policy concerns [17], describing the experiences of such a program is essential.

The Ontario Drug Policy Research Network (ODPRN), a collaboration between policymakers and researchers, reflects the principles of the interactive model while incorporating a rapid-response approach. Its goals are to provide timely, high-quality, policy-relevant research findings to policymakers, with the ultimate goal of safe and cost-effective use of pharmaceutical therapies. The current paper highlights the ODPRN as a case example of a researcher–policymaker collaboration using a rapid-response method that has not been reported elsewhere in the literature. We describe the ODPRN's research processes, the impact of its research, and lessons learned throughout its five-year collaboration with its policymaker partner.

2. Methods: The ODPRN rapid-response research approach

2.1. Formation of the researcher–policymaker partnership

The ODPRN was initiated by researchers who had prior experience interacting with drug policymakers. Aware of the challenges drug policymakers often faced when seeking timely research to inform their policies, these researchers conceptualized a method of conducting rapid pharmacoepidemiological research in response to immediate policymaker needs. In 2008, the ODPRN was funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) to implement their model of rapid-response research in collaboration with policymakers. The funding opportunity was designed to facilitate interactive partnerships; thus, it enabled the ODPRN to secure policymaker collaborators at the Ontario Public Drug Program (OPDP), who had limited capacity to conduct analyses that were relevant to their policy needs. The OPDP is a division within the MOHLTC responsible for the province's nearly $5 billion (CAD) publicly funded drug benefit programs such as the Ontario Drug Benefit (ODB) Program, which provides drug coverage to individuals receiving social assistance, the elderly (over 65 years of age), residents of homes for special and long-term care, and people receiving professional home care services. Through its expert advisory committee, the Committee to Evaluate Drugs (CED), the OPDP governs the approval process for drugs within program formularies. As such, the OPDP requires timely and evidence-based information on effectiveness, cost-effectiveness and budget impact to form decisions on funding schemes.

2.2. ODPRN structure

To conduct rapid-response research, a unique organizational structure was developed by ODPRN researchers (Fig. 1) consisting of three main units:

(1) The Rapid Response Unit (RRU) is comprised of epidemiologists, a project manager, and biostatisticians whose primary function is to work with policymakers to efficiently respond to research requests using linked population-level information from datasets housed at the Institute for Clinical Evaluative Sciences (ICES). These linked databases contain healthcare services data for the entire population of Ontario (approximately 13 million people) since 1988. This includes demographic, physician claims, emergency department utilization, hospitalization, and drug data for ODB program recipients (approximately 2.5 million people).
(2) The Core Academic Unit (CAU) is composed of researchers (both clinician–researchers and others) and trainees in the Student Training Program who collaborate with the RRU in fulfilling policymaker research requests, as well as addressing their own research questions through traditional academic research.
(3) The Knowledge Translation Unit (KTU) is comprised of knowledge translation (KT) specialists with experience and training in implementation and research