CHARTING AN INTERDISCIPLINARY COURSE TO ADVANCE POLICY D&I AND REDUCE THE RESEARCH TO POLICY GAP

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Multi-disciplinary Mentors & Collaborators
- **Mentors:** Greg Aarons, Colleen Grogan, Jonathan Purtle, Scott Roesch, Mark McGovern
- **Collaborators across various policy related projects:** Gracelyn Cruden, Rebecca Lengnick-Hall, Andrea Eisman, Thomas Engell, Karina Egeland, Harald Bækkelund, Ane-Marthe Solheim Skar, Anjuli Wagner, Joanna Moullin, Nicole Stadnick, Sarah Walker, Alysse Wurcel, Beth McGinty (many others)

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ACKNOWLEDGEMENTS

AGENDA

Goal: Facilitate a discussion about challenges & practical multidisciplinary approaches to investigate policy & policy-level factors in D&I research

1. Research to policy gap

2. Policy D&I goals

3. Traditional social science approaches to investigating policy
   How D&I scientists can use this knowledge

4. An example: A multidisciplinary policy dissemination study to help close the research to policy gap

RESEARCH TO POLICY GAP

The failure to translate research findings into real-world, evidence-informed policies

RESEARCH TO POLICY GAP

Population- & individual-level harms from non-evidence-based care

- Prevalence of low-value healthcare services[1]
  - Scans, lab tests, inappropriate prescribing
- Health system costs: 30% of care provided in the US constitutes unnecessary services[2]

- Ex: High risk of depression, suicidality when gender affirming care is limited/banned[3]
- Ex: Negative outcomes associated with receiving care in settings that do not offer evidence-based substance use treatment[4]
  - Downplay substance use, pain
  - Delay seeking care, disengage from treatment

Low-Value Care

Sources: (1) Morgan DJ et al. 2018 update on medical overuse. JAMA Intern Med. 2019;179(2):240–6. (2) Smith M et al. *Best care at lower cost: The path to continuously learning health care in America.* Washington, DC: National Academies Press. 2013. (3) Dolotina B, Turban JL. A Multipronged, Evidence-Based Approach to Improving Mental Health Among Transgender and Gender-Diverse Youth. *JAMA Netw Open.* 2022;5(2):e22092. (4) Biancarelli DL et al. Strategies used by people who inject drugs to avoid stigma in healthcare settings. Drug Alcohol Depend. 2019;1;198:80-86. 6.

'IF POLICYMAKERS WOULD JUST LISTEN TO RESEARCHERS, WE WOULD HAVE EVIDENCE-BASED POLICIES' — *an unhelpful, 'no go zone' argument*

No go zone, in irons, dead zone, full stop, aka not productive!
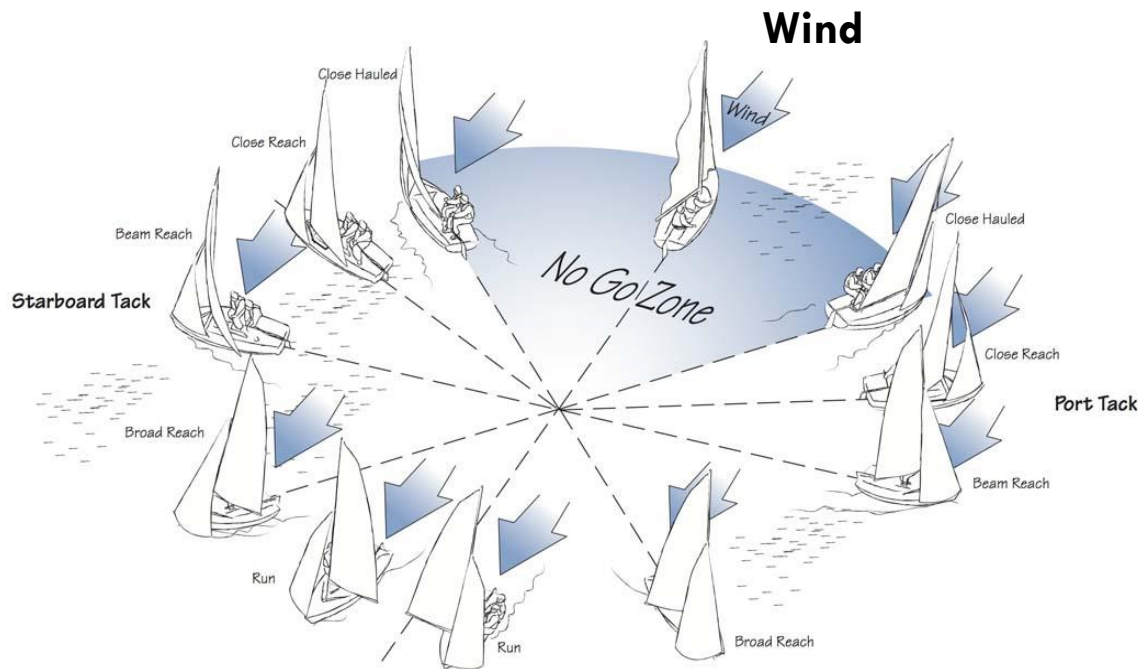
- What do we mean by 'policymakers'?
- Are researchers communicating well/at all?
  - Science says 'no'[1]
  - If we exclusively blame policy actors, then researchers don't have a good argument for testing new dissemination strategies
- There is no such thing as 'evidence-based policy'!
  - Policies are informed by A LOT of things (evidence, cost, values, politics, partisanship, societal norms...)

Source: (1) Oliver K et al. A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Services Research*. 2014;14:2.

THE RESEARCH TO POLICY GAP…

Weak dissemination plans, outcomes reported in language that is not useful

Little relevance to current policy issues

Overshadowed by special interest groups

…IS A (D&I) RESEARCHERS' PROBLEM TO SOLVE

THE NEED FOR POLICY-LEVEL STRATEGIES & INTERVENTIONS

A policy-level implementation strategy?!?

- D&I science has traditionally
  - Focused on midstream quality & care gaps
  - Conceptualized policy as a distal 'outer context/setting' factor
    - A nuisance variable
- Considering policy helps identify upstream interventions, implementation strategies

Source: Public Health Sudbury & Districts www.phsd.ca

POLICY DISSEMINATION & IMPLEMENTATION SCIENCE
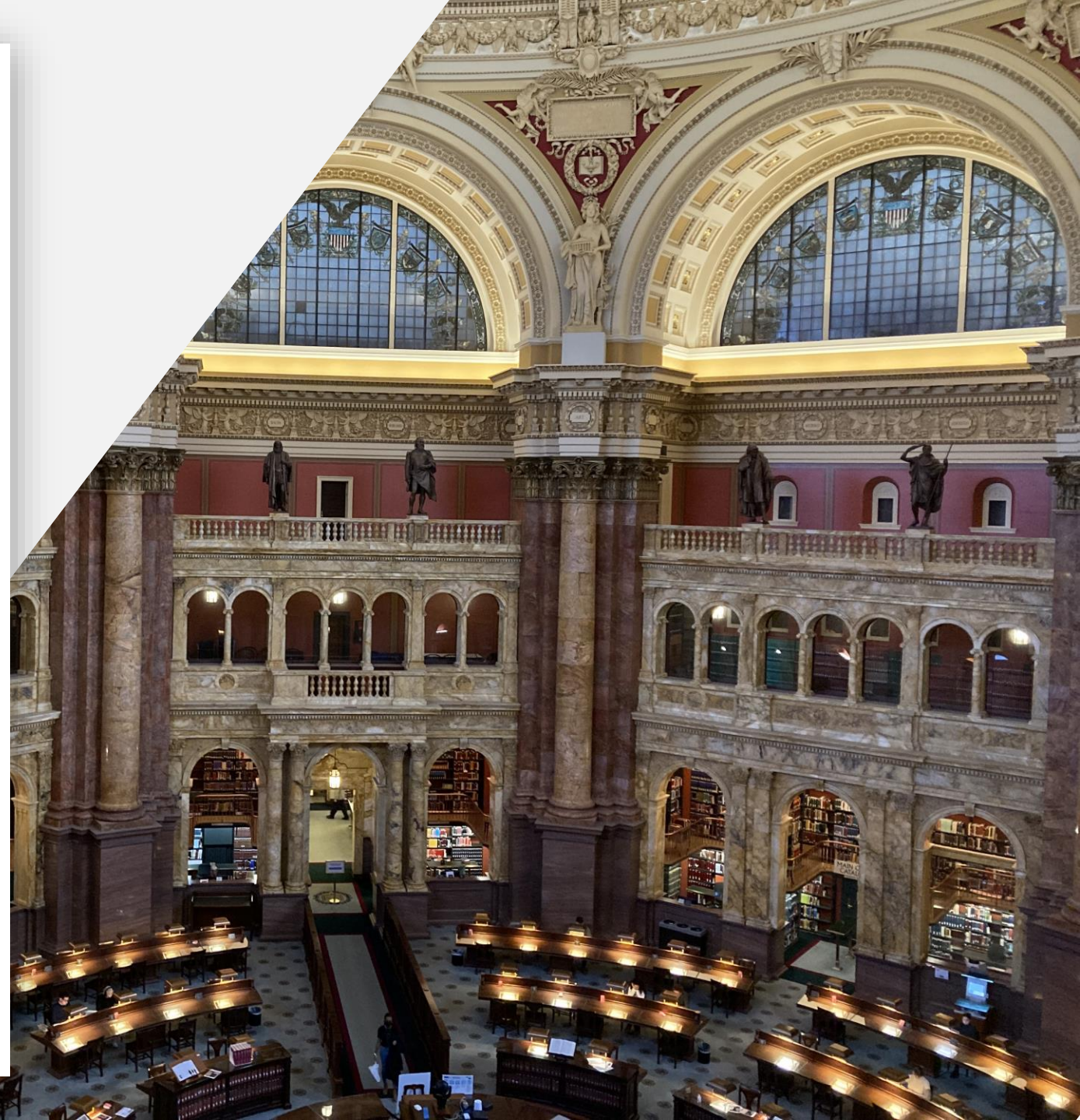
Definitions & Goals

DISSEMINATION SCIENCE:

"Scientific study of targeted distribution of information & intervention materials to a specific public health or clinical practice audience"[1]

POLICY DISSEMINATION SCIENCE:

Investigates the most effective processes for communicating evidence to policymakers so that it is used in decisions that impact public health[2-3]

Sources: **(1)** NIH, https://grants.nih.gov/grants/guide/pa-files/PAR-19-274.html. **(2)** Hoagwood KE et al. Aligning dissemination and implementation science with health policies to improve children's mental health. *Am Psychol*. 2020;75(8):1130-1145. **(3)** Brownson RC et al. Implementation science should give higher priority to health equity. *Implement Sci*. 2021;16(1):1-16.

IMPLEMENTATION SCIENCE:
"Scientific study of the use of strategies to adopt & integrate evidence-based health interventions… to improve individual outcomes & benefit population health"[1]

POLICY IMPLEMENTATION SCIENCE:
Investigates effective strategies and processes by which evidence-based policies are put into routine practice[2-3]

Sources: **(1)** NIH, https://grants.nih.gov/grants/guide/pa-files/PAR-19-274.html. **(2)** Hoagwood KE et al. Aligning dissemination and implementation science with health policies to improve children's mental health. *Am Psychol.* 2020;75(8):1130-1145. **(3)** Brownson RC et al. Implementation science should give higher priority to health equity. *Implement Sci.* 2021;16(1):1-16.

TYPES OF POLICY DISSEMINATION & IMPLEMENTATION STUDIES[1]

- **Formative studies of policymakers**
  - Policymakers' awareness, attitudes, preferences for receiving evidence
  - Contextual factors that influence policymaker behavior
- **Dissemination effectiveness studies of policymakers**
  - Test dissemination strategies for their ability to change policymakers' knowledge, awareness, behavior using evidence
- **Policy process implementation studies**
  - Process used to implement a policy
  - Determinants of policy implementation
  - Perceptions of implementation strategies
- **Policy impact implementation studies**
  - Test implementation strategies for their effectiveness

LET'S NOT GET AHEAD OF OURSELVES…

Policy implementation is not a new field of study

- Let's hit 'pause' on the desire to create 'new' theories, methods, or approaches

- Need to reflect on existing theories, research
  - Leverage what works
  - Offer new approaches that address known limitations

- An opportunity to really dig deep into D&I's multidisciplinary roots & advance research

TRADITIONAL SOCIAL SCIENCE APPROACHES TO INVESTIGATING POLICY

A CAVEAT

- What this is not:
  - An exhaustive history of policy research across the social sciences
- What this is:
  - A summary of some major theories, concepts that relate to D&I issues
  - A way to make policy research (hopefully) feel:
    - Less boring
    - Less scary
    - Less 'where do I even start?'

TOP-DOWN & BOTTOM-UP APPROACHES[1]

Characteristics	Top-Down	Bottom-Up
Approach	Policy is made, examine extent to which a policy is implemented and mandated over time.	Policy might not exist yet, investigate which actors are engaging around an issue & their activities.
Outcomes of Interest	• Consistency between policy goals & actions of implementers • Policy adaptations over time • Determinants of implementation success	• Strategic interactions among diverse actors in the policy network • Formulation, implementation strategies • Not: implementation outcomes
Limitations	• Start w/ top decision-makers, ignore other actors • Focused on 1 policy, doesn't explain the policy environment or policy formulation activities • What about local imp. strategies?	• Limited understanding of influence from leadership/central government • Who is not in the room? • Exploratory - hard to advance theory around relationships
Key variables	• Socioeconomic, media attention, public support, constituent attitudes, political will	• Anything relevant to the problem, policy

Source: **(1)** Sabatier PA: Top down and bottom up approaches to implementation research: a critical analysis and suggested synthesis. *J Public Policy*. 1986, 6: 21-48.

DESCRIBING THE IMPLEMENTATION GAP[1,2]

Different perspectives & goals

- Top-Down Policy Implementation Research:
  - Degree to which policy implementation complied with written goals

- Bottom-Up Policy Implementation Research:
  - Unintended consequences of policy implementation failure; Factors that contributed to poor compliance

- D&I Science:
  - Origins in evidence-based medicine
  - The poor use of evidence in policy, poor implementation of evidence-informed policies
  - A reason to intervene

Source: (1) Sabatier PA: Top down and bottom up approaches to implementation research: a critical analysis and suggested synthesis. *J Public Policy*. 1986, 6: 21-48. (2) Nilsen P, Ståhl C, Roback K, Cairney P. Never the twain shall meet? - a comparison of implementation science and policy implementation research. *Implementation Sci*. 2013, 8;63.

COMPLEXITY THEORY IN PUBLIC ADMINISTRATION & POLITICAL SCIENCE[1,2]

- Policymaking & implementing are dynamic, non-linear processes *(sounds familiar!)*

- Policy actors behave based on their institutional roles, rules & self-organizing capacity
  - Policies are reinterpreted at local levels
  - *Multiple levels to intervene w/ D&I strategies*

- Context matters, a lot
  - What's going on in the landscape? How does it influence or get influenced by policy actors, governing institutions, policymaking processes?
  - Policy actor effectiveness depends on ability to adapt to external forces and landscape changes
    - *Landscape analysis to explain multi-level outer & inner contexts*

Shift from examining components of policymaking & implementing…

…To investigating the dynamic, interrelated network of factors that emerge (e.g., policy networks) & interact to produce system behavior

PSMG Virtual Grand Rounds — 5/16/23   @ErikaCrable

Sources: **(1)** Teisman GR, Klijn E. Complexity theory and public management: An introduction. *Public Management Review.* 2008;10:287-297. **(2)** Cairney P. Complexity theory in political science and public policy. *Political Studies Review.* 2012;10:346-358.

BOUNDED RATIONALITY, INCREMENTALISM & PUNCTUATED EQUILIBRIUM

Useful for thinking about policy D&I questions

Lots of inputs: data, stories, votes, partisanship

Avoid catastrophic outcomes, unintended consequences

Settle for something satisfactory

- Bounded Rationality[1,2]: Policymakers can only pay attention to a small number of issues & information inputs at a given time, must make satisfactory decisions not the 'best' decisions
  - *How do researchers ensure that evidence is considered?*

- Policy change is small and incremental
  - *Frustrating researchers who want to show immediate results*
  - Bounded Rationality Incrementalism[2]: Policy actors are unable to process a ton of information so there is a tendency to build on past policy rather than creating new big ideas

Sources: **(1)** Bendor J. Bounded rationality. International Encyclopedia of the Social and Behavioral Sciences. 2001. 1303-1307. **(2)** Cairney P. Bounded rationality and the psychology of policymaking. *Understanding public policy: theories and issues.* 2nd ed. 2020. Bloomsbury Academic.

BOUNDED RATIONALITY, INCREMENTALISM & PUNCTUATED EQUILIBRIUM

Useful for thinking about policy D&I questions

Punctuated Equilibrium

2 punctuations with radical changes

Change

Time
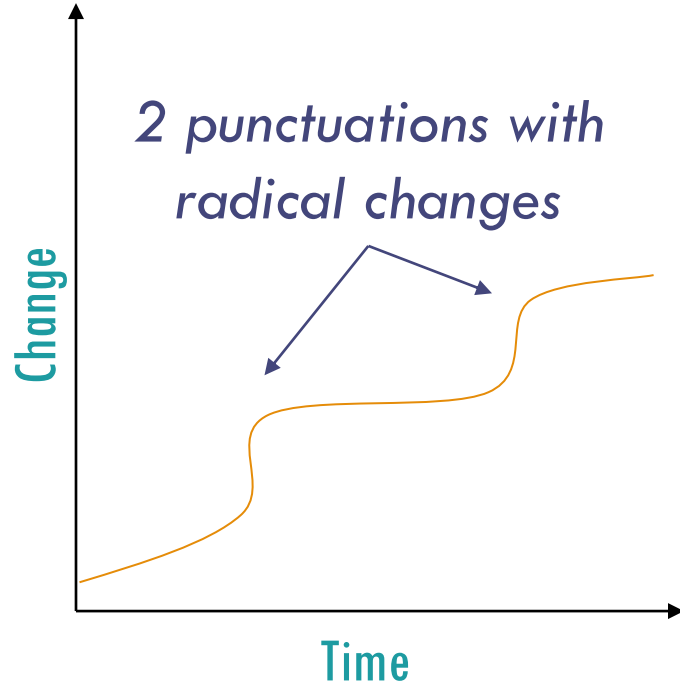
- Policy Succession[1]: Policymaking is more about policy termination/replacement, less about creation.
  - *What could this mean for how/when researchers share evidence, how we design sustainment strategies?*

- Punctuated Equilibrium[2]: Policies tend to have long periods of stability punctuated by shorter periods of big changes
  - *Helps explain why policy actors/institutions are sometimes more receptive to evidence & big changes vs. incrementalism*

Sources: (1) Hogwood BW, Peters G. The dynamics of policy change: Policy succession. *Policy Sciences*. 1982;14:225-245. (2) National Collaborating Centre for Healthy Public Policy. An introduction to punctuated equilibrium. 2018.

KINGDON'S MULTIPLE STREAMS FRAMEWORK

- Three streams need to come together for policy change to happen[1]
  - Problem Stream
  - Policy Stream
  - Politics Stream
- Great for observing what happened, what might happen based on observed factors
- *What if we want to intervene with dissemination or implementation strategies to make these streams come together?*

Source: (1) Kingdon, J. W., 1984, *Agendas, Alternatives and Public Policies* (Boston: Little, Brown and Company).

RECOMMENDATION: ADAPT D&I FRAMEWORKS TO MEANINGFULLY ADDRESS POLICY-RELEVANT FACTORS[1]

- **Not covering the recommendations today!** Discussed in recent IPHAM & UCSD DISC presentations (recorded)

- Recommendations are illustrated using EPIS, but applicable to any D&I theory, model, framework

- Recommendations consider non-linear policymaking processes, landscape dynamism, roles & limitations of policy actors
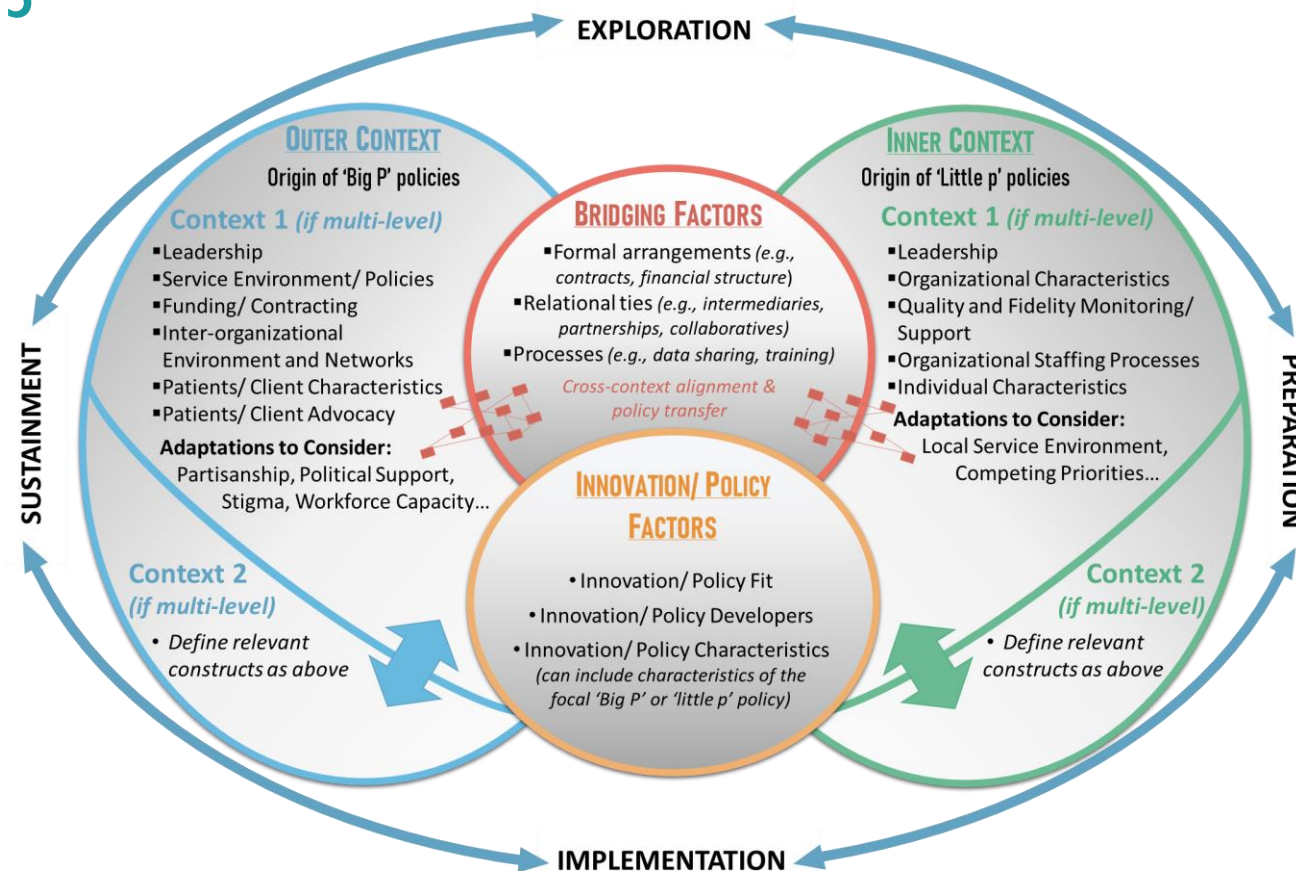
Source: **(1)** Crable EL, Lengnick-Hall R, Stadnick NA, Moullin JC, Aaron GA. Where is "policy" in dissemination and implementation science? Recommendations to advance theories, models, and frameworks: EPIS as a case example. *Implement Sci.* 2022;17, 80.

JOURNAL ARTICLE

Politics and health: policy design and implementation are even more neglected than political values? FREE

Ken Judge

European Journal of Public Health, Volume 18, Issue 4, August 2008, Pag

BMJ 2012;344:e1316 doi: 10.1136/bmj.e1316 (Published 27 February 2012)

Scientific evidence alone is not sufficient basis for health policy

Keith Humphreys and **Peter Piot** argue that basing health policy solely on evidence is i contrary to the essence of policy development and even potentially dangerous

JOURNAL ARTICLE

Politics and health: a neglected area of research

Vincent Navarro

European Journal of Public Health, Volume 18, Issue 4, August 2008, Pages 354–355

ELSEVIER

Public Health

journal homepage: www.elsevier.com/locate/puhe

Short Communication

Public health and political science: challenges and opportunities for a productive partnership

P. Fafard [a, b, *], A. Cassola [b]

JOURNAL ARTICLE

Public health policy research: making the case for a political science approach FREE

Nicole F. Bernier ✉, Carole Clavier

Health Promotion International, Volume 26, Issue 1, March 2011, Pages 109–116,

IJHPM
International Journal of Health Policy and Management

Perspective

Why and How Political Science Can Contribute to Public Health? Proposals for Collaborative Research Avenues

France Gagnon[1]*, Pierre Bergeron[2], Carole Clavier[3], Patrick Fafard[4], Elisabeth Martin[5], Chantal Blouin[2]

Never the twain shall meet? - a comparison of implementation science and policy implementation research

Per Nilsen ✉, Christian Ståhl, Kerstin Roback & Paul Cairney

Implementation Science **8**, Article number: 63 (2013) | Cite this article

26k Accesses | **133** Citations | **42** Altmetric | Metrics

AN EXAMPLE OF MULTIDISCIPLINARY POLICY DISSEMINATION RESEARCH

Policy dissemination strategies to improve the use of evidence in Medicaid benefits for OUD treatment

NIDA K01DA056838-01

(PI: Crable)

FOCAL EBP: MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

Safe, effective, & underused

- Evidence-based treatment for opioid use disorder (OUD)

- Treatment with MOUD is associated with
  - Reduced opioid misuse[1,2]
  - Reduced overdose[3,4]
  - Reduced opioid-related morbidity[3,4]
  - Increased treatment retention[5]
  - Recovery for adults and youths[6]

- Only 48% adult & 4.7% youth Medicaid/CHIP members living with OUD receive MOUD[6,7]

Sources: **(1)** Mattick RP et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane database Syst Rev.* 2009;2009(3). **(2)** Mattick RP et al. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane database Syst Rev.* 2014;2014(2). **(3)** Wakeman SE, Larochelle MR, Ameli O, et al. Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Netw open.* 2020;3(2):e1920622. **(4)** Larochelle MR, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality: A cohort study. *Ann Intern Med.* 2018;169(3):137. **(5)** Timko C, et al. Retention in medication-assisted treatment for opiate dependence: A systematic review. *J Addict Dis.* 2016;35(1):22. **(6)** Hadland SE et al. Trends in receipt of buprenorphine and naltrexone for opioid use disorder among adolescents and young adults, 2001-2014. *JAMA Pediatr.* 2017;171(8):747. **(7)** Donohue J et al. O*pioid use disorder among Medicaid enrollees: Snapshot of the epidemic and state responses (Issue Brief #9373). KFF*; 2019.

MISALIGNMENT BETWEEN POLICY & EVIDENCE[1]

Federal policy

- SUPPORT Act (federal policy) requires MOUD coverage

State policy

- Medicaid agencies have flexibility in how they design & implement benefits
- Which formulations are covered, how much

Organizational policy

- Medicaid managed care organizations (MCOs)

**Policy Dissemination Question:** How can tailored dissemination strategies to multi-level policy actors promote evidence-informed MOUD benefit designs?

Source: **(1)** Crable, EL, Grogan CM, Purtle J, Roesch SC, Aarons GA. Tailoring dissemination strategies to increase evidence-informed policymaking for opioid use disorder treatment: study protocol. *Implementation Science Communications.* 2023;4:16.

POLICY DISSEMINATION STRATEGIES TO IMPROVE THE USE OF RESEARCH EVIDENCE IN MEDICAID BENEFITS FOR OUD TREATMENT

NIDA K01DA056838

(PI: Crable)

Aim 1

Aim 2

Aim 3
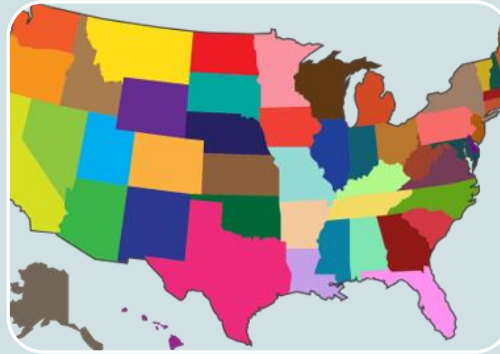
- National survey of Medicaid & MCO policy actors
- Summarize evidence use behaviors & preferences re: MOUD benefit policies

- Empirically identify distinct groups of Medicaid agencies & MCOs with similar evidence-use processes, preferences

- Design & test dissemination strategies tailored to each latent group

  Can we improve how researchers disseminate info & ↑ policy actors' use of evidence?

MULTIDISCIPLINARY RESEARCH CONSIDERATIONS[1]

Policy Research Considerations	Policy D&I Considerations
Multi-level Governance & Federalism	- Multi-level outer & inner contexts (Federal government, CMS, state, Medicaid program, MCOs) - Policy implementation outcomes look different across levels
Street-level Bureaucrats	- Which Medicaid program & MCO staff members are making decisions about MOUD benefits?
Policy Networks	- Who are the trusted intermediaries sharing information with these decision-makers? - Should they be recipients of dissemination strategies?
Bounded Rationality	- What kind of information can we disseminate to promote evidence-informed decision-making?
Punctuated Equilibrium	- Is the opioid epidemic the punctuation? Is there another factor that will compel policy actors to make policy changes (e.g., new leadership)? - When should the dissemination strategies be used?

ADAPTED EPIS FRAMEWORK[1]

EXPLORATION

How they are design & used depends on all those considerations from the last slide
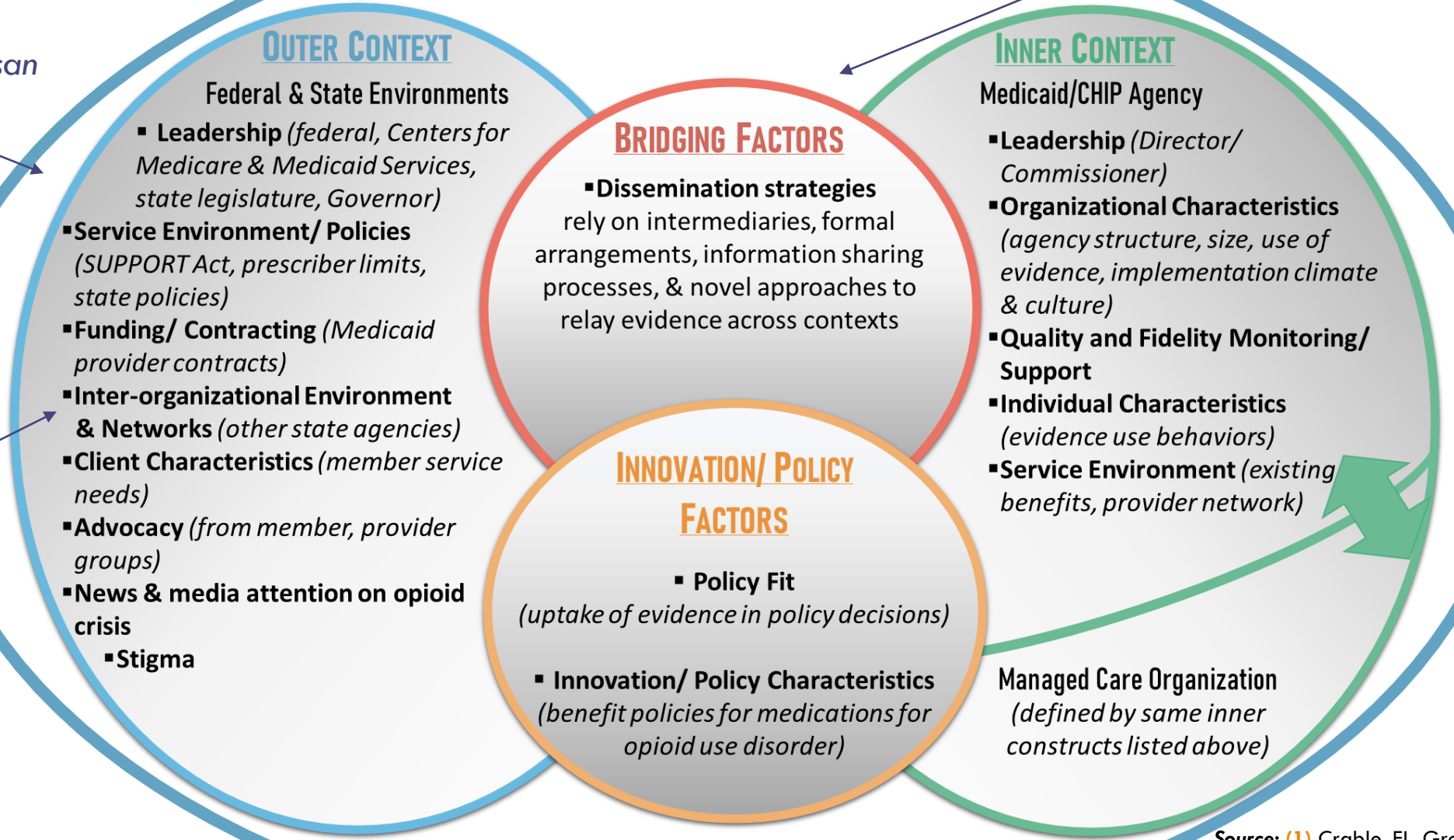
Measuring partisan influences

Potential policy networks

SUSTAINMENT

PREPARATION

OUTER CONTEXT
Federal & State Environments

- **Leadership** *(federal, Centers for Medicare & Medicaid Services, state legislature, Governor)*
- **Service Environment/ Policies** *(SUPPORT Act, prescriber limits, state policies)*
- **Funding/ Contracting** *(Medicaid provider contracts)*
- **Inter-organizational Environment & Networks** *(other state agencies)*
- **Client Characteristics** *(member service needs)*
- **Advocacy** *(from member, provider groups)*
- **News & media attention on opioid crisis**
  - **Stigma**

BRIDGING FACTORS

- **Dissemination strategies** rely on intermediaries, formal arrangements, information sharing processes, & novel approaches to relay evidence across contexts

INNOVATION/ POLICY FACTORS

- **Policy Fit** *(uptake of evidence in policy decisions)*

- **Innovation/ Policy Characteristics** *(benefit policies for medications for opioid use disorder)*

INNER CONTEXT
Medicaid/CHIP Agency

- **Leadership** *(Director/ Commissioner)*
- **Organizational Characteristics** *(agency structure, size, use of evidence, implementation climate & culture)*
- **Quality and Fidelity Monitoring/ Support**
- **Individual Characteristics** *(evidence use behaviors)*
- **Service Environment** *(existing benefits, provider network)*

Managed Care Organization
(defined by same inner constructs listed above)

IMPLEMENTATION

Source: (1) Crable, EL, Grogan CM, Purtle J, Roesch SC, Aarons GA. Tailoring dissemination strategies to increase evidence-informed policymaking for opioid use disorder treatment: study protocol. *Implementation Science Communications.* 2023;4:16.

WAYS TO BUILD ON ESTABLISHED KNOWLEDGE

- Policy D&I offers frameworks & strategies to think about how to intervene in the policymaking or implementing processes

- D&I outcomes offer different policy outputs to measure, but might not cover everything we need to know
  - Evidence use capacity
  - Other outcomes of interest from public admin, poli sci, other social sciences?

- Multidisciplinary team science is more fun, creative!

Option 1: Multidisciplinary teams investigating policy D&I
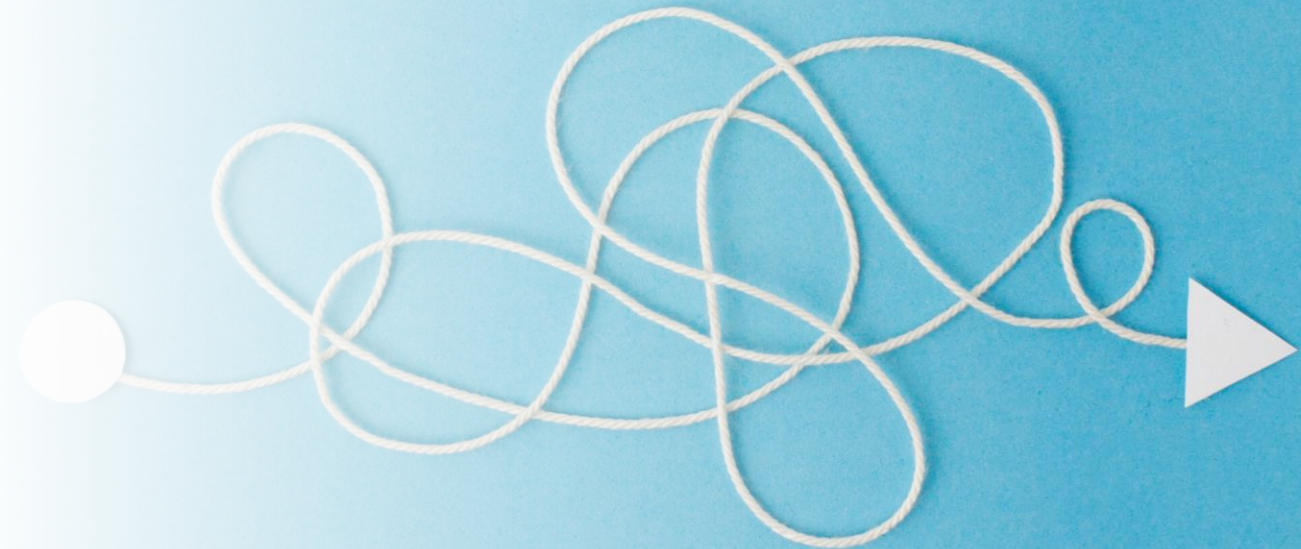
Option 2: Single discipline investigations & knowledge re-creation

THANK YOU

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Discussion Questions

1. How are you addressing policy/policy-level factors in your work? Any hesitations?

2. Thoughts on policy change as a research outcome?
   E.g., adoption of an evidence-informed policy, de-implementation of policy that promotes non-evidence-based approaches

3. Context matters, so why are we so hesitant to talk about politics & values in research settings?