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## Summary

Advisory Council on Health Research. Research that matters. Responsiveness of university medical centers to issues in population health and health care. The Hague: Advisory Council on Health Research (RGO), 2007; publication no. 57.

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### Priority setting in health research

This advisory report concerns the responsiveness of health care research carried out by Dutch University Medical Centres (UMCs). Responsiveness is taken to mean the degree to which, or the manner in which, UMC research programmes respond to public health and health care issues. The report investigates the following questions put to the Advisory Council on Health Research (*Raad voor Gezondheidsonderzoek*, RGO) by the Dutch Ministry of Health, Welfare and Sport (*Ministerie van Volksgezondheid, Welzijn en Sport*, VWS): how do UMCs draw up their research agendas, and what is the best way to ensure sufficient emphasis on major issues in population health and health care? These questions arose from the observation by the ministry that a relatively large part of the research capacity appeared to be assigned to certain topics such as cardiovascular disease and oncology, while other areas such as public health, were given far less research coverage. In an interim report preceding the present one, the RGO defined the concept of 'responsiveness' and subsequently analysed the responsiveness of UMCs within a number of research fields. This report is an extension of this preliminary work.

The mission statements drawn up by the UMCs suggest that they consider it their duty to make a contribution to the improvement of population health and health care through their research. The responsiveness of the UMCs is visible at two stages in the research process. Firstly, responsiveness can be detected in the

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choice and formulation of the research subject: to what extent do these reflect societal health care issues? Secondly, responsiveness is seen in how the research results are translated into potential applications within the health care system and beyond.

### Various groups, various questions

Research results are important to various groups within the health care system. These include patients/clients or (in case of prevention) citizens, health care professionals, health care institutions, health insurers, industry (i.e. suppliers of equipment or medicines, etc.), and finally, at various levels, the government. All these groups have different issues and the degree of organization within the groups varies too. When considering the responsiveness of UMCs, the following questions should be addressed: for *who* is the research responsive and *in what way* is the research responsive? It could be that it focuses on a certain disease, but it could also focus on prevention, cure or care. These and other aspects of research programmes deserve attention.

### Three case studies

The RGO has investigated which mechanisms determine the UMCs' research agenda. Various factors intrinsic and extrinsic to science which influence the UMCs research programmes can be identified. Push factors, i.e. those intrinsic to science, are factors which are inherent to the research world, such as the available infrastructure, international and national trends within the research field and the UMC's research policy. Influences stemming from patient care, external financing and explicit societal needs are characterised as extrinsic or pull factors. The RGO has investigated the anticipated influence of these factors in the following three case studies: rehabilitation research, research in the field of occupational health and diabetes mellitus research. These studies confirm the role of science's intrinsic and extrinsic factors. They also reveal that while the UMCs are indeed responsive, the degree of responsiveness varies. It is strongly influenced by:

- the availability of external financing
- the existence of a specified societal need and a societal platform
- the visibility of patient flows within clinical practice.

The visibility of patient flows played an important role in the development of diabetes research, as general practitioners and specialists became confronted by a

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growing group of diabetes patients. International trends also play a role in scientific research, as does the UMC's research infrastructure. The formation of UMCs (i.e. the combination of an academic hospital and a faculty of medicine) has had a beneficial influence on the 'academisation' of rehabilitation medicine by stimulating greater interaction between research and specialist academic health care. However, not all the key issues in population health and health care automatically find their way onto the UMCs' research agenda. Limited external funding and lack of identifiable patient flow has meant that the desired structural rooting and growth of research into occupational health has only taken place in some UMCs.

### To guarantee responsiveness

The RGO concludes that, in general, UMCs are responsive. Additional (temporary) funding is the most effective way to stimulate the desired research in areas that currently receive too little attention. But the question remains whether there are other means to guarantee the responsiveness of the UMCs. The RGO has identified points of departure to answer this within the two phases of the research process in which responsiveness is expressed, namely the translation of a problem into a research topic, and the transfer of knowledge from the scientific study to the practical setting.

#### 1 Stimulate the dialogue between UMCs and stakeholders

The role of stakeholders in drawing up the research agenda and in evaluating the research could be improved. Interactions between stakeholders and researchers do already exist for research projects and research programmes. One example of this is the so called academic workshops for public health, in which universities and the municipal health centre (*Gemeentelijke Gezondheidsdienst*, GGD) work together. The RGO feels that a structured dialogue between the UMCs and stakeholders on the societal need for health research should also take place at a national level. The RGO proposes that the Dutch Federation of UMCs (NFU) should take steps to shape this dialogue and that the RGO should be involved, given its task of identifying societal needs for health research and translating these needs into priorities for health research.

#### 2 Improve the visibility of the societal impact of research

The UMCs can also safeguard and stimulate their responsiveness by reporting on the societal impact of their research. Over the past years there have been some advances in the Netherlands and other countries in measuring this impact. It would cover both the societal and economic impact of research.

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Insight into the societal impact of research will identify focal points for future research policies, and hence contribute to improving responsiveness. In addition to reporting on indicators of the scientific quality of their research, UMCs are urged to include information about the societal impact of their research in their scientific annual reports and research assessments. The RGO presents a list of indicators for the societal impact of health care research. These have been taken from methods of societal impact measurement used in the Netherlands and abroad. The indicators were assessed for validity, reproducibility, responsiveness and applicability, and the most suitable of these were then selected. To facilitate societal impact reporting, the RGO advises establishing simple databases within the UMCs and using a standard format to report on the selected indicators. To supplement the indicator reporting, it may be useful to include concrete narrative examples of research with societal implications. In view of the limited experience with societal impact measurement, the RGO recommends avoiding emphasis on the quantification of these indicators at present. Reporting should focus mainly on a qualitative analysis of the contribution that the UMCs' research makes towards solving public health and health care issues. The UMCs should present their experiences with measuring societal impact and the use of the selected indicators in five years' time.