WAIT TIME BENCHMARKS, RESEARCH EVIDENCE AND THE KNOWLEDGE TRANSLATION PROCESS

KEY MESSAGES

- Researchers and the people who use research findings can work together to rapidly inform policy, even when facing great political pressure.
- Central to making this partnership work are regular communication between researchers and policy makers, credible research findings, and the ability to deliver research results quickly.
- A trusted third party involved in the interactions between researchers and policy makers can facilitate the relationship between the two.

The following is a summary of a journal article by Diane E. Watson, Morris L. Barer, Heidi M. Matkovich and Michelle L. Gagnon, published in Healthcare Policy in 2007.

Policy-making can sometimes seem to happen in a “black box,” where a complex array of interests, ideas and values competes for attention and little insight is offered into if, how or even how much research evidence is taken into account in any given decision.

But even in a heated political atmosphere, researchers and policy makers can work together to scan available evidence in a short timeframe and use the results to create new policy. A 2007 article in Healthcare Policy looks at how this was done over a 16-month period to establish waiting time benchmarks in Canada. The article provides lessons for policy makers in how to engage researchers to get the evidence they need, when they need it.

The task

In September 2004, Canada’s first ministers agreed they would set waiting time benchmarks in five priority areas by December 31, 2005. They knew one of the most critical parts of their commitment was finding out what the research said. So, the first ministers approached the Canadian Institutes of Health Research (CIHR) in early 2005 and asked for help in looking for the evidence — fast.

Getting research teams on board

CIHR took on the challenge. By spring of that year, an international
The research committee had selected eight research teams to summarize the findings on waiting times in three priority areas: sight restoration, joint replacement and cancer care.

The researchers were asked to assemble both Canadian and international evidence on benchmarks already in use (and the research behind them) and on the relationships between patient characteristics, health services waiting times, mortality, health status and quality of life.

In October, the research teams presented their findings to the ministries of health. CIHR proceeded to bring the researchers and ministry representatives together to discuss the results in detail. Plain-language summaries of the evidence and links to the reports were posted on the ministries’ web sites by November. And on December 12, the benchmarks were announced — almost three weeks before the deadline.

**Why it worked**

One cornerstone of this partnership was the regular communication and trust that developed between CIHR and the ministries of health. In particular, senior staff at CIHR established a strong relationship with the ministries over the course of the initiative. The two worked together to fund research teams and CIHR acted as a broker in communications between the researchers and the ministries when it came to discussing the findings. This last point suggests that having a flexible, responsive and trusted third party involved in interactions between groups can be beneficial, say the article’s authors.

The ability of CIHR and the research community to accommodate the fast turnaround time was also key to the partnership’s success, the report says. So too was the health ministers’ commitment to digging up relevant research — however abundant or thin. Policy makers knew that whatever was found would give them a better picture of what was happening with benchmarks at home and abroad, and what areas need more research.

The credibility of the researchers and the strength of their findings played an important role in this success story as well. Having a rigorous selection process for the research teams made the findings more credible, and doing a broad scan of the literature produced more trustworthy evidence than single studies.

**Keeping good relationships going**

The results of this project went beyond establishing a set of waiting time benchmarks in a short timeframe. The ministries had the opportunity to develop a stronger relationship with CIHR and the researchers involved, too. This partnership took a step forward in 2006 when another research team was commissioned to look at waiting time benchmarks in cardiac care. In June of the same year, the work between CIHR and the provinces and territories continued with the launch of a second request for applications to look at benchmarks in new priority areas.

**Reference**


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