The Blueprint: Paradigm Project Updates

A Message From Dr. Simpson

Dear Colleagues,

We're getting to the bottom of things—that's how I'd sum up what's happening with the Paradigm Project this month.

The 17 Learning Community Design Teams, deeply immersed in the empathy phase of the human-centered design process, are confronting some real challenges—challenges the health services research (HSR) field simply can't afford to ignore if it is to truly evolve.

From fearless exploration of the power dynamics and cultural norms that define the status quo to exploring the incentive and value differences that make collaboration across disciplines—and even among academic departments—challenging, the Design Teams are recognizing that this stage is where the hard work of redesigning HSR begins. But it's also where our greatest opportunities lie.

To learn more, make sure you read this recent *Health Affairs* blog by Paradigm Project co-chairs Sherry Glied and Risa Lavizzo-Mourey on the importance of engaging in the "revolutionary act" of redesigning HSR.

Sincerely,

Dr. Lisa Simpson
President and CEO, AcademyHealth

Learning Community Updates

The Paradigm Project consists of 17 Design Teams, each of which are focused on responding to a particular challenge of HSR. This month, we've interviewed Steering Council member Andrew Bindman, M.D., about his Design Team's work.

Q: What is the HSR problem your Design Team is trying to solve?
A: We are looking at how the work of health services researchers can be used by audiences beyond academia, which many think of as the "traditional" HSR audience. We want HSR to be used more in

settings where its results would be directly applied—in public health departments or in health systems making decisions about operations, for example. We are also exploring how to develop the pipeline of health services researchers and create opportunities for them to participate in service-based learning in non-academic settings as a part of their training.

Q: What challenges are you uncovering as you explore this problem?
A: The "empathy phase" of human-centered design, which we're in now, involves interviewing and better understanding stakeholders who are directly affected by an issue. As we get the perspectives of non-academic HSR stakeholders, we're better able to understand the causes and potential responses to a number of existing barriers:

- Many of the resources for training and developing the pipeline of research talent are provided to academic institutions that **have their own requirements tied to publication and grants**. Meanwhile, health systems and others outside of academia have different metrics and requirements for success.

- **Many prospective end-users outside of academic settings appear to have minimal experience** using the kind of evidence developed by HSR.

- Many of these prospective end-users also think the **timeframe for developing answers to HSR-related questions is too slow**.

- **The traditional language used by the field seems to inhibit our ability to go beyond academia**. For example, we call ourselves health services researchers, but the term "research" itself may invoke a different image—like experimenting on people, for example, as opposed to things HSR actually does to support improvements in health care delivery or in health policy decision-making through the collection and analysis of data.

Q: As former director of the Agency for Healthcare Research and Quality (AHRQ), why do you think it is important for the HSR field to respond to these challenges?
A: AHRQ receives an annual funding appropriation from Congress, and Congress wants to know how AHRQ makes a difference beyond supporting academic research. The Paradigm Project provides an opportunity for the HSR community to reflect on how our work has evolved over time, and to see if we need to redirect some of our efforts so that we might have an even greater effect on health care and health.

Q: What's exciting about this work?
A: I've seen a refreshing interest in and openness to change, and that's exciting! This whole project is challenging us to think about the nature of our field and where it's headed. I'm seeing a shared sense from everyone involved that although the HSR field has done many wonderful things, it hasn't fully delivered on the promise of what it could do. I strongly sense an appetite to change the paradigm.

Learning Community Member Spotlight

Thurka Sangaramoorthy, Ph.D., M.P.H., is a cultural anthropologist whose work focuses on HIV/AIDS, immigrant health, and risk environments. She is an associate professor of anthropology at the University of Maryland, College Park, where she teaches cultural and medical anthropology, global health, social studies of science, and research methodologies. Thurka has produced several research projects and has written for outlets such as The Conversation and The Chronicle of Higher Education.

Thurka says people in her field are often left out of conversations about health and HSR, so she was pleased to be invited to join the Paradigm Project: "My work is deeply connected to many

important areas that comprise HSR, such as the organization of health care systems, interactions between health professionals and those who seek care, and the rapidly changing nature of health care delivery."

Thurka's Design Team is tackling how current academic norms and silos prevent innovation, cross-disciplinary and cross-sector engagement, and bridge-building between research producers and research users. "We must foster adequate partnerships between academics and non-academics, as well as across academic spheres, to get the right people at the table and support communities in need," she says. "I hope the Paradigm Project leads to real transformation, and that people recognize HSR goes beyond health care systems to include broader social and structural issues such as governance, human rights, equity, and the empowerment of vulnerable populations."

Featured Resource

The Paradigm Project has released its first white paper, "Innovating in the Research Funding Process: Peer Review Alternatives and Adaptations," with author Susan Guthrie of RAND Europe. The paper explores several limitations of HSR relying on peer review to assure rigor and relevance, from being time-consuming and having limited power to predict research outcomes to conservatism, inconsistency, and bias. The paper presents options to modify or replace this system, such as lotteries, self-review, and innovation prizes—although each comes with advantages and disadvantages.

INNOVATING IN THE RESEARCH
FUNDING PROCESS: PEER REVIEW
ALTERNATIVES AND ADAPTATIONS
Horizon Scan

By Susan Guthrie, RAND Europe

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