



Practice-based research and scientific evaluation within health care and social services

An analysis of scientific evidence gaps within health care and social services and LSS¹, in the year 2017

SBU POLICY SUPPORT | EVIDENCE ASSESSMENT TO SUPPORT DECISION MAKERS IN SWEDEN

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Summary

In 2017, the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) was instructed by the Swedish Government to identify areas of strategic importance within health care and social services lacking substantial scientific evidence. This work should be based on SBU observations following the evaluation of evidence in various fields of health care and social services. In addition, a gender- and equality perspective should be considered when identifying these areas.

By analyzing the SBU database for evidence gaps, SBU herein highlights the areas where a significant need for more evidence of practice-based research has been identified. Furthermore, we suggest implementing measures that can facilitate the process of prioritizing and filling these evidence gaps.

Apart from aiming to answer the question posed by the Swedish Government, this report could also be of interest to research funding bodies, scientists, universities, policy makers within health care and social services and agencies operating under the Swedish law LSS, user organisations, and other governmental agencies.

Background

Per the definition used at SBU, a scientific evidence gap exists when one or several systematic reviews of acceptable quality show an unsure effect of a method or an intervention, or when no systematic review of acceptable quality evaluating the method or intervention is to be found.

The SBU database includes evidence gaps for areas where the lack of evidence has been identified or for areas where SBU has not been able to identify a systematic review evaluating practice-based research regarding effects of different methods within the health

care or interventions supported by the laws relevant to social care and LSS. However, the database does not include evidence gaps concerning pre-clinical research.

The evidence gaps in the database are categorized according to the topic (for example pharmaceuticals or medical devices), the type of evidence needed to fill the gap, and the source of evidence gap, as well as on the age and gender of the considered population.

Method

Most of the evidence gaps listed in the SBU database have been identified through systematic reviews conducted by SBU or national guidelines provided by The National Board of Health and Welfare (Socialstyrelsen) between 2009 and 2016. Therefore, the content of the database reflects the areas investigated by SBU or Socialstyrelsen. It should thus be taken into consideration that this report does not include evidence gaps within areas that are not included in the SBU database.

Among the areas with evidence gaps in the SBU database, the project group working with this report has chosen those which SBU has identified to be of strategic importance for practice-based research and scientific evaluations. These areas have been chosen based on the SBU ethical guideline for prioritizing scientific evidence gaps, in addition to other factors associated with equity in health and social care. Ethical and economical perspectives are also discussed in the full report.

Results

The contents of SBU's database are described in this report. In total, there were 1733 scientific evidence gaps following the analysis conducted on the 20th of March 2017. A substantial number of gaps were observed in the categories pharmaceuticals, medical devices, prevention of diseases, psychiatry and psychology, and oral disease. The majority of these evidence

¹ *Services provided with the support of the law regulating support and service to persons with certain functional disabilities*

gaps can be filled by undertaking practice-based studies.

The analyses of the SBU database did not show any clear difference in gender equality, since most gaps include both men and women.

Areas not evaluated or only partly evaluated by SBU and holding few or no evidence gaps in our database might need to be evaluated in future systematic reviews or systematic maps.

Strategical areas

The following areas that contain substantial amounts of evidence gaps were considered to be of strategic importance:

- children and young adults
- older adults
- social services and operations working under the Swedish law LSS

These areas were chosen based on the content of the database, as well as SBU's ethical guidelines for prioritizing scientific evidence gaps and other factors associated with equity in health and social care. Within these strategic areas there are certain topics that exhibit a substantial amount of evidence gaps. These topics are listed in the full report.

Possible activities to increase the benefits of practice based research

SBU believes that there is a need for a more distinct connection between identifying evidence gaps and the filling of those. For this to be achieved, a better collaboration between many different stakeholders is required (Figure 1). It is also of great importance that relevant bodies participate in the prioritization of the most relevant research. Important groups are users and their relatives, user organisations, governmental agencies, universities, research groups, research funding bodies, professionals within health care, social services and LSS, as well as representatives of county councils and municipalities. The strategies that could strengthen the use of practice-based research are:

Ensure that the research question has not already been addressed

- All practice based research studies within health care and social services and LSS should refer to an up-to-date systematic review (published within three years) showing that the research question addressed by the study is an evidence gap. If such a systematic review is older than three years or if there is no review to be found, a systematic review

should be carried out or updated in order to verify the evidence gap.

- PhD-thesis for practice-based research within health care, social services and LSS should include a systematic review of the area of interest before determining the research questions.

Increase the influence from those affected by the research (relevant professionals, users and their relatives), for all research-related questions.

- Active participation from affected parties should take place when prioritizing research funding.
- Demand that studies include user's participation when establishing the study design.
- Scientific research and methodology should be included in the education for all professionals within health care, social services and LSS.
- Educate users and other representatives of the society in order to secure that they hold a sufficient knowledge regarding the research questions and research methodology.
- Make sure that those directly affected by the research can easily access the results of the study. It is also important that it is written in an understandable manner.

Aim for financial funding of prioritized research questions

- Direct research calls toward prioritized research areas/questions.
- Provide structured support to research fields with substantial evidence gaps where researchers do not apply for research funding or are not granted research funding. An example of an area that needs support is dentistry, for which a supporting model has been developed.

Relate the findings to studies included in a systematic review

- Research funding bodies can provide financial support to researchers so that they can conduct a systematic review after the completion of a primary study.

Implement new knowledge

- Increase the support for implementation of effective methods and withdrawal of ineffective methods used in the practice.



Figure 1 The evidence wheel, activities to increase the benefits of practice based research.

Project group

Karin Rydin, Project Manager, SBU
 Maria Ahlberg, Project Administrator, SBU
 Christel Hellberg, Assistant Project Manager, SBU
 Pia Johansson, Health Economist, SBU

Lars Sandman, Ethics, Linköping University
 Sofia Tranæus, Head of Department, SBU
 Lena Wallgren, Assistant Project Manager, SBU
 Marie Österberg, Assistant Project Manager, SBU

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www.sbu.se/en • registrator@sbu.se

English Translation: Helena Domeij, SBU
 Graphic Design: Anna Edling, SBU