Innovative EBP Utilization in Nursing Education: Teaching Health Policy using an Evidence-informed Health Policy Model
Jacqueline M. Loversidge, PhD, RNC-AWHC, CNS

Outcome:
- Will be able to use an adaptation of an EBP model (the EIPH Model) for teaching health policy.
  – (and be convinced it will work!)

Evidence Based Practice: A Review of Basics

Evidence-based practice (EBP) integrates the following components as a way to facilitate clinical decision making:

- The best research evidence;
- Clinical expertise; and
- Patient values & preferences

EBP is not research – it is a paradigm – a problem solving approach to clinical decision-making
Melnyk & Fineout-Overholt (2010)

Image source: finnstyle.com
Levels of Evidence (Hierarchical)

- **Level I**: A systematic review or meta-analysis of all relevant RCTs
- **Level II**: Relevant RCTs
- **Level III**: Well-designed controlled trials w/o randomization
- **Level IV**: Well-designed case-control & cohort studies
- **Level V**: Systematic reviews of descriptive & qualitative studies
- **Level VI**: Single descriptive or qualitative studies
- **Level VII**: Opinion of authorities and/or reports of expert committees

Is the term “Evidence-based Policy” an oxymoron?

Pretending that politics and science do not coexist is foolish, and cleanly separating science from politics is probably neither feasible nor recommended.

Madelon Lubin Finkel, PhD
Making the Transition from Clinical Settings to Political Milieus

The Logic Behind Adapting an EBP Model for Use in Health Policy

- Educators held accountable for:
  - Including health policy and advocacy concepts and content
  - Creating learning environments (vs. teaching content only); and . . .
- Both educators and students increasingly familiar with EBP models for solving clinical problems

The Logic Behind Adapting an EBP Model for Use in Health Policy

- EBP models are process-oriented models for addressing clinical problems
- EIHP model is an adaptation of EBP
  - a process-oriented model for addressing policy problems
Extending the Utility of EBP: Adapting for Health Policy Impact

- European countries and Canada have been early adopters—extensively applying evidence to development of health policy.
- Health policy environment is complex (in more ways than clinical environment):
  - Many stakeholders: policymakers, interest groups, lobbyists, citizens/constituents, scientists, etc.
  - Many differing points of view
  - Inflexible schedules: e.g., Congressional session, Legislative session calendars, budget cycles.
  - Economic indicators/politics may outweigh strength of evidence.
  - Politics at play; partisanship.
- So, term “Evidence-informed” not “evidence-based” used.

Loversidge, 2016b

Rationale for the term “Evidence-informed” (rather than “Evidence-based”)

- Acknowledges the realistic boundaries of the use of evidence in health policy:
  - Impact is indirect.
  - Intention of use of evidence is to inform, influence, or mediate dialogue between stakeholders.
- Recognizes the highly political, rapidly changing policy environment, that depends on “non-changeables” such as:
  - Limited budgets.
  - Timing of Congressional/legislative cycles.
- Acknowledges an emerging global standard:
  - Term “evidence-informed” began to replace “evidence-based” in health policy around 2005.
  - WHO EVIPNet Knowledge Translation Platform established; and
  - Began advancing the systematic use of evidence in health policy making.


Two Additional Policy Environment “Attributes”
Evidence-informed Health Policy Model

... combines the use of the best available evidence and issue expertise with stakeholder values and ethics to inform and leverage dialogue toward the best possible health policy agenda and improvements.
Loversidge, 2016a, p. 27

A Model for Evidence-informed Health Policy
Adapted from Melnyk & Fineout-Overholt, 2015
Loversidge, J. M. (2016b), p. 29

- Best Research Evidence
  - Evidence-informed, relevant theories
  - Best evidence from opinion leaders, expert panels, etc.
- Data from professional associations, HC orgs., government agencies
- Professions’ understanding/experience w/ issue, e.g. data from prof. assoc. testimony
- Other available resources/data related to potential Q & S or practice/consumer issues
- Health care providers
- Policy shapers
- HC consumers & consumer protection/interest groups
- HC organizations
- Government agencies responsible for implementation
- Other stakeholders

The Steps of Evidence-informed Health Policy

Step 0: Cultivate a Spirit of Inquiry in the Policy Culture or Environment
Step 1: Ask the Policy Question in the PICOT format
Step 2: Search for and Collect the Most Relevant Best Evidence
Step 3: Critically Appraise the Evidence
The Steps of Evidence-informed Health Policy
Loversidge, JM (2016a), pp. 29-30

- Step 4: Integrate the Best Evidence with Issue Expertise and Stakeholder Values and Ethics
- Step 5: Contribute to the Health Policy Development and Implementation Process
- Step 6: Frame Policy Change for Dissemination to the Affected Parties
- Step 7: Evaluate the Effectiveness of the Policy change and Disseminate the Findings

Start by Identifying the Policy Problem
(Part of Step 0 – Spirit of Inquiry)

Clinical Problem:
- Children and adolescents are becoming increasingly creative using OTC drugs as recreational drugs . . .
- One of these drugs is dextromethorphan (DXM), a hallucinogen when taken in larger than recommended dosage amounts
- DXM is in Robitussin and other cough/cold products
- Clinicians who work with patients in these age groups need to be aware of the issue, and take measures in their practice to make appropriate assessment and provide relevant care.

Health Policy Problem:
- Children and adolescents are becoming increasingly creative using OTC drugs as recreational drugs . . .
- One of these drugs is dextromethorphan (DXM), a hallucinogen when taken in larger than recommended dosage amounts
- Children and adolescents in Ohio have unrestricted legal access to and can purchase OTC drugs containing DXM
- FYI – HB 73 (Rezabek (R) & Koehler (R) was introduced February 2017 & referred to House Health Committee – would prohibit sale under age 18. Violation would constitute a minor misdemeanor.

Step 1: What does the P.I.C.O.T. mean? (Health Policy Version)
- **P** = Population
  - E.g. citizen population affected by the policy (could be a health provider group)
- **I** = Intervention or issue of interest
  - A new or revised law, regulation or other type of policy
- **C** = Comparison
  - What currently exists; current law or rule; current policy.
  - Is the law/rule silent? Is there no policy at present?
- **O** = Outcome (Outcome of interest)
  - E.g. expected outcome/result of policy implementation
- **T** = Time – a time frame
  - E.g. time for an intervention to achieve the outcome
  - *time frame is optional – not always appropriate or useful
Example: Health Policy Intervention PICOT Question
Naloxone Bill (HB 170, 130th GA)
Loversidge, J. M. (2016a, p. 31)

P: Persons addicted to opioids and at risk for overdose
I: Emergent administration of naloxone by family or friends
C: Naloxone administration by emergency medical services (EMS) responding to a 911 call
O: Stabilization or restoration of vital signs
T: Time between overdose onset and admission to the emergency department (ED)

For persons addicted to opioids and who are at risk for overdose, how does the emergent administration of naloxone by family or friends compared with the administration of naloxone by EMS responding to a 911 call affect the stabilization or restoration of vital signs between overdose onset and admission to the ED?

HB 170 Naloxone Bill (130th GA)
PICOT: Things to Note

- Focus on "persons" (the citizens of Ohio), not "patients"
  - Use "politically correct" language, e.g. persons with addiction, not "addicts"
- Generally use generic drug name, not trade name (bill will do so)
- Outcome is realistic, and does not engender an emotional response or overdramatize, e.g.
  - Avoid "will save thousands of lives"
  - Focus on what the bill will actually accomplish, in that moment "where it works"
- Time is appropriate here
- Helps student work backwards to clarify the issue – which is the increased incidence of death from opioid overdose, and the fact that many individuals at risk have no respirations/VS at EMS arrival.

Why ask a PICOT to answer Health Policy Questions?

Two uses:
1) To drive the literature search
2) Deconstruction of a proposed, pending, or enacted policy to analyze:
   - Who it will affect; what it intends to do

Loversidge, JM (2016a), pp. 29
Using the EIHP Model for Teaching Health Policy: The Remaining Steps 2 - 7

- Step 2: Search for and Collect the Most Relevant Best Evidence
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1. Evidence search should inform the policy problem, not focus solely on clinical issue, e.g. has policy been tried elsewhere? Current, qualified as evidence on hierarchy/pyramid.
2. Appraise for rigor, relevance to policy problem – can use appraisal tools but this is not clinical appraisal.
3. Worksheet assignment and/or discussion – identify potential stakeholders, and their potential “stake.” Force Field Analysis helpful.
4. Speculate what a logical policy that would serve the greatest number of citizens in the best way would look like.
5. What would dissemination look like? Dissemination of evidence can look non-traditional, and occur earlier – take the form of an “Elevator Speech” policy brief, one-page, bulleted talking points, evidence-based

Challenges

- Facilitating a change in student thinking – shifting from thinking about clinical problems to policy problems.
- Teaching what constitutes evidence on the hierarchy/pyramid (and “good” evidence)
- Synthesizing – putting together the policy problem, with the policy solution, parsing out a policy’s pieces and parts (that’s the PICOT magic working), and evaluating what it does and to whom:
  - Who will the policy affect and how? Will it work?
  - Effects on citizens, healthcare providers, organizations?
  - Any ethical considerations/impacts?
- Getting students to the point they see that assessment, finding relevant evidence (“sleuthing”) analysis, and synthesis/evaluation, are transferable to nursing
- Lifelong skills

Rewards

- Identifying the PICOT and realizing what it means
- Stunning job searching for and synthesizing relevant evidence
- Watching them “get” the difference between a clinical problem and a policy problem
- Posts on the discussion board about state and national health policy issues, stance of national nursing organizations and general political bru-ha-ha!
- Reports post-election of voting for the first time – as an informed voter (they know the legislators/Congressmen’s interests and voting records)
Selected References


Questions?

Thank you!