



Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

**PRELIMINARY REPORT:
THE PRACTICE OF
KNOWLEDGE BROKERING IN CANADA'S
HEALTH SYSTEM***

**A report based on a CHSRF national consultation
July 2003**

Canadian Health Services Research Foundation

***This document is the first half of a larger document titled:
The Theory and Practice of Knowledge Brokering in Canada, scheduled to be released
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This document is available on the Canadian Health Services Research Foundation web site (www.chrsf.ca).

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Knowledge Brokering in Canada's Health System

Main Messages

The job of a knowledge broker is to bring people — researchers, decision makers, practitioners and policy makers — together and build relationships among them that make knowledge transfer (the movement of knowledge from one place or group of people to another) more effective.

Many more people act as brokers than have the job title, so it's important to focus on the activities and process, not the individual.

Much of the brokering going on now is an unrecognized, largely unplanned activity; there needs to be a concerted effort to recognize and formalize the work's importance in knowledge transfer.

The role of the broker depends on the organization, but there is a basic skill set:

- The ability to bring people together and facilitate their interaction
- The ability to find academic research and other evidence to shape decisions
- The ability to assess evidence, interpret it and adapt it to circumstance
- A knowledge of marketing, communication and Canadian healthcare
- Ability to identify emerging management and policy issues which research could help to resolve

The tasks of a broker include:

- Bringing people together, to exchange information and work together
- Helping groups communicate and understand each other's needs and abilities
- Pushing for the use of evidence in planning and delivering healthcare
- Monitoring and evaluating practices, to identify successes or needed changes
- Transforming management issues into research questions

People doing knowledge brokering need support; joint activities and a national network will build commitment to brokering and keep crucial energy from being wasted reinventing wheels.

Knowledge Brokering in Canada

The Canadian Health Services Research Foundation has been working for two years to define the concept of knowledge brokering and gearing up to test whether it can encourage and improve knowledge transfer. The project is a natural development for the foundation, which has been in the forefront of practical work on knowledge transfer since 1997 when it was endowed by the Government of Canada to fund health services research and build the practice of knowledge transfer in the field. Its mandate is to support evidence-based decision-making in the organization, management and delivery of health services and its main strategy for doing so is to link decision makers and researchers to ensure effective knowledge transfer.

The foundation's study of the emerging notion of the knowledge broker began with a search of academic literature and a series of consultations with those involved in the work. Those done, the foundation has refined its concept of knowledge brokering and is preparing to fund demonstration projects to evaluate the impact of knowledge brokering in health-system management and policy-making. With continuing research, consultation and above all, a variety of effective demonstration projects, the foundation hopes to take knowledge brokering from a vaguely defined, if generally accepted notion, to an important tool for the support of evidence-based decision-making in the Canadian healthcare system.

Why *brokering*?

The foundation's national consultation on knowledge brokering was done through a series of seven regional meetings, held in Edmonton, Saskatoon, Vancouver, Quebec City, Ottawa, Toronto and Halifax in 2002, focused on identifying the various features and functions of knowledge brokering and the roles of those who do it. They were followed by a national meeting in Toronto where participants discussed actions the foundation could take to support knowledge brokering in Canada's healthcare system.

Knowledge transfer is a range of activities. It includes encouraging researchers and decision makers to work together on developing research questions and finding the answers to them; creating resources, from newsletters to web sites to workshops, for people to share information, ask questions and find answers, or link up with the people who can provide them; establishing dissemination systems; and encouraging the use of research and other evidence in running the healthcare system.

Any number of people can be involved in these activities. It could be a dedicated knowledge-transfer worker who includes bringing researchers and decisions makers together as part of disseminating research, a self-starter on the front lines of the healthcare system personally searching out ways to deliver better care, a researcher who takes the trouble to contact administrators either because new findings could improve the system or because she wants to hear about their priorities, or a deputy minister who hires an analyst to research policy decisions and a communication expert to make evidence more coherent and easy to use.

Who is a broker?

There is one refinement that sets those doing knowledge brokering apart from others involved in knowledge transfer: the broker role is about bringing people together. A broker, by definition, is a go-between. Real estate brokers don't own the houses they sell; they represent the owners, identifying the best way to move their house on the market. Nor are real estate brokers the buyers; instead their role is to find what the buyers are looking for. They bring people together.

Thus the researcher who takes the trouble to seek out a health-system administrator with new findings is doing knowledge transfer, but not brokering. That same researcher, if she runs biannual meetings between her departmental colleagues and the policy branch of a provincial health ministry, is acting as a knowledge broker. A communications officer who translates research into plain language and packages it in an accessible, quick-answer format is working on dissemination techniques, but not brokering. A communications officer who acts as a liaison for the ministry, building a network of academic contacts and helping policy planners to develop evidence-gathering projects, is

brokering. The key to brokering is forging the links between people, links that are known to make knowledge transfer happen more readily and have more effect.

However, as the national consultation progressed, one of the most consistent messages across the country was that people whose job description actually says “knowledge broker” are few and far between; that situation is not likely to change. The foundation was told to shift its emphasis from the idea of the individual to the activity — brokering.

Theory and practice at the consultations

The consultations explored the reality of knowledge brokering and linked that to possible actions the Canadian Health Services Research Foundation could undertake to promote that work. Some of the interventions suggested may be the inspiration for demonstration projects to be funded by the foundation and partners; others are activities that can be undertaken sooner to promote awareness and brokering activities in the short term.

It became clear in the consultations that much of the brokering going on in Canada is an unrecognized, largely unplanned activity and promoting brokering must begin with getting recognition for these tacit activities. It’s rare the enterprising academic who organizes meetings, or the policy analyst who keeps up a network of academic contacts and brings them in for advice, is recognized as a knowledge broker. Without acknowledgment, the function won’t be encouraged or rewarded and can’t be evaluated.

Bring it out in the open

Consultation participants said the Canadian Health Services Research Foundation should focus the spotlight on what is happening without fanfare at so many organizations. Perhaps one of the demonstration projects could be to carve off a chunk of someone’s time to be dedicated to knowledge brokering. It may be that in one organization, several people do a bit of brokering; a demonstration project might formalize them into a team, with set goals and tasks. The point would be to take knowledge brokering from its status as a happy accident to a recognized function in delivering better healthcare.

Many people at the consultations called for the foundation to lead an effort to change institutional cultures, and get decision makers to recognize that brokering is a necessary complement to a commitment to using research in evidence-based decisions. The broker role will support the whole process of using evidence in decisions, so it won't be an add-on or a burden. Brokers will regularize knowledge transfer, from building relationships with the research community, to checking for best practices to ensuring that knowledge is put into use.

Subject to circumstance

At the same time, people at the meetings agreed, it's not possible to produce a generic description of a knowledge broker. The job is very context-specific. Knowledge brokering in a provincial ministry of health could mean emphasizing acting as liaison between the policy shop and researchers. In a regional health authority, the job could entail much more development of links between all the authorities in the province, and helping them to understand what issues can be researched and how to set research priorities and formulate research questions. At the same time, a research centre might need someone with lengthy experience in a decision-making organization to help ensure the work being done was relevant, timely and aimed at the right audiences.

However, those consulted said it is possible to list some of the skills that are necessary for effective knowledge brokering; blended with details of a specific organization's needs and role, they could be worked up into a job description.

The skill set

Certainly, in all cases, an ability to find evidence is key. Expertise in searching the web is crucial, both to search out academic research and to find the myriad assortment of less formal, but still valid, evidence that is to be found there. Once evidence is located, anyone doing brokering requires sufficient knowledge to be able to assess information for its quality, relevance and applicability to a given situation.

Healthcare is a huge issue for Canadians. Knowledge of the healthcare world, familiarity with its players, controversies, the political scene around it and public attitudes toward it

are a must. They may not be research, but they're all factors that go into making decisions.

Brokering's emphasis on dealing with people demands mediation skills, the ability to build teams and considerable diplomacy, since groups with very different goals and experience do not always work together well. It also — and this can be hard for people in Canadian healthcare to accept — requires some of the attributes of business. There's more than a touch of marketing skill needed in selling people on new ideas and presenting information in useful and appealing formats. And a successful broker probably has an entrepreneurial side, an inclination towards innovation and risk-taking. Communication skills are also important, but brokering is much more than writing plain-language research summaries and facilitating meetings.

The Tasks

Knowledge transfer is catching on: more and more researchers, healthcare organizations and policy shops are active in preparing research for real applications by writing summaries, identifying main messages and the target audiences they're aimed at. Practical need is more often shaping research agendas, and dissemination methods are being planned as findings develop.

But knowledge brokering goes beyond these basic steps in transfer. Brokering begins with bringing people together: setting up meetings where researchers and policy makers can work together to define questions that research may be able to find answers to. Another task is to act on behalf of decision makers by keeping in touch with academics and other healthcare organizations or policy shops, so there is a channel for evidence into the organization, even when it hasn't been solicited. Can researchers get to a health region's CEO, or is it easier for them to call up the broker they met at a recent health-research conference? Wouldn't someone working in knowledge transfer at a health region more readily bounce an idea off a colleague at another organization if she is designated as the person whose job is to gather information and share it?

Evidence-based decision-making is a well-established idea in Canadian healthcare, its practice arguably less so. Another task in brokering is to push continuously for the use of evidence in planning and delivering healthcare. Busy decision makers may want to take quick action without reviewing evidence; someone designated as a broker can speak up in meetings in favour of checking evidence, or reviewing research, or commissioning new research, depending on the time and the nature of the problem. The broker's task could be as simple as calling a few other organizations to see how they deal with something, or doing a quick review of journals, or as complicated as convening consultations with stakeholders and commissioning a synthesis of the results.

Evidence-driven changes should be assessed, the successes and problems shared. Their evaluation is another possible brokering task. Change is often met with resistance; good evaluation can counter that, as well as show savings and provide information for further refinements. Brokers may also have to support changes they have introduced, monitoring organizations for continued compliance with new ideas to keep people from slipping back into old habits, or encourage other workers or even other organizations to follow suit.

Reaching out to each other

People who attended the meetings felt brokering needs to reach critical mass — the more it's done, the more it will be recognized, the more people will understand the process and want to encourage it. This may be a particular issue because so few people are actually formally designated as knowledge brokers. The solution? A network of people who work in knowledge brokering. As a fairly new practice, thinly spread across the country and often not even acknowledged for what it is, there is a very real danger that commitment to brokering could fizzle out and crucial energy be wasted as isolated practitioners reinvent a lot of wheels. By creating a website, organizing regular meetings, publicizing knowledge brokering efforts, alerting people to best practices and funding the demonstration projects, CHSRF can help create a national network for people working as knowledge brokers, which will give them somewhere to turn for information and support.

Training

The foundation was also seen as a natural source of training in brokering. No formal education exists for the job, of course, but its ad hoc evolution means that people doing it could likely benefit from assorted types of training, from courses on mediation, critical appraisal of research, the techniques of teaching adults, to policy development, research methodology and communications. The foundation could also collect and disseminate best practices and anecdotal accounts of people's brokering experiences.

Demonstration projects

The participants' frequent reiteration that the CHSRF needs to seed a cultural change to promote understanding of and demand for knowledge brokers led to the decision to fund a series of demonstration projects. The goal is to test the effectiveness of various approaches to knowledge brokering, but because brokering is so context-specific, the foundation will not dictate the design of the demonstrations, beyond giving a set of broad principles. This approach recognizes the context-specific nature of knowledge brokering and, more important, the resourcefulness and creativity of those involved in knowledge transfer.

Guiding principles

The guiding principles for the projects must, as their central feature, promote brokering's function of bringing together people, to help them build links and encourage knowledge transfer. The projects must be led by decision-making organizations. The projects must be new; the foundation will not help fund established programs, or things that would have taken place anyway, such as workshops or conferences. Finally, a CHSRF team will work with all the projects to do the evaluations.

The foundation will call for proposals on demonstration projects in late 2003 or early 2004. They will be assessed, as are all CHSRF grants, by a panel made up of researchers and decision makers, and in this case, knowledge brokers. All kinds of healthcare organizations will be eligible, from provincial ministries to regional health authorities to

individual healthcare organizations. The demonstration projects will run for three to five years. Interim evaluation reports and a final assessment will be released.

The Canadian Health Services Research Foundation is anxious to test best practices in brokering in this evidence-based way, and produce properly evaluated best [or worst] practices as a result. But the foundation is already committed to the idea that brokering should be encouraged, the number of people doing it increased, and the effectiveness of their efforts improved. To that end, the foundation will continue to work to build a national network of people doing knowledge brokering by offering meetings, information, reports and other activities.