

Evidence-Based, or Evidence Debased, Policy?

Examples From US Physician Workforce Research and Policy

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Conclusions

- Research evidence is interpreted in a political context
- Numbers don't kill programs, people with numbers do
- Caution: evidence based policy is more messy than evidence based medicine

Two US Workforce Policy Problems

1. Physician maldistribution: skewed towards non-primary care specialists, socially advantaged communities
2. Widening gap between racial-ethnic composition of US population and US physicians

US Federal “Title VII” Health Professions Programs

- Primary care training grants:
 - ~\$90M annually
- Diversity “pipeline” program grants:
 - ~\$70M annually

Political Context

- Things that the Bush Administration does not particularly like:
 - Government domestic programs
 - Affirmative action
 - Skeptics of WMDS

Efforts to Evaluate Title VII Primary Care Grants Program

- GE Fryer et al. The Association of Title VII Funding to Departments of Family Medicine With Choice of Physician Specialty and Practice Location. *Fam Med* 2002;34:436
- Examined whether graduates of US medical schools receiving Title VII funding are more likely to:
 - Enter family medicine
 - Practice in a physician shortage county
 - Practice in a rural area

Practice Specialty and Location for U.S. Medical School Grads (1981-1993) by their Medical Schools' Receipt of Title VII Funding

	<u>Family Practice</u>	<u>PCHPSA</u>	<u>Rural</u>
No T7 Funding	10.2%	1.1%	9.5%
T7 Funding	15.8%	1.5%	12.7%
Additional practicing physicians associated with Title VII Funding	6968	457	3864

PCHPSA = Primary Care Health Professions Shortage Area

Source: Fryer et al, Fam Med, 2002

Fryer et al Conclusion:

- “Both predoctoral and departmental funding were significantly associated with practice in PCHPSAs and with practice in rural areas...The findings of this study suggest that Title VII grant programs are achieving their legislative intent.”



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Program Assessment **Health Professions**



NOT PERFORMING
Ineffective

Expectmore.gov Health Professions Program Assessment

- “There is disagreement regarding the purpose of the program.”
- “While the program is managed well overall, it has not regularly used performance data to improve program outcomes.”
- “External data indicate the impact of the program may be limited.”

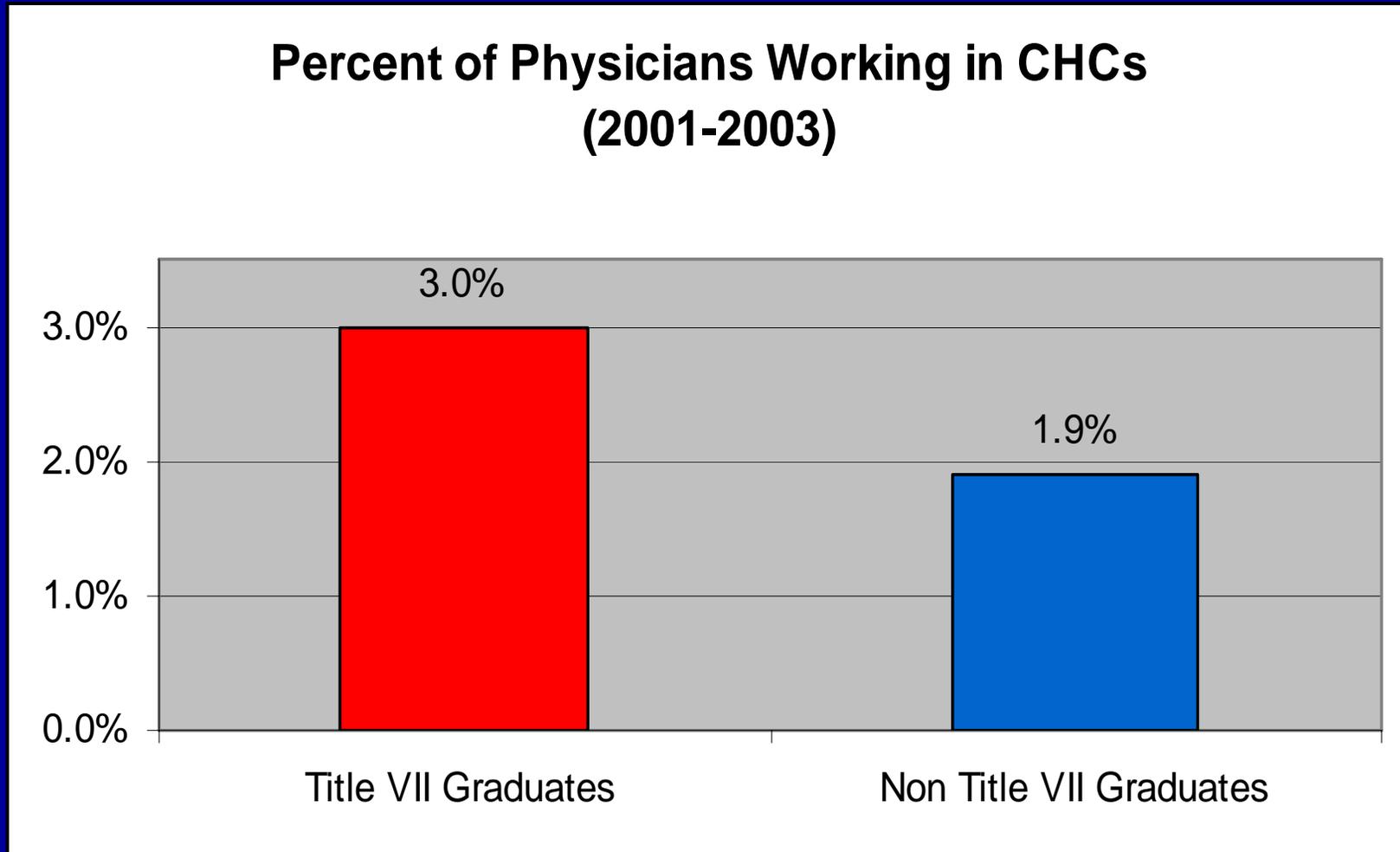
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Health Professions Program

Data Interpretation

- “One study found that only 1.5% of physicians trained by institutions receiving a family medicine training grant provided health care in areas with a physician shortage, compared to 1.1% of physicians trained by other institutions.”

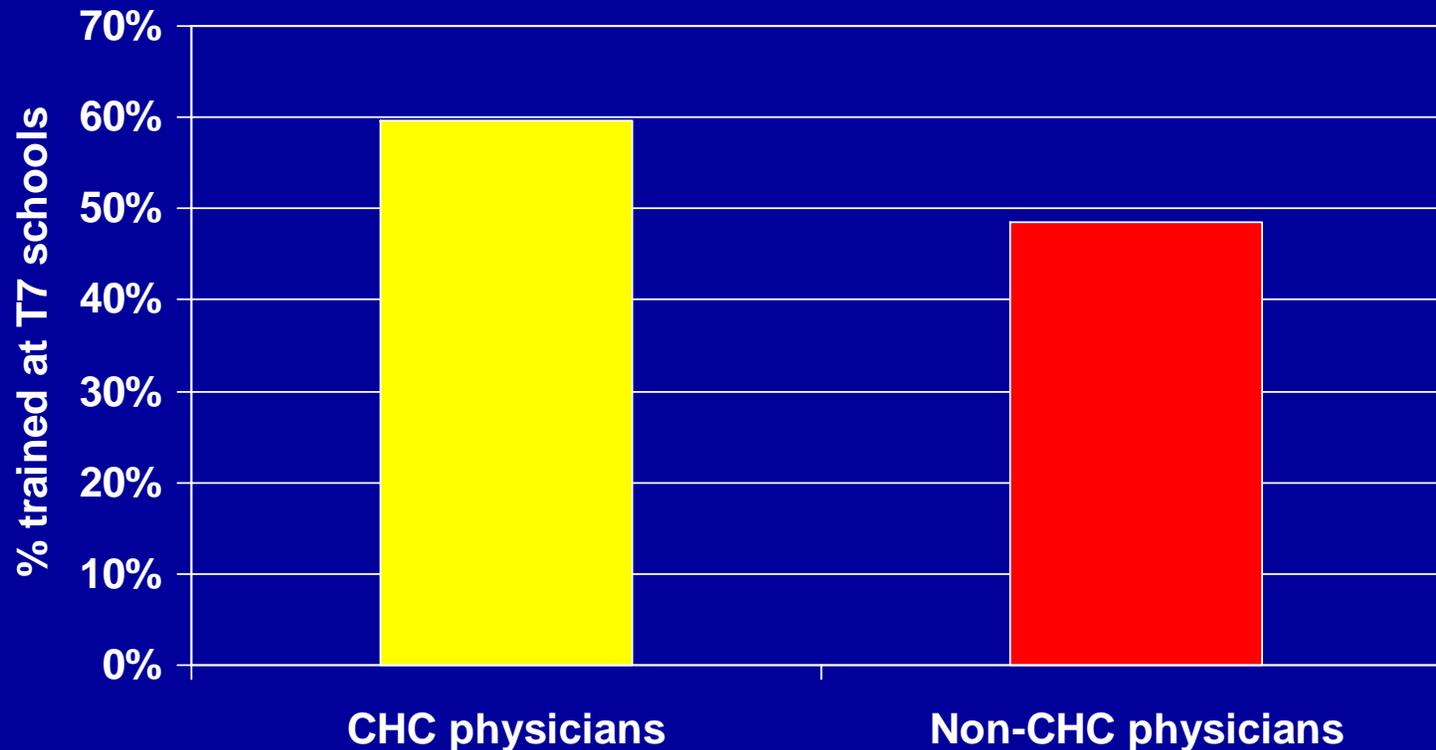
Percent of US Medical School Graduates Working at a Community Health Center According to Whether School Was Title VII Grant Funded



Source: D Rittenhouse et al, report to HRSA, 2006 (unpublished)

Alternative Headline

- 60% of physicians working at Community Health Centers trained at Title VII supported schools!



Source: D Rittenhouse et al, report to HRSA, 2006 (unpublished)

Efforts to Evaluate Title VII Diversity Programs

- UCSF-conducted critical review of evidence on interventions to increase the numbers of underrepresented students entering the health professions
- Funded by federal agency sponsoring Title VII Programs (HRSA)

Key Findings of Report

7. There is a paucity of high quality research evaluating the effectiveness of these [pipeline] interventions in improving educational achievement and advancement for URMs and disadvantaged students.
8. The few rigorously conducted research studies that have been performed consistently indicate that interventions can have a positive impact.
11. Special consideration of race and ethnicity in admissions decisions has been an important tool for maintaining URM enrollment in health professions schools.

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Report findings and conclusions
are “not consistent with Bush
administration policies.”



STRATEGIES FOR IMPROVING THE DIVERSITY
OF THE HEALTH PROFESSIONS



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The Benefits of Academic Freedom and Universities That Protect Intellectual Property Rights

Title VII Program Funding

Program	FY 2005 (\$million)	FY 2006 (\$million)	% Change
Health Careers Opportunity Program (HCOP)	\$35.6	\$4.0	-88.9%
Centers of Excellence (COE)	\$33.6	\$11.9	-64.7%
Primary Care	\$88.8	\$41.3	-53.5%

Cost of Iraq War to US

- \$275 million per day



Program Assessment **Youth Anti-Drug Media Campaign**



NOT PERFORMING
Results Not Demonstrated

•“An independent, long-term evaluation found no connection between the Campaign advertisements and youth drug use behavior.”

Expectmore.gov Strategic Plan for Youth Anti- Drug Media Campaign

- **“We are taking the following actions to improve the performance of the program:”**
 - “Reviewing evaluation results and considering alternative evaluation strategies to demonstrate the impact of the Campaign.”

The Challenges of Evaluating Complex Interventions in “Real World” Settings

- Standardization of interventions vs local adaptation
- Uncontrollable controls
- Ethical and technical barriers to randomized experiments
 - Contamination effects
 - Blinding
 - Withholding of intervention
 - Unrepresentative populations

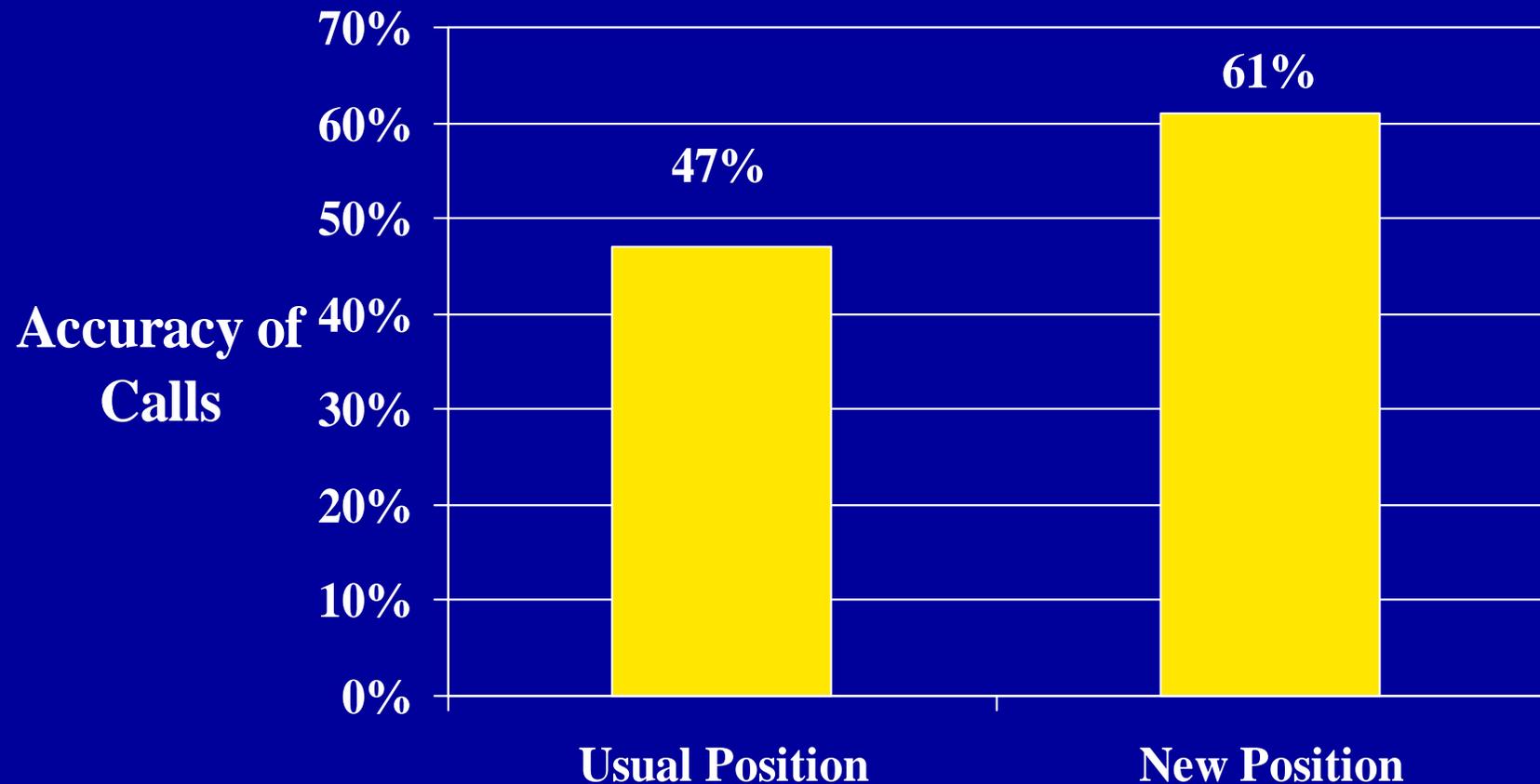
One Funder's Reflection on Evaluation

- “...This single-minded emphasis on causal attribution assuredly serves to dampen creativity for other methods of understanding, assessing and communicating the work accomplished through grants.”
 - Brousseau RT. Reflections on Evaluating Our Grants: The California Wellness Foundation; 2004.

Summary Points

- The quest for good evidence to inform policy is a noble one
- Politics often trumps evidence
- Positivists are like unicorns
- Placebo controlled randomized clinical trials have limited applicability for many important research questions
- Rigorous evaluation research is difficult to perform, but not impossible

The Lomas Lesson: Accuracy of Umpire Strike Calls



Source: Ford G et al, J Sport Behaviour 1999;22:28