Sumit R. Majumdar and Stephen B. Soumerai, “The Unhealthy State Of Health Policy Research”
Daniel Prinz
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- changes in health policies are large scale experiments with poorly understood risks and benefits
- we need high-quality evidence to formulate good policies
- RCTs are usually not feasible, quasi-experimental evidence can be good
- strong designs: before-after studies with concurrent controls, interrupted time series study with visible change in trend
- weak designs: cross-sectional analysis that looks at outcomes only after a policy has been implemented
- policies are frequently based on insufficient evidence, partly because a lot of studies are of low quality and hard to interpret
- unclear whether we should be happy when research affects policy because research is often of low quality
- bad health policy research might raise costs or put the population at risk of unintended harms
- examples of areas where there is some policy consensus but evidence is actually of low quality:
- incentives to improve care
- drug formulary restrictions to reduce costs
- enhanced pharmaceutical care for chronic diseases
- patient cost sharing
- health information technology
• ways to improve research:
  – more rigorous education
  – better display of time trends
  – strong evaluation plan
  – lessons from clinical research