





Multi-stakeholder dialogue for priority setting in research

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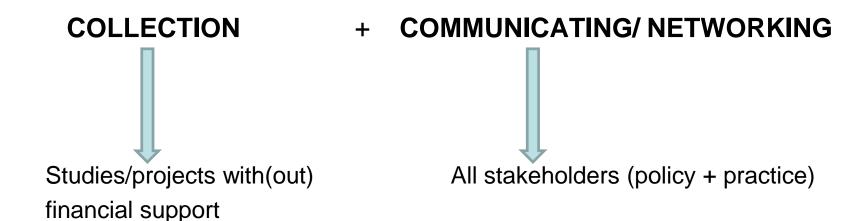


- The center of knowledge in work incapacity: missions and activities.
- The King Baudouin foundation
- The methodology of the "stakeholder dialogue"
- The results
- Evaluation
- Conclusion



The center of knowledge in work incapacity (1)

 Vision/ mission: on the topic of work incapacity and re-integration, knowledge





In a coordinator way ↑ knowledge within stakeholders



The center of knowledge in work incapacity (2)

Organisation:

- NIDHI– department of Benefits
 - Coordination

 daily FU
 - MD, psychologist, OT, social worker, statisticien, datamanager, ... Supporting coordinator (FU studies etc.)
- "Guiding committee" (advice)
- Official decisions by stakeholders

Tasks

- Studyprogram (2018: stakeholder dialoog) + launch studies/ projects
- FU
- Reporting dissimination– link between projects



The center of knowledge in work incapacity (3)

37 studies

Phase	Number
Finished	14
Last stage	0
Datacollection	14
Start – exploration – literature review	0
Waiting for approval	0
Protocol	4
«on hold»	5



The King Baudouin foundation (1)

- 1976 (25 years of King Baudouin's reign)
- Contribute to a better society
- Actor for change and innovation, serving the public interest
- Increasing social cohesion
- Seek to maximize impact by strengthening the capacity of organizations and individuals
- Current areas of activity: poverty, social justice, health, civic engagement, philanthropy, developing talents...

The King Baudouin foundation (2)

Support individuals/organizations

Events

Research - Publications

Partnerships and collaboration

Promoting philantropy

The King Baudouin foundation (3)

- In the context of the project presented her:
 - ⇒ To identify one method of priority-setting that could be used in other areas of research.

- What proceeded
 - Workshop organized by KBF
 - Submitting our proposal + acceptance as pilotproject



The methodology of the "stakeholder dialogue"

How did we reach a research agenda in long-term work incapacity?

Involving the right partners and exploring the field

Consultation KBF and NIHDI

Putting the right focus on the project

Step 1 – Questioning stakeholders

8 focus group sessions:

- Representatives HRM
- People with current or previous work incapacity
- MD & HP's for psychological disorders /MSD
- GP's

Additional individual questions addressed to individual specialists in psychological disorders and general practicioners

Total: 75 participants

- 4 focus group sessions with the advisory committee of the Centre of Expertise:
- Researchers
- NIHDI experts
- Employer representatives
- Employee representattices
- Representatives health insurance companies

Total: 40 participants

Identification of 322 obstacless and 155 good practices

44 priority research questions

Harvest the right topics for research questions

Step 2 – Internal processing

Listing of identified:

- Obstacles
- Good practices



Conversion of priorities into research questions



Selection of questions

according to the responsibility of the Centre of Expertise

19

research questions

Search for consensus and prioritize

Step 3 – Multistakeholder workshop

First priority-setting process in 3 mixed groups



Second priority-setting process in 3 mixed groups



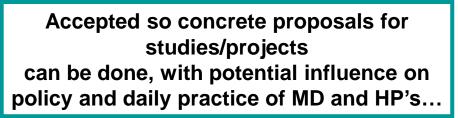
Final individual voting on the top 10 for each group

10 priority research questions

Reporting and dissemination

Reporting and publication: 3 pilot projects and methodology for priority-setting

Helping to determine the research agenda of the Centre of Expertise: so asking approval to be published as official program.







	Overview final ranking		
1.	Which specific aspects must be added to the basic educational program of MD and paramedics? To what extend work incapacity can be part of their basic education?	15	
2.	How can the TRIO-project (local meetings between GP, medical advisor, OP) be enrolled more structural?	13	
3.	What is the relevance of a « case manager » in the process of reintegration? Who is it? Which competences must he/she have? Which responsabilities? Where does he/she work?	13	
4.	What's the min. information actors need (including their role) and how can this be communicated? Which education is needed?	10	
5.	What influences the motivation of employers and employees to follow a re-integration trajectory? Which differences between pathologies?	10	





Overview final ranking

	Overview final ranking V	V
6.	Which non-medical measures had their contridution to a successfull reintegration in a paid job? Why?	10
7.	How can we organize concertation? What is the ideal process? Who communicates with whom, and in which order?	3
8.	How can someone on longterm work incapacity prepare himself the best on return to work? Which tools are available (education, coaching, voluntary work,)?	3
9.	Which measures can reduce anxiety so a successfull re-integration is possible? Which good practices can be followed by a patients to tackle barriers (anxiety, lack of selfesteem,)?	3
10.	What is the cause of anxiety to go back to work? Problems at home? Financial? Social? Problems at the work force? A combination?	3





- Transparency during the whole process
- Positive and open debate; stakeholders listen to each other to understand each others perspective
- Participants mentioned that the discussions and the interaction had been enriching and informative
- Stakeholders who normally do not meet each other, discuss a common theme
- Networking between NIHDI and stakeholders; between stakeholders
- Patient involvement
- Same TOP 3 (different order)



(incl. challenges)

- Selection 'MD/patients': MSD + psychological disorders (but clear that more general topics were elaborated)
- Labour intensive: recruitment of participants
- During focusgroups/individual interviews: single perspective; blaming BUT at the end consensus
- Not SMART
- Who leads the discussion? Knowledge on content?
 Competences in guiding focus groups, negotiation,
 ... which balance?









Thanks for listening! Any questions?



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