INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

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Connecting health research & health policy: Q&A with Matthew M. Davis, M.D., MAPP

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Since his career began, Matt Davis has been interested in policy-relevant issues, and bridging the gap between academia and government using research. In the past three years, he had an unprecedented chance for direct involvement and impact on Michigan health policy.

Q&A

Q How did your interest in connecting academic research and public policy begin?

A Since before medical school, my goal has been public service. I actually joined Michigan's faculty because the Child Health Evaluation and Research (CHEAR) group in the Medical School's Department of Pediatrics had established relationships with the Centers for Disease Control and Prevention, and with Michigan's Medicaid program, that focused on being responsive to current issues and asking policy-relevant research questions.

As I was building my research project portfolio, I tried to choose projects that would be as relevant to public policy as possible. As I worked on those projects, I developed relationships with health officials at the state and federal level. I made myself available to them as a person who would be happy to answer questions that would be of interest to them, including on a pro bono basis outside any contract. That offer turned out to be vital to establishing trusting relationships that were not about ideology, but about the importance of the questions that policymakers needed answers to.

Q Before you were tapped to serve as the state's Chief Medical Executive, you worked on issues related to the expansion of Medicaid in the state of Michigan. How did that come about?

A It started when questions had been raised in policy dialogue here in Michigan about the availability of primary care services in our state to keep up with the demand that would be created by expanding Medicaid under the Affordable Care Act. So, the CHEAR team worked with the Center for Healthcare Research and Transformation (CHRT), led by Marianne Udow-Phillips, to survey primary care physicians across the state, and ask them about their current practice and what they would do if individuals in their communities had new insurance coverage. This survey built on a long tradition of timely state-level and national physician-focused surveys from CHEAR over the years, where I had learned from my collaborators Sarah Clark and Gary Freed about how to design low-burden, high-yield survey instruments.

We found that the majority of primary care physicians said they would welcome newly covered patients. We disseminated our findings as a CHRT brief in early 2013.

Governor Rick Snyder mentioned this finding in his early statements in support of Medicaid expansion in Michigan. The findings didn't result in a splashy journal publication, but truly impacted policy development at a critical moment in state health policy. It's all about being timely and being prepared to answer questions that are essential to answer for the health of the public.

Q You also played a role in designing aspects of the Medicaid expansion program, called the Healthy Michigan Plan. What did you do?

A One of my main contributions was in developing the health risk assessment, which encourages the primary care physicians and plan participants to have a conversation about healthy behaviors and trying to improve their risk factors.

Q You became the state's Chief Medical Executive in March 2013. What were the big issues you worked on in that role?

A In addition to the Healthy Michigan Plan rollout, other major issues were reducing infant mortality and racial disparities in infant health, addressing new concerns about e-cigarettes, co-leading the state's preparedness regarding Ebola in the summer and fall of 2014, and ongoing efforts to address chronic disease in our state.

In all of this, one of the continuing challenges was the relative scarcity of data available to answer policy questions in the moment that they needed to be answered. That's the vital importance of institutes like IHPI now and in the future: generating research that's not only of high quality but of even greater relevance.

For e-cigarettes, I had to provide the most evidence-based recommendation, which fell short of the evidence base I usually like to work with.

I happened to serve at a time of great excitement about the potential of heath policy in the expansion of coverage through the Affordable Care Act, and also of disappointment about national confusion in health policy regarding Ebola preparedness.

Q What did this experience teach you about how policymaking actually works?

A The reality of many policy decisions is that the evidence base is less robust than we would want. However, when researchers can produce such evidence, there are a multitude of opportunities for researchers to have impact.

Whenever I had a particular topic I was facing and evidence was scarce, I connected with experts within Michigan and outside to get expert input. But more often than not, I was asked by my public health colleagues why academic researchers had not asked the most relevant questions and produced data we could use. My best answer to that question is, "How can we make certain that academic researchers know which questions are most relevant?"

Q So how can IHPI researchers help bridge that gap further?

A In Michigan, and in the vast majority of states, the government does not have resources available to support rapid-turnaround research. And most academic centers are not familiar with a model of what I call opportunity-initiated research, rather than the investigator-initiated paradigm we all know.

In my experience, opportunity-initiated or state-initiated research spurs many related ideas in the future for investigator-initiated projects. In turn, those policy-inspired investigator-initiated projects have a higher chance of being policy-relevant in the future than your average investigator-initiated project.

Q Why should researchers engage in the policy sphere, and potentially partisan issues?

A Quite often, our career public health officials and the elected officials above them are going on the best possible estimates they can make from available evidence. We depend on them to safeguard the public's health and optimize care across our state and country. Why not try to provide better evidence for them, for this essential task of theirs? One of my hopes is that in future, policy can be made based on more abundant, high-quality data from institutions like U-M. Gary Freed, my mentor and division chief for many years, is fond of saying, "They shouldn't know your politics by your data." As researchers, we must ask questions that are unbiased, and conduct analyses as highly rigorous as any research found anywhere.

Q What realities might researchers face if they engage in this process?

A If you want to conduct research on policy-relevant issues, it's important to remember that policy context and political context are two different things. As a researcher it's very important to understand how different stakeholders will perceive your policy-relevant findings based on their politics.

You also need to be prepared that even your best data may not influence a decision as you might expect. However, if you believe in the purpose of policy-focused research as a way to help inform decisions that will influence the health of the public, then you will see your research impact decisions down the road. Another reality is that policymakers don't often know what will come next in their worlds. This means there's a premium on being nimble.

With my state-level experience, I've been able to see new opportunities for the trainees in our Clinical Scholars Program to get involved in questions that are top-of-mind for healthcare decision-makers. Our scholars are in very special windows in their career where they can make a difference in the very short term.

We need to strike a balance between the strengths of the academic environment and the needs of the public, seeking better data to inform today's decisions and tomorrow's deliberations.

About the researcher

Matthew M. Davis, M.D., M.A.P.P., is professor of Pediatrics and professor of Internal Medicine at the University of Michigan Medical School, professor of Public Policy at the Gerald R. Ford School of Public Policy, and professor of Health Management and Policy at the School of Public Health. He is also the co-director of the U-M Clinical Scholars Program supported by the Robert Wood Johnson Foundation, soon to become the IHPI Clinician Scholars Program. Davis is the founding director of the C.S. Mott Children's Hospital National Poll on Children's Health and former Chief Medical Executive for the state of Michigan.

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