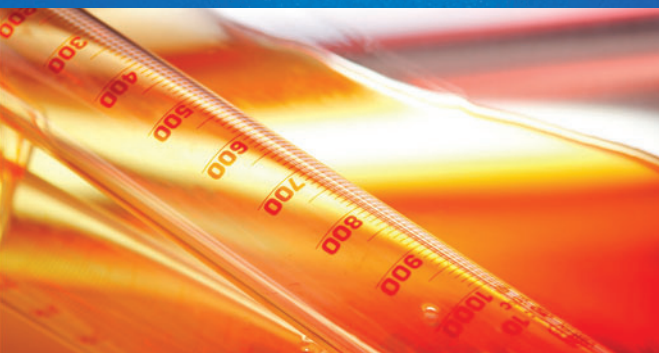


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# HEALTH SERVICES RESEARCH PROGRAMME 2004–2007 (TERTTU)



Evaluation Report



ACADEMY OF FINLAND  
RESEARCH FUNDING AND EXPERTISE

# HEALTH SERVICES RESEARCH PROGRAMME 2004–2007 (TERTTU)

## Evaluation Report

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<b>Abstract</b>	<p>The preparations for the Research Programme on Health Services Research (TERTTU) started in 2001 and the programme was launched in 2003 and implemented during 2004–2007. The TERTTU programme supported involvement of a wide spectrum of disciplines in studying health services. The general aim of the programme was to strengthen the contribution of scientific research in the search for solutions to major development problems and challenges in the health-care sector. Another aim was to encourage closer collaboration between health services researchers and different actors within the health-care system and several collaborating organisations were involved in the programme: the Social Insurance Institution, the Ministry of Social Affairs and Health, hospital districts, the Finnish Association of Local and Regional Authorities, Sitra, the Finnish Innovation Fund, and the Finnish Work Environment Fund.</p> <p>In 2008, after the end of the programme, the Steering Committee of the research programme set up an international evaluation panel to assess the achievements of the programme. The members of the External Evaluation Panel were Dr Kimmo Leppo, Former Director-General, Finnish Ministry of Social Affairs and Health (chair), Professor Grete Botten from the Institute of Health Management &amp; Health Economics, University of Oslo, Professor Allan Krasnik from the Institute of Public Health, University of Copenhagen and Professor Pirkko Vartiainen from the Faculty of Public Administration, University of Vaasa. Senior Researcher Sinikka Sihvo from the National Research and Development Centre for Welfare and Health STAKES served as the scientific secretary of the Panel.</p> <p>Of specific interest in the evaluation was the programmatic approach, added value and programme impacts, interdisciplinarity, multidisciplinary, applicability of research, networking, and dissemination of results. The panel was expected to assess the programme as a whole and reflect especially on the following issues: planning of the research programme, scientific quality of the programme, success of programme implementation, contribution to researcher and expert training, collaboration and networking, and applicability of research and importance to end-users. The launch of the programme met with great interest and despite the heterogeneity of the projects, the coordination team managed well in providing training and support for the projects. The success of the separate projects varied a great deal and the main objectives of the programme were only attained in part. However, more researchers were recruited to the field and many of the achievements of the programme cannot be seen yet.</p>		
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<b>Julkaisun nimi</b>	Health Services Research Programme 2004–2007 (TERTTU). Evaluation Report.	
<b>Tiivistelmä</b>	<p>Terveydenhuoltotutkimuksen tutkimusohjelmaa (TERTTU) alettiin valmistella v. 2001. Ohjelma käynnistyi v. 2003 ja se toteutettiin vuosina 2004-2007. TERTTU-ohjelma tuki terveydenhuollon tutkimusta laajasti eri tieteenaloilla. Tutkimusohjelman yleisenä tavoitteena oli lisätä pysyvästi tieteellisen tutkimuksen panosta etsittäessä ratkaisuja terveydenhuollon keskeisiin kehityshaasteisiin ja -ongelmiin. Samalla ohjelma pyrki kehittämään terveydenhuoltotutkijoiden ja terveydenhuoltojärjestelmän eri toimijoiden välistä yhteistyötä. Akatemian lisäksi ohjelmaan osallistuivat Kansaneläkelaitos, sosiaali- ja terveystieteiden ministeriö, sairaanhoitopiirit, Suomen Kuntaliitto, Suomen itsenäisyyden juhlarahasto Sitra ja Työsuojelurahasto.</p> <p>Ohjelman päätyttyä v. 2008 ohjelmaryhmä asetti kansainvälisen arviointipaneelin arvioimaan ohjelman tuloksia. Arviointipaneelin puheenjohtajana toimi sosiaali- ja terveystieteiden ministeriön entinen ylijohtaja Kimmo Leppo, ja paneelin jäsenenä professori Grete Botten Oslon yliopistosta (Institute of Health Management &amp; Health Economics), professori Allan Krasnik Kööpenhaminan yliopistosta (Institute of Public Health) ja professori Pirkko Vartiainen Vaasan yliopistosta (Julkisjohtamisen laitos). Erikoistutkija Sinikka Sihvo Sosiaali- ja terveystieteiden tutkimus- ja kehittämiskeskuksesta Stakesista toimi paneelin tieteellisenä sihteerinä.</p> <p>Arvioinnissa kiinnitettiin erityistä huomiota ohjelman lähestymistapaan, ohjelman tuottamaan lisäarvoon ja ohjelman vaikutuksiin, tieteidenvälisyyteen, monitieteisyyteen, tutkimuksen sovellettavuuteen, verkostoitumiseen ja tutkimustuloksia koskevan tiedon levittämiseen. Paneelia pyydettiin tarkastelemaan ohjelmaa kokonaisuutena ja kiinnittämään huomiota erityisesti seuraaviin seikkoihin: tutkimusohjelman suunnittelu, ohjelman tieteellinen laatu, ohjelman toteuttaminen, tutkijan- ja asiantuntijakoulutus, yhteistyö ja verkostoituminen sekä tutkimustulosten sovellettavuus ja merkitys tulosten käyttäjille. Ohjelma herätti suurta mielenkiintoa ja hankkeiden heterogeenisuudesta huolimatta ohjelman koordinoitua onnistui hyvin koulutuksen järjestämisessä ja hankkeiden tukemisessa. Yksittäisten hankkeiden onnistuminen vaihteli suuresti ja ohjelman päätavoitteet saavutettiin vain osittain. Alalle rekrytoitiin kuitenkin useita tutkijoita ja monet ohjelman tulokset näkyvät vasta viiveellä.</p>	
<b>Asiasanat</b>	health, health-care sector, research programme, evaluation, research funding, programme coordination	
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# PREFACE

Health services are constantly in need of development in order to better meet the changing needs and demands of the population. Health services research is a tool to help in these development processes.

Health services research is a relatively recent area of research, not yet well-established, and the researchers are dispersed in different universities and other institutions. The Research Programme on Health Services Research (TERTTU) set by the Academy of Finland raised awareness and gave visibility to this study area. Preparations for the programme started in 2001 with a seminar gathering together researchers and other stakeholders. The programme was launched in 2003 and implemented during 2004–2007.

The TERTTU programme supported involvement of a wide spectrum of disciplines in studying health services. The general aim of the programme was to strengthen the contribution of scientific research in the search for solutions to major development problems and challenges in the health-care sector. The programme wanted to encourage closer collaboration between health services researchers and different actors within the health-care system and several collaborating organisations were involved in the programme: the Social Insurance Institution, the Ministry of Social Affairs and Health, hospital districts, the Finnish Association of Local and Regional Authorities, Sitra, the Finnish Innovation Fund, and the Finnish Work Environment Fund.

The TERTTU programme was directed by Professor Juhani Lehto and coordinated by Researcher Ulla Ashorn, PhD, from the Tampere School of Public Health. The coordination team facilitated several seminars and researcher training for doctoral students during the programme. The end-users were kept informed, and seminars were also arranged for top decision-makers to disseminate results from TERTTU projects. During the programme period there were three consecutive Steering Committees for the TERTTU programme.

After the end of the programme, the Steering Committee set up an international evaluation panel to assess the achievements of the programme. The members of the External Evaluation Panel were Dr Kimmo Leppo, Former Director-General, Finnish Ministry of Social Affairs and Health (chair), Professor Grete Botten from the Institute of Health Management & Health Economics, University of Oslo, Professor Allan Krasnik from the Institute of Public Health, University of Copenhagen and Professor Pirkko Vartiainen from the Faculty of Public Administration, University of Vaasa. Senior Researcher Sinikka Sihvo from the National Research and Development Centre for Welfare and Health STAKES served as the scientific secretary of the Panel.

The general aim of the evaluation was to assess the degree to which the TERTTU programme had fulfilled the objectives set in the Programme Memorandum. Of specific interest was the programmatic approach, added value and programme impacts, interdisciplinarity, multidisciplinary, applicability of research, networking, and dissemination of results. The panel was expected to assess the programme as a whole and reflect especially on the following issues: planning of the research programme, scientific quality of the programme, success of programme



implementation, contribution to researcher and expert training, collaboration and networking, and applicability of research and importance to end-users. The panel was also to give recommendations for the future.

All the achievements of TERTTU projects were not finished or available at the time of the evaluation. It is, however, evident that the TERTTU programme has broadened understanding of the relevance of health services research among the actors of the health care system. It has been a valuable experience of a joint programme with other funding partners. It is hoped that the established networks will continue collaboration after the end of the TERTTU programme.

The evaluation panel also issued a number of recommendations to the Academy of Finland concerning the planning and execution of any similar or comparable major endeavours or programmes for specific new areas of research and research capacity-building.

Kimmo Leppo

Chair of the Evaluation Panel

# I THE TERTTU PROGRAMME

## 1.1 Background

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The definition of health services research is constantly evolving. According to a comprehensive definition (US Academy for Health Services Research and Health Policy, 2000): “Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behavior affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations”. This definition describes well the current understanding of breadth of the field.

Finnish health services research has gradually grown since the 1970s. The research has been fragmented into various universities, departments and research institutes. Most of the work in this field has been done by comparatively small research teams that are scattered between different university departments, or by individual researchers working in various health-care organisations. It has been difficult to organise and coordinate long-term, internationally competitive projects. Further, work contributing to theoretical and methodological development has been scarce, nor has there been enough multidisciplinary cooperation.

Therefore, the Academy of Finland and the National Research and Development Centre for Welfare and Health STAKES organised an exploratory workshop “The Future of Health Services Research in Finland” in August 2001 that brought together Finnish researchers and decision-makers with foreign guest speakers for a two-day discussion over the future challenges for health services research in Finland. A large number of Finnish researchers and end-users attended the workshop.

Fragmentation of health services research and lack of critical mass of researchers were recognised in the workshop. Further, the utilisation of research knowledge in decision-making was discussed. What could be a forum for researchers, administrators and political decision-makers to communicate?

The workshop was unanimous on the need for a specific research programme on health services research. However, there were different kinds of views on the need for a wide versus focused programme. Some felt that the concept of health services research is too wide and focusing is needed, others that the programme should not be made too narrow. The idea of multidisciplinary was agreed. Co-funding was considered important for the success of the programme, especially support from the Ministry of Social Affairs and Health was perceived as vital.

After the seminar an idea paper proposing a research programme on health services research was submitted to the Academy Board. A Programme Steering Committee consisting of representatives of the Academy of Finland as well as other parties involved in programme implementation was appointed to assume responsibility for finalising the preparations for and administering the programme.

The first Steering Committee finalised the Programme Memorandum.

The Academy Board made the decision to launch a research programme on health services research at its meeting on 13 November 2002, earmarking six million euros for the purpose during the programme period 2004–2007. The following bodies were interested in the programme and in financing projects: the Social Insurance Institution, the Ministry of Social Affairs and Health, hospital districts, the Finnish Association of Local and Regional Authorities, Sitra, the Finnish Innovation Fund, and the Finnish Work Environment Fund.

Issues relevant to health services research have been touched upon in some previous Academy research programmes. These include the Programme on Health and Other Welfare Differences between Population Groups (1999–2001), the Research Programme on Ageing (2000–2002), and the Health Promotion Research Programme (2001–2004).

The Academy of Finland launched a call for plans of intent within the programme in spring 2003. Decisions on the projects to be funded were made in November 2003.

## 1.2 Objectives of the programme

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The aim of the research programme was to permanently strengthen the contribution of scientific research in the search for solutions to major development problems and challenges in the health care sector. The programme was expected to encourage closer collaboration between health services researchers and different actors within the health care system with a view to supporting more systematic use of research knowledge and to promoting research projects that address current challenges.

The three main goals to improve the research system were the following:

1. The TERTTU programme was committed to increasing cooperation among funding bodies of health services research within the framework of a focused research programme; this would help to promote cooperation at a later stage as well.
2. The TERTTU programme was geared to promoting national and international cooperation and networking among health services researchers as well as long-term, scientifically ambitious research organised on a sound multidisciplinary and transdisciplinary basis. A further concern was to increase the use and availability of broadly-based research in political decision-making.
3. The TERTTU programme aimed to improve the access to postgraduate training in health services research working closely with existing graduate schools, university departments and scientific associations. The programme also aimed to explore the needs, methods, structures and decision-making related to health services from the points of view of ordinary citizens, professionals and decision-makers.

The most important themes of the research programme were listed as follows:

- the value basis, justness and priorities of health care;
- decision-making concerning health care and its social, political and international connections;
- challenges posed by the changing demographic structure and other changes in society to health care;

- innovations in and alternatives to the provision, organisation and funding of health services and other welfare services as seen from the vantage-point of the Finnish experience and international comparisons;
- development of and prospects for private business in the health services sector, including industry and competition policy, the allocation of public funding and the impacts of the relationship between public and private health care services;
- expectations of ordinary citizens, patients and their representative bodies, and their opportunities for participating in and influencing health care services;
- working life, training and education, personnel development and management in health care;
- development and internationalisation of the commodity, services, work and funding markets in health care and their impacts on the development of national and local health services; and
- the impacts and effectiveness of health care and its methods, models for the evaluation of those methods and the controlled application of the new methods of health care as well as information and communications technologies.

The research programme supported involvement of a wide spectrum of disciplines in studying health services. At the same time, it aimed at promoting multidisciplinary research projects as well as interdisciplinary and transdisciplinary research collaboration.

The Steering Committee did not want to name disciplines relevant to the programme. According to the Programme Memorandum, fields relevant to the programme included epidemiology, administrative science, nursing science, public health science, medicine, psychology, the social sciences, social policy, economics, technical sciences, as well as historical, cultural and political research.

Projects taking part in the programme were expected to show high scientific standards, to present viable and practicable research plans and to support the general objectives of the programme. Multidisciplinary applications were encouraged, as were those involving relevant national and international research cooperation and collaboration with end-users of research results in the field of health care. The innovative use of existing materials, such as registers on population health, were encouraged whenever possible. Theoretical and methodological projects aimed at strengthening the scientific foundations of health services research were encouraged. Further, the programme was committed to promoting the use of both qualitative and quantitative methods.

### 1.3 Basic information on the programme

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#### Organisation

The Academy's research programmes are overseen by Steering Committees composed of Academy of Finland Research Council members and representatives of other funding bodies and external experts. There were three Steering Committees for the TERTTU programme (see Annex 1. Members of the Steering Committees). In the first Steering Committee (2003–2004), Research Professor Elina Hemminki, Academy of Finland, Research Council for Health, chaired the Committee and Professor Aila

Lauha, Academy of Finland, Research Council for Culture and Society, was the Vice Chair of the Committee. Other members of the first Steering Committee were:

- Adjunct Professor Kaija Heikkinen, Research Council for Culture and Society, Academy of Finland
- Timo Klaukka, Director of Health Research, Social Insurance Institution
- Olli-Pekka Lehtonen, Medical Director, Kanta-Häme Hospital District
- Professor Helena Leino-Kilpi, Academy of Finland, Research Council for Health
- Ari Lindqvist, Chief Medical Officer, Helsinki and Uusimaa Hospital District
- Matti Liukko, Head of Unit, Finnish Association of Local and Regional Authorities
- Professor Paavo Okko, Academy of Finland, Research Council for Culture and Society
- Ilmo Parvinen, Chief of Department, Finnish Innovation Fund Sitra
- Professor Hilka Soininen, Academy of Finland, Research Council for Health
- Ilkka Tahvanainen, Research Ombudsman, Finnish Work Environment Fund
- Professor Timo Vesikari, Academy of Finland, Research Council for Health
- Kari Vinni, Director of Research and Development, Ministry of Social Affairs and Health

Two invited experts were Professor Arja Aro from the National Public Health Institute and the Erasmus Medical Center in Rotterdam, and Research Professor Marjukka Mäkelä from the National Research and Development Centre for Welfare and Health STAKES. Science Advisers Tellervo Raijas, later Jaana Salmensivu-Anttila, from the Academy acted as secretaries to the Steering Committees.

The Academy launched a call for programme coordinator in February 2003. The Steering Committee interviewed two applicants and selected Professor Juhani Lehto from the Tampere School of Public Health as Programme Director for the TERTTU programme and Researcher Ulla Ashorn, PhD, as Programme Coordinator.

### **Tasks of programme coordination**

The coordination team had both scientific and administrative tasks. The coordination's main task was to support communication and cooperation between the research teams involved in the programme. The main means to promote contacts and cooperation were to organise research meetings and seminars. At the annual seminars, the projects were able to provide updates on the progress they had made and describe their results.

Another important task was to coordinate researcher training in the field of health services research in collaboration with interested universities, scientific associations and graduate schools.

The promotion of collaboration among research teams as well as their international contacts was one of the main goals. Further, one purpose was to support the scientific publication of work produced by the projects and help them make their results public to a wider audience of end-users. The projects involved in the programme were informed of emerging new opportunities for international and national research and cooperation within the context of researcher training and of publishing channels available to the projects.

At the later phase, a task was to collect data on the progress of the projects receiving funding and make preparations for the international evaluation of the programme.

### **Application process**

The call for applications was launched in April 2003 as a two-stage process. In the first phase, applicants were invited to submit short plans of intent, no more than three pages in length. The deadline for applications at this phase was 15 May 2003. Programme funding could be applied for either by individual research teams or by consortia of several teams.

Altogether 89 individual applications and 13 consortium applications were received. The plans of intent were reviewed by the Programme Steering Committee and 34 research projects and six consortia were selected for the second round.

Applicants going through to the second round were requested to submit a research plan of no more than ten pages in length by 15 September 2003. These full applications were evaluated by an External Expert Review Panel. The chair of the panel was Professor emerita Sirkka Sinkkonen from the University of Kuopio. Other members were:

- Professor Cecilia Davies, School of Health and Social Welfare, Open University, United Kingdom
- Professor Reinhard Busse, Lehrstuhl Management im Gesundheitswesen, Reschnische Universität Berlin, Germany
- Professor emeritus Björn Smedby, Department of Social Medicine, University of Uppsala, Sweden
- Professor Martin Knapp, London School of Economics, United Kingdom

The External Expert Review Panel rated the applications on the basis of their scientific merits, after which the Steering Committee selected the projects that would receive funding using the following criteria:

- the relevance of the project to the TERTTU programme
- scientific merits
- societal relevance.

The Steering Committee also took into consideration the thematic areas of the programme indicated in the Programme Memorandum (see 1.2).

The Steering Committee proposed 20 individual research projects and five research consortiums to be funded by the Academy. Ultimately, the programme started on 1 January 2004 with 25 projects. In most cases, Academy funding was granted until December 2007, with extension of some projects until the end of 2008 or 2009 (due to absences associated with maternity leaves during the project) (see Annex 2. List of projects and their funding).

The other bodies involved in funding the programme had their own procedures and timetables for decision-making. Other funding bodies were expected to give their funding decisions by the end of January 2004, but in some cases the decisions came later.

## Criteria for selection of projects

The TERTTU research programme was coordinated by the Academy of Finland. Two of the Academy's Research Councils were involved in administering the programme: the Research Council for Health and the Research Council for Culture and Society. All Academy research programmes share the same goals, that is, to develop research environments; to bring together scattered research capacities; to promote multidisciplinary, interdisciplinarity and where possible transdisciplinarity; to develop national and international cooperation between researchers, funding bodies and end-users of research results; to increase the international visibility of Finnish research through the joint efforts of researchers, research organisations and funding bodies; and to promote researcher training and professional careers in research. Research programmes are also expected to produce added value compared to individual research projects.

Other funding bodies had their own special interest areas and requirements regarding the projects they wanted to finance.

The Ministry of Social Affairs and Health was interested in contributing funding to projects that supported the objectives of the National Health Project and the Ministry's Social and Health Policy Strategies 2010 Report.

The Social Insurance Institution particularly focused on research projects that could produce information relevant to the development of the sickness insurance system. Other subject areas that were emphasised were effectiveness of the rehabilitation system, the promotion of appropriate use of medicines, the role of private research and nursing services in the health care system, the role of sickness benefits awarded by the Social Insurance Institution in the operation of the health care system, and the effectiveness of occupational health services.

Sitra, the Finnish Innovation Fund, was interested in contributing funding to projects that concerned the empowerment of individual citizens, the development of more flexible service systems for end-users, and the development of more efficient and cost-effective service systems.

The Finnish Association of Local and Regional Authorities was interested in projects that focused on the municipal sector and aimed at improving the operation of municipal organisations.

The Finnish Work Environment Fund wanted to support research and development efforts aimed at improving working conditions and at promoting the health, safety and productivity of workplaces. One of the special interest areas was systems governing the operation of health service providers.

Hospital districts were interested in research concerned with effectiveness and cost-efficiency questions, treatment and rehabilitation methods and projects that have immediate applicability in efforts to improve and develop the service system. They were also interested in projects dealing with improving the skills and competencies of staff members; measuring the need for health services; immediate improvements particularly in the allocative efficiency of health services; studying decision-making on health services, particularly from the point of view of service effectiveness and equality; and additional effects of the specialised health care system upon other actors in the social welfare and health care field.

The Finnish Work Environment Fund and the hospital districts had their own application processes for projects related to their specific interests. Those applying for funding from the Finnish Work Environment Fund were required to fill in a separate application form complete with additional information. The Board of the Fund conducted a separate review of the applications submitted to the Fund and rated in the Academy's review process. Each hospital district allocating funds to the programme reviewed the proposal and decided on participation independently.

### **Programme funding**

The total sum applied for by the projects selected to the second round came to 13.8 million euros. The Academy funding was 5.6 million euros. The amount of funding received from the programme's collaboration partners was estimated to be 1.2 million euros. Later during the programme, some projects were successful in finding external funding but it is difficult to give exact figures (see Annex 2. List of projects and their funding).



## 2 EVALUATION PROCEDURE

The Steering Committee launched the scientific evaluation of the programme in 2008. The External Evaluation Panel was chaired by Dr Kimmo Leppo, former Director-General of the Finnish Ministry of Social Affairs and Health. Other members were: Professor Grete Botten from the Institute of Health Management & Health Economics, University of Oslo; Professor Allan Krasnik from the Institute of Public Health, University of Copenhagen, and Professor Pirkko Vartiainen from the Faculty of Public Administration, Social and Health Management, University of Vaasa. Senior Researcher Sinikka Sihvo from the National Research and Development Centre for Welfare and Health STAKES served as the scientific secretary of the Panel.

The Steering Committee was responsible for the general planning of the evaluation and for the formulation of the evaluation assignment. The structure of the evaluation process followed the protocol used in previous evaluations of Academy of Finland research programmes. The programme coordinator collected self-evaluation reports from all projects (Annex 3. Self-evaluation form for projects), lists of publications and three key publications. The responsibility as reader of the publications provided by the projects was shared between Panel members, and each member was the primary responsible reader for certain projects, according to their expertise. The material for the evaluation was sent to the Panel members in August 2008. The Evaluation Panel met at the Academy in September 2008. The final report of the coordination team of the TERTTU programme was available as a background material. In addition, a summary of the funding of the TERTTU projects and a list of the seminars provided within the programme (see Annex 4. List of researcher training and seminars of the TERTTU programme).

During the first day of the Evaluation Panel meeting, three interview sessions were held, two with Principal Investigators (PIs) and a session with other funding bodies (see Annex 5. Agenda of the Evaluation Panel meeting). The secretary of the Panel made a list of questions to be asked of the interviewees on themes relevant to the evaluation. Altogether, six Principal Investigators were interviewed and two representatives of the other funding bodies. Because only two out of six invited funding partners participated, individual telephone interviews were arranged on the next day of the meeting with three of the other funding bodies. A discussion meeting was also held with the Programme Director and the Coordinator and two members of the Steering Committee (Annex 5. Agenda of the Evaluation Panel meeting).

The general aim of the evaluation was to estimate to which degree the TERTTU programme had succeeded in fulfilling the objectives originally set for it in the Programme Memorandum (see Annex 6. Assignment letter and terms of reference for the evaluation). Of specific interest was the programmatic approach, added value and the programme's impacts, interdisciplinarity, multidisciplinary, applicability of research, networking, and dissemination of results.

The Evaluation Panel was expected to assess the programme as a whole and reflect especially the following issues in its report:

1. Planning of the TERTTU programme
2. Scientific quality of the programme
3. Success of the implementation of the programme
4. Contribution to researcher and expert training
5. Collaboration and networking
6. Applicability of research and importance to end-users
7. Recommendations for the future.

# 3 EVALUATION OF THE TERTTU PROGRAMME

## 3.1 Planning of the programme

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The initiative to start a programme on health services research was well timed as the need for such research was evident. Planning of the programme was in general well prepared. A seminar was arranged in 2001 with all relevant stakeholders to prepare the content of the programme. A broad area of health services research was covered. However, when all topics are covered heterogeneity becomes a problem, and because of this broadness, coordination of the programme was difficult.

After the ambitious first phase, planning problems emerged. It is unclear how the themes of the programme were selected. The Panel had the impression that all other funding bodies involved wanted to add their special interests to the programme. The launch of the programme was conducted in a similar way as has been done with previous programmes close to health services research: a relatively small amount of funding was made available for many individual projects within a wide range of disciplines. The programme did not have enough resources to act sufficiently in relation to individual applications and to the overall objectives set for it.

In the first round of the selection process, the Steering Committee members selected the projects that were invited to the second round based on short plans of intent. In some cases, this process appeared to be based more on individual preferences than on scientific merits. All projects deserve a fair evaluation, and a two-phase selection process can therefore be problematic when the selection criteria of the first phase are unclear.

It was not clear to the Panel why some of the projects received almost the total sum of funding they had applied for, whereas other projects received much less. The criteria for this variation were not clearly set out in the documentation. Two other external funding bodies had their own procedures and timetables for decision-making. As a result, the decision-making process regarding the applications was not well coordinated between the bodies involved at the launch of the programme. Information received from the first chair of the Steering Committee suggested that in some cases the Committee had made their judgements to substantially reduce the amount of funding given to a project on the basis of the assumption that other funding bodies would finance the project, which in fact did not happen. Decisions based on such false assumptions could not be corrected at a later stage, as all the funding was handed out in the first year. Some projects may have suffered from this lack of coordination. The other reason for granting only part of the applied sum was presumably based on the routines usually applied in Academy project funding.

On average, projects received about two-thirds of the sum they had applied for. Nine out of 26 projects received less than half of the sum they had applied for and nine projects received 80 per cent or more of the sum they applied for. After the funding decisions, the impact of cutting the budget was not discussed with the

Principal Investigators. In the first annual report, PIs were asked how the reduced budget would influence the project, but no amendment research plans were required. PIs had also had to spend much time on finding other funding sources for their project. The salary of a PI cannot be financed from the project money of the Academy, which is problematic. A senior researcher's input is always needed in the project. PIs find themselves in a situation of conflicting pressures from the institute and their responsibility for the project. PIs are permitted to use the received funding for their salary only if specially agreed on with the Academy. This is not optimal with a view to the efficient functioning of the project. Institutes should also be more involved and take responsibility for the projects that are funded by the Academy by allowing project leaders to take time for the project.

#### **Summary observations by the Evaluation Panel:**

*All applicants deserve scientific peer-review evaluation. Therefore, using the Steering Committee for evaluation of project plans of intent is not recommended.*

*When cutting the budget, revised plans should not be left solely to the Principal Investigator without consulting the Steering Committee.*

*The Academy should reconsider the rules for extending project funding to be used for the Principal Investigator's salary. The contribution of the Principal Investigator should be included in the project's total budget, which is the custom in several other countries.*

### **3.2 Scope of the programme**

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The TERTTU programme involved nine themes that were covered to varied degree. Further, there were some projects that did not seem to fit in particularly well with the core of health services research. There was great variation among the projects and because of this variation, the programme coordination had difficulties in providing an adequate standard of services to all projects. The programme therefore remained more a set of separate individual projects than a focused programme. The Evaluation Panel would have preferred a more focused programme.

The Steering Committee decided to finance several projects with a relatively small amount of money. Only one-third of the projects received funding that was close to what they had applied for ( $\geq 80$  per cent of the funding applied for). In all, the programme could finance about one-third of the sums applied for. As a result, there was an obvious disparity between the scope of the research programme and the funding granted. Further, the objectives of the programme could not be reached in four years.

#### **Summary observations by the Evaluation Panel:**

*A more focused programme would have been more efficient. The number of projects receiving funding should be limited so that they receive adequate funding for conducting the research planned.*

*The Panel understands that the period of four years is the standard procedure for a research programme in the Academy, but this time frame should be reconsidered.*

### 3.3 Role of other funding bodies

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There were in all six cooperating partners in the TERTTU programme, which is more than usual in Academy research programmes. A certain lack of commitment was observed. Some of the other funding bodies were actively involved in framing the programme goals and selecting projects, but they did not finance any projects. Alternatively, they wanted to cut funding and focus only on some parts of the research proposal. In some cases, this was understandable: the partner was willing in principle to finance a certain project, but due to a low rating from the External Expert Review Panel, they decided not to. In some cases, the project received funding from the partner at a much later stage than at the start of the programme.

It became apparent in the interviews with the other funding bodies that they were not completely satisfied with the negotiation process. In their opinion, the involvement of the other funding bodies could have been managed in a better way, and they particularly emphasised the need for flexibility. They expected more negotiation regarding which results can be accomplished fast and which cannot. However, all interviewed funding bodies were in principle positive towards the opportunity to cooperate.

It was challenging for the programme coordination to reconcile the different expectations of the Academy, the researchers and the other funding bodies. The orientation of the other funding bodies differed from that of the Academy or the researchers: especially the time frame applied by the other funding bodies in reviewing the projects is shorter than at the Academy. The question of ownership of the projects was also raised.

An effort was made to get other funding bodies involved, especially to receive funding from special state subsidies (referred to as 'EVO funds') administrated by hospital districts. This effort was unsuccessful on the whole. The EVO funds are dominated by clinical and biomedical research, and consequently, it will take time before health services research can expect to receive larger amounts of funding from that source. The effort as such was positive, however.

In some cases, Academy funding awarded to a project affected the funding decisions of other funding bodies. There were instances when funding received from the Academy helped the project in question to also receive funding from other sources, when in other cases the effect seemed to be the opposite: Academy funding prevented the project in question from receiving funding from other sources.

The Panel felt that the Academy probably had excessively high hopes for how collaboration with the other funding bodies would work. In future, only major funding bodies should be included.

#### **Summary observations by the Evaluation Panel:**

*Wider cooperation with several other funding bodies in the research programme was a new approach. Involvement of other funding partners did not work the way it was expected to.*

*More efforts are needed when collaborating with other funding bodies. Expertise is needed to manage the whole process, and in the programme planning phase, special attention should be paid to the negotiation process.*

*In the planning phase, other funding bodies should be more firmly committed to the programme, for example, by stating the minimum extent they are willing to*

*finance. However, other funding bodies should still have the option of identifying the projects they are willing to finance.*

### **3.4 Scientific and administrative coordination**

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#### **Programme coordination**

The programme coordination saw its role more as a support function than as coordination, for example by assisting projects with international contacts, and focused less on research cooperation. Important tasks of the coordination included organising seminars and researcher training. Programme coordination also discussed with graduate schools how these could integrate the needs of the health services research field into their work. The programme coordinator worked partly full-time, partly part-time. The programme director acted as a supervisor. Administrative tasks related to research groups were done in collaboration with the Academy's science advisors.

The programme coordination's main scientific output is a book published in October 2008, comprising 15 articles written by researchers involved in the TERTTU programme. The book is intended both for decision-makers, policy-makers and researchers.

The Evaluation Panel got the impression that the coordination has done its best, but that this has not been enough. They did not have the instruments needed to work adequately. The need for seminars and training varied as a result of the heterogeneity of the projects. As the coordination team stated in its report to the Academy, it was difficult to organise events that would be relevant to at least a majority of the projects. Some Principal Investigators would also have needed more support with administrative tasks, such as salary negotiation and accounting, but this was not possible due to limited resources.

#### **Steering Committee**

The Steering Committee represented the main stakeholders involved in the creation of the programme and the selection of projects. After the selection process, the role of the Steering Committee was less significant. The Evaluation Panel feels that the Steering Committee could have been used to a greater extent. The Panel also commented on the expertise represented by the Steering Committee in that, although there were professors on the Steering Committee, they did not represent their institutions. There was discontinuity, especially the members appointed by the Academy changed, as a consequence of membership changes in the Academy's Research Council for Health. This has been a standard procedure at the Academy, but it hampered the cohesion and the work of the Steering Committee.

#### **Summary observations by the Evaluation Panel:**

*Heterogeneity posed challenges to the programme's management, in particular with regard to researcher training.*

*The coordination team did a good job considering their resources. However, it was not able to fulfil all expectations related to their tasks, such as enhancing collaboration among research teams.*

*The role of the Steering Committee should be strengthened to include more than*

just the preparation and selection process in order to secure that the programme goals can be met.

*The Academy should reconsider its policy of changing members in the Steering Committee when the terms of membership in Research Councils change.*

### 3.5 Scientific quality of TERTTU projects

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First, the Evaluation Panel noted considerable variation between projects: the performance of some projects was scientifically excellent, some average. Register-based and other quantitative studies dominated. There was very little qualitative research and only a few intervention studies.

In general, the projects carried out traditional research and similar kinds of studies to those conducted in other countries, and they did not include much development of new methodology.

There were problems in the execution of the studies; for example, delays in timetables were common. There were also often difficulties in obtaining data, and access to data took longer than expected. This was the case especially with register-based studies. However, it should be noted that the TERTTU programme made a positive contribution to the use of register-based data. Some of the projects concerned probably would not have been able to start without funding from the programme.

The Evaluation Panel was not very impressed by the quantity and quality of programme outputs. There was variation in the number of publications. Some projects have not produced any publications as yet. The great variation in the number of publications is probably partly due to the fact that some projects had collected data long before the TERTTU programme started. For these projects, TERTTU funding offered a chance to concentrate on analysis and reporting. Other projects started to collect data only after the TERTTU funding decisions were made. Many of the expected outputs will be doctoral theses (some monographs), and a number of publications is still likely to come.

There was also great variation in the quality of publications. Some were of a very high standard, published in high-rated peer-reviewed journals. The balance between publications in peer-reviewed international journals and Finnish journals was not good: about half of the publications produced within the projects were in Finnish. Some projects published only in *The Finnish Medical Journal* or in non-peer-reviewed journals. The need to present results for health managers and other decision-makers might partly explain the preference for Finnish journals. Nearly all publications in English were published in peer-reviewed journals.

The Evaluation Panel noted that about one-fifth of the publications were not related to the TERTTU programme. Further, at the time when the evaluation material was sent to the Panel, more than one-fifth of the self-evaluation reports of the project leaders and publications were missing, and the evaluation work was hampered by this. The Academy should require that reports and other relevant material be provided in good time to ensure a high standard of assessment.

In general, the quality of the programme was supported by the fact that many highly recognised researchers submitted applications and key Finnish institutes in the field were involved in the programme. However, there was not much cooperation

between the projects. Neither was there new international collaboration: by this time, most projects with international collaboration had established their contacts before the programme began.

#### **Summary observations by the Evaluation Panel:**

*Some projects were of a very high standard, but there was great variation. The majority of the publications are still awaiting publication and, consequently, the programme's scientific quality cannot be fully evaluated. The programme succeeded in attracting researchers who are well recognised in the field.*

*Despite close contacts with policy-making bodies, it seems that many projects have been able to combine their scientific quality with policy relevance.*

### **3.6 Contribution to researcher and expert training**

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One of the programme's goals was to improve access to postgraduate training in health services research. The programme coordination organised three courses and eleven seminars (Annex 4. List of researcher training and seminars). All courses were arranged in collaboration with other organisers, and five of the seminars were mainly organised with the Society of Social Medicine. One seminar was intended for Principal Investigators, one for junior researchers only. The seminars and courses were well arranged considering the available resources, and received mainly positive feedback from PIs in the self-evaluation forms. The content of the seminars was regarded interesting and relevant. However, the dialogue between different approaches was not entirely successful because of the diversity of the research approaches.

According to Principal Investigators, many PhD students participated in the programme's courses and seminars and benefited from them. Courses were also arranged by the Doctoral Programs in Public Health. A stronger involvement would be needed to strengthen the field of health services research in the present graduate schools. According to the Evaluation Panel, the programme's input has been modest in supporting this development. However, according to the self-evaluation report of the coordination team, a process of developing a national curriculum for the "basis of health services research" has been started. It is still open which institute will continue to develop and implement this.

Short-term funding created a problem for researcher training. A graduate school would be needed to guarantee the continuity of training after the programme has been finished. The Evaluation Panel felt that development of the doctoral programme would be needed to further improve the research in the field. The current graduate school covering health services research, mainly Doctoral Programs in Public Health, has been mainly epidemiology oriented, but might be able to broaden its scope by placing more focus on health services research as one of its priorities.

Parental leaves created a challenge for the continuity and activities of many of the research projects. Flexibility is needed in timing because, although the salary of the PhD students in the projects can be transferred to the time after the parental leave, the courses and other activities are given only during the programme's four-year period. This is problematic from the perspective of a programme providing researcher training.



Some projects had difficulties in recruiting medical doctors or dentists. A main problem was that their employers were unwilling to give them leave of absence to do research.

### **Summary observations by the Evaluation Panel:**

*Activities to support researcher training have been on the right track but not sufficient.*

*Coordination has made an effort to provide seminars and improve training. The very broad variation in the backgrounds of PhD students creates demands for providing relevant courses for all PhD students involved in the research programme. Such a broad programme would have needed more resources for the training of PhD students.*

## **3.7 Collaboration and networking**

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### **Networking among researchers**

One aim set for the programme was to support research networking and collaboration nationally and internationally. With regard to networking, there were considerable differences between projects. Some groups were already networking when the programme started, others were not. The seminars arranged by the programme coordination were expected to contribute to networking between researchers. This, however, did not seem to have succeeded very well. It is not known how much collaboration there was with projects outside the TERTTU programme.

The Evaluation Panel did not observe much collaboration with international research groups in connection with the programme. The Panel noticed that rather few articles had international co-authors. Researcher mobility was exceptional and in a few cases it developed only after the programme had ended. Networking and collaboration can only develop when the research base is stronger. Funding could also directly support international collaboration through funding the mobility of researchers, international meetings and seminars etc.

There were five consortia involved in the programme. Even within the consortia collaboration and networking did not always develop as expected. Some consortia will probably continue to conduct research and training collaboration after the programme.

### **Networking related to end-users**

Communication with end-users is particularly important in a field such as this where policy-makers are an important end-user group. The programme coordination made an effort to disseminate information on the project's results to end-users. It arranged two two-day seminars at the Academy in which almost all TERTTU projects presented their findings to relevant stakeholders including top health care managers, politicians and administrators. In addition, selected projects presented their findings at a seminar organised for members of the Social and Health Committee at the Finnish Parliament. The Evaluation Panel considers this kind of activity essential.

According to the Evaluation Panel, the seminars arranged for end-users were exceptional efforts to disseminate results from the programme. However, the programme coordination could have been even more active in communicating with

end-users. In addition to seminars, newsletters could have been produced and the open website for this purpose could have been used more actively, providing information on publications and the latest research findings of the research groups.

#### **Summary observations by the Evaluation Panel:**

*The Evaluation Panel did not observe much collaboration as a result of this programme.*

*The programme has made only a minor contribution to the internationalisation of Finnish health services research.*

*Different communication tools could have been used more effectively on a continuous basis to provide end-users with information on research achievements.*

### **3.8 Success of the implementation of the programme goals and objectives**

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The Programme Memorandum listed three objectives for the TERTTU programme. According to the judgement of the Evaluation Panel, all these goals were only partly met. This is mainly due to the fact that the targets set were too ambitious in the light of the funding actually allocated to the programme.

#### **Objective 1: To increase cooperation among funding bodies of health services research**

This did not succeed the way it was expected and hoped for due to a lack of continuous collaboration and coordination efforts after initial consultations (see 3.3).

#### **Objective 2: To promote national and international cooperation and networking among health services researchers and scientifically ambitious multidisciplinary and transdisciplinary research**

The programme's contribution to networking and collaboration was only marginal (see 3.7).

The programme supported multidisciplinary and interdisciplinary research and several disciplines were involved in the projects. Health services research in general is a multidisciplinary field, which was taken into account in the call. It is not easy to evaluate from the material provided for the Panel whether the programme actually supported the multidisciplinaryity of the projects.

#### **Objective 3: To improve access to postgraduate training in health services research**

The seminars organised within the programme received mostly positive feedback. However, because of the broadness of the research field it was difficult to arrange fruitful training for all. Taking into account the resources, the amount of training for PhD students was quite good (see 3.6).

The Evaluation Panel also recognised the problems in recruiting health care professionals to research projects, especially medical doctors and dentists.

#### **Added value of the programme**

All Academy research programmes are expected to generate added value for the research field concerned. In other words, programmes should contribute to the development of a research field more than separate funding for projects would.

According to the Panel, the TERTTU programme was not entirely successful in attaining this aim. However, it should be remembered that health services research is still an emerging research area in Finland. There was a need for this type of research and in that sense the programme has strengthened Finnish health services research to some extent. The interest in health services research as a field has grown thanks to the programme. Further, some of the projects were launched only as a result of funding from the TERTTU programme.

Support to PhD students provides opportunities for research to continue. However, limited time and resources pose a problem for sustainability. Greater investments and institutionalisation would have ensured better continuity of the research field. Some research groups and consortia were able to develop continuity especially for the training of doctoral students after the programme, too.

#### **Summary observations by the Evaluation Panel:**

*Cooperation with external funding bodies did not work fluently. The experiences gained should be put to use in further efforts to improve negotiations and understanding of the needs of the different parties involved.*

*Promotion of national and international cooperation did not noticeably improve as a result of this programme.*

*The training and seminars arranged for senior and junior researchers were very welcomed.*

*Postgraduate training should be made firmly established and systematised on the institutional level. This will not take place without support from the Academy.*

### **3.9 Applicability of research and importance to end-users**

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The programme has contributed to a broader understanding of the need for and relevance of health services research among the actors of the health care system. It has also created opportunities for better understanding the research needs of the health care administration among researchers.

As many of the research projects will continue to publish for some years after the programme has been completed, it is difficult to evaluate the applicability and importance of research findings at this stage. Applicability can be assessed only after the results are ready. It seems reasonable to assume that some of the projects will have great applicability once they are finished. However, it should be noted that the research results and the programme will not have a lasting impact without further actions.

It was also noted that some projects had difficulties in publishing because their results are politically sensitive. The Academy should add a requirement that all relevant results are published, regardless of political or professional opposition.

#### **Summary observations by the Evaluation Panel:**

*The results of some projects will be relevant and probably have good applicability. It is, however, too early to judge the applicability and significance of the results to end-users.*

# 4 CONCLUSIONS AND RECOMMENDATIONS FOR THE FUTURE

## 1 Overall success of the programme

The initiative to start a programme on health services research is positive as there is a great need for high-level policy-relevant research. Health services research is still a small emerging research area. The aim was to raise the standard of health services research.

The programme had its strengths and weaknesses. The launch of the programme met with great interest at almost all relevant universities and research institutes and also attracted the interest of external funding bodies for collaboration. Despite the heterogeneity of the projects, the coordination team managed well in providing training and support for the projects. The success of the separate projects varied a great deal. The main objectives of the programme, that is, to increase collaboration with funding bodies, to promote national and international cooperation and networking, and to raise the standard of postgraduate training in health services research were only attained in part. However, more researchers were recruited to the field and it will only be possible to see their achievements after a delay.

From the Evaluation Panel's point of view, and also expressed in the Principal Investigators' reports, the TERTTU programme did have some impact in the sense of advancing health services research in Finland and boosting its visibility.

## 2 Selecting the projects

The Evaluation Panel cannot recommend a two-stage selection procedure in the form used in this programme, as scientific peer-review was not guaranteed at the first selection phase carried out by the members of the Steering Committee.

## 3 Broad vs. focused programme

The TERTTU programme covered a wide range of disciplines and included nine specified themes. At the time of programme planning, a broad perspective was thought to be a good idea. However, the resulting heterogeneity, together with limited time and funding, made it difficult to fulfil the objectives set. It also created problems for programme implementation, initially in the form of difficulties in rating and ranking the projects and, subsequently, with organising suitable researcher and expert training. A more focused programme would have advanced expertise in the selected areas.

## 4 Funding

The majority of the projects received only part of the funding they had applied for. The impact of these budget cuts was not systematically discussed with the Principal Investigators who independently decided which parts of the original research plan they were to conduct. There was a clear risk that the cuts made to the initial research proposals might have reduced the scientific relevance of the research if the most

interesting parts of the project had been eliminated. The Academy should take a stronger role in negotiations and in adjustments of a project's aims after the budget cuts.

At present, Principal Investigators can use the granted funding for their own salary only by special permission. This policy should be revised. The input of senior researchers is needed to ensure the efficient implementation of projects.

Financial support for international collaborative activities could be strengthened as part of the funding by the Academy in order to stimulate and spur internationalisation of health services research in Finland.

In the current form of research programmes, all funding is usually allocated at the beginning of the programme. This leads to stagnation of the programme. The Panel suggests that the Academy consider that part of the funding be applied for in the second round, for example during the second year of the programme. That would allow better awareness of the programme among researchers and adequate time for preparing high-standard research plans. In the TERTTU programme, the time between the announcement of the call and the submission deadline for preliminary research proposals was too short and favoured research groups that had their projects running. In addition, better awareness of the programme and its projects could also attract more external funding bodies interested in financing projects. It should be noted that long-term public funding is needed in order to get other funding bodies interested in funding.

## **5 Collaboration with external funding bodies**

Managing cooperation with external funding bodies is a demanding task as flexibility is needed, as well as skills to negotiate and to raise funds. It is demanding to fit the needs and expectations of external funding bodies into an academic research programme. Special effort would have been needed for all this. The TERTTU programme made efforts to collaborate with several other funding bodies; this was a positive effort but it did not quite succeed. The amount of external funds received was less than expected, and there were difficulties in negotiations with and commitment of other funding bodies. Because external funding bodies provide a potential route to increase funds available for high-quality research, this collaboration should be further improved. The Academy should analyse the obstacles to funding collaboration with external funding bodies and ways in which collaboration can be improved. The rules for collaboration should be clarified for all parties before planning the programme, for example by developing joint agreements and contracts and by specifying the terms.

## **6 Steering Committee**

In the course of the programme (incl. the preparation and evaluation phase), the Steering Committee members appointed by the Academy changed twice, including the chair. These changes interfered with the Steering Committee's potential to fully develop and support the coordination of the programme. In this programme, the role of the Steering Committee remained modest after the preparation and selection process. The expertise of the Steering Committee could be used more, and the Steering Committee selected accordingly.

Effective coordination and direction of a programme requires a permanent composition of its Steering Committee and the possibility to revise the direction when needed. The Academy has changed the structure of managing research programmes. Hopefully, these changes will support coordination and make the direction stronger.

## **7 Dissemination of results**

Dissemination of research results and networking with end-users, such as policy makers and other decision-makers is emphasised especially in fields such as health services research that have good applicability and policy relevance. The coordination made efforts to disseminate research results to end-users by arranging two seminars and publishing a book in October 2008 based on the results from the TERTTU projects. These activities were exceptional since programme coordinators usually do not make such efforts to communicate results to end-users. However, in the Evaluation Panel's opinion, even more attention should have been paid to dissemination of results. More information channels could have been used, such as newsletters and updating information about projects on the programme's website. This might, however, have required more resources for coordination and dissemination of information.

## **8 Institutional support**

The Evaluation Panel recommends that the institutes where the research is carried out be more involved in research programmes in order to ensure institutional support for Academy-funded research projects. The institute concerned should be responsible for the project and its follow-up. In practice, this would give Principal Investigators opportunity to spend more time on the project, and the projects' total costs would be made more visible. This mechanism is applied in several neighbouring countries. One potential way of encouraging institutes to get more involved would be to invite them as members of the Steering Committee.

## **9 Continuity**

The aim of the programme was to permanently strengthen the research field with a view to contributing to the search for solutions to major developments and challenges in the health care sector. Capacity building usually takes between 5–10 years. It follows that a four-year programme is not enough to build research capacity in a field that is weak and as broad as health services research defined in this programme.

The coordination worked to pay attention to the future of the research field after the programme is completed. It maintained discussion on the potential for establishing a graduate school in the field of health services and funding from the Academy. In addition, it contributed to debates on special state subsidies (EVO funds) for health services research. However, the coordination lacked the resources to ensure the continuation of the programme activities with regard to funding and postgraduate training. It was therefore left open how to proceed after the programme.

The Evaluation Panel feels that more coordinating support and follow-up is required for continuation. Some organ should take responsibility for further coordination. The best way to guarantee future development in the field would be to

create institutional structures that support continuity. Some institutes have available infrastructures while some universities do not. Future actions should be considered while the programme is still running in order to ensure continuity.

It is necessary to continue the efforts of this initiative in order to strengthen health services research as a field. The two Research Councils that were responsible for initiating the TERTTU programme could take the lead in further strengthening and coordinating the field as a joint action. The multidisciplinary nature of health services research clearly justifies such an initiative.

Further, to guarantee continuity and capacity building, the Evaluation Panel recommends that the Academy consider the establishment of a doctoral programme in health services research. Since a graduate school would partly overlap with the current Doctoral Program in Public Health, a way to proceed would be to intensify the role of health services research in the Doctoral Programs in Public Health. This could be made by creating separate orientation options for health services research and for epidemiology within the doctoral programme.

Major changes have been made at the Academy in terms of the management of research programmes. Some of the observations and suggestions expressed here are similar to those that have been reported in previous evaluations of Academy research programmes. The Panel hopes that this evaluation report will benefit the Academy in its efforts to further develop its research programmes.

# ANNEX I.

## MEMBERS OF STEERING COMMITTEES (2003–2008)

### Steering Committee 1 (2003–2004)

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Chair, Research Professor **Elina Hemminki**, Academy of Finland, RCH  
Professor **Aila Lauha**, Academy of Finland, RCCS  
Docent **Kaija Heikkinen**, Academy of Finland, RCCS  
**Timo Klaukka**, Director of Health Research, Social Insurance Institution  
**Olli-Pekka Lehtonen**, Medical Director, Kanta-Häme Hospital District,  
Professor **Helena Leino-Kilpi**, Academy of Finland, RCH  
**Ari Lindqvist**, Chief Medical Officer, Helsinki and Uusimaa Hospital District  
**Matti Liukko**, Head of Unit, Finnish Association of Local and Regional Authorities  
Professor **Paavo Okko**, Academy of Finland, RCCS  
**Ilmo Parvinen**, Chief of Department, Finnish Innovation Fund Sitra  
Professor **Hilkka Soininen**, Academy of Finland, RCH  
**Ilkka Tahvanainen**, Research Ombudsman, Finnish Work Environment Fund  
Professor **Timo Vesikari**, Academy of Finland, RCH  
**Kari Vinni**, Director of Research and Development, Ministry of Social Affairs and Health

#### Invited experts:

Professor **Arja Aro**, National Public Health Institute and  
the Erasmus Medical Center, Rotterdam  
Professor **Marjukka Mäkelä**, National Research and  
Development Centre for Welfare and Health STAKES

### Steering Committee 2 (2004–2006)

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Chair, Professor **Hilkka Soininen**, Academy of Finland, RCH  
Professor **Eila Helander**, Academy of Finland, RCCS  
**Timo Keistinen**, Chief Medical Officer, Vaasa Hospital District  
**Ari Lindqvist**, Chief Medical Officer, Hospital District of Helsinki and Uusimaa  
**Kaija Maijonen**, Development Director, Local Finland  
**Ilkka Tahvanainen**, Research Ombudsman, Finnish Work Environment Fund  
**Kari Vinni**, Director of Research and Development, Ministry of Social Affairs and Health  
Research Professor **Elina Hemminki**, Academy of Finland, RCH  
Professor **Marja Tuominen**, Academy of Finland, RCCS



**Timo Klaukka**, Director of Health Research, Social Insurance Institution  
Professor **Helena Leino-Kilpi**, Academy of Finland, RCH  
**Ilmo Parvinen**, Chief of Department, Finnish Innovation Fund Sitra  
Professor **Timo Vesikari**, Academy of Finland, RCH

**Invited experts:**

Professor **Arja Aro**, University of Southern Denmark  
Professor **Marjukka Mäkelä**, National Research and Development Centre  
for Welfare and Health STAKES

**Steering Committee 3 (2007– 2008)**

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Chair, Professor **Anssi Auvinen**, Academy of Finland, RCH  
Professor **Pekka Ruohotie**, Academy of Finland, RCCS  
**Timo Keistinen**, Chief Medical Officer, Vaasa Hospital District  
**Ari Lindqvist**, Chief Medical Officer, Hospital District of Helsinki and Uusimaa  
**Kaija Maijonen**, Development Director, Local Finland  
**Ilkka Tahvanainen**, Research Ombudsman, Finnish Work Environment Fund  
**Kari Vinni**, Director of Research and Development, Ministry of Social Affairs and Health  
Professor **Marja Tuominen**, Academy of Finland, RCCS  
**Timo Klaukka**, Director of Health Research, Social Insurance Institution  
**Ilmo Parvinen**, Chief of Department, Finnish Innovation Fund Sitra  
Professor **Helena Gylling**, Academy of Finland, RCH

**Invited experts:**

Professor **Arja Aro**, University of Southern Denmark  
Professor **Marjukka Mäkelä**, National Research and Development Centre  
for Welfare and Health STAKES  
Research Professor **Elina Hemminki**, National Research and  
Development Centre for Welfare and Health STAKES

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RCH = Research Council for Health

RCCS = Research Council for Culture and Society

## ANNEX 2.

# LIST OF TERTTU PROJECTS AND THEIR FUNDING

PI	Institute	Euros	Title of project
Alanen, Pentti	University of Turku, Institute of Dentistry	120,000	Cost-effectiveness, organization and work division in public dental care in Finland with special reference to caries prevention, orthodontic care and maintenance of elderly people's oral health
Henriksson, Lea	University of Tampere, School of Public Health	300,000	Politics of recruitment
Honkasalo, Marja-Liisa	University of Helsinki, Department of Sociology	300,000	Changes in the population, changes in distress – challenges for Finnish health care
Häkkinen, Unto <b>consortium</b>	STAKES and hospital districts	200,000 (+ 60,000 Sitra)	Effectiveness, quality, and resource utilization on specialized health care
Jylhä, Marja	University of Tampere, School of Public Health	267,000	Influence of patient-level and provider-producer-level characteristics on use and costs of health and social services among older people: why do older people spend more?
Kaltiala-Heino, Riittakerttu	University of Tampere, School of Public Health	250,000	Adolescent maladjustment, conduct disorders, and involuntary treatment of minors in psychiatric and social services
Keskimäki, Ilmo	STAKES	315,000	Regional disparities, social segregation and socio-economic patterning: where do inequities in access to health care arise?
Kivelä, Sirkka-Liisa	University of Turku, Institute in Clinical Medicine / General Practice	200,000	Prevention of injurious falls and fractures in ageing and aged population
Kinnunen, Juha	University of Kuopio, Department of Health Policy and Management	200,000 (+ 70,000 Finnish Assoc. for Local and Regional Authorities + 160,000 Sitra)	Managing the innovations of human resources in health care
Koivusalo, Meri	STAKES	150,000 (+ 150,000 Ministry of Social Affairs and Health)	Globalization, citizens and health care – exploring the role of users, choice and markets in Europe
Laamanen, Ritva	University of Helsinki, Department of Public Health	250,000	Does performance depend on form of provision in primary health care? A multidimensional comparison of voluntary and municipal organizations

PI	Institute	Euros	Title of project
Lehtonen, Olli-Pekka	Kanta-Häme Hospital District	236,000	Do need for and use of specialized health care meet?
Nissinen, Aulikki Talja, Martti <b>consortium</b>	several institutes	200,000 + 150,000 Social Insurance Institution)	Meeting the challenges of health care in transition: developing sustainable methods and strategies for health promotion in primary health care
Pekurinen, Markku	STAKES	300,000	Financing Finnish health care: new innovative options for the future
Perälä, Marja-Leena	STAKES	120,000	Patients' informal caregivers in the care / case management type of home care and discharge practice
Punamäki-Gitai, Raija-Leena	University of Tampere, Department of Psychology	200,000	Interventions for improving family functioning and child development: the theory, conceptualization and measurement
Rissanen, Pekka <b>consortium</b>	several institutes	450,000 (+150,000 Ministry of Social Affairs and Health)	The primary health services research consortium (PHSRC)
Roine, Risto <b>consortium</b>	Helsinki University Hospital	200,000	Evaluation of implementation of selected national guidelines
Tuomilehto, Jaakko	University of Helsinki, Department of Public Health	- (150,000 Social Insurance Institution)	Evaluation of the national diabetes prevention program in Finland
Tuulonen, Anja	University of Oulu, Department of Ophthalmology	40,000	Simulation model to estimate the need and cost of eye health care services in 2005–2020 using different indication levels for treatment
Uusitalo, Roope	Labour Institute for Economic Research	150,000	Labour market in the health care sector
Vuori, Jari	University of Kuopio, Department of Health Policy and Management	250,000	Public, private and third sector in health care
Välimäki, Maritta	University of Tampere, Department of Nursing Science	250,000	Evaluation of internet-based patient support system in mental health care: a cost-effectiveness analysis
Wahlbeck, Kristian <b>consortium</b>	STAKES	300,000 (+ 30,000 Finnish Assoc. of Local and Regional Authorities)	Effectiveness of mental health services: values, aims and effect conditions (MERTTU)
Matti Joukamaa	University of Tampere	170,000	
Widström, Eeva	STAKES	300,000	Markets, incentives and equity in dental care

# ANNEX 3.

## SELF-EVALUATION FORM FOR PROJECTS

Research Programme on Health Services Research  
TERTTU 2004–2007

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Please answer the questions below based on the four years of the TERTTU programme. Please complete the form in English because it will be the language used in the review panel and the evaluation report.

### Project leader

#### 1 YOUR PROJECT

##### Progress of the project

Most of the TERTTU projects were granted less money than was applied for in the original research plan. What, if any, changes were made to the plan due to financial restrictions?

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##### Drawbacks

How well were you able to follow the amended research plan?

What factors, if any, hindered the planned progress of the project?

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##### Financing

Were you able to find additional funding to cover the budget cut?

Which bodies provided funding?

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##### Results

Describe briefly the main results and achievements of the project (scientific, societal, educational etc).

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## 2 TERTTU PROGRAMME

### Health services research in your institution

Did the TERTTU programme strengthen health services research in your institution? Is the research strand sustainable?

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### Health services research in Finland

According to your opinion, is health services research in Finland now more or less established than it was before the TERTTU programme?

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### Added value of the TERTTU programme

What impact, if any, did the TERTTU programme have upon your research project? Please consider aspects such as promoting internationalisation, publication, research collaboration, cooperation in future research projects etc.

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### Coordination

Please feel free to express any feedback related to the coordination of the programme.

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## 3 THE FUTURE OF HEALTH SERVICES RESEARCH

Recommendations for the future and any other comments you want to add

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# ANNEX 4.

## LIST OF RESEARCHER TRAINING AND SEMINARS OF THE TERTTU PROGRAMME

Year	Event	Length	Number of TERTTU participants	Remarks
2004	Course on systematic literature reviews	Two days of contact teaching + practicals	30	In collaboration with Finnohta
	Course on registry research	One day lecturers	15	In collaboration with STAKES
	Health services research seminar	Two days	50	In collaboration with the Society for Social Medicine
	Seminar on evaluation research	Two days	30	Invited speakers from the US
	Seminar on qualitative research	Two days	20	In collaboration with DPPH, invited speakers from the UK
2005	Mistä teorit terveydenhuoltotutkimukseen?	Two days	50	Both senior and junior TERTTU researchers
	Seminar on health policy and politics	Two days	30	A special issue of <i>The Journal of Social Medicine</i> was edited by coordination
	Session on health services research at the seminar of social medicine	One day	25	In collaboration with the Society for Social Medicine
2006	Seminar for TERTTU PhD students	One day	25	Senior researchers commenting papers, invited speaker from Denmark
	Course on evaluation in health care	Five days	15	In collaboration with ROHTO, invited speaker from Norway
	TERTTU sessions at the Health services research seminar	Two days	20	In collaboration with the Society for Social Medicine, TERTTU invited commentators for papers
2007	A research meeting for TERTTU researchers	Two days	30	Finnish speakers
	A networking meeting for TERTTU project leaders	Two days	30	Researchers and stakeholders
	TERTTU session at the EUPHA meeting	Two days	35	In collaboration with EUPHA, invited speakers from Europe and the US

# ANNEX 5.

## AGENDA OF THE EVALUATION PANEL MEETING OF THE HEALTH SERVICES RESEARCH PROGRAMME (TERTTU)

Venue: Academy of Finland,  
Vilhonvuorenkatu 6, Helsinki,  
Meeting room 564, 5<sup>th</sup> floor

### Monday 29 September 2008

- 9:00 Meeting in the hotel lobby, then metro or tram to the Academy
- 9:30–9:45 Opening and terms of reference for the evaluation  
Dr **Kimmo Leppo**
- 9:45–10:30 Health services research programme: what and why?  
Professor **Anssi Auvinen**, Chair of the Steering Committee
- 10:30–11:15 Meeting with the Coordination of the Programme  
Programme Director, Professor **Juhani Lehto** and  
Coordinator **Ulla Ashorn**
- 11:15–12:45 Meeting with Cooperating Partners  
**Kaija Majoinen**, Director, Research and Development,  
Finnish Association of Local and Regional Authorities  
**Ilkka Tahvanainen**, Research Ombudsman,  
Finnish Work Environment Fund  
Ministry of Social Affairs and Health  
Social Insurance Institution Kela  
Finnish Innovation Fund Sitra  
Hospital districts
- 12:45–13:45 Lunch with Professors **Elina Hemminki** and  
**Anssi Auvinen**, members of the Steering Committee
- 13:45–15:15 Meeting with Principal Investigators  
**Olli-Pekka Lehtonen**, Managing director,  
Hospital District Southwest Finland  
**Eeva Widström**, Chief Dental Officer of Finland, STAKES  
**Jari Vuori**, Professor, University of Helsinki

- 15:15–15:45 Coffee / tea break
- 15:45–17:15 Meeting with Principal Investigators  
**Ilmo Keskimäki**, Director of Division,  
Health Services Research, STAKES  
**Marja-Liisa Honkasalo**, Professor,  
University of Helsinki & Linköping  
**Pekka Rissanen**, Professor, University of Tampere
- 17:15–18:00 Light salad buffet & reflection on the day's themes

## Tuesday 30 September 2008

- 8:30 Meeting in the hotel lobby, then metro or tram to the Academy
- 9:00–12:00 Discussion among the review panel
- 12:00–13:00 Lunch
- 13:00–14:30 Writing of Report
- 14:30–15:00 Coffee / tea break
- 15:00–16:30 Writing of Report continues
- Departure from Helsinki



# ANNEX 6.

## ASSIGNMENT LETTER AND TERMS OF REFERENCE FOR THE EVALUATION

*Research Programme on Health Services Research TERTTU*



*Terveydenhuoltotutkimuksen tutkimusohjelma  
Research Programme on Health Services Research*

September 5, 2008

Evaluation of Research Programme on Health Services Research

### **Letter of Assignment**

Dear Professor Krasnik,

The Academy of Finland has launched the evaluation process of its Research Programme on Health Services Research. The scientific evaluation of the programme will be carried out by an international evaluation panel. I would like to cordially thank you in advance for accepting the invitation to act as a panel member.

The other members of the evaluation panel are:

Dr Kimmo Leppo,  
Professor Grete Botten, and  
Professor Pirkko Vartiainen.

Senior Researcher Sinikka Sihvo will serve as scientific secretary to the evaluation panel.

With this letter of assignment we confirm your membership in the evaluation panel on behalf of the Academy of Finland. Please find the terms of evaluation enclosed as an appendix.

If you have any further questions please do not hesitate to contact us.

Yours sincerely,

Saara Leppinen  
Science Adviser  
Academy of Finland  
[saara.leppinen@aka.fi](mailto:saara.leppinen@aka.fi)

Ulla Ashorn  
Coordinator  
Research Programme on Health Services Research  
[ulla.ashorn@uta.fi](mailto:ulla.ashorn@uta.fi)

## **Terms of reference for evaluation**

The objective of the evaluation is to estimate to what degree the Research Programme on Health Services Research has succeeded in fulfilling the objectives originally set for it in the Programme Memorandum. Specific interest will focus on the programmatic approach, added value and programme impacts, the programme's interdisciplinarity, multidisciplinary, applicability of research, networking, and dissemination of results. In the Evaluation Report, the panel is expected to assess **the programme as a whole** and reflect especially the following issues:

### **1 Planning of the research programme**

- Preparation of the programme and planning of the contents of the programme
- Research projects funded and funding decisions in creating the necessary preconditions for the programme

### **2 Scientific quality of the programme**

- Scientific quality and innovativeness of the research
- Scientific competence of the consortia
- Contribution to the deepening of understanding of XX

### **3 Success of the implementation of the programme**

- Concordance with the objectives of the research programme
- Functioning of the programme
- Added value of the programme
- Contribution to enhancing inter- and multidisciplinary in research
- Scientific and administrative coordination

### **4 Contribution to researcher and expert training**

### **5 Collaboration and networking**

- Collaboration within the programme, especially interdisciplinary collaboration
- Collaboration with other Finnish groups
- International cooperation
- Collaboration with end-users

### **6 Applicability of research and importance to end-users**

- Contribution to promoting the applicability of research results
- Relevance and importance to end-users
- National and international impact of the programme

### **7 Recommendations for the future (incl. justification for recommendations)**

# ANNEX 7.

## MEMBERS OF THE EXTERNAL REVIEW PANEL AND EXTERNAL EVALUATION PANEL

### External Review Panel

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Professor **Cecilia Davies**,  
School of Health and Social Welfare,  
Open University, United Kingdom

Professor **Reinhard Busse**,  
Lehrstuhl Management im Gesundheitswesen,  
Reschnische Universität Berlin, Germany

Professor emeritus **Björn Smedby**,  
Department of Social Medicine,  
University of Uppsala, Sweden

Professor **Martin Knapp**,  
London School of Economics, United Kingdom

Professor emerita **Sirkka Sinkkonen**,  
University of Kuopio, Finland (Chair)

### Evaluation Panel

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Professor **Grete Botten**,  
Institute of Health Management & Health Economics,  
University of Oslo, Norway

Professor **Allan Krasnik**,  
Institute of Public Health,  
University of Copenhagen, Denmark

Dr **Kimmo Leppo**,  
Former Director-General,  
Ministry of Social Affairs and Health, Finland (Chair)

Professor **Pirkko Vartiainen**,  
Faculty of Public Administration, Social and Health Management,  
University of Vaasa, Finland

Health services research is a relatively recent field of research, not yet well-established, and the researchers are dispersed in different universities and institutions. The Research Programme on Health Services Research (TERTTU) set by the Academy of Finland raised awareness and gave visibility to this area of study.

The TERTTU programme (2004–2007) supported involvement of a wide spectrum of disciplines in studying health services. The general aim was to strengthen the contribution of scientific research in the search for solutions to major development problems and challenges in the health-care sector.

After the end of the programme, an international evaluation panel was set up to assess the achievements of the programme. This report includes the results of the evaluation and the recommendations of the panel.



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