Foundations for Evidence-based Policymaking Act

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Introduction

In an effort to formalize and improve the policymaking process, the Foundations for Evidence-based Policymaking Act (H.R. 4174, Evidence Act) was signed into law in 2019. Adoption of the Evidence Act directly followed the Evidence-based Policymaking Commission Act of 2015 (H.R. 1831), which created a commission to identify issues surrounding government use of data, including strengthening evidence-building capacity.

Evidence-based policymaking uses systematically collected information on the need for a policy change or the effectiveness of a program to inform policy decisions. The Evidence Act institutionalizes a standardized evidence-based policymaking framework and requires that all government agencies' policy decisions are supported by impartial data.[1] This policy brief summarizes the Evidence Act and elements of the Veterans Health Administration's (VHA) response to it in the first two years since its passage.

The Foundations for Evidence-based Policymaking Act

The Evidence Act mandates federal evaluation and data management activities. It is separated into three distinct sections.

Title I: Federal Evidence-Building Activities[2]
Title I requires cabinet-level agencies to include strong evidence to justify and support legislative and budget proposals. Agencies are required to submit strategic and evaluation plans that provide mid-to-long-term evidence generation frameworks for key policy priorities.
Title II: OPEN Government Data[3]
Title II establishes the Open, Public, Electronic, and Necessary (OPEN) Government Data Act. This serves to increase transparency in government data by standardizing collection methods and increasing public accessibility, as well as ensuring regular and timely updates to a data inventory.
Title III: Confidential Information Protection and Statistical Efficiency[4]
Title III promotes inter-agency data sharing and requires that data also be shared with the public while maintaining participants' confidentiality and protection. The law defines various forms of data and outlines their use in administrative, regulatory, and other activities.

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[1] Principles of Evidence-Based Policymaking. Evidence-based policymaking collaborative. (2016)
[2] H.R.4174 - Foundations for Evidence-Based Policymaking Act of 2018, 5 USC § 312
[3] H.R.4174 - Foundations for Evidence-Based Policymaking Act of 2018, 44 USC § 101
[4] H.R.4174 - Foundations for Evidence-Based Policymaking Act of 2018, 44 USC § 3563

Implementation of Evidence-Based Policymaking in VHA

Prior to the passage of the Evidence Act, VHA, in part through the Office of Research and Development (ORD), had already established a practice of funding a variety of research and evaluation activities, ranging from basic biomedical studies to health services research and quality improvement evaluations, thus making VA one of the only cabinet-level agencies with an in-house evidence generation program for both clinical and policy use.

VHA updated its strategic goals to include evidence-based policymaking as a mission-critical priority in response to the passage of the Evidence Act. ORD's Quality Enhancement Research Initiative (QUERI) took the lead in coordinating VHA's response to the law, including annual assessments of existing evaluation capacity.

Since 2019, QUERI, in collaboration with the Chief Strategy Office (CSO), the Office of Finance, the Office of Enterprise Integration (OEI), and the Partnered Evidence-Based Policy Resource Center (PEPReC), began the process of integrating evidence generation, evaluation, and implementation more formally into daily VHA practices.

Figure 1. Elements of Evidence Act implementation in VHA.

Activities included systematically characterizing VHA's evidence generation capacity and collaborating with key stakeholders to identify policy questions and plans to generate evidence to answer those questions. PEPReC has developed formal tools and deliverables to facilitate evidence-based policymaking in the VHA: a strength of evidence assessment checklist, learning agendas, evaluation plans, and capacity assessments, which are described below (see Figure 1).

Alongside VHA, both Veterans Benefit Administration (VBA) and National Cemetery Administration (NCA) have been involved in similar activities, with OEI synthesizing all three organizations' activities to inform an enterprise-wide response to the Evidence Act.
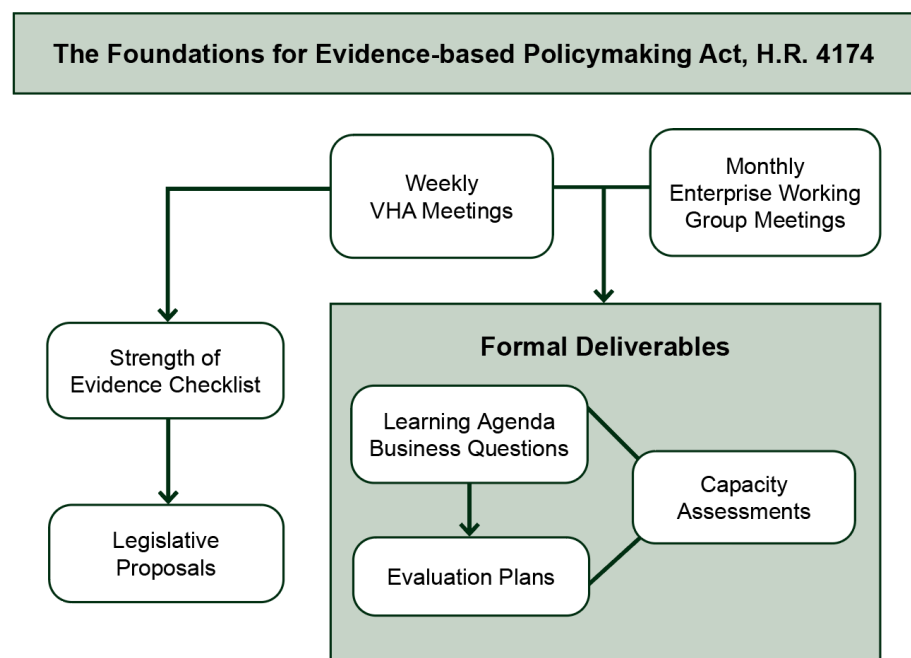
Evidence Act Tools and Deliverables

PEPReC developed a strength of evidence checklist to evaluate VHA budget and legislative proposals. The checklist grades proposals' evidence justifications across five different domains: need, feasibility, effectiveness, cost, and comparison to alternatives. These domains were informed by key stakeholder interviews and parallel existing VA decision-making frameworks. An excerpt of the checklist follows, as well as the five-point scoring scale to grade the provided evidence.

EFFECTIVENESS	
Have elements of this proposal already been piloted, inside or outside VA?	
Have the direct and/or indirect impacts of this proposal on the Veteran population, including specific subpopulations, been explained?	
How will effectiveness and success be measured? Include a clear statement of intent and proposed method for quantifying success.	
Does the evidence included demonstrate whether the proposal is effective in achieving the new policy/program's intended outcome?	
Is the evidence included to demonstrate effectiveness the **most up-to-date** available?	

SCORE SCALE (1-5)
5 = evidence is robust, relevant, sufficient, and supports proposal approval 3 = evidence is adequate, relevant, and may support proposal approval 1 = evidence is minimal, unrelated, and may not support proposal approval

The checklist is not a deliverable required by law, but a tool that facilitates the incorporation of high-quality evidence into the budget and legislative proposal-writing process. The checklist does not directly impact proposals' chances of being accepted or rejected; instead it provides the two-fold benefit of summarizing evidence-related strengths and weaknesses for decision makers and helping program offices identify which parts of their proposals are strongly supported by evidence and which can be improved upon in future iterations.

In 2020, in collaboration with program office leadership, PEPReC identified and wrote key learning agendas that align with three VHA priorities: access to care, opioids, and suicide prevention. The learning agendas were informed by VHA's strategic plan and will be updated on a quadrennial basis. They provide a systematic overview of VHA's approach to identifying gaps in evidence that need to be addressed to inform policies regarding key administration priorities.

The evaluation plans, while standalone documents, build on the learning agendas. The evaluation plans detail specific, funded evaluation efforts associated with VHA policy

priorities and provide reporting milestones for the next two fiscal years. They are updated annually.

Lastly, as part of an annual process, PEPReC conducts evaluation capacity assessments with about 20 program and research offices. These are used to identify ways in which individual offices generate and use evidence to implement VHA policy and areas where they need more support to maintain and/or expand their capabilities. The assessments help VHA determine whether program and research offices have the capacity to satisfy the requirements of the Evidence Act.

> **What does this mean for program office researchers, and evaluators?**
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> While QUERI and PEPReC have facilitated the creation of the first two years' of EBP deliverables, VHA program offices and researchers will be asked to participate more regularly in future years. They will be asked to support budget and legislative proposals with evidence, submit evaluation plans for VHA high priority topics, and provide regular updates on evaluation progress. QUERI and PEPReC will offer guidance and assistance to the program offices, evaluators, and researchers throughout the process.

Conclusion

Implementing the Evidence Act and ensuring that policy decisions are supported by evidence requires buy-in from offices throughout the VHA. The entire process ensures that evaluation plans to inform decisions about vital programs have the support and awareness of leadership, and it also provides decision makers with the tools they need to effectively manage their highest priority policies and programs.

ABOUT PEPREC POLICY BRIEFS

This evidence-based policy brief is written by the Partnered Evidence-based Policy Resource Center (PEPReC) staff to inform policymakers and VHA managers about the evidence regarding important developments in the broader health system and economy. PEPReC is a QUERI-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs.

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