



## **The Evidence-Based Care Challenge: A Case Study**

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## Foreword

The Agency for Healthcare Research and Quality (AHRQ), through its Effective Health Care (EHC) Program, funds individual researchers, research centers, and academic organizations to work with AHRQ to produce patient-centered outcomes research (PCOR) for clinicians, consumers, and policymakers.<sup>1</sup> Typical research reports are lengthy systematic review documents and contain detailed information about the entire research process. The EHC Program also publishes summaries of this research for consumer, clinician and policymaker audiences.

The Evidence-Based Care (EBC) Challenge was developed as a pilot program of AHRQ's Community Forum, an initiative designed to improve and expand public and stakeholder input in research supported by the EHC Program.<sup>2</sup>

Since the adoption of the America COMPETES ACT in 2010 (P.L. 110-69), the use of "challenges" to spur innovation and engage new perspectives (i.e., those of a variety of stakeholders) in solving problems has taken hold. A challenge, as described by Challenge.gov<sup>a</sup>, is an activity in which one party seeks input from others to identify solutions to a particular problem, or rewards contestants for accomplishing a particular goal.<sup>3</sup> The type of stakeholder(s) engaged varies depending on the purpose, scope and desired outcome(s) of the challenge. For example, some challenges are designed to solve a particular scientific problem, so involving stakeholders with significant expertise in relevant fields may be necessary. Others are technology-focused and seek input from application developers, coders, and/or designers. There are also hybrid approaches, where stakeholders from a variety of disciplines are encouraged to contribute and collaborate.

Challenges are emerging in all disciplines, but most notably in science and technology, energy and environment, and health. As of February 2013, of the 242 federally sponsored challenges listed on Challenge.gov, 88 had a health/health care focus.<sup>4</sup> A 2012 report commissioned by the Agency for Healthcare Research and Quality (AHRQ) Community Forum describes the challenge concept as an effective means of engaging stakeholders. The report notes that the emergence of challenges focused around product development in health and health care is particularly prevalent.<sup>5</sup>

This case study documents lessons learned from the Evidence-Based Care (EBC) Challenge, which was conducted by AHRQ through a contract with American Institutes for Research (AIR) and a subcontract to AcademyHealth.

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<sup>a</sup>Challenge.gov serves as a central resource for those seeking to learn about existing challenge opportunities promulgated by various federal agencies. From there, information seekers can visit the hosting agencies' Web sites for specific details about particular challenges.

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## The EBC Challenge: Context and Rationale

Launched on June 18, 2012, the EBC Challenge tested a new approach to engaging a particular professional audience—nurse practitioners (NPs) and physician assistants (PAs) in the retail clinic setting (also referred to as the convenience care setting<sup>b</sup>)—in using research findings developed through AHRQ’s Effective Health Care (EHC) Program. It offered them the opportunity to repackage the findings of full-length AHRQ research reports into resources that could be easily adopted for practitioner use. Teams were given latitude to develop resources in a variety of forms and formats, including print and electronic media. Essentially, the Challenge sought to engage end-users in the design of resources that could be used to deliver evidence-based care in the retail setting.

Participants were directed to use research findings from two AHRQ research reports as a basis for the resources they developed. All teams were required to use the AHRQ Health Literacy report, but had a choice to couple content from the [Health Literacy report](#) with either information in the AHRQ [Otitis Media](#) report or the AHRQ [Screening for Obesity in Children and Adolescents](#) report.

Teams also were required to include at least one practicing NP or PA, and to have no more than 10 members. Multidisciplinary teams were encouraged.

The EBC Challenge closed on October 19, 2012. AcademyHealth compiled all submissions and organized the materials for review by a panel of judges. Winners were formally announced in late January 2013; the top three teams received prizes, and the resources they created were promoted through a variety of dissemination channels.

## Organization of This Case Study

This case study is organized around the main phases of activity within a challenge (Pre-Challenge, Launch and Operations, and Post-Challenge), and is intended to serve as a resource for future challenge activities by conveying insights and lessons learned from the EBC Challenge process. Table 1 provides a summary of activities and key issues for challenge “hosts” to consider throughout the process. The term “host” is used throughout to refer to the organizer of a challenge, and can apply to Federal, State, or local government, as well as private or public entities, or partnerships between multiple entities. The case study also offers a systematic outline of key points for hosts to consider when conceptualizing, designing, and executing challenges so that they are aligned with the objectives of the activity and ultimately achieve the desired

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<sup>b</sup>Retail clinics, also called convenient care clinics or in-store clinics, are small health care facilities embedded in retail locations, including drugstores, grocery stores, and “big-box” retail stores. They are typically adjacent to a pharmacy. They are most often staffed by NPs and PAs and offer a focused range of primary care services, with an emphasis on acute care, episodic care, and preventive care. Retail clinics offer care at convenient hours, most often with no appointment needed.

outcomes. The outline is similar to the one in Dwayne Spradlin’s 2012 article on the process for defining problems and designing innovating solutions.<sup>6</sup> These points are discussed in greater detail throughout the document.

Worth noting is that these are general considerations. Specific challenge components must be customized to meet the needs of the host, the primary goals of the activity, and the target audience.

**Table 1. Summary of Challenge Activities and Key Considerations**

Phase of Challenge	Activity	Examples of Relevant Questions to Consider
Pre-Challenge	Determine objectives.	What do you want to learn, facilitate, or create through this process?
	Establish expectations for how outputs / products will be used.	Will the resulting product go through further validation or testing?
	Determine target audience(s).	Whom do you want to engage? Will the individuals participating in the challenge be the same as those using the resulting product?
	Assemble strategic advisors.	Who (if anyone) is needed to assist in the conceptualization and/or implementation of the activity?
	Establish parameters for engagement with partners.	What skills or roles do you need partners to contribute? What can you do internally?
	Establish operations and transparency with partners.	How will information be shared between partners? Who has decisionmaking authority for which components?
	Establish criteria and a process for evaluating success.	How will you define success? How will this definition be communicated to partners?
Launch and Operations	Determine communication channels and content requirements.	How will you engage the target audience? Through what channels?
	Serve as resource for participants.	What (if any) level and type of support will the host provide to the target audience throughout the activity?

**Table 1. Summary of Challenge Activities and Key Considerations (continued)**

Phase of Challenge	Activity	Examples of Relevant Questions to Consider
Post-Challenge	Prepare submissions for evaluation.	Who is going to evaluate submissions (e.g., external panel or internal team)?
	Score submissions and determine winners.	How do submissions align with the host's objectives? Are all criteria equally weighted?
	Notify participants.	How and when will participants be notified of their submission status?
	Disseminate winning submissions	Do you want to create publicity around the challenge winners (e.g., press release)?
	Leverage knowledge gained.	What knowledge was gained from the process that might help others?
	Assess lessons learned.	How can lessons learned be integrated moving forward?

## Pre-Challenge

### (1) Clarify, document, and frequently revisit primary objectives.

Challenges can address a number of different objectives. Some are designed to find answers to a specific problem, whereas others identify new processes or stimulate new partnerships. Regardless of intent, the most critical steps at the outset of a challenge are to define the desired objectives, and then to design the challenge program to support these objectives (i.e., reverse engineering). Articulating a clear set of objectives up front and systematically revisiting them throughout the process will help to ensure that the challenge, once complete, has satisfied those objectives.

The primary aim of the EBC Challenge was to test a new mechanism for engaging a key audience—NP and PA providers practicing in the retail clinic setting—in AHRQ's EHC program. A second aim was to generate ideas for (and practical examples of) how best to communicate evidence-based information to this audience. These aims guided every element of the EBC Challenge process, from timing of the launch, to selection of AHRQ products, to prizes and dissemination channels.

### (2) Establish the host's anticipated expectations of outputs.

Once the purpose of a challenge is clear, it is important to discuss expectations of the host's use of challenge products, whatever they may be. For example, does the host intend to endorse or use the end products coming out of the challenge, or simply acknowledge them as outputs of the challenge process? If the former, then a number of procedures and issues may come into play,

including any relevant rules and regulations that apply to the host. For example, if the host's products undergo a thorough scientific verification and review process, any products developed in the challenge may require a similar process. Furthermore, legal requirements, such as Section 508 compliance,<sup>c</sup> would need to be addressed.

### **(3) Determine the target audience(s).**

Though often implicit in the challenge purpose, being mindful throughout the process of the audience the challenge intends to engage is critical. In some cases, the target audience may not be the same as the audience of intended users or beneficiaries. For example, Netflix, a company that provides on-demand media streaming and mail-order DVD rental, launched the Netflix Prize Challenge, an open competition for coders to create the best collaborative filtering algorithm to predict user ratings for films.<sup>7</sup> In this case, the challenge participants (coders and developers) differed from the intended beneficiaries of the challenge submissions (Netflix subscribers).

In the EBC Challenge, NPs and PAs practicing in the retail setting were targeted both as participants in the challenge process and as beneficiaries or end-users of the produced content. That is, teams of NPs and PAs developed products to be used by their colleagues practicing in the retail clinic setting.

### **(4) Assemble strategic advisors.**

Strategic advisors can play a critical role in challenges. Advisors may be selected to offer the perspective of the target audience, which may not be represented by the host organization or its partners. Additionally, they may serve as effective ambassadors for the challenge and assist the host in generating support for the initiative.

It is important to identify advisors who are connected to the target audience to shed light on their perspectives and concerns. For example, a well-connected advisor may be able to judge whether the target audience is likely to engage with the host, and may know what latitude the audience has to participate in these types of “extracurricular” activities?

To convene an effective advisory group, the “ask” of the challenge must be aligned with members’ interests, be relevant to their background and expertise, take advantage of their unique skills, and require an appropriate level of effort. The host should outline the anticipated activities, requirements, and duties of a strategic advisor (individual and group) prior to the launch of the challenge. This will ensure that the advisors understand their role and that the host understands the capabilities of the group. While communication up front is imperative, unforeseen factors during the challenge may require revisiting the “ask” of strategic advisors; therefore, open dialogue throughout the challenge process is essential.

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<sup>c</sup>Section 508 compliance refers to the requirement in the Americans With Disabilities Act of 1990 (ADA) that all products produced by the Federal government must be accessible to those with disabilities.

Since the EBC Challenge aimed to engage a specific audience (retail clinic NPs and PAs) and neither the host nor its partners could contribute that perspective, advisors with extensive knowledge of the retail clinic setting were needed to augment the team. The EBC Challenge convened a group of strategic advisors (the Advisory Committee) – a group of eight NPs and PAs in active practice or with expertise in retail clinics and/or convenience care. Having a group of advisors with deep connections to the target audience ensured that the “ask” and scope of the EBC Challenge were aligned with needs and interests of NPs and PAs in retail settings.

One way in which the Advisory Committee contributed to the EBC Challenge was in helping to define the challenge timeline. Project staff initially proposed to launch the Challenge in June and close in late August; however, the Advisory Committee suggested extending the timeline into the fall, because the late summer months are particularly busy for retail clinic professionals, corresponding with an uptick in flu vaccinations and back-to-school season. The Advisory Committee also guided selection of the specific AHRQ reports included in the Challenge. After reviewing numerous research reports produced by the EHC Program, they identified the clinical areas of otitis media and obesity as being of greatest relevance, as these are conditions commonly seen by providers in the retail clinic setting. As a result, the EBC Challenge featured AHRQ research reports on these clinical topics.

The Advisory Committee was also instrumental in the Challenge launch. Leveraging the knowledge, expertise, and organizational affiliations of the Advisory Committee helped promote the Challenge through means not readily available to the host or other challenge staff.

Table 2 summarizes the Advisory Committee’s various roles and contributions to the EBC Challenge during all phases of the project.

**Table 2. EBC Challenge Advisory Committee’s Contributions**

Phase	Task	Role
<i>Pre-Challenge</i>	Identify AHRQ reports for inclusion.	Reviewed Effective Health Care Program reports and selected topics of clinical relevance to target audience.
	Refine scope and parameters of Challenge.	Identified appropriate timeline.
		Assisted host with aligning “ask” with target audience.
		Identified judging criteria and corresponding weights.
	Serve as ambassador.	Promoted Challenge to colleagues, organizational affiliates, and industry channels through email blasts, distribution of messaging at conferences, informal/formal presentations, and social media.
Connected host with relevant industry leaders to cultivate submissions.		
Select judging panel.	Identified potential judges, and in some instances extended invitations on behalf of host.	
<i>Launch and Operations</i>	Assist with “Finders Forum.”	Assisted host with the “matching” process, specifically solicited participation, and identified potential candidates.
<i>Post-Challenge</i>	Score submissions.	Reviewed scores and verified winners. (Some advisors also served on the judging panel.)
	Disseminate output.	Disseminated winning resources through a variety of mechanisms ( <i>referenced above</i> ).

**(5) Establish the need for partners as well as appropriate engagement level, type, and venue.**

In addition to obtaining the critical services of advisors, challenge hosts may want to work with other partners to accomplish specific aims. The number and type of partners needed to successfully execute a challenge will vary. For example, if strategic advisors can serve as ambassadors, then perhaps fewer formal partners will be needed to champion the challenge.

For the EBC Challenge, the host oversaw all key components, but contracted with AcademyHealth to manage and execute the Challenge, and depended on Advisory Committee expertise to direct and influence specific components. For example, the Advisory Committee was responsible for reviewing and refining marketing language that could be used in collateral materials (e.g., pamphlets, information sheets) and could be disseminated to a variety of audiences. This review ensured that the language was accurate as well as engaging and relevant to the target audience. AcademyHealth managed all communications with Challenge participants, answering their questions and directing them to necessary resources. The Advisory Committee supported this role by being available to provide input and to help address participants’ questions throughout the challenge process.

It is important to develop shared expectations regarding the role of the challenge host and all other partners (e.g., advisors, judges, contractors). Considerations include how to conduct meetings (via phone, email, in-person meetings, or remote meetings) and frequency of communications (e.g., weekly, monthly, or stand-alone meetings); roles and responsibilities to ensure that all tasks are enumerated and accounted for; and accountability for each component. While these shared expectations can and should be revisited at multiple stages in the challenge, having clear direction from the outset may help alleviate confusion and identify potential issues of concern at an early stage.

**(6) Establish operations and appropriate transparency with partners.**

It is important for the host to review both internal and external factors that might influence challenge design and execution—for example, budget restrictions or schedule timeline constraints— and develop mechanisms for communicating these factors with strategic advisors and key partners as appropriate throughout the challenge process. Promoting transparency allows partners to provide recommendations effectively and make decisions with a full understanding of the host’s environment and available resources.

To adequately prepare partners and strategic advisors, these factors may be shared during the challenge design process. One approach is for the host to develop a draft response to the key considerations (i.e., issues outlined in this case study) which can be used to guide conversations. This outline can also serve as a reference document throughout the challenge design process and help to remind advisors and other partners about the purpose and parameters of the initiative.

For the EBC Challenge, AcademyHealth worked with the host to develop draft responses to the key considerations, and shared these during the initial meeting with the Advisory Committee. The Advisory Committee reflected on and reacted to the draft responses, then suggested new and additional ideas for the host’s consideration; these were then incorporated into the Challenge process.

**(7) Decide on desired outcome(s), and establish the judging process and criteria accordingly.**

The desired outcome(s) of the challenge should heavily influence the strategy and criteria for judging challenge submissions, and should be considered in the pre-launch phase. For example, a challenge with the purpose of producing a ready-to-use product may emphasize immediate or near-term application as an important criterion; alternatively, a concept or idea proposal challenge may view multi-stakeholder collaboration or innovation as more important. In some challenges, strategic advisors can help develop criteria, while in others the host will assume this responsibility. In all challenges, the criteria for judgment should be clearly and prominently displayed in appropriate marketing and promotional pieces.

Determining who will evaluate submissions—the judging panel—is another element to consider. Strategic Advisors engaged in the challenge may serve as judges or reviewers, or the judging panel can be comprised mostly of external experts. Inviting luminaries or well-known public figures with relevant expertise to serve in this capacity may be beneficial for challenges hoping to generate buzz. Regardless of composition, the judging panel should reflect the range of perspectives relevant to the challenge. For example, challenges tasked with developing products for public use may include patients or consumers as members of the judging panel. Although it is not necessary to finalize the judging panel in the pre-challenge phase, hosts should begin thinking about this aspect early on, and should leverage external advisors’ expertise to assist in the planning process as needed.

## **Launch and Operations**

### **(1) Find opportunities to communicate and to customize content.**

Within the challenge process, there are generally three critical opportunities for direct communication with external stakeholders. The first is the during launch phase, which is an occasion to introduce external stakeholders to the challenge and the host. This communication should demonstrate that the host is knowledgeable about the target audience and that the challenge reflects this knowledge. The second opportunity is during the operations phase, or while the challenge is under way. In order to generate interest in the challenge while in process, the host may target communications to key partners and related stakeholders (e.g., professional societies, academic institutions, professionals in similar disciplines). The last opportunity is after the close of the challenge. During this time, communications typically feature the winners and their entries, and introduce any follow-on activities or related products.

During each communication opportunity, appropriate means for disseminating announcements must be established to reach the target audience. Mechanisms may range from email listserv messages to presentations at industry meetings and conferences. The choice may be influenced by the recommendations of strategic advisors, the host’s resources and preferences, and challenge characteristics (e.g., target audience). For example, in some cases the host may favor more formal mechanisms (e.g., a press release), whereas in other cases a website announcement or email blast is preferred.

The content of all communications should be tailored for the various audiences. This might involve using appropriate technical language and terminology for certain recipients, while providing content in plain-language terms for others.

A variety of communications approaches were deployed in the EBC Challenge. To communicate the launch of the Challenge, the host and its contractors sent email messages (via listserv) through their respective channels. Advisory Committee members also distributed materials to their colleagues and served as “champion ambassadors” for the Challenge. AHRQ launched the

EBC Challenge home page that served as the official online resource for participants. And finally, AcademyHealth engaged in direct outreach to potential participants through its members and student chapters, specifically those of the Interdisciplinary Research Group on Nursing Issues Interest Group.

To foster communication with potential entrants, AcademyHealth hosted a “Frequently Asked Questions (FAQ)” webinar in July 2012. This webinar was free and open to all participants and featured information on all aspects of the Challenge. Participants were able to ask questions in “real time” and receive direct feedback from Challenge staff. A recording of this event was posted on the official Challenge website.

To maintain interest and generate buzz during the operations phase, AcademyHealth produced hard-copy one-page informational sheets for Advisory Committee members to distribute at industry events and to present to retail clinic leadership. Several of these leaders promoted the Challenge opportunity to their staff and offered additional incentives for participation, ultimately increasing participation in the Challenge. AcademyHealth also distributed the information sheets at its Annual Research Meeting, a research forum for health services research.

## **(2) Serve as a resource for challenge participants.**

Throughout the challenge, the host should provide mechanisms for participants to contact appropriate staff with questions about the submission process and other aspects of the challenge. The host may also consider providing administrative, technical, or other support to participants (or potential participants) of the challenge. If support is offered, the host should first determine what is feasible, and should then consult with strategic advisors to design the support in a way that addresses the anticipated needs of the target audience.

For example, AcademyHealth hosted a “Finders Forum” for EBC Challenge participants on the official challenge webpage. The forum helped those who were interested in submitting to the EBC Challenge—but who did not have a “team”—find partners. Individuals submitted their contact information along with a brief description of their expertise and their submission idea; AcademyHealth then posted this information on the Forum. Based on this information, potential participants could establish direct contact to explore the possibility of a team relationship. This process facilitated participant-to-participant communication, and was maintained until the close of the challenge.

Worth noting is that the Forum was not as successful as hoped. One possible reason is that the particular “ask” of the EBC Challenge may have appealed more to teams of colleagues and coworkers with existing working relationships. And, since teams were asked to develop submissions within a relatively short timeframe (4 months), participants may have gravitated towards collaborating with people they already knew or with those located within the same retail clinic. A second explanation relates to the execution of the Finders Forum. AcademyHealth

relied on its own “social network” and organizational contacts to identify potential matches in response to requests. However, neither AcademyHealth nor its partners in this effort had deep “grass roots” connections with, for example, web designers or applications developers, and so were limited in their ability to locate potential team members with these skills.

## **Post-Challenge**

### **(1) Establish expectations for submissions.**

Immediately after the close of a challenge, the host should review and compile all submissions and proceed as planned with next steps. If the submissions will undergo a masked or “blinded” review, the host should prepare documents accordingly. An initial review of submissions also allows the host to assess what has been produced, identify any issues or concerns regarding quality or completeness, and communicate these back to key partners (e.g., to the judging panel and the dissemination partners).

In the case of the EBC Challenge, the host and judges ultimately afforded some unanticipated latitude to the teams regarding the completeness of their submissions. This decision was largely an acknowledgement of three factors: (1) Retail-based clinicians have very little time or flexibility in their schedules; (2) the challenge timeframe was short; and (3) these clinicians may not have had the skills—or ready access to the skills—needed to develop a polished website or application. For these reasons, all teams were asked to engage in some level of editorial review and minor revision. By contrast, other challenges may stipulate an a priori expectation that submissions are ready to deploy without further work. Whether to request additional information or expect additional work from participants is the host’s decision, but should be considered prior to launch and clearly communicated to partners and potential entrants.

### **(2) Establish the details of judging panel review.**

The number of submissions, number of judges, the level of completeness of submissions, and the corresponding timeline of the challenge all will affect the review process. Other aspects that require careful attention from a host include: whether the review should be masked or unmasked (Should judges see the participants’ names and affiliations?); individual or group (Should judges review and score submissions individually or as a group?); and qualitative or quantitative (Will the judges score each submission based on a defined numeric scale, or will scores be more subjective and comment-based?).

Carefully reviewing the challenge criteria with judges in advance will help ensure that judges interpret and apply criteria consistently. For the EBC Challenge, clarification was needed regarding the “creativity” criterion. While some judges viewed creativity as “being innovative,” (in this case using technology) others believed that “creativity” and “innovation” were not synonymous.

Finally, it is important to consider whether strategic advisors and/or the host will have the ability to judge submissions and/or influence final decisions (i.e., does the timeline allow for their review?) Regardless of what is decided on these points, it is advisable to establish, in advance of the judging process, who has final decisionmaking authority.

For the EBC Challenge, judges participated in an individual, blind review process and numerically scored submissions on a scale of 1 (poor) to 5 (excellent). Completed scores were sent to AcademyHealth staff, compiled, anonymized, and presented to the judging panel during a two-hour web conference. During this time, the judges discussed their scores and recommended the three winners. At a subsequent Advisory Committee meeting, staff presented the results of the judging panel review and solicited further feedback on the submissions.

The discussion during this Advisory Committee meeting revealed discrepancies between the Advisory Committee's interpretation of the top submissions and the judging panel's decision. Further conversation allowed the host, judging panel, and Advisory Committee to come to a decision that was acceptable to all parties. Though this was amicably resolved, it reinforced the importance of clearly identifying roles and authority at the outset of a challenge.

### **(3) Notify participants.**

After the winners are determined and internal staff and partners notified, the host should inform participants of the results. Notifying all teams, including those not selected, is not only professional, but also formally recognizes a team's relationship with the challenge and host and can help strengthen relationships for future engagement. Notification can be accomplished via a formal letter, email, telephone call, or other means.

For the EBC Challenge, teams not selected as winners received formal letters notifying them of their status and thanking them for their participation. Staff also offered these teams the opportunity to discuss their submission and the rationale behind their score.

Winning teams were formally notified via telephone by AcademyHealth staff. In this same call, staff also communicated the extent and nature of the follow-on work expected on their submissions prior to public dissemination. In the case of the EBC Challenge, this step was not anticipated up front, so, while all cooperated, the teams were pressed for time. Winning teams were also offered the opportunity to present their submissions via webinar, which provided an opportunity to describe their work and share their experience as Challenge participants.

### **(4) Disseminate challenge results.**

Once the challenge winners are determined, dissemination materials should be updated and customized with details about the participants and their submissions.

To disseminate the outcomes of the EBC Challenge, email messages were sent to AcademyHealth communities, the Advisory Committee and their partner organizations, the judging panel, and subscribers to AHRQ’s Inside Track newsletter, a publication highlighting news of the EHC Program. AHRQ also hosted the public webinar mentioned above featuring the winning submissions; AcademyHealth highlighted the EBC Challenge in a blog post and collaborated with partners to announce the winning resources via social media, email and newsletter announcements.

### **(5) Leverage the knowledge gained.**

Each challenge is unique and affords unique opportunity for learning. Accordingly, it is important, at the close of a challenge, to identify and have in place ways to continue relationships made and to leverage knowledge gained. Doing so ensures that information generated by the challenge, both through the process of conducting the activity and through the outcome, is recognized by the host and incorporated into future action if appropriate. Lessons learned can be consolidated through formally inviting contacts to engage in brainstorming or participate in future activities. As noted at the outset, it is also helpful to leave a record—most likely a virtual paper trail—for all challenges. Knowledge gained can be shared internally or more broadly, as is the intent of this case study.

For the EBC Challenge, one follow-on step was to invite all members of the Advisory Committee to participate in EHC Program activities. Additionally, interested members assisted AcademyHealth in dissemination activities (e.g., guest-authoring an EBC Challenge blog post).

### **(6) Assess the “lessons learned.”**

This case study is intended to serve as a resource for others interested in exploring the challenge space. Although meeting its objectives, the EBC Challenge yielded several areas for attention and potential revision in future endeavors:

- ***Define the stakeholder “unit” to engage.*** Although the EBC Challenge benefited from a tremendously capable and engaged Advisory Committee, these individuals’ interest and support of the initiative did not always translate to a comparable level of commitment on the part of their employer organizations. As a result, some were less able than others to leverage organizational assets and resources in support of Challenge activities. For example, some Advisory Committee members were able to send emails on behalf of the Challenge through their corporate listservs, whereas others could only communicate the opportunity to their direct colleagues. Generating support or buy-in from corporate leadership and then engaging an Advisory Committee to represent the corporate supporters might have been a better approach for this challenge.
- ***Align the “ask” with the target audience and timeline.*** In hindsight, we believe redesigning the EBC Challenge to employ a phased approach might have been more effective. A multi-step process would have allowed teams to submit a concept proposal

and then, if selected, develop a full submission for final review. This approach might have generated participation from the target audience and resulted in submissions more ready for immediate use in retail clinic settings. Notably, it also would have been less burdensome for the participants, as developing a fully functioning product within the June to October timeframe was challenging in light of competing professional priorities. In short, a phased approach would have made the “ask” more feasible for this audience.

- ***Better define the judging criteria.*** Although we defined judging criteria clearly with members of the Advisory Committee, the process was not as thorough for the judging panel. As a result, we experienced a discrepancy in the interpretation of criteria between the judging panel and the Advisory Committee. In future challenges, we will articulate these definitions better for all key partners prior to the challenge launch.
- ***Develop a more sophisticated resource for “matching” participants.*** A more sophisticated “matching” resource would have allowed us to more effectively facilitate communication and build connections between interested EBC Challenge participants. For example, we might have collaborated with organizations and colleagues with expertise likely to be of interest to participants of the EBC Challenge, such as website developers and graphic designers. Doing so would have brought a more diverse set of skills into the process, allowing us to better address Finders Forum requests and provide an enhanced service to interested participants.

## Conclusion

As with any program, hosts are encouraged to collaborate actively with key partners throughout the challenge process. It is our hope that the EBC Challenge example initiates the conversation and assists others in their efforts to apply the challenge model to productively involve existing and new stakeholder communities in their work.

## For More Information

For more information about the EBC Challenge, visit the home page at:

<http://effectivehealthcare.ahrq.gov/index.cfm/tools-and-resources/the-ahrq-evidence-based-care-ebc-challenge> or contact Joanna Siegel, Sc.D. at [Joanna.Siegel@ahrq.hhs.gov](mailto:Joanna.Siegel@ahrq.hhs.gov)

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## References

1. Agency for Healthcare Research and Quality. Effective Health Care Program. What Is the Effective Health Care Program? <http://www.effectivehealthcare.ahrq.gov/index.cfm/what-is-the-effective-health-care-program1>. Accessed March 2013.
2. Agency for Healthcare Research and Quality. Effective Health Care Program. AHRQ Community Forum. <http://effectivehealthcare.ahrq.gov/index.cfm/who-is-involved-in-the-effective-health-care-program1/ahrq-community-forum>. Accessed March 2013.
3. Challenge.gov. What Is a Challenge? <http://challenge.gov/about>. Accessed March 2013.
4. Challenge.gov. Health Challenges. <http://challenge.gov/search?cat=25&org=5>. Accessed March 2013.
5. Mallery C, Ganachari D, Fernandez J, et al., Innovative Methods in Stakeholder Engagement: An Environmental Scan (Prepared by American Institutes for Research under Contract No. HHS 290-2010-0005-C). Rockville, MD: Agency for Healthcare Research and Quality, May 2012. AHRQ Publication No. 12-EHC097-EF.
6. Spradlin D. Are you solving the right problem? Harv Bus Rev 2012 Sept; <http://hbr.org/2012/09/are-you-solving-the-right-problem/ar/1>. Accessed March 2013.
7. Bell RM, Koren Y. Lessons from the Netflix Prize Challenge. SIGKDD Explorations 2007 Dec;9(2):75-9. <http://public.research.att.com/~volinsky/netflix/sigkddexp.pdf>. Accessed February 2013.