

LIVING SYSTEMATIC REVIEWS: KT FOR POLICY MAKERS AND HEALTHCARE MANAGERS

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EVIDENCE INFORMED POLICY MAKING

Managers and policymakers can find themselves in three situations that require them to characterize policy options

1. Managers and policymakers face a tabula rasa (clean slate) in which they themselves have the opportunity to define a problem, identify and characterize policy options, and look for events within the political stream that might allow them to act



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2. Managers and policymakers are actively engaged in events in which policy options are being discussed or promoted, in which case they need to assess the policy options being presented to them as well as the problem and politics streams within the policymaking process that will determine whether the policy option comes up for serious consideration



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3. An issue is already on the decision agenda and a policy option effectively selected to address the problem, in which case the best that managers and policymakers can often do is to identify how to maximize the benefits from the selected policy option, minimize its harms or risks, optimize the impacts achieved for the money spent, and (if there is substantial uncertainty about the policy option's likely costs and consequences) design a monitoring and evaluation plan



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KT TO POLICY MAKERS

Type of activity	Description	Exemplar activities traditional reviews
Push	Efforts undertaken by researchers to disseminate research evidence to knowledge users	Press releases Alerts
Pull	Efforts by knowledge users to access and use research evidence	Horizon scanning Just in time evidence
Linkage and exchange	Efforts focused on building and maintaining relationships between researchers and knowledge users	Commissioning reviews addressing priority questions Involvement in review teams

KT TO POLICY MAKERS - LSR

Pull

- ▶ Regular updating potentially creates noise/signal problem for alerts/press releases etc
- ▶ Options
 - Alert customisation (how frequent/when etc)
 - Identify and push to evidence intermediaries
 - Push when signal changes
 - Push when issue highlighted within policy context(s)

KT TO POLICY MAKERS - LSR

Pull

- ▶ Horizon scanning – use alerts/prompts to continually put evidence in front of policy makers
- ▶ Just in time evidence - LSR should increase confidence of policy makers in timeliness of review for their purposes

KT TO POLICY MAKERS - LSR

Linkage and exchange

- ▶ Opportunities for (commissioned) targeted 'deep dives' to answer specific questions raised by policy makers

KT TO POLICY MAKERS - LSR

- ▶ LSRs offer novel opportunities and challenges for KT to policy makers
- ▶ Issues for Cochrane include:
 - Identifying who should do what
 - Review author
 - CRG
 - Cochrane Centres
 - Cochrane Central
 - Cochrane Tech
 - Systematizing and coordinating activities

EVIDENCE INFORMED POLICY MAKING

- ▶ Evidence on effectiveness insufficient to support evidence needs of decision makers
- ▶ Opportunities to build additional resources around living systematic reviews to more fully address decision makers needs
- ▶ Ongoing commitment (and likely reduced intensity of LSR work facilitates this)



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TOWARDS LIVING REVIEW OF DIABETES QI STRATEGIES

Added features

► Our vision

To be the gold standard resource for best evidence pertaining to diabetes quality interventions

► Resources

- Cochrane living review regularly updated
- Diabetes QI website
 - Bibliographic information of included articles and related documents
 - Data from abstracted studies
 - Additional information provided by authors (e.g. educational documents used in intervention)
 - Additional related resources for different audiences (policy makers and healthcare managers, healthcare professionals, consumers and the public, researchers)
- Evidence summaries

TOWARDS LIVING REVIEW OF DIABETES QI STRATEGIES

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Using theory to synthesise evidence from behaviour change interventions: The example of audit and feedback

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ABSTRACT

Evidence syntheses are used to inform health care policy and practice. Behaviour change theories offer frameworks for categorising and evaluating interventions and identifying likely mechanisms through which effects are achieved. Yet systematic reviews rarely explicitly classify intervention components using theory, which may result in evidence syntheses and health care practice recommendations that are less than optimal. This paper outlines a method for applying theory to evidence syntheses of behaviour change interventions. We illustrate this method with an analysis of ‘audit and feedback’ interventions, based on data from a Cochrane review. Our analysis is based on Control Theory, which suggests that behaviour change is most likely if feedback is accompanied by comparison with a behavioural target and by action plans, and we coded interventions for these three techniques. Multivariate meta-regression was

TOWARDS LIVING REVIEW OF DIABETES QI STRATEGIES

Case management

Definition: Any system for coordinating diagnosis, treatment, or routine management of patients (eg, arrangement for referrals, follow-up of test results) by a person or multidisciplinary team in collaboration with, or supplementary to, the primary-care clinician. For a randomised controlled trial to qualify, the case management had to happen more than once. Most of these studies had less involvement than in those with team changes (ie, case manager did not have to speak with primary-care physician). If the study called the intervention "case management" we classified it as such.

Author, Year	ID	Context	Intervention arm name	Description
Clifford 2002	701	Diabetes clinic in Australia	PCP (pharmaceutical care programme)	"All patients randomised to the PCP attended appointments with an experienced clinical pharmacist at six-weekly intervals for six months" pg 2
Glasgow 1996	1243	Diabetic patients in the two offices; one endocrinologist and one internist in Oregon, US	Brief intervention	"In either case, intervention subjects received brief follow-up phone calls ~1 and 3 weeks after their office visit. Phone calls reviewed patients progress toward their goal and focused on barriers-based problem solving" pg 3
Jaber 1996	1646	A university-affiliated internal medicine outpatient clinic in the US	Intervention	"...all diabetes-related management aspects were solely provided by a pharmacist" pg 2; "Follow-up was conducted on a scheduled weekly basis until targeted glycemic control was reached" pg. 2
Piette 2000	2707	Two general medicine clinics of a county health care system in the US	Intervention	"Each week, the automated assessment system generated reports organized according to the urgency of reported problems, and the nurse used these reports to prioritize patient contacts. During follow-up calls, the nurse addressed problems reported during the assessments and provided more general selfcare education." pg 2
Piette 2001	2709	4 university-affiliated Veterans Affairs clinics in northern California, US	Intervention	"Each week, the study nurse reviewed patients' ATDM assessment reports and followed up with them using an established protocol. During these follow-up calls, the nurse interacted with patients much like diabetes nurse educators in other medical settings." pg 2
Pouwer 2001	2737	Diabetes clinic at university medical center in the Netherlands	Monitoring	"If indicated, the need for professional psychological support was discussed with the patient. The DNSs were trained by two psychologists (F.P. and F.J.S.) who used role-playing simulations. Skills included discussing

TOWARDS LIVING REVIEW OF DIABETES QI STRATEGIES

Clinical education/outreach

- ▶ Description – One-on-one (or small-group) education, typically at the practice-location, with focused key messages but a flexible approach to delivering these messages, typically over multiple interactions.
- ▶ Mechanism of action – Tailored to address underlying beliefs that drive current behaviour through a social marketing approach.
- ▶ Example/evidence of effectiveness – A Cochrane review of educational outreach found a 6% increase in compliance with desired behaviours (interquartile range 3.6-16%) across a range of behaviours.
- ▶ Necessary conditions for success – According to Soumerai and Avorn [40], effective strategies would include eight steps: (1) baseline interviews to assess knowledge and motivations for test ordering; (2) segmenting test-requestors and identifying their opinion leaders; (3) defining clear educational and behavioral objectives; (4) establishing credibility through a respected organizational identity, referencing authoritative and unbiased sources of information, and presenting both sides of controversial issues; (5) stimulating participation in the educational interactions; (6) using concise graphic educational materials; (7) highlighting and repeating the essential messages; and (8) providing positive reinforcement of improved practices in follow-up visits.
- ▶ Practical considerations – To be effective, detailers must be able to provide (1) focused clinician education offering support for clinical decision-making is a key component of academic detailing, (2) detailing messages need to be tailored and provide feasible strategies and solutions to challenging cases, and (3) academic detailers need to develop specific skill sets required to overcome barriers to changing clinician behavior [41].
- ▶ Resource implications – Substantial resources may be required to train and support detailers for effective ongoing outreach visits. However, if focused on a very small number of outliers, it is conceivable that an existing lab physician could conduct effective outreach

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