# LIVING SYSTEMATIC REVIEWS: KT FOR POLICY MAKERS AND HEALTHCARE MANAGERS

JEREMY GRIMSHAW
(WITH INPUT FROM JOHN LAVIS)

13TH MAY 2017

**The Ottawa Hospital** | **L'Hôpital d'Ottawa**
RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

www.ohri.ca | Affiliated with • Affilié à   uOttawa

# IT'S A GAME OF TWO HALVES JIMMY (FOR IAN SHEMILT )

- ▸ KT for policy makers and healthcare managers

- ▸ Enhancing the value of LSR for policy makers and healthcare managers (and other decision makers)

# Living systematic reviews - KT for policy makers and healthcare managers

# COCHRANE KNOWLEDGE TRANSLATION (KT) STRATEGY

## Consumers and the public

Those seeking health care, their families and carers, and the public

## Practitioners

of health care including clinicians and public health practitioners

## Policy-makers & healthcare managers

making decisions about health policy within all levels of management

## Researchers & Research Funders

who need information regarding important gaps in the evidence

# 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

The Ottawa Hospital | L'Hôpital d'Ottawa
RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

Affiliated with • Affilié à    uOttawa

# EVIDENCE INFORMED POLICY MAKING

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

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

# EVIDENCE INFORMED POLICY MAKING

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

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

The Ottawa Hospital | L'Hôpital d'Ottawa
RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

Affiliated with • Affilié à  uOttawa

# 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<br>Alerts |
| Pull | Efforts by knowledge users to access and use research evidence | Horizon scanning<br>Just in time evidence |
| Linkage and exchange | Efforts focused on building and maintaining relationships between researchers and knowledge users | Commissioning reviews addressing priority questions<br>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 (and Cochrane Brand) 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

# Enhancing the value of LSR for policy makers and healthcare managers (and other decision makers)

# EVIDENCE INFORMED POLICY MAKING

- ▶ Uses of evidence

  - Instrumental

  - Enlightenment

  - (Symbolic)

- ▶ In policy and healthcare world, direct instrumental use of evidence is rare. Decision makers usually need to explore likely fit of intervention to their context.

# EVIDENCE INFORMED POLICY MAKING

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

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

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

# 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)

**The Ottawa Hospital** | **L'Hôpital d'Ottawa**
RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

# 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

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

Benjamin Gardner [a,*], Craig Whittington [a], John McAteer [a], Martin P. Eccles [b], Susan Michie [a]

[a] Centre for Outcomes Research and Effectiveness, University College London, 1–19 Torrington Place, London WC1E 7HB, UK
[b] Newcastle University, UK

## ARTICLE INFO

## 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

# THANK YOU

[jgrimshaw@ohri.ca](mailto:jgrimshaw@ohri.ca)