Rapid Reviews to Strengthen Health Policy and Systems

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Conflict of interest

Research institute received funding from the WHO to create the Practical Guide. No other competing interests.
Webinar objectives

- Discuss different repaid review methods
- Describe how to engage knowledge users in the conduct of rapid reviews
Rapid review methods

<table>
<thead>
<tr>
<th>Review step</th>
<th>Common streamlined methods</th>
<th>Related Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature search</td>
<td>Search more than one database for published studies only, use date and language search limits</td>
<td>-</td>
</tr>
<tr>
<td>Study selection</td>
<td>Conducted by one reviewer, with or without verification</td>
<td>Single-reviewer screening of titles/abstracts missed on average 8%–20% of eligible studies but substantially reduced screening time relative to screening by two reviewers.</td>
</tr>
<tr>
<td>Data abstraction</td>
<td>One reviewer abstracts, with or without verification</td>
<td>Compared with dual data abstraction, single abstraction with verification resulted in more errors but saved time. However, the errors did not cause major changes in the effect estimates.</td>
</tr>
<tr>
<td>Quality assessment</td>
<td>One reviewer assesses, with or without verification</td>
<td>-</td>
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</tbody>
</table>

The evidence-base supporting streamlined methods is limited and evolving, and we need further evidence to define robust approaches.

Edwards et al. (2002); Glasziou et al. (2002); Shemilt et al. (2016); Buscemi et al. (2006)
Recommendation #1

Rapid review teams should consider including content experts and experienced reviewers to increase review rigour and expedite the review process.
Rapid review teams

- Content experts: e.g. in health policy and systems research
- Experienced reviewers: e.g. in study selection, data abstraction, and quality assessment

Increases review rigour and expedites review process
Recommendation #2

Well-defined eligibility criteria, explanation and elaboration forms, pilot-tests and reviewer training are recommended to support reviewers in study selection, data abstraction, and quality assessment.
Clarity and training

Eligibility criteria should be defined clearly and used consistently

Screening, abstracting, and assessing forms should define and elaborate on concepts and terms, ideally with examples

Improving quality and efficiency

Procedures and materials should be pilot-tested by the review team

Training should be provided to ensure consistency
Recommendation #3

Authors of the studies included in the rapid review should be consulted to gather further information on methods conduct, if time allows.
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ENGAGING KNOWLEDGE USERS IN RAPID REVIEWS
Knowledge user

“A knowledge user is defined as an individual who is likely to be able to use research results to make informed decisions about health policies, programs and/or practices”

Canadian Institutes of Health Research (2016)
Recommendation #1

Knowledge users (including policy-makers and health systems managers) should be engaged during the conduct of rapid reviews to enhance the relevance and applicability of the reviews in the decision-making process.
The balance of engagement

There is opportunity to engage knowledge users throughout the review.

Such integrated knowledge user engagement necessitates additional time and resources.
Recommendation #2

The level of engagement should be meaningful, yet tailored to available resources, and will depend on the objectives of engagement, the points at which engagement occurs in the review process, and the methods used for engagement.
Level of engagement

- Consultation at every step
  - One-time consultation
  - More than 1 consultation
  - Consultation at every step
Objectives of engagement

- to establish a research agenda
- to prioritize indicators
- to develop a framework
- to establish learning materials to be included in a curriculum
- to establish clinical, policy, or system recommendations
- to develop a tool kit to support evidence use
- to finalize knowledge translation and uptake strategies
- to aid decision-makers in their decision-making processes
Points of engagement

- **Topic selection**
  - Prioritize a list of topics

- **Conceptualize & design**
  - Develop question
  - Develop protocol

- **Search & data collection**
  - Locate literature
  - Collect & appraise evidence

- **Data synthesis**
  - Data analysis
  - Interpretation

- **Knowledge product**
  - Manuscript/report
  - Briefs

- **Uptake & evaluation**
  - Monitor use & impact

- **Feedback on clarity & readability of report**

- **Gather feedback on usability of the review**

- **Refine question, define eligibility criteria**

- **Refine & supplement search, input on data collection tools**

- **Input in analysis, interpret & contextualize findings**

Keown et al. (2008); Tricco et al. (2016); Guise et al. (2013)
Methods of engagement

- In-person/telephone meetings
- Email communications
- Document sharing and feedback
- Surveys, focus groups, interviews
- Workshops, webinars, educational rounds
- Nominal group techniques, Delphi
Recommendation #3

Conceptual frameworks are available to help provide a structure and mechanism to facilitate engagement.
Example frameworks for engagement

Framework for effective engagement in comparative effectiveness research

- Deverka, 2012
  - Gathering professional/patient experience/values
  - Using quantitative/qualitative methods to gather input
  - Decision-making based on engagement
  - Enhancing the usefulness of evidence for a decision

Framework for engaging policy-makers in health policy and systems research

- Oliver & Dickson, 2016
  - Gathering policy-maker input and building a relationship
  - Increasing policy-maker awareness and skills
  - Obtaining stable funding, training and support to address queries
  - Building a team experienced with decision-making

Deverka et al. (2012); Oliver & Dickson (2016)
Other recommendations

Other things to consider when engaging knowledge users include: establishing early partnerships, planning ahead, communicating expectations and responsibility clearly, ongoing training and support, accessibility, and documentation of all interactions.
GESI CENTRE EXPERIENCE
DISCUSSION AND QUESTIONS
Question #1

In which steps of a rapid review have you (or your team) engaged knowledge users? (Please select all that apply)

a. Conceptualization and design

b. Literature search and study selection

c. Data collection and synthesis

d. Knowledge product development
Question #2

What methods have you (or your team) used to streamline the review process? (Please select all that apply)

a. Limit search by date and/or language

b. Limit the number of databases searched

c. Use one reviewer to perform study selection

d. Narratively synthesize results
Acknowledgements

The Guide publication was funded by the Alliance for Health Policy and Systems Research, an international partnership hosted by the World Health Organization, with support from the Norwegian Government Agency for Development Cooperation (Norad), the Swedish International Development Cooperation Agency (Sida) and the UK Department for International Development (DFID).
Acknowledgements

▪ Editorial support team:
  o Jesmin Antony
  o Huda M. Ashoor
  o Melissa Courvoisier
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References


5. Knowledge User Engagement: Canadian Institutes of Health Research (CIHR); [Available from: http://www.cihr-irsc.gc.ca/e/49505.html].


Thank you for your participation!

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