Author's response to reviews

Title: Barriers and Facilitators to Evidence-Use in Program Management: A Systematic Review of the Literature

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Author's response to reviews: see over
Dear Armee,

Thank you for the opportunity to provide further revisions to our manuscript in response to outstanding questions based on the reviewer’s feedback. We have made substantial revisions to the manuscript to address the comments. Please find a detailed description of how we have addressed each of the outstanding comments below:

1. The paper is too general and abstract. It needs more clarity in terms of the definitions used. It is suggested that you define the basic terms such as “program”. Sometimes the authors use the term referring to “program planning”, sometimes as “program management”, sometimes “program level”, etc. This is confusing. At this point, the term “program” is too general. It would be useful that you provide some specific examples of which types of programs are you referring to and in what context.

   We completely agree with need to be clear about what we mean by “program management”. We have revised the Background section to include a definition and discussion of “program management” (See Pages 2-4 Paragraphs 1 and 2) and provided examples (See Page 3 Paragraph 2). In addition, we have gone through the entire manuscript to make sure “program management” is used throughout instead of synonyms (See Page 4 Objective Paragraph 1 and Methods Paragraph 1; Page 10 Barriers: Information Paragraph 1; Page 16 Discussion Paragraph 1; Page 18 Strengths and Limitations Paragraph 1 and Conclusions Paragraph 1).

2. The same applies to the type of “healthcare organisations”. I suggest using specific examples of “healthcare organisations” that you think will benefit from this literature review.

   We have now included examples of the relevant types of programs and healthcare organizations to whom this review applies (See Page 3 Paragraph 2).

3. Please clarify the context, when you are referring to “decision making” and the level of decision making. Sometimes you use the term “clinical decision making” and sometimes not. The terms are intermingled in the paper.

   In your revised response you may decide to remove the term “clinical/clinicians” in the paper and focus only on “nonclinical management” or “managers” (in your response to the reviewers, you
have indicated that you are not referring to “clinical decision making” (see reviewer 2, point 4).

In the revisions made to clarify the objective and purpose and define what we mean by “program management” (See Pages 2-3 Paragraphs 1 and 2) we have also discussed the difference between “clinical decision making” and “program management decision-making” (See Pages 3-4 end of paragraph 2).

In addition, you need to provide some examples of effective strategies to improve the understanding of decision making in the context of the new information provided by this manuscript.

We have revised both the discussion (See Page 16-17 Discussion) and conclusion section (See Page 18 Conclusion) to highlight how the findings can be used to inform strategies to improve decision-making among program managers.

4. In relation to OECD countries, you indicated that you selected all eligible studies (Rev 1, point 5, and Rev 2, point 7) from these countries, but in your response to the reviewers you indicated that your selection was based on the English language, not on the “OECD” participation. Did you include “OECD” or “country of publication” in your search terms?

While OECD and country of publication were not included in the search terms, they were a part of the study eligibility criteria at the review stage. We felt that by limiting the studies to OECD countries and not including developing countries we would be able to explore barriers and facilitators to evidence-informed decision-making among program managers working in countries with similar economies and socio-demographics to Canada (See Page 5 Study Eligibility Criteria Paragraph 1). The search was limited to English Language. We have clarified this in the manuscript (See Page 4 Search Strategy Paragraph 1). We also revised the text to be more explicit about the reasons papers were excluded and the number of decision-makers that the included studies had (See Page 7 Results Paragraph 1)

This is a limitation of the study that should be included in the discussion. Countries like New Zealand, Australia, USA, Japan, etc., were not mentioned in the study, why? In addition in your list of countries mentioned in Table 1, you mentioned Scotland and UK. Scotland is part of the UK. The only European country mentioned in your table is Poland, which is surprising given that you indicated the “only countries similar to Canada were selected”. My impression is that the health system in Poland appears to be less similar to Canada than
Australia or New Zealand, for example. I would be surprised that other OECD countries such as NZ, Canada, USA, etc., have not done any work in this area. Therefore, it is recommended that in Table 1, you add a note to indicate why other OECD countries similar to Canada were not included.

It was surprising to us as well that during the time period we searched no studies published from these countries were found. We added a discussion to the Limitations section explaining that it may be due to differences in terminology across countries. However, we had used a broad range of terms in our search strategy in an effort to minimize this (See Page 18 Strengths and Limitations Paragraph 1). We also indicated that the large number of studies from Canada may be explained by funding agencies’ emphasis on this topic over the last decade. We also modified the text so that Scotland is included with the UK (See Page 8 Location and Decision-Making Setting Paragraph 1). Lastly, we revised the methods section to clarify the search terms and inclusion/exclusion criteria (See Page 4-5 Search Strategy Paragraph 1, Page 5 Study Eligibility Criteria Paragraph 1).

5. Table 2 is too general and unspecific. It does not add new information. Why these were “unclear” or “non applicable”? In general the impression given by this table is that the quality of these studies is not great. Why? This should be included in the discussion of the paper.

We believe that the critical appraisal of the included papers is an essential component of any sound systematic review. We revised the manuscript to explain this and added details of the tool we used in the Methods Section(See Page 6-7 Data Collection and Analysis Paragraph 3). We also revised the Results Section (See Page 8 Quality of Included Studies Paragraph 1), adding a description of the findings in Table 2 to the text in order to highlight their significance.

We very much hope that you will find these revisions acceptable. Thank you again for the opportunity to resubmit our manuscript. We look forward to your reply.

Sincerely,

Serena Humphries