Author's response to reviews

Title: Interventions Encouraging The Use of Systematic Reviews by Health Policymakers and Managers: A Systematic Review

Authors:

Laure Perrier (l.perrier@utoronto.ca)
Kelly Mrklas (kmrklas@ucalgary.ca)
Sharon E. Straus (sharon.straus@utoronto.ca)
John N. Lavis (lavisj@mcmaster.ca)

Version: 2 Date: 7 February 2011

Author's response to reviews: see over
Response to Reviewer’s comments  
MS# 1432538755457839: Interventions Encouraging The Use of Systematic Reviews by Health Policymakers and Managers: A Systematic Review

<table>
<thead>
<tr>
<th>Reviewer’s comments</th>
<th>Response to comments</th>
<th>Location of change in manuscript</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reviewer 1 - Major Compulsory Revisions:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| The reason for the paucity of empirical data may be that the authors have missed an important body of data relevant to their question by not including health technology assessment (HTA) reports, as these are based on systematic review of the literature and are specifically aimed at policy makers. Indeed, the definition of HTA - taken Canadian Agency for Drugs and Technologies in Health (CADTH) web site http://www.cadth.ca/index.php/en/hta/faq is: A Health Technology Assessment (HTA) is an evaluation of the clinical effectiveness, cost-effectiveness, and broader impact of drugs, medical technologies, and health systems, both on patient health and the health care system. During the assessment, data from research studies and other scientific sources are systematically gathered, analyzed, and interpreted. The findings from this process are then summarized in reports that translate scientific data into information that is relevant to decision making.  
Therefore I suggest that the search strategy should also add another line to include health technology assessments eg. (technology assessment* adj3 health) combined with the terms for implementation and use etc.  
Also, it could be useful to search the ‘Methodology Register’ and the ‘Technology Assessments’ databases on the Cochrane Library | Done –  
We used a search strategy similar to that recommended by the Reviewer but the term ‘health’ was not included as the goal was to determine if systematic reviews were being utilized and this might be too restrictive. Words that were synonyms for ‘use’ were searched in proximity to the term ‘technology assessment(s)’  
Both the Cochrane Methodology Register (yield = 0 articles) and Cochrane Technology Assessments (yield = 46 articles) were searched (no year restrictions).  
After 2 reviewers independently reviewed all records, 0 studies made it past the first level of screening. Thus, the only changes to the manuscript are in the Flow Diagram to add the total records found. | Additional files  
Page 2, 4-5  
Figure 1 |
| Confusing (and contradictory) use of the terminology ‘studies’ and ‘articles’. e.g. in the abstract it says: …four of these studies met all inclusion criteria. Three articles described one study. Think it should be: …four of these articles met all inclusion criteria. Three articles described one study.…  
Also, the first line of the Conclusions says: this review found four studies – suggest it is reworded to say: this review found four articles describing two studies. | Done – Text changed based on the Reviewer’s recommendations to provide clarification around ‘article’ and ‘study’.  
One further instance of this terminology was found on page 12 and changed accordingly. | Page 2, 12, 14 |
The results for Dobbins 2009 as explained in Table 1 and the Results section of the paper are not very clear - perhaps clarify that there were two outcomes and it was not significant for the primary one but significant for the secondary one.

i.e. The primary outcome assessed the extent to which research evidence was used in a recent program decision. The intervention had no significant effect on global evidence-informed decision making (p <0.45), although all groups improved to some extent.

The secondary outcome measured the change in the sum of evidence-informed healthy body weight promotion policies or programs being delivered at health departments. For public health policies and programs, a significant effect of the intervention was observed (p < 0.01).

In the Discussion - on page 14 middle of line 6 from ‘Research use was further … research culture was high’ – suggest that this goes into the Results section

<table>
<thead>
<tr>
<th>Reviewer 1 - Minor Compulsory Revisions:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Font size changes throughout the paper</td>
<td>Done – The entire manuscript was re-formatted with regards to fonts.</td>
<td>All pages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reviewer 2 - Major Compulsory Revisions:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>There is one major problem I have with this manuscript, and that is related to the authors’ choice of inclusion criteria. It does not make sense, in my view, to include any type of quantitative study if the aim is “to determine the impact” of interventions. This problem is clearly demonstrated in the findings: in addition to a single randomized trial, the authors have included cross-sectional studies where, as far as I understand, no attempt was even made to estimate the effectiveness of the interventions that were introduced. The findings that are being reported in the current manuscript (I have not read the primary studies) are all descriptive: How many decision-makers reported using systematic reviews, and what characterized those who used systematic reviews (“predictors”). No information is given that provides insight into</td>
<td>Done – Definition of impact used for the purpose of this project is a change in professional performance or health care outcomes identified by individual perception, eg. self reports, or by quantification (as opposed to impact being defined as efficacy as described by the Reviewer). This definition being used has been added to the manuscript in order to provide clarification.</td>
<td>Page 4</td>
</tr>
</tbody>
</table>
the effectiveness of the interventions that were being employed (i.e. “being offered the opportunity to receive five relevant systematic reviews”). The authors briefly mention that lack of control group is a weakness. In my mind this is an understatement. When not even an attempt is made to provide some sort of effect-estimate, I do not see how the study is relevant to the question that is being addressed, namely “Did the intervention work?”

If the researchers behind the three surveys (it is not clear from the manuscript whether there were two or three, but my impression is that there were three) did for example compare the reported use of systematic reviews before and after the intervention, this could – perhaps – be seen as an effect-estimate. But this type of information is not mentioned in the current manuscript so I assume that it is not available.

The inclusions criteria is a fundamental problem. I see two possible solutions to this:

a) The authors can adjust their inclusion criteria and limit them to studies where the investigators, as a minimum, provided some form of effect-estimate (even this would be extremely lax criteria compared just about all other effectiveness reviews that I have heard of!)

b) The authors can adjust their stated aim, and elect to focus on both effect-estimates and determinants of use e.g. “a systematic review of quantitative studies” or something of that sort.

I would prefer the former since I am not sure what kind of research questions the latter would actually be addressing.

**Reviewer 2: Minor Compulsory Revision**

On page 13 you state that “the online registry of systematic reviews improved significantly from baseline to follow-up”, but you don’t specify which outcome this is for. I assume it is some sort of measure of use of systematic reviews, but please make this explicit.

I also find it confusing that this statement comes just after you have written that in the same study the authors “were not able to show a significant effect of any of the interventions on evidence-informed decision making”. A contradiction, seemingly.

Done – Clarification was added to Results (under sub-headings ‘Interventions’ and ‘Effect of the Intervention’) and Table 1 so there was consistency in the descriptions of the outcomes.

<table>
<thead>
<tr>
<th>Reviewer 2: Minor Compulsory Revision</th>
<th><img src="https://example.com/Table1.png" alt="Table 1" /></th>
<th>Page 9, 11, Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>On page 13 you state that “the online registry of systematic reviews improved significantly from baseline to follow-up”, but you don’t specify which outcome this is for. I assume it is some sort of measure of use of systematic reviews, but please make this explicit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I also find it confusing that this statement comes just after you have written that in the same study the authors “were not able to show a significant effect of any of the interventions on evidence-informed decision making”. A contradiction, seemingly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
On page 6, I did not understand what type of information you meant by “known effectiveness of the intervention for changing behaviours”. I think maybe I know what you are trying to say, but I think this needs to be better explained.

Done – The example was re-worded as a question in order to clarify what is meant by phrasing

| “Quality-check” is not easy, especially of studies in a “messy” area like this. The STROBE-statement is not intended for quality-assessment of studies, but as a check-list for reporting of studies. I realize that you could use the STROBE-statement as a tool to guide your quality-assessment, but there is a difference then between intended use and your use of the instrument. I think you should make this clear. | Done – A modified Downs and Black tool was used for quality assessment of the observational study and the STROBE tool was removed. No further concerns were identified with the Downs and Black tool so that Quality Assessment Results and Table were not altered. | Page 7 References #11, 12 |

You should move the “Quality Assessment Results” backwards so that the sections describing participants and interventions come first

Done – The Quality Assessment Results were moved to the end of the Results section. Page 11,12

**Reviewer 2: Discretionary Revisions**

The mention at the beginning of a “scoping review” is, to me, a bit confusing. Although it is brought up again in the discussion, I propose either expanding a bit on this (in itself the term “scoping review” does not mean a lot to most people, and you might explain more of what you did) or maybe not mention it at all in this manuscript. A third alternative - perhaps the best - could be to only mention it in the discussion.

Done – The information about the scoping review was left in the Background as the scoping review has to be reported in the PRISMA diagram (Figure). Thus, it was felt that it should be described throughout the manuscript for transparency and consistency. A definition was added to the Background to provide more clarity.

Page 4

The claim that “systematic reviews are seen as helpful knowledge support for policymakers and managers” is supported by three references, where two of them are by some of the current authors themselves. This is close to circle argument! I suggest finding other authors that agree with you, and point to them.

Done - One of the two references was replaced so that the citation was to one of the few empirical studies documenting policymakers' and managers' views about the helpfulness of systematic reviews (JHSRP 2005), instead of an editorial. The other reference was retained because it is the most comprehensive recent description of why reviews are seen as helpful and how their helpfulness can be further improved.

Page 4, 15

I propose deleting “Three articles, reporting on two cross-sectional surveys, and one article describing a randomized controlled trial met the full inclusion criteria” as this is more or less repeated in the next para, as well as in the figure.

Done – The sentence was deleted in the second paragraph as it was redundant. The sentence described by the Reviewer was left intact with more information added so that it properly introduced Figure 1.

Page 7
| You don’t need to state that meta-analysis was not possible – that is obvious, in my mind, and serves only to confuse other readers than those who regularly write systematic reviews. | Done – The Cochrane Library was consulted to determine how this is typically handled. It was found that describing that a meta-analysis was not possible was inconsistently reported in systematic reviews for both the EPOC (Effective Practice and Organisation of Care) and Consumers and Communication Groups. For transparency, it was decided to leave this detail in the manuscript. | Page 8 |