Author’s response to reviews

Title: Developing a decision aid to guide public sector health policy decisions: A study protocol

Authors:

Peggy Tso (Peggy.tso@utoronto.ca)
Anthony J Culyer (tony.culyer@utoronto.ca)
Melissa Brouwers (mbrouwer@mcmaster.ca)
Mark J Dobrow (mark.dobrow@utoronto.ca)

Version: 4 Date: 8 March 2011

Author’s response to reviews: see over
March 8, 2011

Paul M Wilson
Associate Editor
Implementation Science

Dear Mr Paul M Wilson,

We have submitted a revised draft of our manuscript entitled ‘Developing a decision aid to guide public sector health policy decisions: A study protocol’. We thank the reviewers for thoughtful feedback in assisting us to getting this important work to publication. Our responses to individual reviewers’ suggestions for revision are noted below, appearing as the indented text beneath each reviewer comment.

Reviewer: Tania Stafinski

Reviewer's report:
1. The instruction from the journal states that a detailed account of the hypothesis be provided. I can’t seem find a hypothesis in this protocol. The objective seems to be the initial development of a decision aid for health policy makers.
   Indeed, the objective of the study is to develop an initial draft of a decision aid for health policymakers. Rather than explicitly stating the hypothesis for this study, we have specified the research questions. However, we have amended the manuscript to clarify the context that this study’s resulting decision aid is intended for, which along with the three research questions outlined in the protocol help to clarify the intent and objective of this research.

2. Ref 10 (on page 5) is a Lavis et al article (not Oxman et al), and is a single reference. The statement on page 5 (lines 85 to 89) refers to “A recent series of articles…” Which is the correct reference?
   Thank you for bringing attention to this. The previous reference was for the first article in the series that introduces the subsequent papers. To clarify, the manuscript introduces this series’ editors, A. Oxman and S. Hanney, rather than the authors as different sets of authors were involved with different articles in the series. The revised citation refers to the web page that has the table of contents for all the papers in the series.

3. The description of what the components of a decision aid might be appear vague. As a result, it is not clear how they will proceed with conducting a comprehensive and systematic search for looking for published and grey literature. It might be easier to use a focus group to identify these components or dimensions.
   We appreciate this comment and agree that it would likely be difficult to conduct the meta-narrative review without having a grasp of the components of a decision aid within various research traditions without some guidance. The manuscript has been amended to reflect that interviews with field experts are conducted prior to the literature search phase, noting seminal works and important dimensions that require attention.

4. The Methods section is quite general and unbounded. “Research traditions” can be very broad and will likely yield numerous “key themes”. Some discussion of how the authors plan on narrowing them down to a manageable, yet meaningful number would be helpful.
   The nature of this literature search technique is indeed much more broad and unbounded but also has the potential to uncover a greater breadth of insights than more traditional reviews like systematic reviews. We agree that this review may identify numerous key themes, therefore the protocol has been amended such that the guidance of the expert advisors, already enlisted to guide the review, will also be sought for the identification of the most relevant themes within their fields of expertise that heed more consideration.
5. What will be included in “health policy”? Again, this is a fairly vast area, with different types of
decisions occurring at different levels of public policy. Therefore, it would be great to see some discussion
of the explicit types of health policy this study seeks to inform. Since the focus groups and the Delphi
rounds will involve CRC folks, perhaps the focus, from the outset, should be on screening decisions and
the importance of understanding how values and other non-research based information might be
incorporated into these decisions.

The case of colorectal cancer screening is a highly relevant choice for demonstrating how non-
research based information might be incorporated into the decision, given the proposed range of
policy-making participants. As such, this study will actively use the case of population-based
colorectal cancer screening as an example of how the drafted decision aid might be used.

However, we believe that there are common components at the core of different types of health
policy decisions and that a more generalizable decision aid that addresses these different core
components is both possible and useful. It is our intent to explore the potential of the decision aid
to apply to health policy beyond screening contexts in subsequent research.

6. How the authors plan on addressing the specific descriptive (how things are done) and normative (how
they should be done) questions seems unclear. A more detailed explanation of how such information will
be obtained from their surveys, etc. would be helpful. It would be nice to see copies of the survey tools
and facilitator’s instructions for the focus groups.

We believe that all three methods will contribute to our understanding of both the descriptive and
normative components of the research questions to some extent. The modified meta-narrative
review will explore what is currently being done with respect to health policy decision aids but
can also contribute to what should be done by exploring what is done elsewhere, with the potential
for application within health policy. Both the focus groups and the Delphi method ask participants
what they think this decision aid should look like and do but in a way that is reflective of current
practices. As suggested, revisions to the text within each method description have been made to
clarify this.

The survey tools and facilitator’s instructions for the focus groups are unavailable as yet because
they will be designed around the findings that emerge from earlier phases within the study.

7. The three types of methods might, in a general sense, help answer the questions presented in the
protocol. However, the protocol lacks sufficient detail to be able to connect the separate parts of the
methods proposed to the 3 research questions.

We appreciate that these connections could have been made clearer. We have amended the
manuscript to add at the end of each methods description, a more explicit account of how the
methods will be used and build upon each other.

8. In summary, this protocol will likely require substantial revisions in order for it to appear clear and
rigorous in its approach to addressing the research questions. The authors might also want to consider
limiting themselves to screening policies, which would seem more convincing, given the methods
presented.

Revisions to the manuscript have been made in order to clarify the study design in all the areas
mentioned within this reviewer’s report.
**Reviewer:** Kaelan Moat  
**Reviewer's report:**

1. Major compulsory revisions.  
I believe that there is a need to provide greater clarity as to your intended purpose of decision-aids in this context, and how they will fit within policy processes (given their complexity). Much of this work only requires more explicit acknowledgement of other work and some brief reflection on how this particular protocol fits within this other work. Furthermore, some conceptual clarity is required, especially relating to discussions of “different forms of evidence”.

   a) In paragraph 3, you’ve outlined that no “concise direction” exists for health policy making processes more broadly in the literature. Furthermore, in paragraph 4 you’ve stated: “The decision aid will guide evidence informed, public sector health policy decisions made on behalf of populations”. Taken together, these statements appear to suggest that one rationale for your study is the need for a normative approach to policy making, in the broader sense, and how policy processes should commence based on the best practices emerging from this work. However, the opening statement in paragraph 4 (which explicitly outlines the study’s purpose) contradicts this assertion, as does the opening statement in the discussion. The former statements are normative and inherently polarizing, which could discourage some readers (in particular policymakers) from pursuing interest in your study’s findings and final product. The latter, which encompass what I believe to be the true purpose of the study, are more inviting and implicitly acknowledges that a decision aid of this type can be seen as a resource that is available to assist policymakers—should they decide there are multiple sources of relevant evidence for a given policy problem that they need to consult and integrate.

   For some types of policy problems, it may be completely appropriate to only consider the evidence from research, whereas other policy issues may be highly salient, polarizing, and require an assessment of the positions and interests of several other actors’ values to compliment the best available research evidence. Furthermore, the incorporation of values and other forms of evidence is likely to be a function of how policymakers and those that support them intend to use the research evidence, and at which point in the policy process. Please see seminal work by Carol Weiss for some clarity on this(1) The complexity of all of this is compounded by the various problem definitions that different individuals can use to forward their own agendas and interests within the context of a given policy process. Deborah Stone has done excellent conceptual work in this area(2).

   # I believe that it is important to re-think how some of your rationale statements are presented to ensure consistency with the study’s purpose as a tool to help inform policy processes, and minimize any implied assumptions about how the tool should be used to guide policy processes. Following this, there is also a need to “play up” and acknowledge that this work will develop a much needed complementary tool that can be integrated with others (i.e. SUPPORT Tools), and be used to fill in their conceptual gaps (although I feel that the questions pursued along with several of your purpose statements have addressed this to some extent).

   Thank you for pointing out this inconsistency. We have reviewed the manuscript carefully to more clearly and consistently state the rationale and intent of this study - to inform policy processes rather than to direct them.

   b) Regarding the statement: “where this work does focus specifically on non-research evidence, such as the need to consider values and stakeholder dynamics in making a policy decision, it does not directly provide an approach for assessing and incorporating this non-research evidence into the decision making”. Firstly, I agree that the SUPPORT Tools paper you have referenced only mentions incorporation of values in passing. However, “deliberative policy dialogues” which are outlined in SUPPORT TOOLS # 14(3), and discussed elsewhere (4;5) have been developed as a knowledge translation intervention to address the need to enable policymakers’ and stakeholders’ to assess the available research evidence and their accord with dominant beliefs, values, political and personal goals, and interests.
I think that it is important to acknowledge that knowledge translation strategies and approaches do in fact exist, and are currently being developed and studied as ways to help potential users of research evidence (and other types of evidence) to assess and incorporate non-research evidence into decision making.

We appreciate that there are various knowledge translation strategies and approaches in existence and in development and we have revised the text to acknowledge this more directly. However, a key part of the rationale for this study is that the current tools are often either unclearly defined and/or inadequate for directing decision-makers on how to incorporate non-research evidence into policy making processes. We believe this study will directly address this gap.

It is true that dialogues as a particular strategy leaves this “integration” process as an internal individual one, whereas what your protocol is suggesting is that it could be more explicit and externally informed by “best practices” that can be guided by an aid. Ideally, you would provide clarification around this point as well.

While we believe that policy dialogues are indeed one way of integrating some non-research based evidence into the decision, as you have noted, this “integration” process is an internal individual one. In addition, these dialogues, as Lavis et al. (2009) have described them remain more focused on the research evidence, while not really pushing to ensure that all non-research based evidence have been considered.

It is our intent that the drafted decision aid can make this integration of both types of evidence more explicit and more comprehensive. The manuscript has been amended to reflect this in the description of the aid’s purpose.

c) In addition, the decision-aid output as currently conceptualized in the protocol appears to be targeting individual policymakers and decisions in much the same way that a clinical decision aid might target clinicians (often described as a linear process).

It should be acknowledged that policy decisions and the use of any type of evidence is often a collective level process—one in which individual actors lack autonomy to make decisions based on their own “problem definition” and appropriate evidentiary resources. Please refer to a recent meta-narrative review published by Damien Contandriopoulos which outlines this interdependency(6). I would encourage the authors to acknowledge this, even if briefly, and use it to clarify how they conceptualize the use of the final product (i.e. as an input into the policy process at the individual level, while acknowledging the influence of actors’ interests, power imbalances, the type of policy issue being addressed, etc.).

Please see revisions to this effect at the end of paragraph 4 in the background section.

d) The focus of this study is the various types of evidence other than research evidence. However, there does not appear to be an explicit mention or description of what these other types of evidence are—other than values.

This discussion should be pushed further as it will help add to conceptual clarity (also important in the initial phases of your meta-narrative in setting boundaries and having a point of departure). For example, will you considering expert opinion, tacit knowledge, colloquial evidence, etc?

Please see revisions to this effect at the beginning of paragraph 4 of the background section.

2. Minor essential revisions.
a. There are some small grammatical errors throughout the manuscript, and I would urge another line-edit. One example occurs in the first sentence under the “Methods” section, where it appears the word “to” was likely meant to be a “the”.

The manuscript has been amended to correct such errors.

b. You have referenced the SUPPORT tools in the introduction as work by Oxman and Hanney, however this is Oxman and Lavis (See reference #10 in your manuscript).
In the text, I have introduced the series of articles as having been edited by A. Oxman & S. Hanney. The citation has been revised to reference the web page that is the table of contents that links to all the papers within the series.

3. Discretionary revisions.
   a. I think that the methods are very well thought out, and wholly appropriate, given the topic and research questions. However, I was hoping that the authors could provide a bit more detail as to how the initial stages of the review will be used to inform the first focus group session—which is described as “overlapping”.
   More specifically, will the initial findings from the review and interviews help you sample for your focus groups? Will they be used to develop the interview guide or approach to the focus groups?
   Since this research has a beginning point within the current health policy context, the findings of the meta-narrative review will not assist with the sample selection for the focus groups. However, the findings will be used to create a script to guide the first focus group discussion. This latter point has been inserted at the very end of the methodology section for the meta-narrative review.

b. In addition to the point made above, I was left wondering if there was a planned strategy for how you would decide how to revise the tool’s structure and content, given your findings from the first focus group. Will this process force you back to the literature if a new concept arises that you hadn’t yet captured in the first review round? How might you decide when to move forward to the second round of focus groups/Delphi given these unclear boundaries?
   At this point in time, I believe it is difficult to foresee, definitively, what approach will be needed for revision of the tool. Having said that, the intention of the first focus group is to inform how to use/combine, or whether or not to use specific findings from the meta-narrative review in the development of the current decision aid. However, if a prominent new concept was articulated during the first focus group, we would indeed go back to the literature to obtain a firmer grasp on that topic.
   The focus groups are not meant to be an iterative process for refining the developing tool; rather, it is one step within the refinement process. As such, revisions would be made in accordance to the findings from the first focus group and would then directly enter into the second focus group for feedback, etc.

We trust that we have satisfactorily addressed the issues raised by the two reviewers. Based on the reviewers’ comments, we believe the revisions have substantially improved the paper. On behalf of my co-authors, please consider our revised manuscript for publication in *Implementation Science*. We look forward to your reply.

Yours sincerely,

Peggy Tso, BHSc, MSc Candidate
Department of Health Policy Management & Evaluation
University of Toronto

Anthony J Culyer, CBE, BA, Hon DEcon, Hon FRCP, FRSA, FMedSci
Professor
Department of Health Policy, Management and Evaluation
University of Toronto

Melissa Brouwers, BSc, MA, PhD
Associate Professor
Department of Oncology