Reviewer's report

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

Version: 3 Date: 4 January 2011

Reviewer: Kaelan Moat

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Overall, I believe that there is a strong underlying rationale for this study, and the authors have done a good job in justifying the need for such a tool. There is little or no guidance currently available to policymakers as to how they might proceed incorporating the vast types of relevant evidence using a transparent, systematic process. In essence, what this type of aid might be able to accomplish is an elevated capacity for real time “policy analysis”. Based on personal experience with policymakers, incorporating disparate sources of evidence is not something that is altogether a straightforward process. That this study is trying to provide some support to facilitate this process is something which will be a real contribution. I also think that the proposed methodological approaches are extremely comprehensive, and wholly appropriate in answering questions of this nature. Given that the study has already been given ethical approval, and is therefore not amenable to significant revision, I have tried to ensure that any revisions I have proposed are within the remit of the existing framework. Proposed revisions have been bulleted.

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).

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.

# 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.
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.).

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?

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”.

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).

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?

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?

Reference List


Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests