Author’s response to reviews

Title: Evaluation of an HIV-specific rapid response service for community-based organizations in Ontario, Canada

Authors:
Michelle Camilleri (mcamilleri@ohtn.on.ca)
David Gogolishvili (dgogolishvili@ohtn.on.ca)
Danielle Giliauskas (dgiliauskas@ohtn.on.ca)
Jason Globerman (jmgloberman@gmail.com)
Michael Wilson (wilsom2@mcmaster.ca)

Version: 1 Date: 20 Jun 2019

Author’s response to reviews:

Reviewer #1

Comment: The authors make a good case for rapid reviews (p. 3). The uniqueness of this service focusing exclusively on HIV and sexual health is noted, which I think is worth elaborating on. What is the context in which this kind of service is particularly needed in the HIV / sexual health sector? Is there something about the climate of funding, organization of programs, or exceptionalism of HIV as a 'sector' that warrants (or has supported the development of) this specific service? (compared to mental health, health services for refugee/immigrant populations, etc.)? What was the critical tipping point for the service to launch in 2009?

Response: Thank you for your excellent feedback. We have included a section (pg. 4 & 5, lines 66-79) discussing research finding a lack of organizational capacity to assess research among CBOs in Ontario, from which the service grew in 2009. We have also included a brief discussion on the importance of increasing capacity for research application among HIV/AIDS-focused CBOs in this setting.

Comment: Page 5, line 73 - who is the reviewer? Staff person at OHTN?

Response: This information has now been included on pg. 6, lines 98-100.

Comment: Page 5, line 75 - What constitutes 'experts'? Clinicians? Researchers? People living with HIV/community champions? All of the above? It is important to know who is interpreting the literature (from what standpoint / worldview). Adding details to the introduction will bolster
the author's stated goal to "share the development process of the OHTN's Rapid Response Service" (page 5, line 89).

Response: All of the above, depending on the topic being covered. This is now included on pg. 7, lines 116-117. Thank you for pointing this out.

Comment: The variables populations observed, topics covered, requestor affiliations, and number of downloads from the OHTN's website were chosen for the univariate analyses. Why were these variables selected? A brief mention of the decision-making /context in which these outcomes were selected would be appropriate, e.g. based on available data? Were most important to describe reach of the reviews?

Response: Our rationale for choosing these variables, as well as interview questions, has now been incorporated into the methods section.

Comment: The authors state that the first seven questions of the interview with requestors focused on 'satisfaction levels' (p. 6, line101), however, Section A (Q1-Q6) in the Additional File 1 are about the degree to which the requestor found different aspects of the review 'helpful.' It's slightly misleading to claim that 'satisfaction' was the outcome measured - perceived helpfulness is an aspect of satisfaction, and it appears that's what was measured in Q1-Q6. The authors also refer to the interview questions as 'helpfulness ratings' when reporting the results (page 10, line 199). I would suggest changing the outcome noted in the Methods to perceived helpfulness, which more accurately reflects what was measured. I would also suggest putting Q7 into Section A and omitting Section B as Q7 isn't really an 'overall assessment of the rapid response' and Q7 is included in the figure as part of the 'helpfulness ratings'.

Response: That is a good point. This outcome has been changed to “perceived helpfulness” throughout the manuscript. As for changing the additional files, we feel that as these were the documents provided to requestors, and it would be misleading to change them after the fact. However, we do not feel that this question is mislabeled as it refers to requestors’ assessments of the helpfulness of the service overall.

Comment: Page 6, line 114 - who specifically conducted the 6-month follow-up interviews - suggest including.

Response: These were also conducted by a dedicated Knowledge Synthesis/Rapid Response Service staff member at the OHTN. This has been included on pg. 9 line 175.

Comment: Lines 110-111 and 114 are similar and can be combined.

Response: These lines have been combined.
Comment: I realize this was a program evaluation for a non-profit organization (e.g. QI), but are there any ethical considerations that should be noted? (I read later in the Declarations re: Ethics approval and consent to participate). Was this project approved by a research ethics board? How was the anonymity of requestors who responded to the questionnaire and conducted a follow-up interview ensured (beyond stating in the preamble of the interview guide and at the beginning of the survey document)? I suggest including this in the body of the Methods.

Response: This information has been included in the methods section.

Comment: Page 7 lines 115-120 - I appreciate that a content analysis was conducted. More detail could be provided about the process to code and develop thematic categories. Given the interviews were structured by the interview guide, were the codes reflective of (or derived from) the questions that were being asked (e.g. general impression, most & least helpful elements of review, use of review to inform service, etc.)? The results have been written as if this was the case. How many researchers were involved in the coding process? How was the set of initial codes developed by all the researchers reconciled (i.e. were all codes kept, or only where there was consensus)? How were the codes transformed or synthesized into themes (how was this conducted, by whom)? If no analysis software was used, how was the coding and then thematic analysis process documented and kept track of (e.g. it's unclear how Excel was used to support this this)? What aspects of Vaismoradi et al. and Green & Thorogood informed the analytic process - can the authors reference particular steps / processes that were informed by the cited literature?

Response: The methods section has been updated to include this information.

Comment: Page 7, line 127-129 - fix what text should be included in parentheses

Response: Thank you for catching this, the end bracket has been removed.

Comment: Page 8, line 155 - realizing the reviews focused on HIV care, are the authors referring to HIV prevention and HIV treatment? Can they briefly offer specifics (e.g. efficacy of a certain treatment, or prevention using a particular technology)?

Response: This now has been clarified as HIV prevention and HIV treatment. Examples of rapid response titles for each topic have now been included (pg. 12, line 235-243) to give the reader a better understanding of what these topics cover.

Comment: Page 9, line 165 - suggest providing a reference for this statement

Response: Thank you for pointing this out, we now feel that this statement may be too much of a generalization and this line has been deleted.
Comment: Page 10, line 184 - the authors state the 'topics of the five most frequently downloaded…' but only list the top 4 - was one omitted?

Response: This was an oversight, thank you for catching it. The fifth has now been included.

Comment: Figure 1 - I suggest renaming the labels along the x-axis - they are quite long, difficult to read, and could be simplified; it's also recommended that the answers from the likert scale be listed vertically (or from least helpful to most helpful in 1 column) so they can be interpreted easily when reviewing the Figure 1

Response: Upon review of this figure, we completely agree and have created a new figure that we hope is easier to read/more intuitive. This has been attached with our submission.

Comment: Page 12, lines 237-247- it appears that a couple of letters are missing from sentences; I also suggest stating 'one requestor' for lines 245-247 ("a small number of requestors" and "other requestors" is misleading given that it was one person from the sample for each of these sentences).

Response: This is a very good point. These have been changed to “one requestor” (pg. 16, lines 336-337). The typo has also been fixed.

Comment: Page 13, line 253 - 2 requestors said that there should be "more focus specifically on the requestor's question" but the authors state that the process 'focuses initially on refining a researchable question with the requestor" (page 4, line 67-68) - why might there be a disjuncture here if the question was developed a priori? The authors state later on page 13 about requestors being 'unaware of the commitment that the rapid response process entailed' - is this part of it? Please connect the dots more clearly regarding the development of the questions for the rapid reviews and (possibly) why 2 requestors felt there should be more focus specifically on their questions.

Response: These points have now been addressed both in the Background and Discussion sections.

Comment: The authors state on page 5 (lines 89-92) that the goal of the article was to "share the development process of the OHTN's Rapid Response Service, conceptually map issues raised by community organizations, examine how the Rapid Response Service sought to address these issues, and report on the evaluation of the program." I agree that the development process and evaluation of the Rapid Response Service are reported. What community organizations found most and least useful was reported - but I would hesitate to say that a 'conceptual mapping' was conducted in this very descriptive study. This language is misleading.
Response: This has been changed on pg. 7, lines 133-135 to more accurately depict what is reported.

Comment: The univariate analyses and content analysis of interview data describes the issues raised by requestors based on the questions they were asked in the survey and interviews. I don't believe that the authors have examined 'how the Rapid Response Service sought to address these issues.' For example, in the follow-up interviews with 23 requestors, some thought the "communication between OHTN staff and requestors could be improved" and some were "unaware of the 'commitment' that the rapid response process entailed with regards to developing a research question and would have liked to have been more prepared for the process as a whole." In the discussion, the authors talk about processes that "may be useful", "may be valuable" and are "important to consider" as part of next steps for the Rapid Response program, however, they do not explicitly state what steps have been taken to address the concerns raised by requestors. For example, the authors mention that "increasing outreach to other organizations would be an important step for the OHTN to take" (page 18, line 381) but don't elaborate on if and how they will act on this. Addressing requestor recommendations may be beyond the scope of this paper (which is fine) - so it would be beneficial to restate the goals of the paper to more accurately reflect the scope of the data that is presented and discussed.

Response: This has been changed to “outline potential next steps for the Rapid Response Service to address issues” on pg. 7, line 133.

Comment: I'm also struggling with the larger 'so what' question and relevance of this paper. The authors did a good job in the introduction to make the case for rapid reviews, but the Discussion falls short to really sell why this evaluation is relevant to a wide readership and a variety of stakeholders (beyond the HIV sector in Ontario or Canada). This evaluation is useful for the OHTN in terms of the impact and helpfulness of the rapid response service, but I question the utility beyond this organization. The authors do offer some possible next steps to strengthen the service (in response to feedback) and cite some literature about other successful rapid review services - but I question if this is enough to warrant publication (vs. leave as an internal program evaluation). Why do the findings from this evaluation matter more broadly? Can the authors offer a more critical discussion of the need for rapid review services, e.g. mobilizing research knowledge at the frontlines, the increasing focus (by governments, regulatory bodies, etc.) to ensure programs are evidence-informed - and based on what kinds of evidence? I believe that bolstering the 'so what' and 'now what' questions in the Discussion will help to make this paper relevant to more readers including program evaluation / quality improvement scholars.

Response: This has been excellent feedback that will definitely help with the relevance and quality of this paper. We have modified the background and discussion sections, and hopefully we have addressed these concerns.

Reviewer #2:
Comment: Needs more emphasis and explanation/discussion about the value of this RRS for progressing evidence informed decision making in community healthcare (in the background)

Response: We have included a section (pg. 4 & 5, lines 66-79) discussing the lack of organizational capacity to assess research among CBOs in Ontario, as well as the role/contribution that HIV/AIDS CBOs have with respect to the HIV epidemic in this setting.

Comment: As an intermediary for getting evidence to the decision making table of service providers or policy makers, more depth to the discussion about how evidence is used and the impact it has on informing decisions would progress the field further. The authors may wish to consider this point for further publications.

Response: Discussion of the need for evaluations of the production and utilization of rapid products and their impact on decision-making has been incorporated into the Background and Discussion.

Comment: An explanation or rationale for the evaluation framework would bring depth to the evaluation process

Response: A rationale for this has now been incorporated into the methods section.

Comment: The statement starting on line 64 p4 needs a reference, for example see Borah R, Brown AW, Capers PL, et al. Analysis of the time and workers needed to conduct systematic reviews of medical interventions using data from the PROSPERO registry. BMJ Open 2017

Response: Thank you for providing this reference, it has been included.

Comment: Rationale for choosing 6 months follow up, Line 109 p6. Although the limitation of a 6 month follow up is addressed (in line 363) I'm not sure why you waited so long to contact your requestors.

Response: An explanation for this has now been incorporated into the methods section.

Comment: Line 182 p9, Delete sentence, "Download number for one rapid ...." cannot see why this is useful piece of information.

Response: This line has been deleted. We have now also deleted the beginning of line 261 on pg. 13 (“For 101 rapid responses”) as it may be confusing for the reader without this clarification.
Comment: Line 184 p10, Delete five, just write, "The topics of the most frequently downloaded..." Stating "five most frequently downloaded rapid responses" and only listing 4 is confusing and not really necessary.

Response: Thank you for catching this oversight, the fifth has now been included.

Comment: Line 191 p10, Suggested re-write, Twenty-five requestors whose rapid response requests were completed in 2014 or 2015 were contacted for the purposes of evaluation, 23 (92%) requestors responded."

Response: This is much better. We have rewritten this line.

Comment: Line 244 p12, should read "one participant indicated", not on participant.

Response: This has been fixed.

Comment: Lines 256-262 p13, Numbers listed for follow up interviews and their roles doesn't add up correctly to n=18.

Response: Thank you for catching this crucial mistake! Our numbers have now been fixed.

Comment: Lines 296-301 p15, Impact of the RRS. As a manager of a similar evidence service for a large health service, this is one of the most critical aspects of the evaluation or indeed the purpose of the RRS. So it would be interesting to read about how insights for example, from "Moore et al. Health Research Policy and Systems (2018) 16:17 Do policy-makers find commissioned rapid reviews useful?" could be interwoven into the narrative about what your evaluation shows. Could you comment on the instrumental and conceptual impacts your work has had on HIV programs and conditions.

Response: Thank you for the excellent feedback. This has definitely helped the quality of our paper. We have modified our background and discussion sections to elaborate more on the impact of this work.