Author's response to reviews

Title: Evidence-informed policy formulation and implementation: Comparative case study of two national policies for improving health and social care in Sweden

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Author's response to reviews: see over
Authors’ responses to the reviewers’ comments

Reviewer 3: Kaelan Moat

Major compulsory revisions

Overarching

Comment: I would encourage the authors to consider the comments below and decide whether the way the paper is framed is appropriate. Perhaps they may want to acknowledge that the analysis as stands is primarily an exploratory and descriptive account of the cases, organized by their framework, rather than an explanatory policy analysis that explains policy outcomes using factors found in the political context.

Response: We have changed the phrasing of the aim both in the abstract (p. 2) and in the Background section (p. 9) to clarify that the purpose of the study was to explore (rather than to explain) and compare two policy cases using the conceptual model. But we have also developed the more explanatory parts of the analysis (see more detailed description of these changes below).

Comment 1: Despite the authors’ assertion that many analyses of the policy process and the influence of evidence in these processes are incomplete given they often fail to explicitly address implementation, they themselves have only taken a partial view of the policy process by failing to assess the agenda setting stage (i.e. why the policy cases they have chosen made it to the point of serious consideration, despite the fact that at any given point in time there are many potential policy issues that vie for government’s attention in Sweden). While I am not suggesting it is necessary for the authors to undertake a fulsome analysis of the agenda setting process, it would be important to explain to some extent why and how the issues in the cases they analyzed came to government’s agenda, and also acknowledge that they do not intend to include this policy development stage in their study. At present, the authors seem to suggest that their accounts are a more comprehensive take on the policy process, but this can’t be true because they only analyze policy development and implementation.

Response: Thank you for pointing this out. Data covering the whole policy period was collected, but this was not highlighted in the model and in our results. We have now rewritten the section on Data collection (p. 13) and added a sub-section on agenda setting for each case (p. 15 and pp. 19-20) in the Results section in order to clarify this. We have also revised the conceptual model.

Comment 2: The issue of contextual factors, and in particular political context, are often described by the authors as key to understanding the way policy processes unfold, which I fully agree with and support. However, despite the emphasis placed on this in the paper (there is even a statement espousing the importance of political science in the background section) the authors don’t currently engage an adequate range of concepts from the field of policy analysis and political science to help explain the outcomes they observed in their cases—particularly the vital roles played by institutions, interest group pressure (although they do mention the importance of interests) and ideas. For example, from the institutionalism literature it is known that the legacies of past policies
and path dependency are important in shaping future policy processes, that there are ‘winners and losers’ in the policy process which can often be explained by power imbalances between interest groups (and past policies can influence these imbalances as well!), and that ideology, values and policy paradigms can shape policy outcomes. However, the authors haven’t taken many of these factors into account in an analytical way—that is to say they are acknowledged briefly, but not used to fully explain the policy outcomes in their study.

Response: We have added information in the Methods section (pp. 9-10 and p. 12) and throughout the Results section about the organizations, their roles, interest groups, settings and contextual factors. We have also rewritten major parts of the Discussion with the goal of applying more analytical perspective. For instance, we describe the coalitions that were formed and central underlying policy core beliefs.

Comment 2a: In policy case #1 the authors highlight that there were “several implementation challenges because the guidelines would affect many parts of the healthcare system and implied a paradigm shift in emphasizing the preventative aspects of healthcare”, which seems to be intricately linked to existing political and health system contextual factors. However, the authors don’t explain exactly the parts of the healthcare system that are affected (e.g. is the implementation barrier related to the interests of physician groups who have traditionally been focused on curative, rather than preventative care, and are also paid for curative rather than preventative care which has caused them to form an opposition to the policy?). This type of statement seems like a key part of the policy process ‘story’, but no details are provided. Later in this case description, the authors mention consensus processes and stakeholder engagement as a strategy to overcome this barrier, but don’t explicitly make the linkage to any substantive detail that helps the reader understand the true importance of this barrier in the context of the whole policy process. For example, were there factors that explain why the opposition form health professional organizations were particularly important barriers to consider in this case? Do these professional organizations have significant influence over the process and as such are required to be ‘on board’ before proceeding? If so, why do they have such influence over the process? These kinds of analytical insights are very important in policy analysis that takes political context into consideration.

Response: We have revised the text and added some more details concerning the implementation challenges in Case 1 in the Results section (pp. 16-18). We have also added citations from the interviews to illustrate these aspects.

Comment 2b: In policy case #2, why does SALAR seem to have much more influence on the development of the policy than other actors, and why was it necessary to engage other interests in the negotiations of the policy (was it because of particular rules set out in past policies about who has decision-making authority in this type of issue, previous arrangements that have established networks that define the policy processes related to the care of older people, etc.)?

Response: We have added more information about the background of joint policymaking and SALAR’s role under Setting (pp. 9-10) and in the case description in the Methods section (p. 12). We also discuss SALAR’s role in more detail in the Discussion (pp. 26-29).
Comment 3: A related point about how context is defined in the paper also seems important to raise here. In particular, the authors quote Bowen and Zwi to state that context includes political, social, historical and economic elements as well as the healthcare system and the service context. However despite some description of the history of the Swedish health system and some of the historical political context in the methods section, the authors don’t provide much in the way of describing the important political, social, historical or health system contextual factors at play within each of the case analyses—so the reader isn’t left with a clear picture about how context matters in this study.

Response: *We have now revised both the Methods section (pp. 9-10) and the case records in the Results section and added more detail about contextual factors influencing the policy processes in each case.*

Comment 4: While contextual factors are quite important, isn’t it the case that the nature of the policy issue being considered within each case would also be quite an influential predictor of policy outcomes? This is often seen for issue that are more (or less) polarizing than others, that are more (or less) salient than others, or are more (or less) familiar than others. For example, the guidelines development process (Case #1) in many contexts can be quite systematic and routinized (and often less polarizing or salient), so it might not be a surprise that in this study, this case was characterized by a much more closed group of actors (established by institutional rules and past processes), and also by a much more systematic and rational use of evidence. It would be helpful if the authors either more explicitly took issue characteristics into consideration, or acknowledge that they did not and explain the reasons why for the readers (and this could be captured in the discussion).

Response: *We have added information about policy content for each of the cases in the case descriptions in the Methods section (pp. 11 and 12). We also address the issue of policy characteristics and how this might be related to the use of evidence in policymaking in the Discussion (p. 26).*

Methods

Comment 1a: Which criteria were used to determine which cases were selected? The phrase ‘typical cases’ is used, but the authors don’t explain how these two policies represent ‘typical cases’ in Sweden, or why typical case sampling is beneficial in this instance (i.e. why is this a good strategy to address the research question?).

Response: *We have now rewritten the Study design paragraph in order to clarify the rationale for selecting the cases (p. 10).*

Comment 1b: Furthermore it isn’t clear whether any other criteria were used to select the cases. For example, was it the type of issue (e.g. guideline development vs. actual policy development of a strategy for care improvements) used? Were cases sampled on the dependent variable of interest in order to explain contributing factors to divergent outcomes, as is often done in political analyses (consider that the two important outcomes in this case were divergent rational/linear systematic evidence use vs. negotiated and pragmatic evidence use, and the authors describe why this was the case)? This type of detail would be helpful in order to establish rigor in case selection.
Response: In the Study design section (p. 10) we present the shared key characteristics that formed the base for selecting the two cases.

Comment 2: It isn’t clear in the description of data collection what ‘observations’ referred to, nor the type of data that were obtained through these observations. For example, did the authors engage as participant observers at meetings held within each decision-making process? Were they passively observing in other ways? Were the ‘data’ notes taken as observers, or something else? How was this data analyzed? This isn’t clear in the manuscript at present, and I think it is quite important.

Response: We have revised the sections on Data collection and Data analysis to provide a more detailed account of how the observations were conducted, the data that was collected and how it was analyzed (pp. 13-14).

Discussion/conclusion

Comment 1: As related to the points made above, one of the core conclusions drawn by the authors is that "policy actors' roles in the health policy system were found to have a great influence on the choices of strategies and collaborators in the policy formulation, sourcing and using evidence...", however, while they have successfully acknowledged the existence of these kinds of factors, they haven't necessarily provided a compelling analysis that shows how and why these relationships exist (see comments above about omissions in the analysis related to the nature of political context and how it shapes the policy process).

Response: We have now added a more analytical perspective by using some of the concepts from the Advocacy Coalition Framework (briefly described in the Background section, p. 6) in our analysis of stakeholders and their relationships in the Discussion (pp. 26-28).

Minor essential revisions

Comment 1: While Table 1 is extremely helpful to get the ‘big picture’ about each case, and the analysis as a whole, it may provide more clarity if the authors were to consider a different organization of the points in the ‘differences’ column to assist the reader in identifying the linkages between the two cases. For instance, in the ‘policy formulation’ row, it is clear that point 1 in case 2 is a difference when compared to point 1 in case 1 (and ditto for the others in this row). However, this isn’t always clear in this column for all of the points which sometimes makes it difficult to make comparisons. Perhaps the authors could organize the points by thematic heading and then highlight how the cases were different with respect to this theme.

Response: We have re-organized the content of Table 1 based on the reviewer’s suggestions. However, we have not added thematic headings in order to keep the table short and concise (Table 1). Hopefully this version of the table is easier to read. Otherwise we will be happy to revise the table again.

Discretionary revisions

Comment 1: In the last paragraph of the background section, the authors state that “the focus should be on understanding the process behind policy change, rather than studying how to increase the amount of evidence used in policymaking”. This may just be a difference in opinion, so I’ll leave it to the authors to decide whether they address it:
Ideally wouldn’t it be that if we’re interested in supporting the use of research evidence in policymaking to promote health systems strengthening, we need to understand better how policy processes unfold and the factors that influence them, we also try to understand whether there are mechanisms that can help to support the increased use of evidence in these processes? If the authors agree, then I think it would be helpful to include a statement about this.

Response: We agree with the reviewer’s suggestion and have revised the text in the last paragraph of the Background section accordingly (p. 9).

Reviewer 2: Alec Fraser

Major compulsory revisions

Methods

Comment 1: Whilst the authors note on p9 that the policies represent ‘typical’ rather than ‘exceptional’ cases, they do not state why these two cases in particular were selected, or elaborate on their sampling processes – for example, what was the rationale behind comparing a preventive intervention with a quality/coordinating focused one?

Response: As described above (comment 1a and 1b under Methods, reviewer 3 Kaelan Moat) we have now provided a more comprehensive rationale for selecting the cases (see Study design on p. 10).

Comment 2: I would like to see more information about the data collection methods too, these feel a little underreported. Which researcher conducted the interviews at each site? Who were the informants and why were they chosen? What questions were asked in the interviews (and was this consistent over the two sites)? Did you find conflict between the accounts from different actors and if so how were these accounted for? Why are there fewer observations, documents analysed and interviews carried out in case 1 compared to case 2, and have you reflected upon how this may have influenced the results? I think a table perhaps detailing the professional background of the informants at each case, and the year of the interview might be of use to enable the reader to understand more about how the data was collected. Likewise the data analysis section is under-referenced – what kind of processes did you follow – what kind of ‘content analysis’? Were any software packages (e.g. Nvivo) used?

Response: We have rewritten the section on Data collection to provide a more detailed account of the procedures and the data collected in each case (pp. 13-14). We also developed the section on Data analysis to provide more detail about the analysis procedure (p. 14).

Results

Comment 1: I felt the results lacked the kind of contextual detail around the interactions of the different individual actors and groups that would really enhance understanding of these often hidden stages of the policy process. For example the final sentence of paragraph 3 on p13: ‘When evidence was insufficient their recommendations were based on a systematic consensus process.’ This is a very interesting finding that might be worth expanding on, or at least explaining how this data was found (i.e. through interviews, and/or observations) – who led on this
consensus process, was it contested at all, and if so how was conflict resolved/mediated? There are further examples, (e.g. p16) where I wanted more detail in order to understand the decision making context more thoroughly – ‘A policy was developed in 2010 in negotiations with SALAR...’ How was this framed and why? Again on the same page ‘SALAR identified two rather new national quality registries ...’ This presents SALAR as a coherent policy actor – is this correct, or did you discern different view-points from within SALAR?

Response: We have added more information about contextual factors for both cases throughout the Results section. On p. 16 we provide some more details about the consensus process in Case 1. More information about conditions and events leading up to the formulation of the policy in Case 2 has been added under the heading Agenda Setting (pp. 19-20). More information about SALAR’s role has been included under Setting in the Methods section (p. 10), and we have also added a sentence on p. 21 to clarify SALAR’s role as an administrator of national quality registries. In addition, we have added citations from the interviews to provide richer pictures of the cases.

Comment 2: On p25 the authors state ‘We emphasize the importance of analyzing actors involved in policy processes and the possible relationships between these actors.’ The paper does indeed do this – but I think it needs to be emphasised that this refers to actors at the institutional (or macro-/meso-) level rather than a more fine-grained analysis of individual actors in shaping change at the microlevel within policy formulation and implementation.

No reference is made in the paper to roles played by individual actors in these processes and it might be interesting to know why the authors chose not to do this given that the interview and observation data might be expected to have shed some light on this. Might this have been influenced by the models available to analyse these processes, and is this worth reflecting upon in terms of the applicability of models in general to these kinds of policy questions?

Response: We have now clarified in the Methods section, under Data collection (p. 13) that we used a key informant approach and that the stakeholders that were interviewed were seen as proxies for their respective organizations at an institutional level rather than as individual actors. We have also added this aspect to the methodological discussion on p. 31.

Discretionary revisions

Comment 1: On p9, paragraph 1, line 5, consider removing ‘the’ from the sentence.

Response: We have revised the sentence in line with the reviewer’s suggestion.

Comment 2: On p12, paragraph 1, line 2, consider changing ‘context’ to ‘contextual’.

Response: We have revised the sentence in line with the reviewer’s suggestion.
**Reviewer 1: Raj Behal**

**Major compulsory revisions**

**Comment 1a:** First, the aim stated in the abstract (compare two policies, and test a new conceptual model) is not the same as that stated in the body of the paper (increase our understanding of the policy process BY comparing two policies). The authors should clarify the actual aim.

Response: *Thank you for drawing our attention to this - we have changed the text related to the aim of the study in the Abstract (p. 2), in the Background section (p. 9) and in the Discussion (p. 26) in order to clarify the aim of the study and to make the formulations consistent across the manuscript.*

**Comment 1b:** Second, a comparison of two policies the authors consider "typical" as an aim is less interesting to the (international) reader, unless the authors consider these two policies to be important for national healthcare strategy. Additional justification is needed to help reader understand why these policies, and why only two policies were considered, e.g. were other policies considered?

Response: *As described above (comment 1a and 1b under Methods, reviewer 3 Kaelan Moat and comment 1 under Methods, reviewer 2 Alec Fraser), we have now revised the section on study design, in order to clarify the rationale for selecting these cases (p. 10).*

**Comment 2:** The authors highlight their main finding that use of evidence varied greatly between the two policies. If the intent is to demonstrate the extent of variation in use of evidence, the authors will need to analyze a larger number of policies. Had they selected different two policies, they might have found no variation.

Response: *We have revised the wording to better correspond to the analysis conducted (see first and second paragraph in the Discussion, p. 26). Instead of writing about extent and variation, we now describe how evidence was used. We aimed to understand the process of how evidence was used rather than demonstrating the extent of using evidence.*

**Comment 3:** The paper would be stronger if the longitudinal outcomes of the policies were better known. It is difficult to surmise whether methods used for formulation and implementation of one policy were superior to the other policy’s methods to achieve desired outcomes. The authors acknowledge this limitation.

Response: *This is an important notion and we totally agree with the reviewer. However, we were not able to study the longitudinal outcomes of the policies at this stage. The data has not been yet summarized in such a way that analysis would be possible. This could be a focus of coming articles.*

**Comment 4:** The authors also draw conclusions about the usefulness of the conceptual model (page 25), they do find limitations and make refinements. Although these are useful insights, a reader may infer that the conceptual model used throughout the paper may be suboptimal. The authors may wish to address this potential concern with a statement of reassurance that despite the need for refinements, the conclusions drawn from use of the model remain valid.
Response: One of the aims of the study was to test the new conceptual model that was developed based on two previously proposed frameworks. In the sections Data analysis (p. 14), Discussion (p. 26) and Methodological considerations (p. 30), we now clarify that we were not limited in the analysis by the categories derived from the original version of the model. Instead, the data that could not be coded into the categories derived from the conceptual model formed the basis for new categories and themes, which were used for formulating the suggested developments of the model that are presented in the Discussion.

Reviewer 4: Annette Boaz

Major compulsory revisions

Comment 1: Much of the paper is descriptive rather than analytical. This would need to be addressed in developing the paper for an academic journal.

Response: As described above (mainly the first overarching comment, reviewer 3 Kaelan Moat), we have revised the aim to better correspond the content of the paper. We have also added a more analytical perspective in the Discussion (pp. 26-28).

Comment 2: There are quite a lot of unsubstantiated statements throughout which need attention: e.g. These policies represent typical Swedish policy cases (p9) The government was exceptionally active in promoting the policy (p18) SALAR’s combined role... implied unique possibilities to create pressure’ (p19).

Response: We have revised several statements in the paper, including those mentioned by the reviewer. The sentence containing the formulation “typical Swedish policy cases” has been replaced with the new section on Study design where we clarify the rationale for selecting the two cases (p. 10). The word “exceptionally” has been removed from the statement “The government was exceptionally active...” (p. 22). The sentence that begins with “SALAR’s combined role” now reads “SALAR’s combined role as a partner in the agreement and as an interest organization for the target audiences enabled them to create pressure to implement the policy” (p. 23). We have also added citation on p.23 that illustrates the relationship between SALAR and its members.

In addition, we revised three other statements to increase the clarity of the text. In the first sentence in the first paragraph on p. 21 “rather new” was removed. In the section Strategy for dissemination and implementation (pp. 21-22), two statements were changed: “SALAR, with its unique possibilities to influence regional and local authorities” was replaced by “SALAR, representing the regional and local authorities” and the statement “the government, which took on a unusually operative role through the national coordinator” was rephrased “the government, primarily acting through the national coordinator”.

Comment 3: Somewhere the authors need to acknowledge and draw upon the raft of policy implementation literature. While I agree that this hasn’t been used much in evidence informed policy studies, it has been brought to the attention of researchers in the field (see for example, the paper by Nilsen et al 2013 in Implementation Science: http://www.implementationscience.com/content/8/1/63). There is much, for example, in the paper that would relate to the work of Sabatier and colleagues on advocacy coalition frameworks.
Response: The paper by Nilsen et al was important reading for us while working with the manuscript – thank you for pointing out that we did not in fact refer to it in the manuscript! We have now added a sentence about benefits of using literature from both implementation science and policy implementation research on p. 5, where we refer to Nilsen et al (2013) and Johansson (2010). We have also developed the analysis by employing concepts from the Advocacy Coalition Framework developed by Sabatier and colleagues (see p. 6 in the Background and pp. 26-28 in the Discussion).

Comment 4: The choice of models doesn’t seem very helpful in terms of explanatory power (as the authors go on to conclude.) The models encourage a descriptive rather than analytic account. The authors might like to consider the use of theory to understand the process of policy implementation rather than these models.

Response: We totally agree with the reviewer in using theory to be able to conduct a more analytical study. However, the revised version of the proposed model might be useful in capturing complex policy process from start to implementation and outcome measurement. The first version of the model proved to be a useful tool in the process of organizing the data, and since we were not limited to using only the categories derived from the model in the analysis (see p. 14) we were able to suggest some developments. In order to develop the analysis, we have included the Advocacy Coalition Framework (see p. 6 in the Background and pp. 26-28 in the Discussion).

Comment 5: It is unclear why type of policy forms the focus of the second case study. The description ‘the policy’ is not sufficient to convey its content, purpose etc.

Response: We have added information and new a subheading, “Content”, for each case in the descriptions of the cases in the Methods section (Case 1 p. 11, Case 2 p. 12) in order to present the components of each policy.

Comment 6: Re data collection, the authors claim they are looking at the entire policy process, but the data is collected for only a proportion of the policy period. This needs to be justified/ explained.

Response: We have now revised the description of the data collection (p. 13). Documents were collected for all policy phases. Interviews and observations were conducted at different points in time during the policy process and also included retrospective questions.

Comment 7: The section on analysis is very brief and does not adequately describe the analytical stages/ process

Response: We have rewritten the section on Data analysis to provide a more detailed account of the analytical process (p. 14).

Comment 8: There are a number of interesting findings presented, but they need expanding as part of the analysis in order to contribute new knowledge to the field. We know, for example, that stakeholder engagement is an important factor, but it would benefit from further expansion and analysis. What is it that we learn that is new about stakeholder engagement? Similarly, the authors mention the role of a structured versus a more pragmatic approach to evidence collection and use. More could have been made
of this in the analysis. Was Case 1 really ‘strictly scientific’ of might this have been symbolic evidence use?

Response: As described above, we have expanded the Methods and Results sections so that more information about the cases and the results are provided. We have also revised the Discussion section in order to provide more analysis and discussion about the findings. Hopefully these changes supply more information about the issues that the reviewer is asking for. We are happy to conduct additional revisions to the paper if needed.

Comment 9: On page 23, the authors argue ‘Our study adds to this literature by illustrating how processes, value and agendas differ depending on which actors are active, even when the ministry and government involved in the policy process are the same.’ This may well be possible with the considerable body of data the authors have collected, but is not the case in the current version of the paper.

Response: We have revised the Discussion section in accordance to the reviewers’ comments. For instance, we have removed the above mentioned text.