Can Evidence Reviews Be Made More Responsive to Policymakers?

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Policymakers need reviews that are...

- **Responsive**
  - Answer the Right Question

- **Timely**
  - Completed in Days & Weeks, Not Months & Years

- **Credible**
  - Accurate and Reproducible

- **Efficient**
  - Affordable

Yes, evidence reviews can meet policymakers’ needs:

- Systematic reviews make it possible. We can rely on already completed, credible systematic reviews to answer most questions.
- Having only one reviewer do the bulk of the work is feasible and helps assure efficiency. However, other professionals need to be part of the process:
  - On-going dialog with the requesting policymaker assures relevance.
  - Subject matter experts help assure efficiency and quality. Honoraria may be necessary.
- A one-page final product with appended detail helps assure usability.
- Infographics and Wikipedia entries can increase the number of people who seek out the already completed reviews. Editing Wikipedia pages is a relatively light lift for those with experience. Creating infographics is more resource-intensive.

But also keep in mind:

- Although rapid reviews cannot have all of the rigor of systematic reviews, the process can be transparent and outside experts can check quality. The important question is, “What are the costs and risks of giving policymakers inaccurate information?”
- A robust search for evidence is vital, but is as much an art as a science. We do not have a librarian for this pilot project, but recommend such expertise.
- Reviews related to the social determinants of health and social policy present particular challenges:
  - Social science research is spread among multiple bibliographic databases, unlike health literature, which is almost all indexed in PubMed.
  - Social policies can have many variants and the context in which they are implemented matters.

Some of Our Remaining Questions:

- Is there a role for gray literature in a rapid review? How should one find and evaluate such evidence?
- How should one characterize findings from systematic reviews of uncertain quality?
- With a very short turn-around (e.g., two weeks or less), how can one evaluate and characterize large amounts of evidence not part of a systematic review?
- When reviewing the effectiveness of policy or programs, is there value in identifying jurisdictions that have implemented similar approaches?
- Are there cost-effective strategies for disseminating already-completed reviews to new policy audiences when they need them?

How has AcademyHealth arrived at these conclusions? An on-going experiment:

1. In 2015, the Robert Wood Johnson Foundation (www.rwjf.org), the largest foundation in the United States (USA) devoted solely to health, asked AcademyHealth (www.academyhealth.org), the professional society for health services researchers, systems, and policy researchers in the USA and the professionals who use their work, to develop and test a process to address this problem. Although this project is providing “proof of concept” and operational insights, it is not a definitive, controlled experiment.

2. We reviewed existing rapid evidence synthesis programs that inform health policy in the USA, Canada, the UK, and Australia, and developed processes for reviews with a three-day, two-week, and six-week turnaround.

3. We used the online “co-creation” tool Codigital (www.codigital.com) to convene experts to identify questions that simulate policymakers’ requests for evidence syntheses. Questions focused on three social determinants of health:
   - Adverse childhood experiences (ACEs)
   - Housing
   - Tax policies

   Example: Can taxes on sugary beverages reduce U.S. Medicaid expenditures?

4. We are conducting eight pilot reviews using our simulated policy questions. For each review, we:
   - record our observations in a “lab notebook.”
   - ask content experts and policymakers to evaluate the quality and usability of the final product.
   - refine the review process before undertaking the next review.

5. Once completed, rapid reviews could help policymakers and stakeholders in multiple jurisdictions. We are testing several tools to disseminate our pilot reviews:
   - Infographics that summarize findings.
   - Responses to relevant Quora (www.quora.com) questions.
   - Outreach to relevant social media influencers.
   - Relationships with trusted community-level information brokers (e.g., university-based health policy centers).

2. The programs examined were The Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre), University College London (UK); The Department of Veterans Affairs’ (VA) Responsive Innovation Evidence Review (RIER) Program (USA); Sax Institute’s Evidence Check Program (Australia); McMaster Health Forum’s Rapid Response Program, McMaster University (Canada). For more information see: Hite J and Gluck ME. “Rapid Evidence Reviews for Health Policy and Practice.” AcademyHealth, January 2016. http://www.academyhealth.org/files/publications/AH%255FRapid%2520Evidence%2520Reviews%2520Brief.pdf Accessed October 16, 2016