

## Synthesizing Evidence for Decision-Makers

**D**ecision-makers frequently say they want evidence about particular problems or issues presented to them as an easily interpreted whole – they don't have the time to wade through dozens of research reports, looking for the common links and the lessons for their organizations. Instead, they prefer to receive syntheses of such evidence, which bundle the results of individual research projects, and which may also incorporate the policy and practical implications of that research.

That's why the Canadian Health Services Research Foundation is improving and expanding its synthesis program – to provide the managers and policymakers running the healthcare system with the information they need in a format they can use.

The foundation's synthesis program has commissioned and released six reports over the last seven years: four on the topic of integrated healthcare and one each on nursing and primary healthcare. A recent evaluation of the primary healthcare synthesis, Choices for Change, found that 80% of decision-maker respondents used the information in the synthesis to support a decision and/or in their daily work.

The synthesis program is adapting to meet the realities of the context within which decision-makers work. In the past, it was commonly believed that the methodologies used in systematic reviews of clinical evidence could also be applied to syntheses for managers and policymakers. However, the foundation is now learning that doing syntheses for decision-makers is different in several important ways.

First, to reflect the contextual reality, increasing the likelihood a synthesis will have an impact, the production process (in terms of gathering evidence and/or writing up the results) must bring together the people who produce and those who use health services research evidence – embracing the foundation's philosophy of "linkage and exchange." This means that, while researchers may draw their own conclusions about what the evidence says, decision-makers, at a minimum, should be involved in interpreting those conclusions for implications and recommendations for policy and practice.

Second, the production and delivery of syntheses must respond to the medium-term needs of decision-makers, with final results within 12 to 24 months. Decision-making agendas are "moving targets," so what is of critical importance when a synthesis is commissioned may not be a priority when it's done, unless it's done quickly.

Third, systematic reviews of clinical "what works" questions are typically (and perhaps correctly) constrained by the rigour of methodology – both in terms of the studies being considered and in terms of the production of the review. At times, inclusion and exclusion criteria can be so strict that many pieces of research that might be relevant – such as information

on the context of implementation – are left out. Indeed, sometimes the criteria mean the research team has no articles to synthesize at all! Thus, syntheses must strike a balance between methodological rigour and the relevance of research evidence to decision-makers.

Finally, most clinical reviews lack contextual evidence; they are done without considering the daily realities of the people who must eventually use the results, and without considering the various needs of different types and levels of decision-makers in different regions of Canada. Every local health system has unique considerations, so recommendations that work in one jurisdiction may not be feasible in another.

The foundation, in collaboration with the Service Delivery and Organization Research and Development Programme in the United Kingdom, is studying different methods of doing syntheses in an effort to advance the "science of synthesis" in Canada and abroad. Three teams of researchers were commissioned to study different approaches to conducting syntheses. These papers will be a valuable resource for researchers, providing guidelines on how to synthesize evidence and present it to meet the specific circumstances of managers and policymakers in the health system.

The desire to present decision-makers with bundled syntheses of evidence also played a role when the foundation designed its newest grants competition, Research, Exchange and Impact for System Support (REISS). Through REISS, the foundation will fund a limited number of multi-year, multi-project programs of research, which will ultimately provide decision-makers with synthesized research results of several related projects on a single topic.

For more information on the foundation's synthesis program, please contact Diane Gagnon at [diane.gagnon@chsr.ca](mailto:diane.gagnon@chsr.ca). To obtain copies of completed syntheses, please visit [www.chsr.ca/final\\_research/commissioned\\_research/policy\\_synthesis/index\\_e.php](http://www.chsr.ca/final_research/commissioned_research/policy_synthesis/index_e.php).



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