



In the Literature

WORKING WITHIN AND BEYOND THE COCHRANE COLLABORATION TO MAKE SYSTEMATIC REVIEWS MORE USEFUL TO HEALTHCARE MANAGERS AND POLICY MAKERS

John N. Lavis, M.D., Ph.D.
Huw T. O. Davies, Ph.D.
Russell L. Gruen, M.B.B.S.,
Ph.D., F.R.A.C.S.
Kieran Walsh, Ph.D.
Cynthia M. Farquhar, M.D., M.P.H.

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<http://www.longwoods.com/product.php?productid=17872&cat=&page=1>

For more information about this study, contact:

John N. Lavis, M.D., Ph.D.
Associate Professor, Clinical
Epidemiology and Biostatistics
McMaster University
Hamilton, Canada
E-MAIL lavisj@mcmaster.ca

or

Mary Mahon
Public Information Officer
The Commonwealth Fund
TEL 212-606-3853
E-MAIL mm@cmwf.org

This summary was prepared by Martha Hostetter and Deborah Lorber.

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THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021-2692
TEL 212.606.3800
FAX 212.606.3500
E-MAIL cmwf@cmwf.org
<http://www.cmwf.org>

Participants in the international Cochrane Collaboration conduct systematic reviews of health care interventions to assess their effectiveness. These reviews are less likely to reach misleading conclusions than individual studies, in part because they use an explicit methodology to minimize bias and because they synthesize all available evidence in a systematic and transparent manner.

In the article, “[Working Within and Beyond the Cochrane Collaboration to Make Systematic Reviews More Useful to Healthcare Managers and Policy Makers](#)” (*Healthcare Policy*, vol. 1, no. 2, 2006), a group of former Commonwealth Fund Harkness Fellows led by John N. Lavis, M.D., Ph.D., of McMaster University in Canada, discusses ways to make systematic reviews more useful to non-researcher audiences. Lavis and colleagues argue that in addition to answering the question, ‘What works?’, health care managers and policymakers need information about how and why interventions work, how to fit interventions into complex health care systems, and the views and experiences of stakeholders. The paper was prepared for the first Harkness Fellows in Health Care Policy Alumni Conference, held in 2005 in Bagshot, England.

In recent years, researchers have developed new approaches to conducting systematic reviews. Some have advocated that the question explored should be allowed to evolve during the course of a review. Other researchers draw on purposeful samples of studies rather than all eligible

studies. Ways of synthesizing research findings also differ—from qualitative, interpretive approaches to more quantitative, integrative methods.

Lavis and colleagues argue that researchers should also reexamine the types of information highlighted in systematic reviews. To inform health care managers’ and policymakers’ decision-making, reviews should consider potential risks, costs, uncertainties, and any differential effects on population subgroups. Reviewers should also consider the contextual factors that may affect the applicability of interventions.

To make systematic reviews accessible, the methods of presenting and retrieving them also need to be modified. For example, they could be made available through a searchable, user-friendly, online database. Such a database could provide summary findings that allow managers or policymakers to rapidly assess relevance and access further research as needed.

The authors conclude that researchers should involve health care managers and policymakers in the review process—focusing on questions relevant to these groups and experimenting with new methods of presenting results. This could help make valuable information available to those in a position to affect the quality of care. “For research funders who take seriously their role to make research more useful to healthcare managers and policymakers,” the authors write, “systematic reviews offer tremendous opportunities.”