Processes, contexts and rationale for disinvestment: a protocol for a critical interpretive synthesis

Michael Wilson, Moriah Ellen, John Lavis, Jeremy Grimshaw, Kaelan Moat, Joshua Shemer, Terry Sullivan, Sarah Garner, Ron Goeree, Roberto Grilli, Justin Peffer, Kevin Samra

Review question(s)
Our objective is to gain further understanding about:

1) whether, how and under what conditions health systems decide to pursue disinvestment (i.e., agenda setting or prioritization);

2) how health systems have chosen to undertake disinvestment (i.e., policy development); and

3) how health systems have implemented their disinvestment approach (i.e., policy implementation).

Searches
We will conduct systematic searches of databases with a search strategy that has been designed by a library scientist (strategy attached), as well as searches of websites and purposive searches to identify literature to fill conceptual gaps that may emerge during our inductive process of synthesis and analysis.

Types of study to be included
We will include all empirical and non-empirical papers that we identify as being relevant to disinvestment.

Condition or domain being studied
Our review is focused on ‘disinvestment’, which is defined as “…the processes of (partially or completely) withdrawing health resources from any existing health care practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and thus are not efficient health resource allocations.”


Participants/ population
This review does not focus on participants but rather seeks to evaluate processes, contexts and rationale for disinvestment. This may include studies involving many different types of health system stakeholders such as policymakers, managers and citizens.

While our inclusion criteria will be iteratively revised, our initial criteria are broad and we will include all empirical and non-empirical articles that focus on disinvestment at a system level. This includes macro (i.e., national and sub-
national) and meso (i.e., regions, healthcare organizations or networks) levels but not micro level (i.e., individual clinicians or teams of clinicians).

**Intervention(s), exposure(s)**

We will include all empirical and non-empirical articles that focus on disinvestment at a system level. This includes macro (i.e., national and sub-national) and meso (i.e., regions, healthcare organizations or networks) levels but not micro level (i.e., individual clinicians or teams of clinicians).

The full-text of all articles identified as potentially relevant from title and abstract screening will undergo a global relevance assessment where two of us (ME and MGW) will provide a yes or no answer to the following question: Does the paper provide clear insights into rationale, contexts and/or processes related to why health systems pursue disinvestment and how they engage in and implement approaches to disinvestment? This will allow us to identify a subset of articles that are the most likely to offer important conceptual insights that will help answer our research questions.

**Comparator(s)/ control**

This is not applicable to our review given that we are not assessing the effectiveness of an intervention.

**Outcome(s)**

**Primary outcomes**

We will extract specific findings from each of the purposively sampled papers included in the synthesis according to frameworks of government agenda setting (as a set of variables that can help explain why health systems pursue disinvestment), policy development and implementation (as a set of variables that can help explain how health systems develop and implement approaches to disinvestment) and health systems (as a set of cross-cutting variables about rationale, context and processes). We have drawn the government agenda setting factors from Kingdon’s widely used and empirically tested model that identifies three ‘streams’ of factors:

1) factors contributing to framing the problem as something deserving government attention;

2) availability of viable policies or solutions to address the problem; and

3) whether the prevailing ‘politics’ garner government attention.

For policy development and implementation factors, we will use the ‘3I’ framework to extract and categorize relevant information. The 3I framework is derived from the political science literature which broadly relates to how political institutions (e.g., government decision-making structures and processes), interests (i.e., groups with a vested interest) and ideas (i.e., values and research-based knowledge) affect the actions of those making political decisions. For health system factors, we will use a framework of governance, financial and delivery arrangements within health systems that we previously developed.

**Secondary outcomes**

None

**Data extraction, (selection and coding)**

Data will be extracted by one reviewer and independently checked by at least one of the lead investigators (MEE or MGW) for consistency and accuracy. We will extract information from each article included in our synthesis by writing a 1-2 paragraph summary of key messages about each and then extracting specific findings according to frameworks of government agenda setting (as a set of variables that can help explain why health systems pursue disinvestment), policy development and implementation (as a set of variables that can help explain how health systems develop and implement approaches to disinvestment) and health systems (as a set of cross-cutting variables about rationale, context and processes). The frameworks used for each of these domains are outlined under the section for primary outcomes.

We will also extract the characteristics of each article, including the publication date, study time period (if applicable), type of paper (e.g., primary research versus non-primary research such as editorials), methods used (if applicable), country focus (if applicable) and the academic discipline (e.g., health services, systems and policy, economics, health
technology assessment, etc.).

**Risk of bias (quality) assessment**
We will not assess the quality of included articles given that we are including a range of evidence and not only research evidence.

**Strategy for data synthesis**
Based on qualitative research methods, we will use a constant comparative method throughout our analysis to develop an explanatory framework of disinvestment, which will allow us to ensure our framework is grounded in the data from the included papers but still drawing on the collective interdisciplinary expertise and experience of our study team. This will involve:

1. identifying common themes and concepts based on our summaries of and data extracted from each paper;
2. developing theoretical constructs based on the emerging themes and concepts;
3. critiquing the emerging theoretical constructs as a whole and with our full sample of literature to identify conceptual gaps in the available evidence in relation to our principal aims;
4. conducting additional purposive sampling of included papers and/or conducting additional purposive searches to fill conceptual gaps (if needed) until theoretical saturation is reached; and
5. integrating the theoretical constructs into a ‘synthesizing argument’ about disinvestment (i.e., an explanatory framework).

Each of these stages is iterative in nature and the process will involve ongoing consultation with members of our team.

**Analysis of subgroups or subsets**
None planned.

**Dissemination plans**
The centrepiece of our end-of-grant KT activities will be to convene a one-day stakeholder dialogue at the McMaster Health Forum with approximately 18-22 participants. We will aim to engage Canadian and international policymakers and other stakeholders involved with supporting processes for and decisions about disinvestment. In addition, we will engage researchers from a range of disciplines (e.g., public policy, health economics, health technology assessment, knowledge translation, etc.) involved with disinvestment. Prior to the workshop we will produce a draft report of the synthesis, which we will distribute to workshop participants approximately two weeks before convening. During the workshop we will:

1. present (briefly) the synthesis findings;
2. solicit feedback and deliberate about the key elements of the framework derived from the synthesis;
3. identify and deliberate about barriers for disinvestment processes and strategies to realistically address these barriers; and
4. identify and deliberate about next steps that could be taken by different constituencies to move forward with disinvestment.

Following the workshop, we will review the suggestions from participants and make changes to the framework only after revisiting the literature to ensure its elements remain grounded in the available evidence. We will disseminate the final report through the networks of each of our team members and produce and submit at least one manuscript to a peer-reviewed journal (open access).

Considering the lack of theoretical development, our critical interpretive synthesis will support the actions of those involved in the prioritization, development and implementation of disinvestment initiatives.
Contact details for further information
Dr Wilson
1280 Main St. West, CRL 223
Hamilton ON, Canada, L8S 4K1
wilsom2@mcmaster.ca

Organisational affiliation of the review
McMaster University
www.mcmaster.ca

Review team
Dr Michael Wilson, McMaster Health Forum; McMaster University
Dr Moriah Ellen, Jerusalem College of Technology; Gertner Institute for Epidemiology and Health Policy Research; McMaster University
Dr John Lavis, McMaster Health Forum; McMaster University; Harvard School of Public Health
Dr Jeremy Grimshaw, Ottawa Hospital Research Institute; University of Ottawa
Dr Kaelan Moat, Ottawa Hospital Research Institute; University of Ottawa
Dr Joshua Shemer, Gertner Institute for Epidemiology and Health Policy Research; Sackler School of Medicine
Dr Terry Sullivan, Institute for Health Policy Management and Evaluation, University of Toronto
Dr Sarah Garner, National Institute for Health and Care Excellence
Dr Ron Goeree, McMaster University
Mr Roberto Grilli, Emilia-Romagna Regional Agency for Health and Social Care, Bologna, Italy
Mr Justin Peffer, Ontario Ministry of Health and Long-Term Care
Mr Kevin Samra, British Columbia Ministry of Health

Anticipated or actual start date
20 May 2014

Anticipated completion date
28 August 2015

Funding sources/sponsors
Canadian Institutes of Health Research (grant number 315602)

Conflicts of interest
None known

Language
English

Country
England, Canada, Israel, Italy

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Economics; Government; Humans; Research Design

Reference and/or URL for protocol
We will be submitting our protocol for publication in Systematic Reviews
Stage of review
Ongoing

Date of registration in PROSPERO
15 September 2014

Date of publication of this revision
15 September 2014

DOI
10.15124/CRD42014013204

<table>
<thead>
<tr>
<th>Stage of review at time of this submission</th>
<th>Started</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary searches</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Piloting of the study selection process</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Formal screening of search results against eligibility criteria</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Data extraction</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Risk of bias (quality) assessment</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Data analysis</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

PROSPERO
International prospective register of systematic reviews

The information in this record has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.