

Advancing integration involves supplying decision-makers with evidence to help make decisions they will have to make anyway.

By “evidence,” decision-makers mean anything that gives them a more objective, reliable or defensible basis on which to choose one decision or path instead of another. Decision-makers face decisions that they will have to make anyway—often on a short timeframe—and would rather have such evidence (rather than no such evidence) when making decisions.

How to use this tool

With a partner or small team, follow this step-by-step approach to conduct a rapid evidence review to provide timely and relevant information to inform decision making. The methodology for conducting a rapid review on how integrated behavioral health services can address the opioid epidemic is included as an example.

Rapid review overview:

1. Articulate the decision to be made by whom and for what purpose.
2. Identify question or information needed for decision makers to act.
3. Develop search strategy and conduct search.
4. Conduct title and abstract review; document reasons for article exclusion.
5. Conduct full text review.
6. Synthesize evidence into a narrative report.
7. Disseminate report to decision makers.

Purpose

To provide an approach to search and synthesize available evidence to inform health policy decision making. A rapid review streamlines the process for a systematic review to synthesize relevant evidence in a timely manner for decision-makers in policy or other sectors. While there is not a single, standardized protocol for rapid reviews, rigorous and clearly defined processes are employed to study best available evidence on a subject. Rapid reviews generally include research protocol development, explanation of methods used along with strengths and limitations, synthesis of evidence in a narrative summary, and inclusion of policy recommendations and implications; reports are reviewed internally and in some cases, externally.^{1,2} The specific protocol may depend on topic and scope but usually includes searching multiple databases, use of at least two reviewers for article inclusion, critical appraisal of articles, and searching alternative sources for non-peer reviewed literature. Although the scope of rapid reviews is narrower than a systematic review, when compared for use in health care policy and practice, conclusions reached by the different methodologies are similar.^{3,4}

Detailed step-by-step approach, with examples:

1 Articulate the decision to be made by whom and for what purpose.

Rapid reviews can be designed for a particular decision that needs to be made. This helps ensure the evidence being reviewed is tightly connected to the action that will be taken. While decision-makers may ask general evidence questions, there are often enough variations in the specific need that articulating the specific decision that needs evidence can increase the usefulness of the synthesis. Helping the person get specific about the decision to be made may not only sharpen the evidence synthesis task but also help the person be clearer about what information or evidence is needed to act. Different decision-makers likely have different thresholds for how strong the evidence needs to be. Knowing specifically what decision needs to be made can help guide the selection of evidence to review and where to draw the line on strength.

1 Opioid example

State policy makers and leaders are facing decisions on how best to address the opioid epidemic, such as:

- Recommend or decide what opioid addiction components to implement, for example medication-assisted treatment; monitoring prescription habits; chronic pain programs; integrating behavioral health into a practice.
- Select approaches likely to be accepted by clinics and patients, for example select new approaches that do not involve huge cultural and operational shifts that will be hard to implement in practice.
- Decide what resources and protocols to require for medication-assisted treatment in primary care clinics.
- Decide which behavioral health approaches to address opioid use disorder increase the value for the dollar in Medicaid.

2 Identify question or information needed for decision makers to act.

Identify the questions to guide the rapid review. Tailor the questions to the decision maker and decision at hand. Examples of information needed may be specified to:

A certain stakeholder

- What strategies are payers using to advance integrated behavioral health?

A care delivery setting

- How can schools provide integrated behavioral health services to improve adolescent health? What evidence-based behavioral health services can be provided in community based settings? or

A topic

- How can integrated behavioral health services address the opioid epidemic? What cost-savings are associated with integrating behavioral health services in primary care?

Refine questions to guide the research protocol to be specific and detailed; include primary and secondary questions, if needed.

3 Develop search strategy and conduct search.

The specific methods may depend on topic and scope but usually include searching multiple databases, use of two reviewers for article inclusion, critical appraisal of articles, and searching alternative sources for non-peer reviewed literature. Document methodology including search terms and restrictions, date of search, and number of articles yielded through the search.

1. Develop search terms. When possible, consult a professional research or library scientist to optimize search terms.
2. Identify best databases to use for peer-reviewed literature (examples, OvidMedline, PubMed, PsycINFO.) To restrict searches, specific criteria may be applied, such as: limited to English language studies in humans from the past 10 years.
3. Identify best strategy for non-peer reviewed literature. While non-peer reviewed searches may be cumbersome (Google is not designed to export searches like other databases such as PubMed, etc.) they yield important information that is not captured in research databases, including: reports developed and self-published by experts and researchers in the field, governmental or private sector research, and ongoing or unpublished clinical trials. Peer-reviewed literature has a strong bias towards publishing studies with a significant effect so non-peer reviewed searches may yield further information on interventions with no effect. Additionally, non-peer reviewed searches may uncover local documents and information relevant to your search. Non-peer reviewed searches may be limited by restricting to pdf documents from government (.gov), academic (.edu), or organizational (.org, .int) sites; a specific time frame (for example, the past 5 years); and excluding databases searched

2 Opioid example

Primary question:

- Relevant to policy makers, insurers, and philanthropic organizations, how can integrating behavioral health better address the opioid epidemic?

Secondary questions:

- What outcomes have been observed for strategies employing behavioral health integration to address the opioid epidemic?
- What policy solutions that include behavioral health integration to address the opioid epidemic have been shown to be effective?

3 Opioid example

Search terms for Ovid Medline

“opiates” or “opioids” or “heroin” or “fentanyl” or “oxycodone” or “hydrocodone” or “hydromorphone” or “oxymorphone” or “meperidine” or “methadone” or “buprenorphine” or “naltrexone” or subject heading Analgesics, Opioid [Mesh] or Opiate Alkaloids [Mesh] or Heroin [Mesh] or Heroin Dependence [Mesh] or Fentanyl [Mesh] or Oxycodone [Mesh] or Hydrocodone [Mesh] or Hydromorphone [Mesh] or Oxymorphone [Mesh] or Meperidine [Mesh] or Opioid-Related Disorders [Mesh] or Buprenorphine [Mesh] or Methadone [Mesh] or Buprenorphine, Naloxone Drug Combination [Mesh] or Naltrexone [Mesh]

AND “behavioral health” or “integrated care” or “primary care AND behavioral” or “primary care AND mental” or subject heading Delivery of Health Care, Integrated [Mesh]

- Limits: English language, 2007-present, humans.
- Search done 8-28-17 yielding 221 results.

Search terms for PsycINFO

“opiate” or “opioid” or “hydrocodone” or “fentanyl” or “oxycodone” or “hydromorphone” or “methadone” or “oxymorphone” or “meperidine” or “buprenorphine” or “naltrexone” or Opiates [Mesh] or Heroin [Mesh] or Heroin Addiction [Mesh] or Codeine [Mesh] or Morphine [Mesh] or Fentanyl [Mesh] or Methadone [Mesh] or Methadone Maintenance [Mesh] or Meperidine [Mesh] or Buprenorphine [Mesh] or Naltrexone [Mesh]

AND “behavioral health” or “integrated care” or Integrated Services [Mesh] or “primary care AND behavioral” or “primary care AND mental”

- Limits: English language, 2007-present, humans.
- Search done 8-28-17 yielding 160 results.
- Combined PsycINFO and Medline: 381 results. After removal of duplicates: 274.

for peer-reviewed literature (Google search command is “-pubmed” to exclude articles also found in PubMed). It may also be useful to conduct your search in an Google “incognito” window, as these do not use prior searches to inform the results.

4. Identify additional articles based on expert recommendation and a snowball method of reviewing article citations for further appropriate inclusions.

Search terms for non-peer reviewed literature (Google)

opioid/opiate + integrated/integration + “behavioral health” + policy site:.gov OR site:.edu OR site:.org OR site:.int –ncbi.nlm.nih.gov filetype:pdf

- Limits: 2012-present.
- Search done 8-28-17 yielding 102 unique results.

Total combined grey literature and peer-reviewed literature: 376. After title and abstract review with confirmation by 2nd reviewer: 219.

Search documentation:

The Ovid Medline search yielded 221 results and the PsycINFO search yielded 160 results. After removal of duplicates, there were 274 unique articles retrieved. The non-peer reviewed literature search retrieved 102 unique articles. Combined, there were 376 articles from the peer-reviewed and non-peer reviewed literature from the initial search.

4 Conduct title and abstract review; document reasons for exclusion.

Conduct title and abstract review for articles to be included in full text literature search. Develop clear criteria for exclusion; these may include lack of relevance (results do not answer the question from step 2) and inappropriate level of evidence. Document reason for exclusion. Excluded titles and abstracts are reviewed by a second reviewer. Articles are excluded when there is agreement; when there is disagreement, article is moved to full text review.

Tip: using a citation manager, like EndNote or RefWorks, can be helpful for organizing the review and retrieving the full text of articles (step 5).

4 Opioid example

Reasons for exclusion:

1. Not an appropriate level of evidence or format (e.g. thesis, dissertation, PowerPoint presentation, conference proceedings, commentary on other article, book chapter, resource guide, written testimony, congressional hearing, case study, or introduction to a journal edition).
2. Does not include treating or otherwise addressing opioid use disorder.
3. Does not include behavioral health integration.
4. Includes behavioral health integration and opioid use disorder but outcomes examined are unrelated (e.g. focus on infection screening or treatment, validity of evaluation tools, provider education, pregnancy and contraceptive use).
5. Not generalizable to the United States (conducted in a low- or middle-income country).
6. Included in a systematic review.
7. More recent evidence on the same project available.
8. Unable to retrieve full text article from accessible databases.

Title and abstract review documentation

Titles and abstracts were reviewed for appropriateness for inclusion; see list of reasons for exclusion. As above, any exclusions were confirmed by a second reviewer. After title and abstract review, 219 articles were included for full text review.

5 Conduct full text review.

Read the full text of articles included from the title and abstract review. Develop a process to document the relevant information from each article to answer your question. Documentation may include writing an annotated bibliography of the included articles. Additional articles may be excluded during the full text review and confirmed by a second reviewer; document reasons for exclusion.

6 Synthesize evidence into a narrative report.

Synthesize evidence into a narrative summary, focusing on the evidence most relevant to inform action and highlighting identified policy implications and opportunities. Other citations not retrieved in the literature search may be included in the evidence summary for background purposes.

Be strategic in your writing and present information in an accessible and useful manner, targeted at your primary audience for the report. This may include presenting key messages at the top of your report and using infographics to depict key statistics. Key statistics are best used at the level of the audience so consider utilizing local, state, or national data. Share your report for internal review by colleagues not involved in the search and review process, and when possible, share for external review by experts in the field.

Prepare a document with your question development and explanation of methods used along with strengths and limitations. This can be provided as a companion document with the report so the details of your search are available to audiences without distracting from the key messages for stakeholders who may have limited time to review the report.

7 Disseminate report to decision makers.

A report only becomes useful when it reaches the decision maker and evidence is clearly presented. Dissemination may include multiple methods of delivery in written or digital form via direct correspondence or social media; reference to the report via verbal communication, direct conversation, or presentation to a specific sitting audience. Direct follow up with decision makers ensures receipt and allows for opportunity to respond to additional questions that may arise.

5 Opioid example

After full text review, an additional 63 articles were excluded, leaving a total of 156. Expert consultation and the snowball method led to an additional 24 articles and 18 articles or resources, respectively. In total, 198 articles were included in the literature review.

6 Opioid example

[Preventing Opioid Addiction: The Role of Integrated Behavioral Health](#)

[Treating Opioid Addiction: The Role of Integrated Behavioral Health](#)

[Supporting Prevention and Treatment of Opioid Addiction: System-level Changes to Enable Integrated Behavioral Health](#)

- 1 National Collaborating Centre for Methods and Tools. Methods: Synthesis 1. Rapid reviews: Methods and implications. [fact sheet]. Hamilton, ON: National Collaborating Centre for Methods and Tools. Retrieved from: http://www.nccmt.ca/pubs/Methods_Synthesis1.pdf.
- 2 Haby, M. M., Chapman, E., Clark, R., Barreto, J., Reveiz, L., & Lavis, J. N. (2016). What are the best methodologies for rapid reviews of the research evidence for evidence-informed decision making in health policy and practice: a rapid review. *Health research policy and systems*, 14(1), 83.
- 3 Watt, A., Cameron, A., Sturm, L., Lathlean, T. Babidge, W., Blamey, S. ... Maddern, G. (2008). Rapid versus full systematic reviews: Validity in clinical practice? *ANZ Journal of Surgery*, 78, 1037-1040.
- 4 Abou-Setta, A.M., Jeyaraman, M., Attia, A., Al-Hnany, H.G., Ferri, M., Ansari, M.T., Garrity, C.M., Bond, K., Norris, S.L. (2016). Methods for developing evidence reviews in short periods of time: a scoping review. *PLoS one*, 11(12), e0165903.

