# HTA Publication, Dissemination and Implementation Support
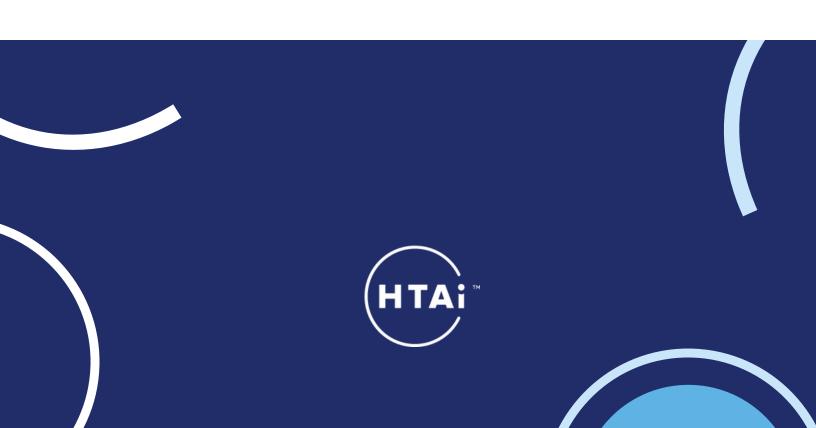
Authors: Brendalynn Ens, Lisa Pyke, Barbara Greenwood-Dufour

HTAi™

**Publication**

Research results hold little chance of impact if they are not widely shared and communicated to those most likely to use them. Planning for dissemination is an early essential step towards realizing impact and practice change from your HTA report. It is important to remember that dissemination alone may not be enough to effect change in thinking, practice, or policy — rather than simply publishing your report, you may need to also engage in knowledge translation or mobilization activities — this will depend on the audience you are trying to reach, and the significance of your findings, and whether the findings have potential to change current health systems.

Having an article published in a peer-reviewed journal can be an effective way to disseminate research results. When selecting a journal to submit your research to, always consider the audience you are trying to reach and the types of journals that the audience will typically read. For example, front-line clinician leaders may never access journals geared to policy-makers. Choosing the appropriate journal to submit your article to is essential.

When selecting a journal for potential publication it is important to ensure the integrity of the journal. One should give careful consideration to ensure legitimate journal publications are deliberately selected; examples include open access journals such as those covered by Pub Med among others1. Predatory journal publications are to be actively avoided as they solicit manuscripts and charge fees for publications, yet lack robust peer review processes, inhibit authorship rights, and potentially compromise the integrity of your published work.

Be sure that publication is right for your needs2. HTA publication in reputable journals may not always be the best approach for disseminating HTA findings. While it can get your results disseminated to a wider audience, some drawbacks and challenges to publication processes include:

- Journal writing is an art and requires sufficient time and effort to frame the article correctly. For busy researchers, time may not be part of regular work hours.
- Journal publication takes an extensive amount of time and can be an arduous process; editorial steps may span many months before it is published, and sometimes this never occurs.
- If your article is published after lengthy editorial iterations, your information may be out of date by the time it becomes mainstream.

- There needs to be description of the 'impact factor' from your work. Many credible journal submission guidelines require you to include this up front3
- Despite academic recognition of the publication, there are no guarantees of uptake and true utilization of HTA results from a publication – true outcomes remain unknown and there are few ways to determine the reach and value of your work to others who may have seen the publication.
- With an estimated 1.8 million scientific articles (estimate) published each year, there is no guarantee that your article and results will be seen or read[4].

If you have decided to write for publication, carefully sequence your findings to clearly articulate the nature of your work and convince readers of its importance! Some tips for doing so include the following[5,6]:

- Remember that a publication is a passive form of knowledge dissemination (but may or may not lead to action on the part of those who read it).
- Have a colleague read your manuscript before submission. Disjointed and poorly written manuscript submissions may be declined by the journal's editors.
- Make sure your flow of ideas is sequential and that one paragraph leads logically to the next.
- Keep your writing style simple and understandable — avoid large complex words and scientific jargon.
- Generally speaking, manuscript guidelines require completion of several standard sections: introduction or background, methods, results, discussion, and conclusion.
- The discussion section is where you attach meaning to your findings and deliver the take-home message from the research. The sections that come before the discussion should be more factual in terms of what, why, how, and what you found.
- Although the abstract is the first part of your article after the title, you may want to write it last, as you may find it easier to use your article to inform the writing of it. Remember that the abstract is your opportunity to entice and influence readers to read your full paper.
- Look closely at the abstract before submission to ensure it appropriately reflects the key points and results within the main text of your work.
- Your conclusion should be short and precise, identifying just the key findings. Avoid sweeping generalizations and over-reaching conclusions not supported by your research.
- Run a spell check and grammar check before submitting your article — poor spelling and grammar will instantly reduce your chances of having your article accepted when the manuscript reviewers see your manuscript.

- After you have submitted your manuscript, expect reviews and edits from those at the journal who have been asked to review it. You may not always agree with their comments, but remember that they are considering the broader picture of the article's relevance to the journal's readership.
- Provide courteous response to reviewers. They have been carefully selected to review and provide a wider perspective. If you disagree with a reviewer's commentary, be clear and professional in your response while providing supporting information to illustrate your perspective.

## Dissemination

HTA evidence can help inform decisions regarding access to and the appropriateness, affordability, and availability of health technologies. Whether it actually will or not depends on whether the results are clear, actionable, and relate to an issue that is a priority to decision-makers. Research has confirmed uncertainty as to which specific dissemination strategies (including publications) work best[7].

Dissemination begins with re-engaging with the original requestors of the HTA work. As applicable, key decision makers and HTA requestors may seek research consultation to verify results, confirm conclusions or request a high-level synopsis. Evidence has the best chance at having an impact through dissemination if it's adequately communicated in a way that has relevance to recipients.

Unexpected HTA conclusions may catch original requestors off guard if they have not been apprised early of the results. If conclusions are surprising, further consultation and conversation with interested parties aids smooth dissemination once the final report is delivered.

Formatting of HTA reports should consider ease of navigation to key sections or sub-sections of the report and be respectful of limited (paper) printing policies. An 800 page HTA report in paper copy is a daunting item for even the most seasoned decision maker!

An accompanying 1-3 page plain-language summary is an excellent way to engage health technology decision-makers at multiple levels to improve dissemination of findings and to enhance likelihood of utilization of results. It is one of a number of knowledge mobilization tools featured in section C to efficiently provide stakeholders and decision makers with research, promoting meaningful discussion and ultimately supporting utilization of your work.

**What is a plain-language summary?**

A plain-language summary is typically one or two pages long and written using plain and everyday language — that is, with a choice of wording, structure, and layout that is appropriate for a non-research audience[8] Plain-language summaries are intended to be a quick and easy read, quite in contrast to the HTA report.

For decision makers, a plain-language summary may be necessary to capture their attention and make them aware of the research findings fast. Decision makers often deal with many issues simultaneously and therefore may not have time to devote to a lengthy, technical HTA document. However, they likely will have time to read a concise plain-language summary. For decision-makers who have several HTA reports on their desk and are deciding which of them to actually read, providing them a summary of your HTA will allow them to quickly assess whether your HTA is of interest to them. Then they might decide to read your report before or instead of others.

Secondary stakeholders — such as clinicians, health service administrators/managers, patients, and the general public —may not have experience with research science and HTA methods backgrounds necessary to make sense of the language and structure of research reports. Providing a summary in plain, straightforward, and jargon-free language can make research findings accessible to these audiences and ensure accurate interpretation of the conclusions. Even many primary stakeholders may not have appropriate backgrounds; so, in fact, plain language can benefit all stakeholder audiences.

A final advantage of plain-language summaries is they allow you to address and tailor the specific decision-making needs of your audience. Whereas the structure and language requirements of a formal HTA report are geared to the needs of other researchers or HTA producers, the format of a plain-language summary allows you to contextualize your key messages and the present the information in a way that resonates with a specific audience. It also allows you to focus on only those findings that are of relevance to the audience and to frame that information in a way that illustrates how it could address their particular decision-making needs.

Here's a quick guide to planning a plain-language summary. Plan to include:
- What the HTA tells us
- The current problem that the HTA addresses
- How this information revealed by the HTA is new or different from what we knew before
- Why the information is important

- How the reader will benefit from it; use action words to convey this.
- What action could be taken as a result.

Here are some common headings to include in your plain-language summary:
- Key Messages: These are the key findings that would be relevant to your audience. Keep in mind that these messages might not include all the conclusions of the HTA. You should include only those findings that would be considered as factors in the readers' decision making.
- Context: Include some brief background information as context. This should include a description of the condition the technology is intended to do and could also include the prevalence of the condition and what is currently the standard practice. This information can usually be found in the Introduction section of the HTA report.
- Technology: Briefly describe the technology, how it is thought to work, and why it may be a preferable alternative to current practice.
- Issue: Include a statement explaining the reason the HTA was performed. This statement is usually based on the research question.
- Methods: Include a couple of sentences describing the methodology used for finding and selecting the sources of information as well as the appraisal approaches used to analyze the information.
- Results: State how many sources of information were identified and how many met the criteria for inclusion.

Keep the summary to one or two pages, with each section containing only one or two short paragraphs and most sentences fairly short. Cover each major idea in its own paragraph and make sure each idea flows logically from one paragraph to the next.

**Additional Options for Knowledge Dissemination Tools**
Like plain-language summaries, knowledge mobilization (KM) tools or support documents can help overcome barriers to evidence adoption. Often however, it won't be useful to develop a tool at all, so be clear on intended purpose for additional KM tool development.

KM tools most often are prepared to strategically support the implementation of practice, behavior, or policy change. Through such tools you can further connect stakeholders with research information in a way that they understand, is relevant to them, and is actionable by them. Examples include a half-page or full page guide for changing prescribing behavior, disinvesting in a drug no longer reimbursed or to help change treatment choices.

They must therefore be planned with the intended impact in mind. View them as persuasive tools and ensure they accurately reflect HTA research results. A targeted KM tool allows you to present information to a specific stakeholder group, with consideration of the group's unique information needs and perspective. Whereas a plain-language summary is meant for the broader non-scientific audience, in a targeted KM tool you can use more tailored plain language. Tools can be prepared in many different forms:

- A policy brief or briefing note
- A basic handout or brochure
- A 1-page newsletter
- An infographic or shared decision-making illustration
- A slide set or presentation
- A video or blog-spot,
- An internet-based interactive learning event, or
- A social media campaign engaging Facebook™, Twitter™, or other platforms.

Not all HTA research requires the planning for additional dissemination and knowledge mobilization tools. Understanding your original requestor needs for information and further KM work is a good starting point as the results may be sensitive or not warrant further communication strategies. Furthermore, KM tools[9]:

- Can be time-consuming to plan and prepare
- Require extensive consultation and multiple iterations and editing before they are complete
- Are highly focused on strategic needs of single groups or decision-makers so transferability may require further consultations and changes
- May need specialized graphic support
- Need to be available to accompany the release of the larger HTA report for optimal value and understanding
- Require additional copyright approvals for use of pictures, graphics and designs
- Require updating when new research is available.

Depending on the nature of your HTA work, tools can be very helpful ways to assist in broad dissemination and sharing of research results. In some instances, several KM tools — or a KM toolkit — may be required to give your research the best chance at being put into policy and/or practice at multiple levels in health systems. In all cases, the style of the tool must "fit" the intended audience. A tool should be created only when there is a sense that they could help result in impact — that is, that the end user of the tool will be able to use the information provided in them to inform their decision-making.

Some tips for getting started in KM tool preparation include:
- Carefully tailor tools to each specific audience and with an understanding of:
  - their point of view
  - their current concerns and interests
  - what they already know (or think they know) and what they don't know
  - how receptive they will be to the new information and the barriers to accepting that information.
- Develop tools that are:
  - clear, concise, and brief — instead of giving the audience every detail of what the HTA uncovered, present them with only the information that they need
  - geared specifically for the audience they are intended to reach
  - include only the findings and messages that are necessary for the specific decision-making needs of that audience.
- Because there isn't one format that would be suitable for all audiences, you will likely need to have tools available in a variety of different versions and formats to appeal to different audiences.
- To improve the chances of impact, ask a sample of your end users for input to inform the tool development, and ask them to review the final product.
- Produce a tool only if there's an audience for it — that is, end users who can use the tools (and the information provided by them) to inform their decision-making.

One final note: An HTA program or research unit should have authorization and clearance to create knowledge mobilization tools before undertaking some of the examples discussed above. Preferences of HTA requestors or HTA funders need to be respected when the nature of HTA work may be confidential, sensitive or require time to consider potentially controversial perspectives. In these instances, wider tool development and dissemination beyond the original requestor is not suitable.

### Basics of Implementation Support
As directed by HTA requestors or funders, there may be times when further assistance to specific groups is warranted to understand research findings, consult on dissemination tool development to assist practice change, or to nudge grassroots efforts along to align with evidence results. These more extensive outreach efforts are often viewed as "implementation support" and they represent a collection of carefully planned, coordinated efforts grounded in scientific implementation research.

The realistic uptake of HTA information can be impeded by various barriers and challenges, a common one being a lack of alignment of the priorities and principles of the various stakeholders. Stakeholders will often have differing opinions on whether a given health technology is appropriate, affordable, and offers good value for money, and who (if anyone) should have access to it.

Implementation support strategies attempt to ensure that HTA findings have the best chance of getting to those who can use it in time to inform their decisions and in a way that supports identification of challenges/gaps where additional research might help[10]. Implementation support practitioners often prepare a "plan" or strategy to guide their efforts. A framework or plan for implementation approaches is recommended to guide actions[11].

It is important to note that such additional implementation support strategies are not an essential component of all HTA products. High impact / significant change HTA research may benefit the most from this added service provision. Further, an HTA program or research unit should have <u>authorization and clearance</u> to explore more complex implementation strategies before undertaking such work.

Benefits of implementation support include:
- Building awareness with a wide range of groups (clinical and decision levels) to ensure clear messaging and understanding of research findings
- Identifying practical and unintended challenges or barriers facing those trying to implement
- Facilitating dialogue across contradictory groups to arrive at common ground
- Direct linkages to be able to track and report impact from HTA research
- Identifying need for reassessment of technologies, need for real-world evidence consideration, or disinvestment.

Drawbacks and challenges to implementation support should be noted as:
- Implementation support requires trust to be established with decision-makers and researchers and clinicians, exceptional communication and facilitation skills. These are developed only over time and relationship development with decision makers and stakeholders.
- Requires advanced skills including abilities to understand and convey research findings efficiently, while gauging research knowledge of audiences.
- In some situations, partnerships and coalitions must be formed to support collaborative activities for practice change.

# HTA Publication, Dissemination and Implementation Support

- Audience needs and priorities need to be assessed quickly and plans adjusted to meet multi-stakeholder concerns. Listening effectively to issues and challenges is critical for success.
- Implementation support requires extensive resources, dedicated staff, users understanding of the role(s), and dedicated funding to ensure success.

## Bibliographic sources and suggested readings

Elsevier Publishers (Web Page). https://www.elsevier.com/journals/health-policy-and-technology/22118837/guide-for-authors.

Forrester, A., Björk, B., &Tenopir, C. (2017). New web services that help authors choose journals. Learned Publishing, 30(4), 281-287. doi:10.1002/leap.1112.

International Journal of Technology Assessment in Health Care (Web Page); https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/information/instructions-contributors#

Smithsonian Blog (Web Page). https://www.smithsonianmag.com/smart-news/half-academic-studies-are-never-read-more-three-people-180950222/).

Becker, L. M., Denicolo, P. (2012). Success in research: Publishing journal articles. Los Angeles, Calif: SAGE.

Cargill, M., O'Connor, P. (2013). Writing scientific research articles: Strategy and steps. Hoboken, NJ; Chichester, West Sussex, UK: Wiley-Blackwell.

Grimshaw, J., Thomas, R., MacLennan, G., Fraser, C., Ramsay, C. R., Vale, L. Whitty, P., Eccles, M.P., Matowe, L. SHirran, L., et al.(2004). Effectiveness and efficiency of guideline dissemination and implementations strategies. Health Technol Assess. 2004 Feb;8(6):iii-iv, 1-72. https://www.ncbi.nlm.nih.gov/pubmed/14960256

American Institute for Research. (Web Page).Plain language tool summary. https://ktdrr.org/resources/plst/

PCORI Knowledge Dissemination and Implementation Toolkit (2015). https://www.pcori.org/sites/default/files/PCORI-DI-Toolkit-February-2015.pdf

World Health Organization (WHO). (2017). Developing an approach for using health technology assessments in reimbursement systems for medical products. https://www.who.int/medicines/areas/access/Final_meeting_report_Approach_for_using_HTA..pdf?ua=1

Alberta Health. Department of Health Innovation and Stakeholder Relations Division, Research and Innovation Branch (2017).Maximizing the Impact of Health Technology Assessment: The Alberta Framework. https://open.alberta.ca/dataset/39ddae93-8840-49a3-aee2-9a88702a7e06/resource/b117e72d-eaec-4010-a5dc-1005dc9f8680/download/hta-framework-2017.pdf Chapter 11.

Hailey D, MacPherson K, Aleman A, Bakri R. The influence of Health Technology Assessment, a conceptual paper. INAHTA, April 2014. http://www.inahta.org).

Hailey D, Babidge W, Cameron A, Davignon L-A. HTA agencies and decision makers. An INAHTA guidance document. Stockholm: INAHTA, May 2010. http://www.inahta.org

Davignon L-A, Beauchamp S, Martin V. Logic model for improving the impact of a public HTA organization on decision making in the health system. Poster, HTAi 2009. Ann Acad Med Singapore 2009; 38 (Suppl) No. 6: S67

INAHTA. Framework for reporting on impact of HTA reports. December 2003. http://www.inahta.org/

INAHTA Working Group 3. Survey on the measurement of HTA influence. October 2011. http://www.inahta.org/.

Hailey D, Werkö S, Rosén M, Macpherson K, et al.Influence of health technology assessment and its measurement. Int J Technol Assess Health Care 2016: 32(6 ): 376-384.

Buckley E, Newton S, Hedyati H, Merlin T et al. Double balloon enteroscopy. MSAC application 1102, November 2006. http://www.msac.gov.au/internet/msac/publishing.nsf/Content/BD8ABE0631116586CA2580100012 3B3F/$File/1102-Assessment-Report.pdf.

McGregor M. The impact of reports of The Technology Assessment Unit of the McGill University Health Centre. Montreal: McGill University Health Centre, 2012.http://www.mcgill.ca/tau/sites/mcgill.ca.tau/files/muhc_tau_2012_65_impact.pdf.

Rosén M, Werkö S. Does HTA affect decisions and clinical practice in Sweden? Int J Technol Assess Health Care. 2014; 30:265-272.