Rapid reviews to inform health policy decisions using Cochrane systematic reviews

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Background: Medicaid is a US federal-state partnership providing healthcare benefits for low income children and adults. Several states began collaborating in 2006 as the Medicaid Evidence-based Decisions (MED) Project to commission evidence reviews to inform policy decisions.

Objective: To describe the development of rapid reviews (RR) using Cochrane reviews to inform policy decisions by US Medicaid programs.

Methods: Systematic review (SR) methods did not meet policy makers' needs for rapid turnaround and fiscal requirements and as a result, the MED project developed a RR methodology. A list of 10 reliable core evidence sources, including the Cochrane Library was developed. High quality SRs are the primary evidence source for reports. Additional searches are conducted to update included SRs and identify nonrandomized studies addressing harms. MEDLINE searches are conducted when no SRs are identified among the core sources. Quality assessment is performed along with an overall strength of evidence rating using the GRADE framework.

Results: MED has completed 47 RRs using this methodology. Forty of these were based on an existing recent, high quality SR. The most common topic areas are oral health (6), health services delivery (5), mental health and behavioral conditions (5), muscoskeletal (5), and radiologic imaging (5). Cochrane reviews were included in 23 RRs. Seven RRs contained more than five Cochrane reviews each. Twelve out of 19 RRs that included Cochrane reviews did not include sufficient information on harms, requiring a 10 year MEDLINE search.

Conclusions: Achieving a "good enough" RR methodology using existing high quality SRs allows Medicaid policy decisions to be based on best evidence of effectiveness within a fast-paced and resource constrained environment. Cochrane reviews are relevant to the needs of policy makers, but about half the time lack sufficient information regarding harms.