Multi-source synthesis
A pragmatic approach to gathering and synthesising primary and secondary data to inform health care policy

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Background
By their very nature, health technology assessments (HTA) often require integration of data from both qualitative and quantitative studies – i.e. secondary data – with primary data collected in the local context in which the technology will be implemented. Although this is a well-known reality of conducting HTAs, few systematic approaches have yet been described for the process of integrating data of mixed origin and type in HTA.

In 2007, the health care Minister of the Canadian province of Quebec asked AETMIS (Quebec Agency for Health Services and Technology Assessment) to perform a full HTA on the clinical, organisational, economic and psychosocial management of chronic fatigue syndrome (CFS). This poster presentation describes a method for synthesising different types of data, which was developed and used to assess the psychosocial needs of Quebec CFS-sufferers.

Objective
The aim of this poster presentation is to describe a systematic approach – Multi-Source Synthesis (MSS) – for primary and secondary data from qualitative and quantitative studies.

Literature review:
- Total number of papers found: 511
- Diverse databases: 492
- Grey literature: 19
- Papers excluded by title/abstract: 439
- Full text papers retained for revision: 72
- Number of articles excluded by review: 41
- Total number of included studies: 31
  - Qualitative studies: 16
    - Primary studies: 15
    - Narrative review: 1
  - Quantitative studies: 15
    - Cross-sectional studies: 11
    - Mixed methods studies: 1
    - Randomized controlled trials: 1
  - Systematic reviews: 2

Search period: January 1994 to July 2008 (updated February 2009)
No language restriction
20 databases among which PubMed, Embase, PsycINFO and PASCAL

The 10 steps of Multi-Source Synthesis:
1. Preliminary literature search and framing of research questions
2. Literature review (31 studies included)
3. Synthesis into 12 themes
4. Interview guide
5. Conduct of 17 interviews
6. Coding (37 codes)
7. Synthesis of codes into overall categories
- Reduced physical & cognitive capacity
- Emotional burden
- Social isolation and stigma
- Lack of professional recognition
8. Triangulation with non-scientific literature
9. Conclusion
10. Recommendations:
- Education of health care and social service professionals
- Revision of the status of CFS in the Quebec social insurance system
- Structured work rehabilitation interventions