

Innovative Methods for Living and Rapid Evidence-Informed Clinical Advice During the COVID-19 Pandemic

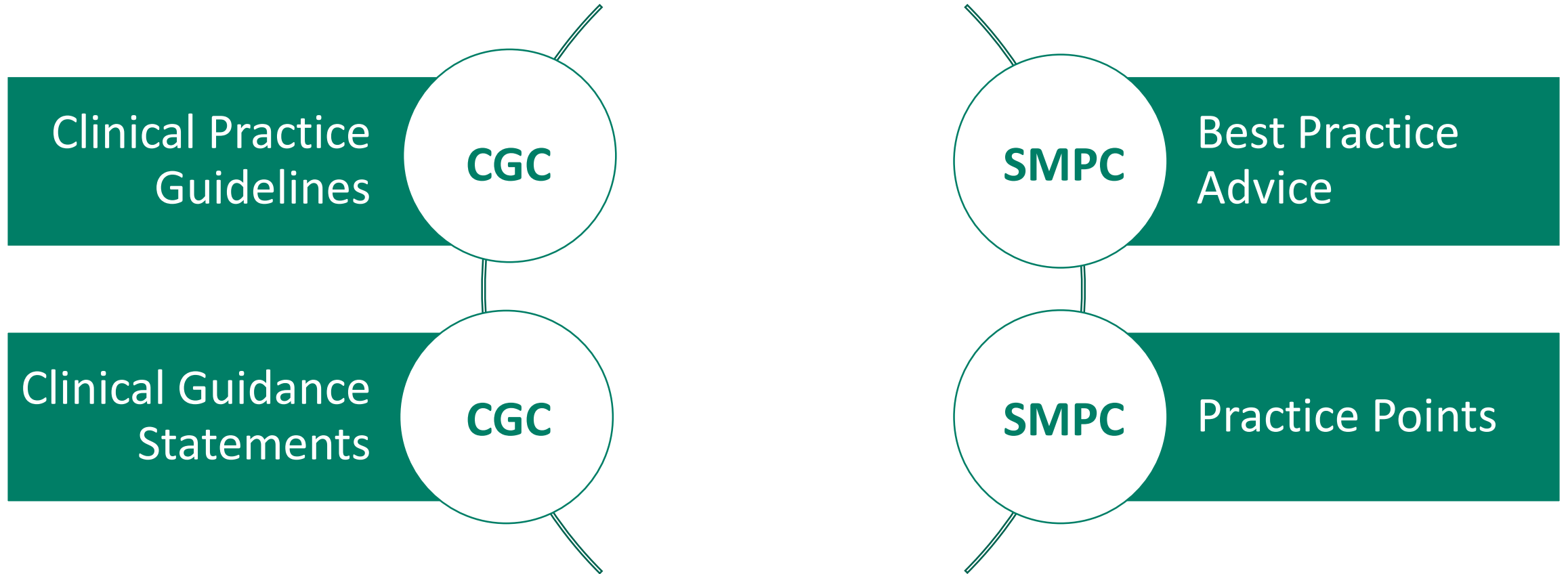
EBHC Conference 2023: The Ecosystem of Evidence – Lessons Learned in the Pandemic Era and Future Challenges

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Disclosures

- Intellectual interests
 - Senior Scientist at ACP
 - Professor at M. Louise Fitzpatrick College of Nursing, Villanova University
 - Steering Committee for the EBRNetwork
 - Secretariat for Evidence Synthesis International (ESI)
- No financial interests to disclose
- Views and opinions expressed in the presentation are my own

Clinical Policy @ ACP



ACP Practice Points: Background

- Who

- Developed by the SMPC
- Developed for all clinicians, patients, the public, and public health professionals

- What

- Clinical advice based on a **rapid** systematic review and typically maintained as **living**

- When

- Need for evidence-based responses to highly targeted, pressing clinical questions

The Development of Living, Rapid Practice Points: Summary of Methods From the Scientific Medical Policy Committee of the American College of Physicians

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In response to the COVID-19 pandemic, the Scientific Medical Policy Committee (SMPC) of the American College of Physicians (ACP) began developing “practice points” to provide clinical advice based on the best available evidence for the public, patients, clinicians, and public health professionals. As one of the first organizations in the United States to develop evidence-based clinical guidelines, ACP continues to lead and advance the science of evidence-based medicine by implementing new methods to rapidly publish practice points and maintain them as living advice that regularly assesses and incorporates new evidence. The overarching aim of practice points is to an-

public health topics beyond the COVID-19 pandemic. This article presents an overview of the SMPC's living, rapid practice points development process, which includes a rapid systematic review, use of the GRADE (Grading of Recommendations Assessment, Development and Evaluation) method, use of stringent policies on the disclosure of interests and management of conflicts of interest, incorporating a public (nonclinician) perspective, and maintenance of the documents as living through ongoing surveillance and synthesis of new evidence as it emerges.

ACP Practice Points: Rapid & Living



- Rapid

- Topic

- Urgent individual and population health needs

- Systematic review methods

- Search strategy

- Systematic review and Practice Points timeline for development

- 4 to 8 weeks



- Living

- Topic

- Evidence is limited and/or evolving quickly

- Methods

- Maintaining a process for the evidence surveillance
 - Publishing surveillance notices or reports or new versions

Challenges & Lessons Learned

Resources

- Time
- Cost

Coordination

- Pre-planned timeline
- Receipt of edits to systematic review
- External review submission

Living Status

- Resources
- Surveillance plan
- Criteria for updating, modifying, retirement

Questions?



Challenges from Methods Publication

Challenges Identified	Lessons Learned	Potential Strategies to Address Challenges
Challenges related to rapid development of practice points		
Coordinating development of the rapid systematic review and practice points	<i>Communication is key.</i> Time put into communicating needs and developing and refining protocol upfront saves time down the road.	Maintain frequent and proactive communication Plan for scoping/ramp up period to refine key questions and scope and to plan analyses
Logistics of parallel journal submission of the rapid systematic review and practice points	<i>Reducing lag time between search date and final publication.</i> Too much lag time increases the chance that new evidence will be identified before the first version is published. <i>Implement careful version control.</i> Separate journal review processes pose challenges for maintaining consistency between manuscripts while ensuring expeditious responses.	For rapidly evolving evidence bases, plan to maintain as living and maintain surveillance as planned Acknowledge in-progress research Implement a stepwise process and limit versions: first resolve evidence review edits and then update and finalize practice points revisions
Coordination among key partners	<i>Any delay has a domino effect.</i> Rapid publication requires that all partners have processes in place ahead of time (e.g., ensuring availability of the committee members, external reviewers, and leadership approvals).	Set realistic deadlines that have buy-in and commitment from all key partners (guidance developers, evidence review teams, and journal)
Resources needed	<i>Rapid development is resource intensive.</i> Significant staff time and costs are required to develop practice points at a rapid pace to ensure quick turnaround, comprehensive review, quality, and process efficiency.	Evaluate how existing workload can be adjusted and if additional staff will be needed Adjust budget accordingly
Challenges related to maintaining practice points as living		
Determining appropriate update intervals	<i>The shortest interval is not necessarily the most efficient.</i> Too many inconsequential updates can flood dissemination channels and overwhelm audiences as well as contribute to inefficient use of human resources.	Consider the anticipated rate of new evidence to determine the surveillance and update intervals Adopt a hybrid strategy of surveillance plus planned regular updates
Identifying surveillance signals to trigger updates	<i>Explicitly predefine "changes in conclusions."</i> The depth of the update should correspond to the scope of the change in evidence.	Establish preset criteria or thresholds to trigger early updates
Identifying signals to modify the practice points	<i>Changes to the conclusions of a systematic review finding do not necessarily precipitate a change in the practice points.</i> However, the living process allows for ongoing refinement of messaging and responsive discussion, even if the overall conclusions do not change.	Using quantitative and qualitative factors (e.g., contextual considerations related to access, resource use, and so forth) to establish preset criteria that would trigger changes to practice points Plan that surveillance will require revision and modification of the practice points (i.e., new evidence or contextual considerations affect practice point statements) to ensure that the appropriate resources are in place even if surveillance does not result in the need for revision and modification
Changing priorities	<i>Modification of the key questions is a part of the living process.</i> Priorities and key questions of interest can shift swiftly and frequently (e.g., treatments for COVID-19).	Use multiple rapid reviews if needed (rather than 1 living review) Consider retiring topics early if priority decreases or if new evidence is unlikely to emerge or change conclusions
Resources needed	<i>Maintaining practice points as living is resource intensive.</i> Significant staff time and costs are required to maintain practice points that are living to ensure that all of the tasks associated with updates are efficiently completed.	Evaluate how existing workload can be adjusted and if additional staff will be needed Stagger schedules of future updates Adjust budget accordingly