Living Evidence to Inform Health Decisions Framework (LE-IHD)

A practical interactive framework based tool to guide the incorporation of Living Evidence in the development of knowledge transfer products

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Potential Conflicts Disclosure

Academic collaborations and memberships

- Active member of the GRADE working group / Former member of the GRADE Guidance Group
- Active member of the Guidelines International Network G-I-N
- Active member of the Cochrane Collaboration
- Author and editor of Cochrane Review Groups
- Active member of the Campbell-Cochrane Economic Methods Group

Commercial and contractual relationships

- Leader and PI of the Living Evidence to Inform Health Decisions Program
- Senior Researcher at Sant Pau´s Institutute of Research (IIB Sant Pau)
- Senior Methodologist in Health Research at different EU and LATAM health technology assesment agencies

Background

Living Evidence

Elliott JH, Turner T, et al. ***Living systematic reviews: an emerging opportunity to narrow the evidence-practice gap****. PLoS Med. 2014*

Background

Living evidence and COVID -19

Proliferation of "not" LE synthesis (LSR, LNMA)

Random sample 165 "living" (Octuber 2022)

- *13,5% two or more updtaded reports in 24 months*
- *Lack of methodological standards for living synthesis*

Multiple and new challenges

Auladell-Rispau A, Rojas-Reyes MX. et al. ***Methodological approaches for developing and reporting living evidence synthesis: a study protocol****. Open Res Eur. 2022 Mar 21*

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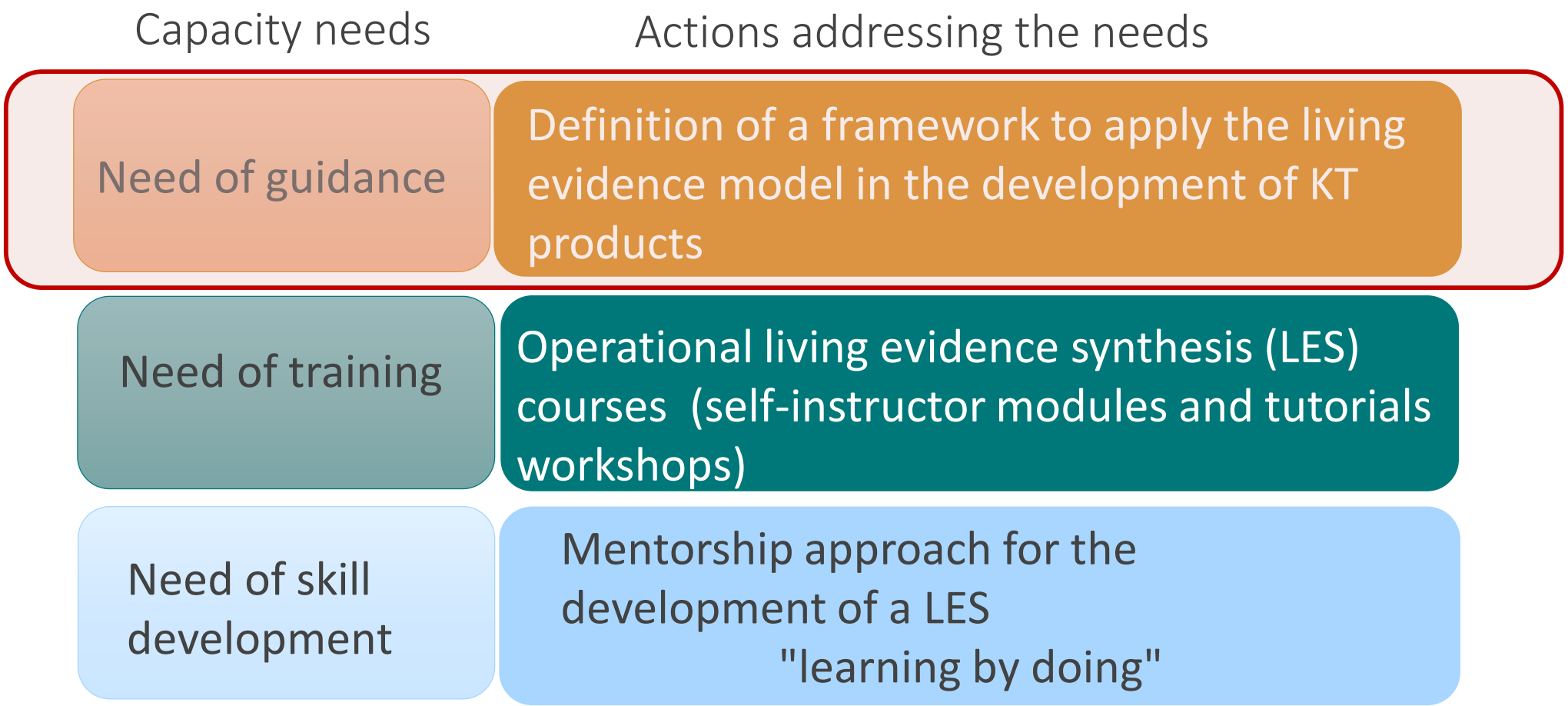
Knowledge transfer

Capacity building

Design and evaluate a model strategy that allows health system organizations to generate, use and apply LE methods and tools to support health decisions to be based on the most recent evidence.

Background

Development of the strategy



Aims

1 Design and assess a framework to incorporate the LE-synthesis as part of KT product development for the resolution of key relevant questions

2 Develop a framework-based friendly interactive tool that supports the whole LE-synthesis process for any kind of KT product

Methods

Framework Development

Review of methodological papers

Researchers brainstorming meetings

1rst darft LE-IHD framework

User testing and feedback

Expert advisors' evaluation and feedback

2nd darft LE-IHD framework

Expert advisors' evaluation and feedback

Final version of the LE-IHD framework

Methods

Framework Assesment

- HTA agencies and CPG developing groups
- Leader and technical team members

Development of the evidence syntheses of key questions as part of CPG, HTA "Learning by doing "

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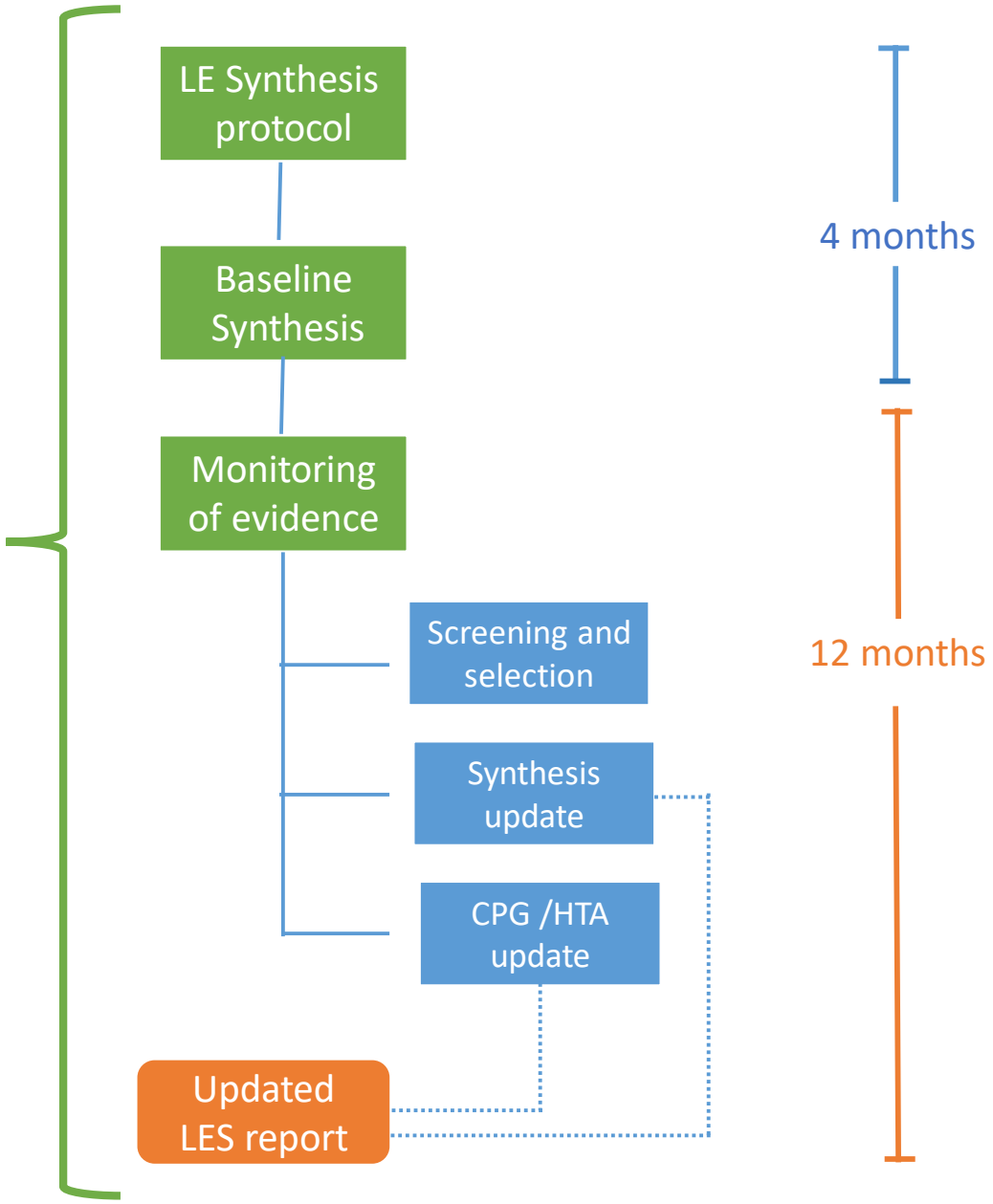
LE-IHD framework



THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Taormina, 25th - 28th October 2023

#EBHC2023

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Results

Results

Review of methodological papers

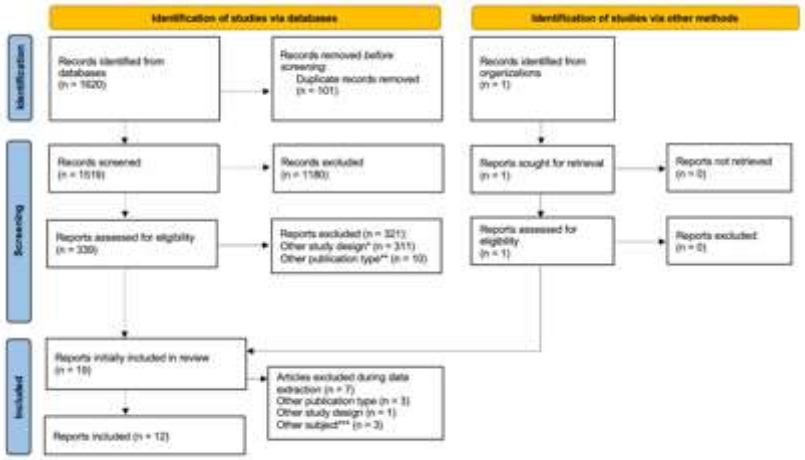

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Table 7. Checklist of items to be considered when planning the conduction and report of living evidence syntheses

Checklist of items to be considered when planning the conduction and report of LE syntheses	Verification
Verifying the justification for the question to be included/maintained in living mode	
Is the problem addressed in the research question relevant for health decision-making?	
Is there an important level of uncertainty in the evidence for critical and important outcomes (e.g., low or very low certainty of evidence)?	
Is it probable that new evidence that may impact the conclusions will emerge?	
Are there (in your group) enough resources (financial, personnel, and time) available to maintain an LE approach for this question?	
Planning the living evidence (process and steps)	
Search strategy and evidence surveillance	
Include in the search strategy all relevant sources for the topic and for the living approach (e.g., bibliographic databases, trial registries, and web-based repositories)	
Define the frequency for: • Searching major bibliographic sources (e.g., bibliographic databases and trial registries) • Searching other sources (e.g., repositories, gray literature) • Screening search results	
Assign a qualified person/role in charge of: • Creating and maintaining the search strategy (e.g., an information specialist) • Performing the screening of search results • Assessing the eligibility of new evidence • Performing the RoB assessment of new eligible studies	
Define and describe the use or the "nonuse" of technological enablers for synthesis tasks (e.g., searching, screening, eligibility assessment, data extraction, and RoB assessment)	
Incorporation of new evidence	
For the incorporation of new eligible studies into the synthesis, define and/or describe: • The frequency (e.g., fixed interval schedule; as soon as new evidence emerges) according to the evidence flow and resources (feasibility) • The criteria (e.g., impact of new evidence on conclusions) • The process (e.g., who, when, and how the decision will be made) • The statistical approach and/or methods to be used for updating the MA	
Assign a qualified person/role in charge to assess the certainty of new evidence (i.e., after integration of new studies) for important outcomes (e.g., who will conduct the GRADE assessment)	
Revisiting living parameters	
For reviewing the following aspects during the living mode (search strategy; PICO components; outcome measures and author team required to continue performing the LE related tasks (e.g., searches, screening, selection) • Define the frequency • Describe the process to be followed	
Assign a qualified person/team/role in charge of revisiting living parameters and making the decisions	
For transitioning the question out of the "living mode": • Define the criteria/thresholds • Determine the frequency with which this review will be carried out	
Planning the updates communications and publication	
Update content	
Consider the inclusion of information related to the entire process planned above as part of the methods section of any report	
Consider recording and reporting the date of searches and dates of all other surveillance tasks (e.g., screening, data extraction, and RoB assessment).	
Plan to record the results of all searches during the living mode for their inclusion in the adapted PRISMA flow chart, including: • Identified references • Deduplicated references • Included references at	

International expert advisers

Cochrane Australia

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AUSTRALIAN LIVING EVIDENCE CONSORTIUM

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Final draft of the LE-IHD framework

Defining wether the problem and available evidence justify the living evidence approach

Planning the baseline synthesis and the living process

Evidence monitoring, updating evidence synthesis and integration into KT products

Results

Framework Assesment

CPG developing organizations, HTA agencies and tetiary hospitals running institutional HTA programs

NICE National Institute for Health and Care Excellence

Surveillance programme

JRC EUROPEAN COMMISSION

The JRC in Ispra (Italy)

IACS Instituto Aragonés de Ciencias de la Salud

Servicio Navarro de Salud Osasunbidea

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

Vall d'Hebron

Direcció de Qualitat, Processos i Innovació

SaludMadrid

Hospital Universitario Ramón y Cajal

Comunidad de Madrid

HOSPITAL DE LA SANTA CREU I SANT PAU

UNIVERSITAT AUTÒNOMA DE BARCELONA

Results

Topics included in interviews for framework assesment

Random sample of participants N=16/34

Results

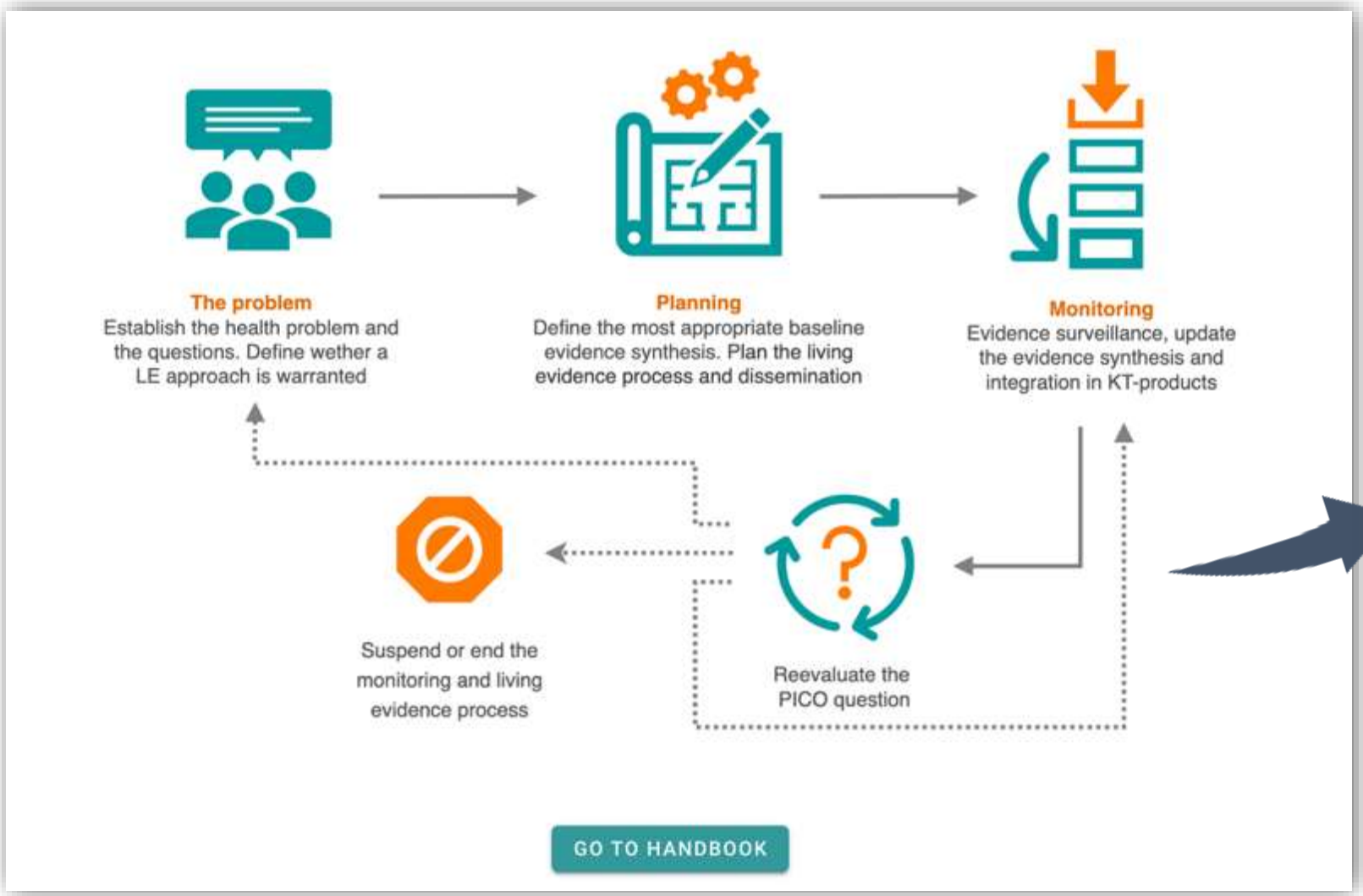
- Validated "LE-IHD framework"
  - ✓ The framework was overall useful to implement LE processes, supporting the establishment of the question of interest, the living process, and the monitoring, through its guided methodology and centralized platform
- LE-IHD framework-based interactive tool
- Living evidence synthesis Handbook (integrated to the tool)
- Templates for LES protocol, baseline report and updates report

Results

Framework-based interactive tool

Framework-based interactive tool

Framework-based interactive tool



GRADE DECIDE

iSoF

EPISTEMONIKOS FOUNDATION

LOVE

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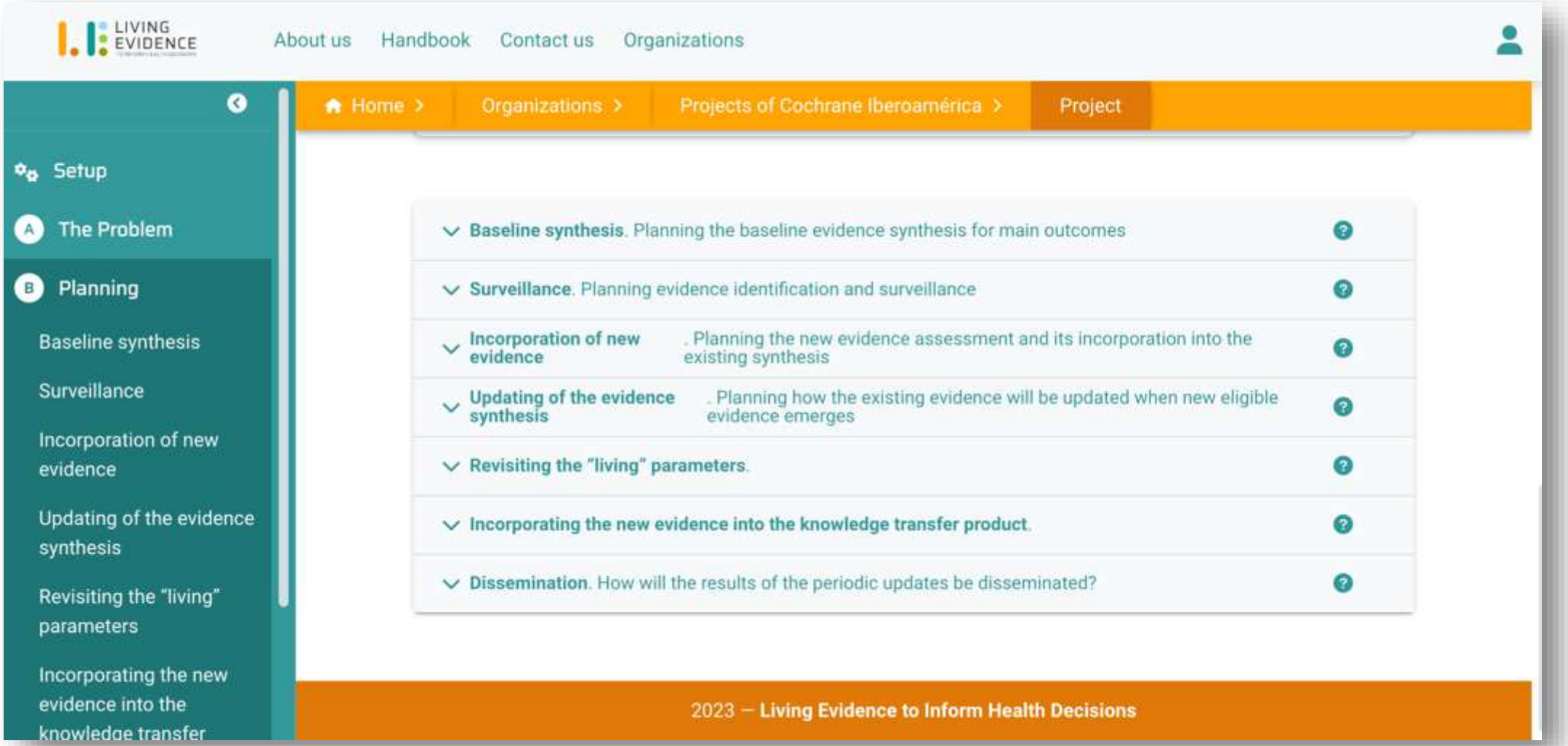
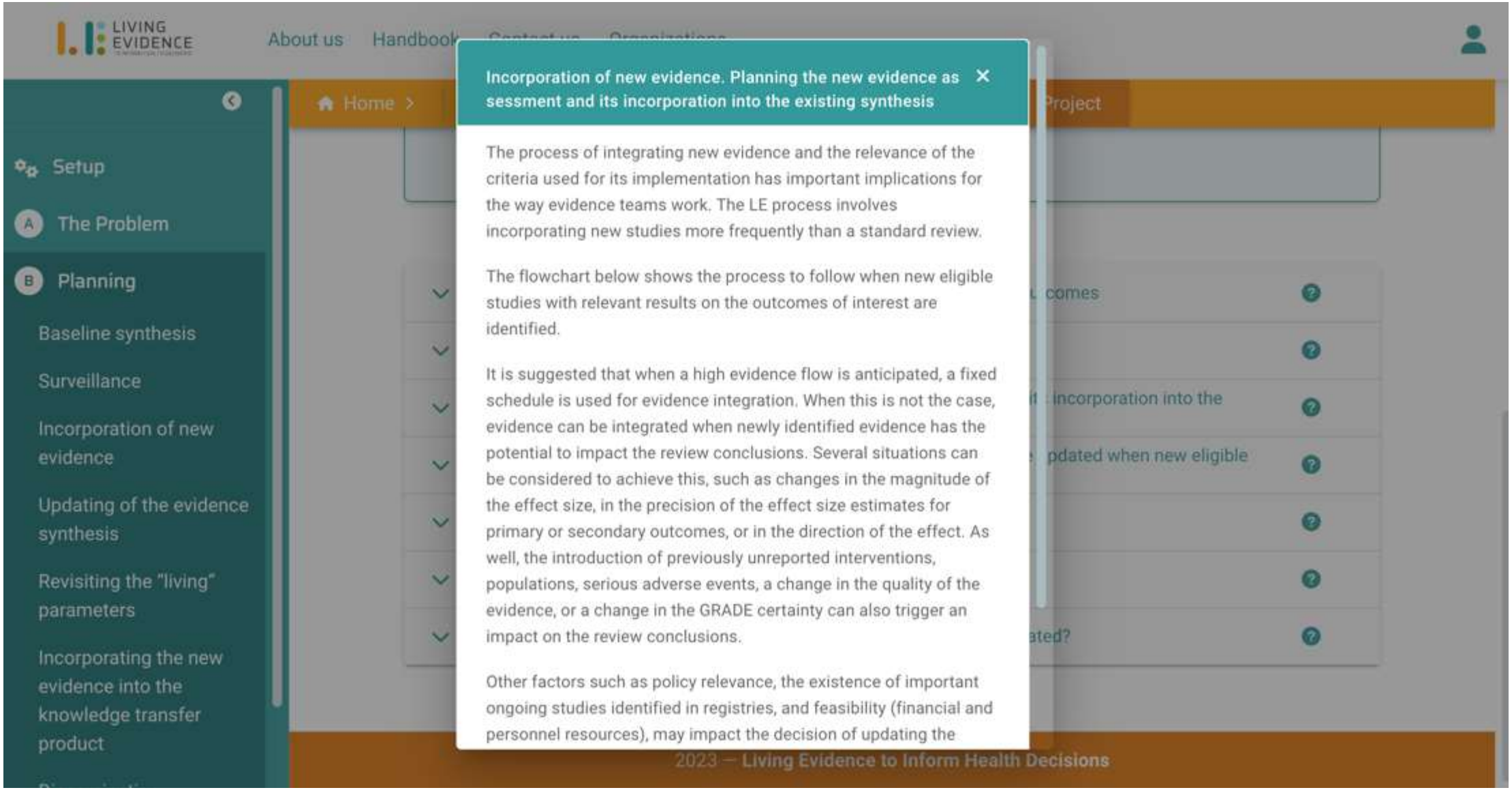
Framework-based interactive tool



Framework-based interactive tool



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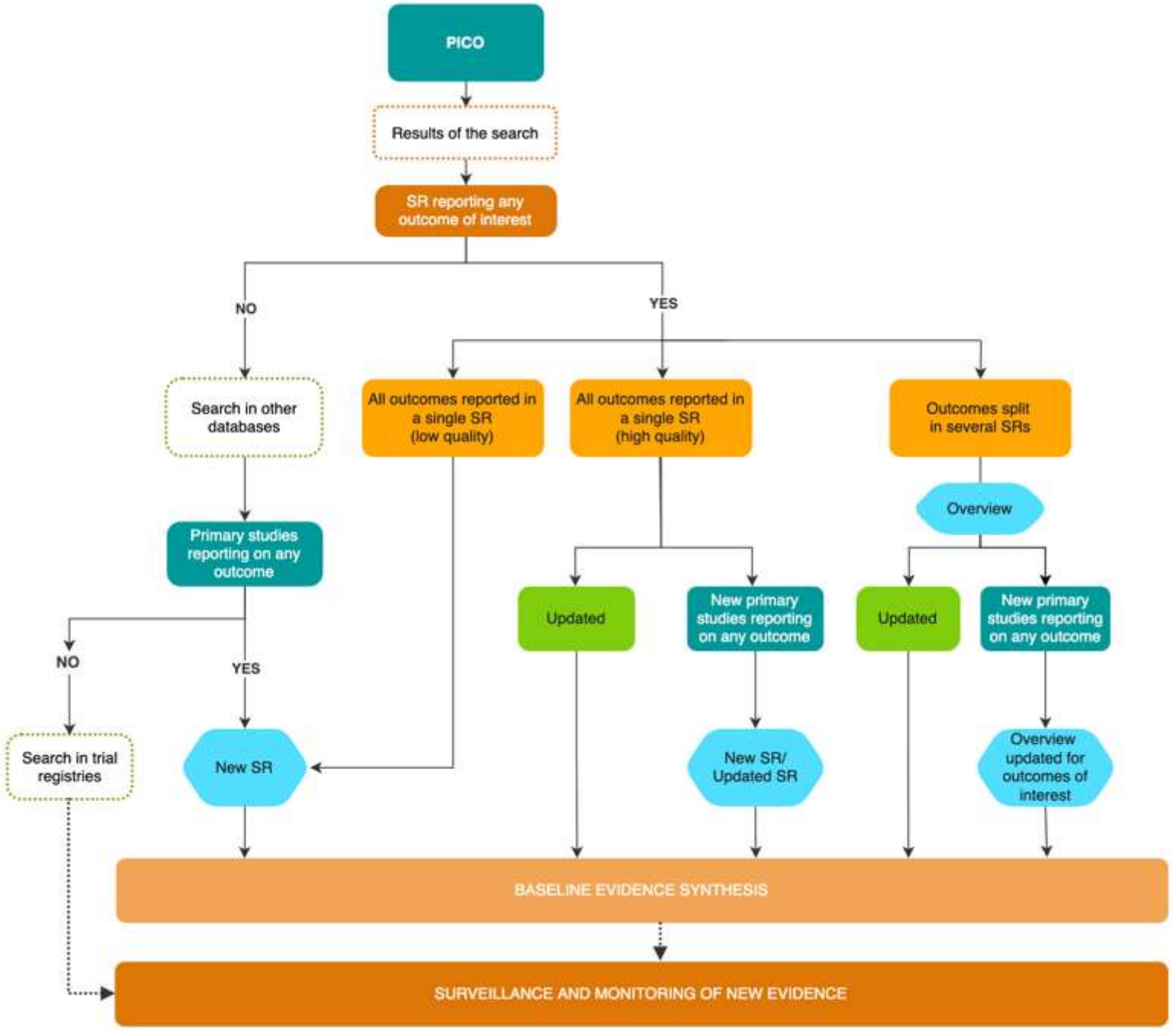
What is the most appropriate baseline evidence synthesis from the current evidence?



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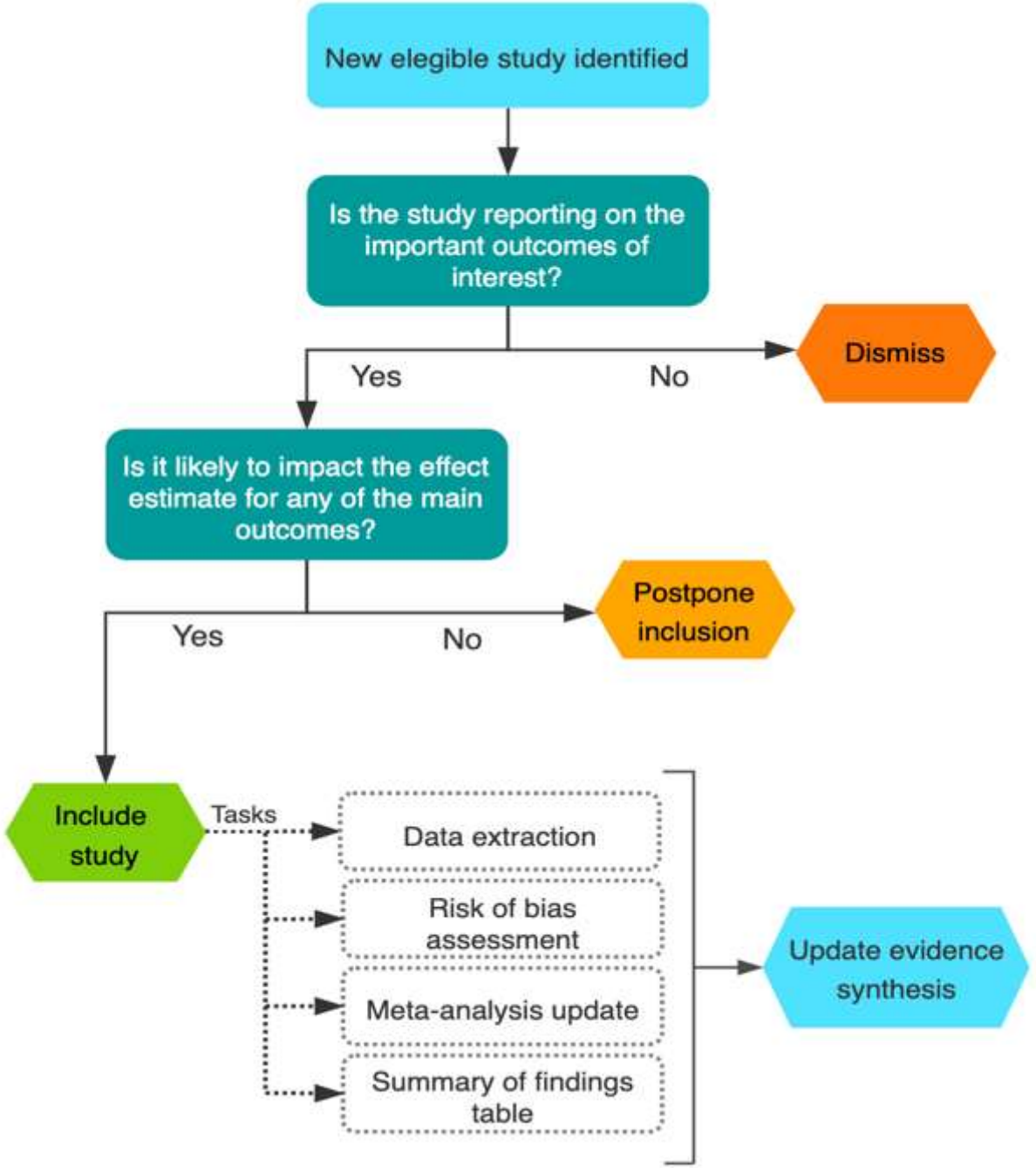
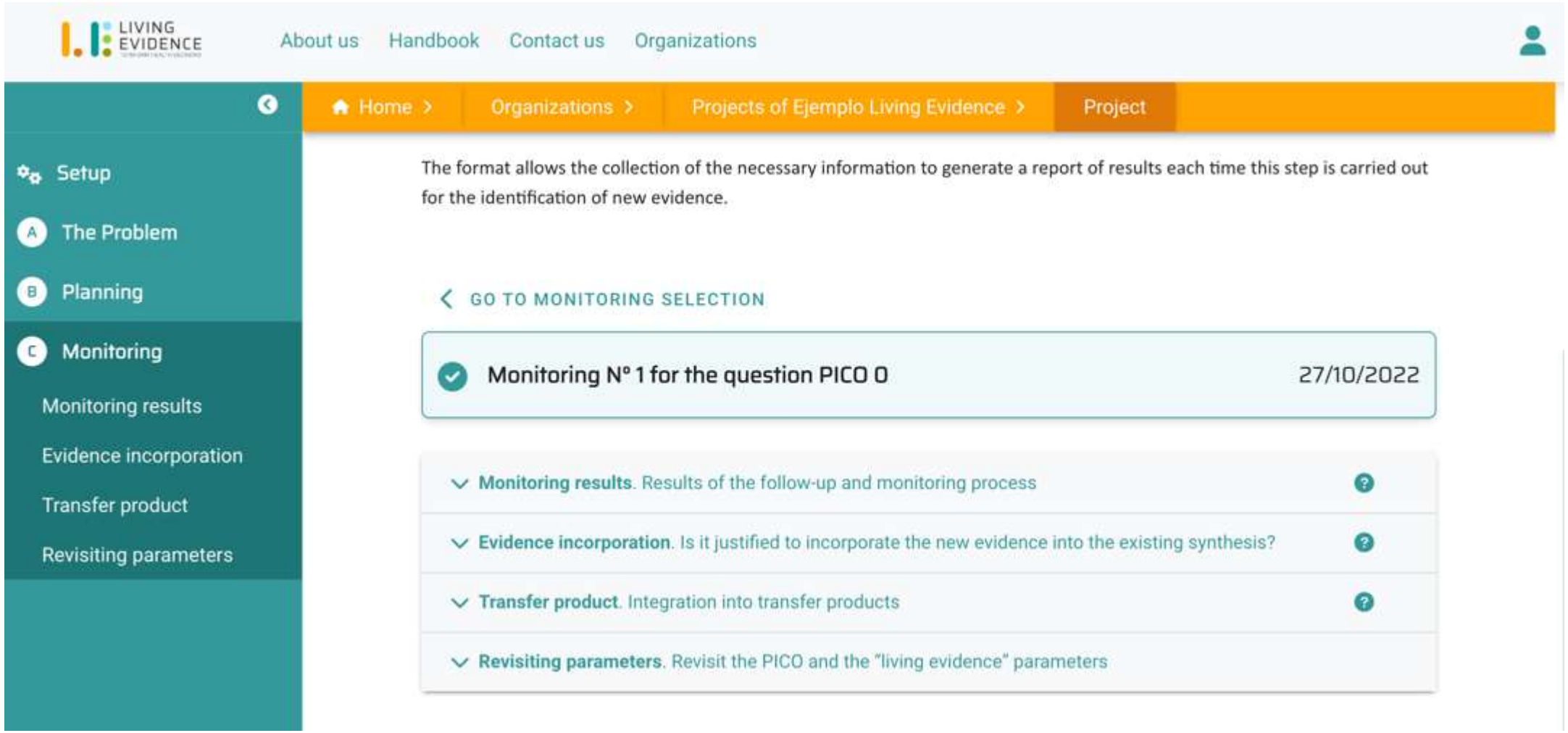
How will the new evidence be integrated into the existing evidence synthesis?



Framework-based interactive tool



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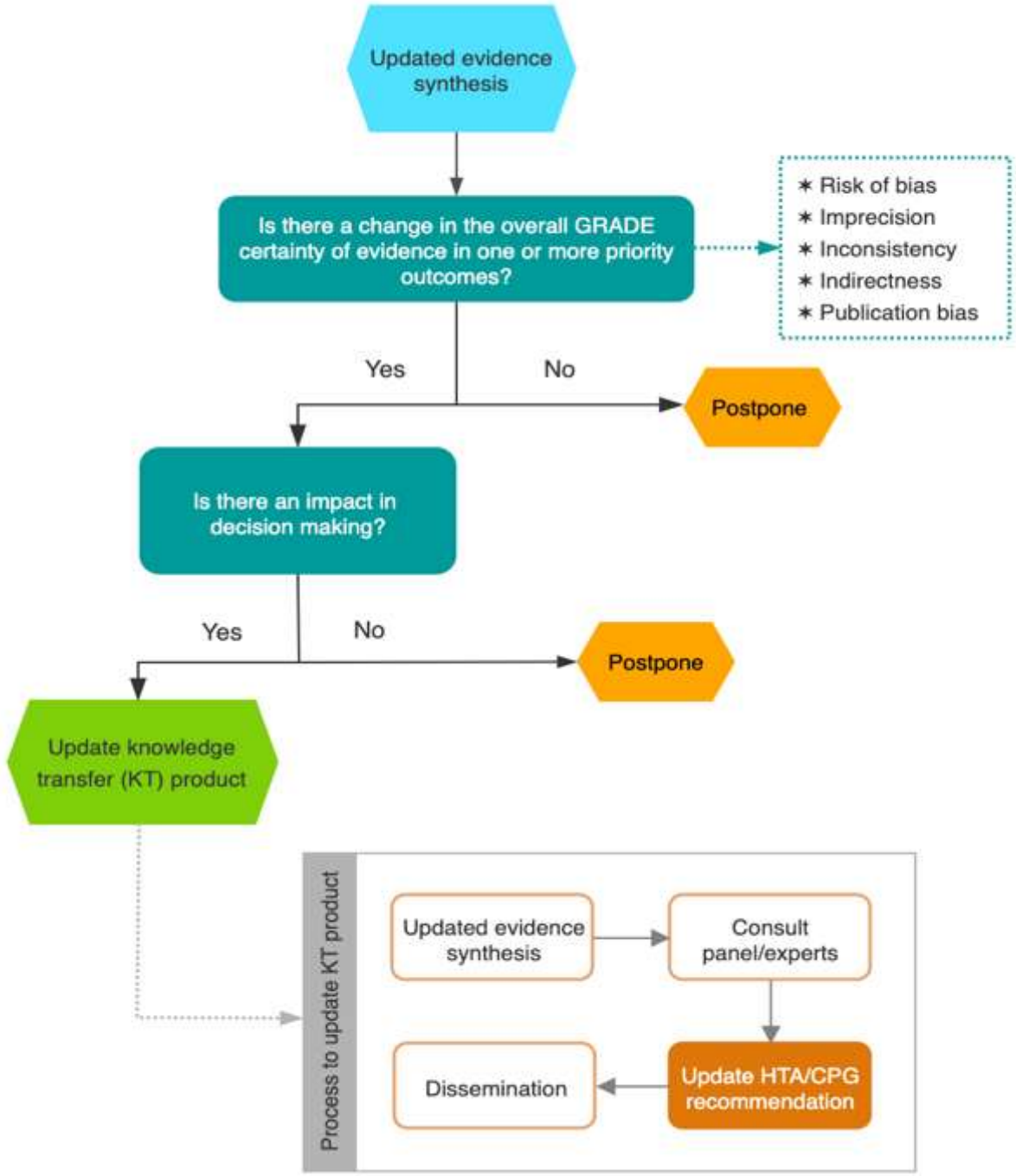
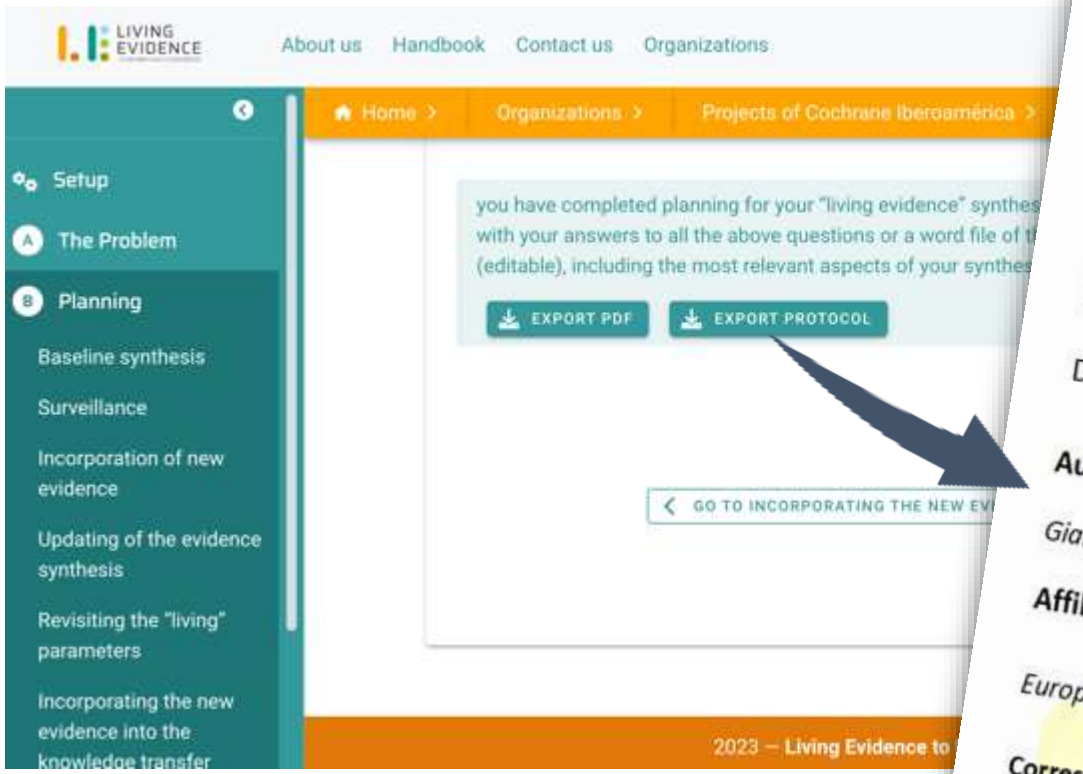
When to integrate the updated synthesis results into the transfer product?



Framework-based interactive tool



LIVING EVIDENCE | Living Evidence Synthesis Protocol
Joint Research Centre

Title

Digital breast tomo synthesis (including synthetic 2D images) vs. digital mammography for early detection of breast cancer in asymptomatic women in an organised screening programmes: a living systematic review (Protocol)

OSF osf.io/34fty

OSF PREREGISTRATION

DOI: 10.17605/OSF.IO/BP7GA

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Limitations

- Proposed process for working with panelists for updating KT product recommendations was only possible to test in three of the cases.

- The framework was developed for both interventions and diagnostic tests questions; but only the approach for interventions has been tested and evaluated.

- A reduced number of organizations used and evaluated the framework.

An ongoing study involving an additional nine organizations (12 LES projects)

Conclusions

- LE-IHD framework development followed an iterative process that is trustworthy for users.
- The evaluation study identified key aspects to incorporate into the tool and improve usability by KT products development groups.
- The interactive framework has proven useful.
  - ✓ facilitates planning of evidence syntheses
  - ✓ supports the monitoring process tasks and records storage
  - ✓ allows the development of multiple living evidence synthesis projects within the same organization

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Research Group

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Questions?

https://livingevidenceihd.com/