



## THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic  
era and future challenges

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

#EBHC2023



# Building a sustainable ecosystem of evidence

## New challenges after the pandemic

**Nino Cartabellotta**  
GIMBE Foundation

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PERSONAL VIEW

## The sins of expertness and a proposal for redemption

**T**wo decades ago I was an expert on the subject of compliance with therapeutic regimens. I enjoyed the topic enormously, lectured internationally on it, had my opinion sought by other researchers and research institutes, and my colleagues and I ran international compliance symposiums and wrote two books, chapters for several others, and dozens of papers about it. Whether at a meeting or in print, I was always given the last word on the matter.

It then dawned on me that experts like me commit two sins that retard the advance of science and harm the young. Firstly, adding our prestige to our opinions gives the latter far greater persuasive power

**There are still far more experts around than is healthy**

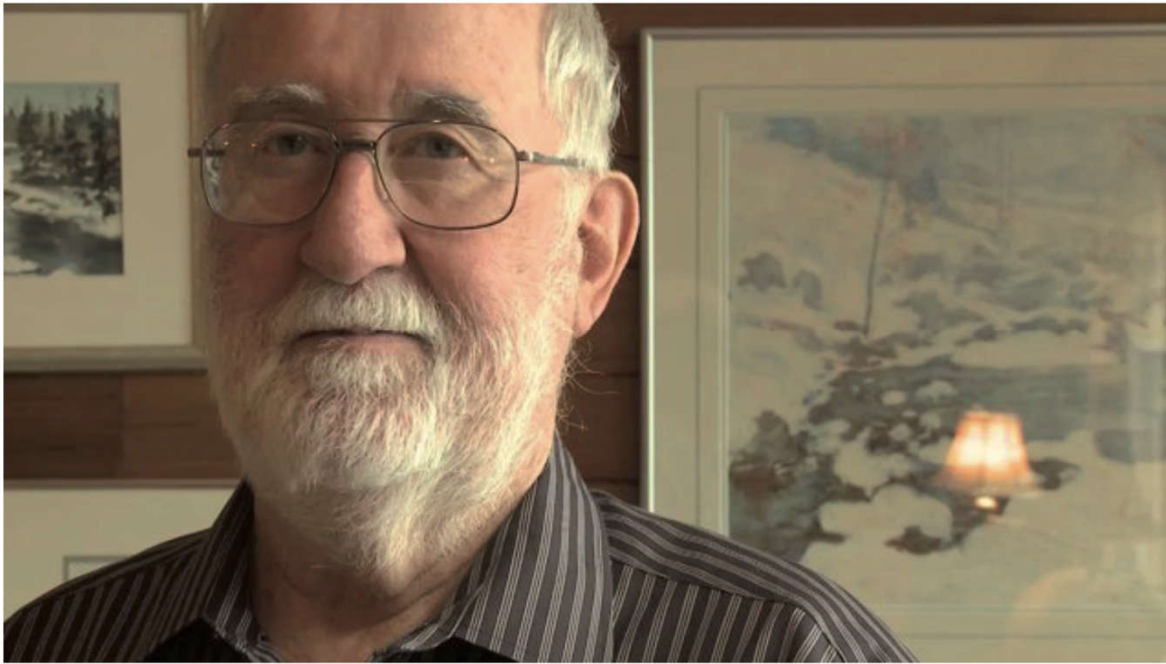
an expert in an old field with a new name: evidence based medicine. Because interest in these ideas was so great, especially among young clinicians around the world, my writing and editing was published in several languages, and when I was not running a clinical service I was out of town demonstrating evidence based medicine at the bedside and lecturing about it (over 100 times in 1998).

Although acceptance of my views was not universal, once again my conclusions came to be given too much credence and my opinions too much weight. And newcomers to the field who regarded me with affection faced an additional deterrent to challeng-

---

**David L Sackett** *director, Trout Research and Education Centre at Irish Lake, Markdale, Ontario, Canada*





It then dawned on me that experts like me commit two sins that retard the advance of science and harm the young.

As before, I decided to get out of the way of the young people now entering this field,



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Tiziano Innocenti  
GIMBE Foundation

# Outline

- **Background**
- **Analysis**
- **Challenges**
- **Proposal**



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# Background



**Journal of  
Clinical  
Epidemiology**

Journal of Clinical Epidemiology 110 (2019) 90–95

## COMMENTARY

# The ecosystem of evidence cannot thrive without efficiency of knowledge generation, synthesis, and translation

Antonino Cartabellotta<sup>a,\*</sup>, Julie K. Tilson<sup>b</sup>

<sup>a</sup>*GIMBE Foundation, Via Amendola 2, 40121 Bologna, Italy*

<sup>b</sup>*Division of Biokinesiology and Physical Therapy, University of Southern California, Los Angeles, CA, USA*

Accepted 23 January 2019; Published online 30 January 2019



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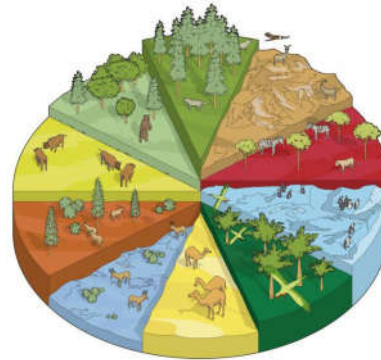
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# Ecosystem definition

A community of **living organisms** in conjunction with the **non-living components** of their **environment** (air, water, mineral soil), interacting as a system



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# The ecosystem of evidence

An ecosystem influenced by:

- **Living organisms:** stakeholders, with their competition, collaboration and conflicts of interest
- **Environment:** social, cultural, economic, political context
- **Non-living component:** evidence



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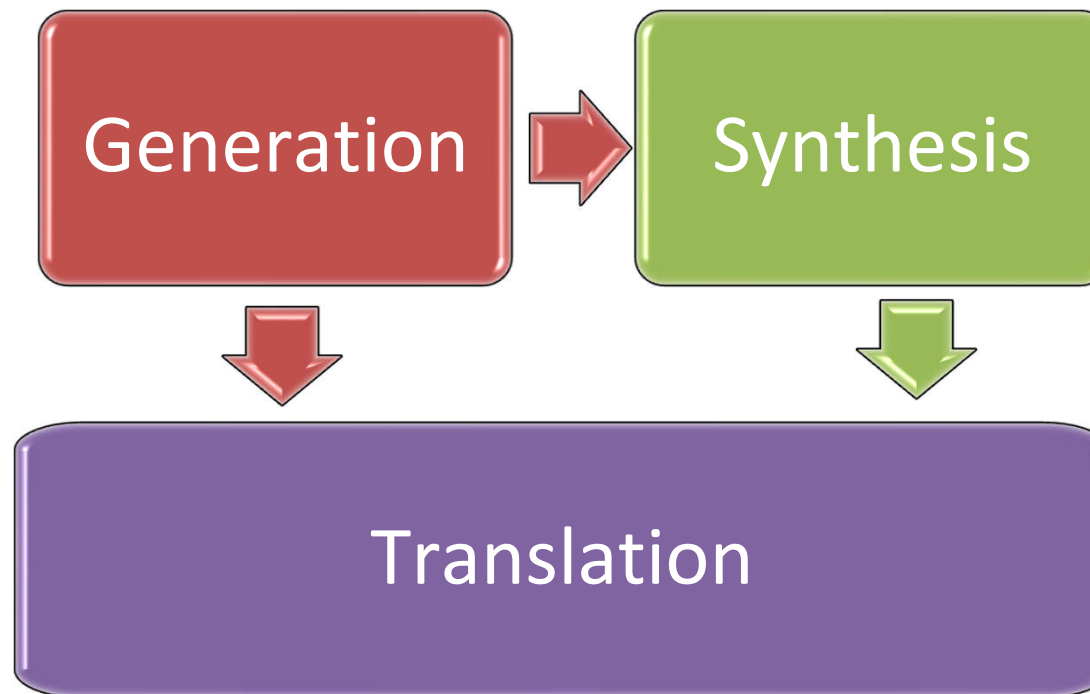
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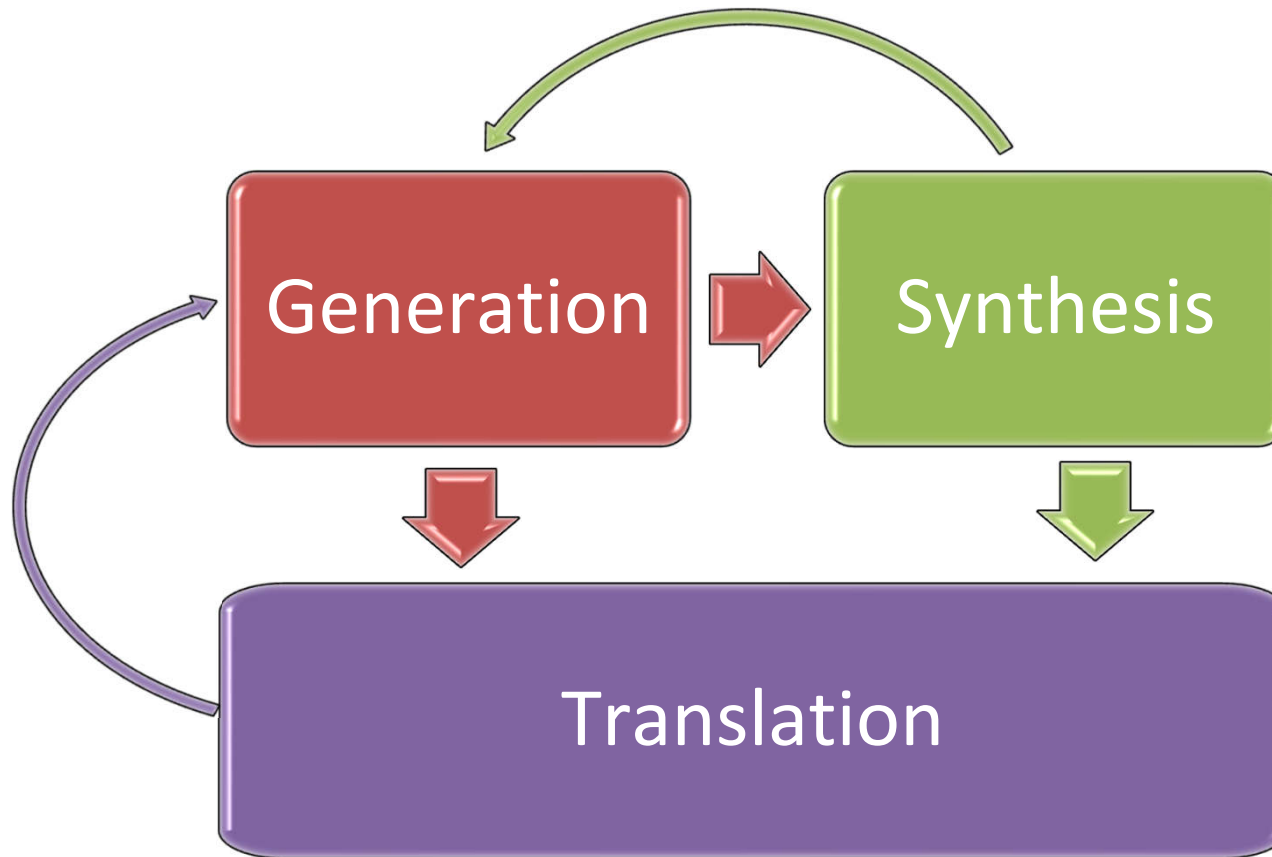
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# Ecosystem of evidence



# Ecosystem of evidence



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# Analysis

Editorial

## Evidence-based medicine

*ACP J Club*. 1991 Mar-April;114:A16. doi:10.7326/ACPJC-1991-114-2-A16

Gordon H. Guyatt, MD, MSc



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# Analysis

## Progress in evidence-based medicine: a quarter century on

*Benjamin Djulbegovic, Gordon H Guyatt*

In response to limitations in the understanding and use of published evidence, evidence-based medicine (EBM) began as a movement in the early 1990s. EBM's initial focus was on educating clinicians in the understanding and use of published literature to optimise clinical care, including the science of systematic reviews. EBM progressed to recognise limitations of evidence alone, and has increasingly stressed the need to combine critical appraisal of the evidence with patient's values and preferences through shared decision making. In another progress, EBM incorporated and further developed the science of producing trustworthy clinical practice guidelines pioneered by investigators in the 1980s. EBM's enduring contributions to clinical medicine include placing the practice of medicine on a solid scientific basis, the development of more sophisticated hierarchies of evidence, the recognition of the crucial role of patient values and preferences in clinical decision making, and the development of the methodology for generating trustworthy recommendations.

*Lancet 2017; 390: 415–23*



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### OPEN ACCESS

**Citation:** Bala MM, Poklepović Peričić T, Zajac J, Rohwer A, Klugarova J, Välimäki M, et al. (2021) What are the effects of teaching Evidence-Based Health Care (EBHC) at different levels of health professions education? An updated overview of systematic reviews. *PLoS ONE* 16(7): e0254191. <https://doi.org/10.1371/journal.pone.0254191>

**Editor:** Tim Mathes, Witten/Herdecke University, GERMANY

**Received:** February 26, 2021

**Accepted:** June 21, 2021

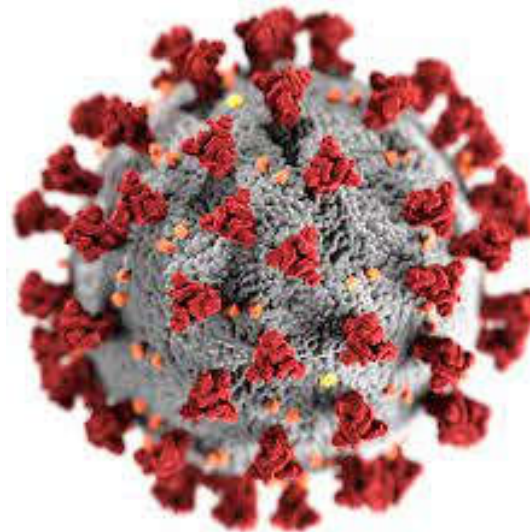
**Published:** July 22, 2021

### RESEARCH ARTICLE

# What are the effects of teaching Evidence-Based Health Care (EBHC) at different levels of health professions education? An updated overview of systematic reviews

**Malgorzata M. Bala** <sup>1</sup> \*, **Tina Poklepović Peričić** <sup>2</sup> , **Joanna Zajac**<sup>1</sup>, **Anke Rohwer**<sup>3</sup>, **Jitka Klugarova** <sup>4</sup>, **Maritta Välimäki**<sup>5,6</sup>, **Tella Lantta** <sup>5</sup>, **Luca Pingani**<sup>7,8,9</sup>, **Miloslav Klugar**<sup>4</sup>, **Mike Clarke**<sup>3,10</sup>, **Taryn Young**<sup>3</sup>





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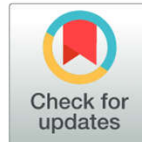
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# Analysis



Journal of Clinical Epidemiology 126 (2020) 164–166

**Journal of  
Clinical  
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## COVID-19 ARTICLES

### Evidence-based medicine in times of crisis

Benjamin Djulbegovic

Gordon Guyatt\*

*Department of Supportive Medicine*

*City of Hope*

*Duarte, CA, USA*

*Department of Hematology*

*Evidence-Based Analytics and Comparative Effectiveness*

*McMaster University*

*Hamilton, ON, L8S 4L8, Canada*



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## LitCovid Data

**381.923**

Publications

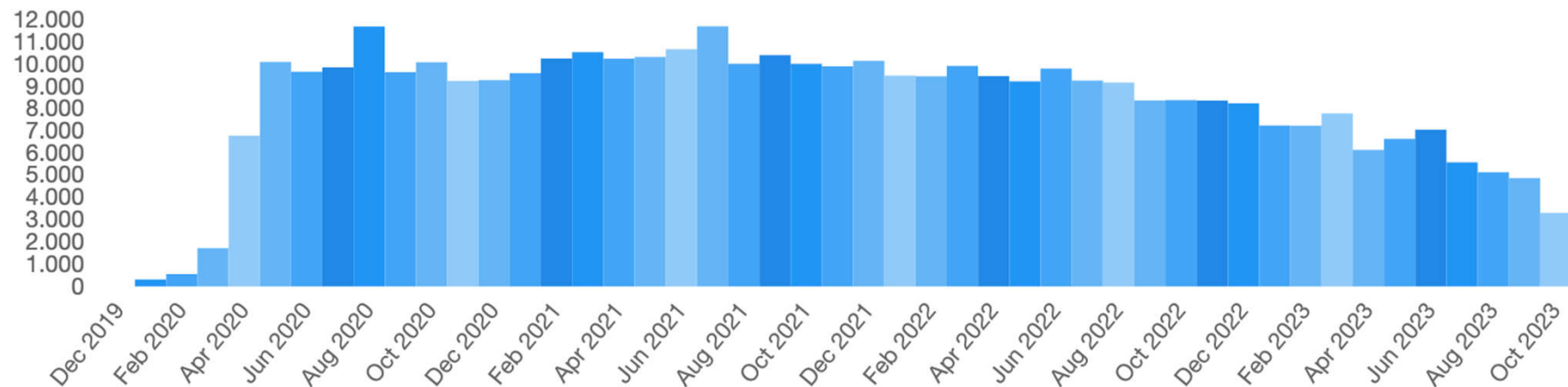
**8**

Topics

**8,000**

Journals

## Monthly Publications



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# Analysis

## Clinical Trials in Global Health 4

### How COVID-19 has fundamentally changed clinical research in global health

Jay J H Park, Robin Mogg, Gerald E Smith, Etheldreda Nakimuli-Mpungu, Fyezah Jehan, Craig R Rayner, Jeanine Condo, Eric H Decloedt, Jean B Nachega, Gilmar Reis, Edward J Mills

**Lancet Glob Health 2021;  
9: e711-20**



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# Analysis

EBM analysis



OPEN ACCESS

## Adapt or die: how the pandemic made the shift from EBM to EBM+ more urgent

Trisha Greenhalgh ,<sup>1</sup> David Fisman,<sup>2</sup> Danielle J Cane,<sup>3</sup>  
Matthew Oliver ,<sup>4</sup> Chandini Raina Macintyre<sup>5</sup>

*BMJ Evidence-Based Medicine* October 2022 | volume 27 | number 5 |



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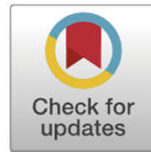
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# Analysis



Journal of Clinical Epidemiology 138 (2021) 219–226

**Journal of  
Clinical  
Epidemiology**

## COMMENTARY

# Methodology over metrics: current scientific standards are a disservice to patients and society

Ben Van Calster<sup>a,b,c,\*</sup>, Laure Wynants<sup>a,c,d</sup>, Richard D Riley<sup>e</sup>, Maarten van Smeden<sup>f</sup>,  
Gary S Collins<sup>g,h,i</sup>



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# Challenges and The way forward



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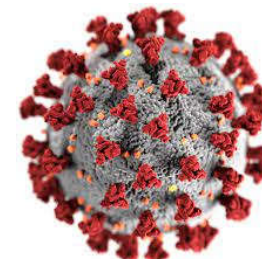
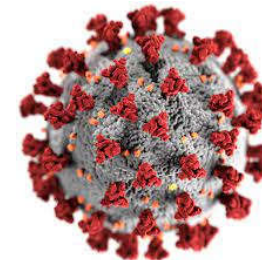
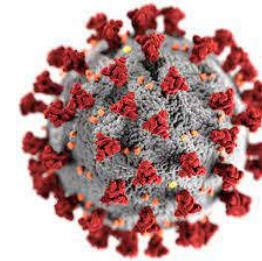
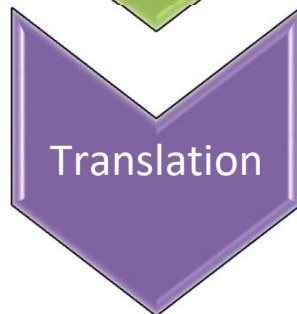
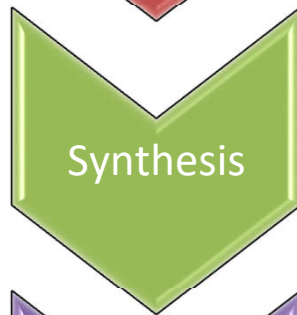
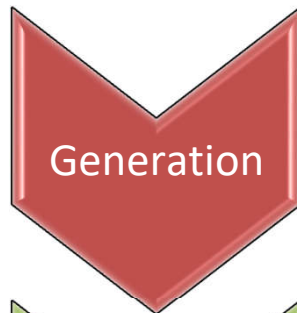
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# Ecosystem of evidence



# Evidence Generation



- REWARD recommendations
- James Lind Alliance
- EBR Network
- Reporting guidelines for protocol and studies (SPIRIT, CONSORT, ...)
- EQUATOR Network
- Trial registration: AllTrials, WHO and ICMJE statement, WHO ICTRP
- ...



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# Evidence Generation



- Extending both WHO statement and ICMJE policies concerning clinical trials to register observational studies
- Exploring ways to reduce the extreme fragmentation of regulation issues
- Exploiting all opportunities to increase the reproducibility of biomedical research
- We STILL need less publications and more high-quality evidence



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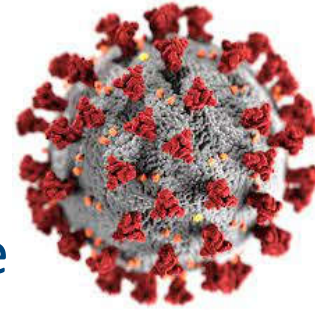
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# Evidence Generation



- Complex interventions and complex systems need more flexible methods
- Need to provide similar opportunities to those in high-income countries for clinical trial research in low-income regions
- Observational and real-world evidence are underrepresented
- Need for structures and incentives to enable faster data sharing of anonymised datasets
- Scientific integrity is still a key issue



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# Evidence Synthesis



- Cochrane handbooks
- Reporting guidelines (PRISMA, AGREE-II, RIGHT, ...)
- GRADE method
- International efforts to help researchers and meta-researchers (e.g. PragMeta, Systematic Reviewlution)
- International standards: G-I-N, AGREE II, IOM
- New ways of working, and sharing high-quality evidence (e.g. MAGICapp)



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# Evidence Synthesis



## SYSTEMATIC REVIEWS

- International policies to converge efforts on Cochrane reviews
- Extend the ICMJE recommendations on registration number mandatory for publication to systematic reviews
- Centralized database for (non Cochrane) high-quality systematic reviews



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# Evidence Synthesis



## CLINICAL PRACTICE GUIDELINES

- International governance to avoid proliferation of low quality CPGs
- Better management of COIs according to G-I-N standards
- Central CPGs database searchable for quality criteria (AGREE II, G-I-N, IOM)



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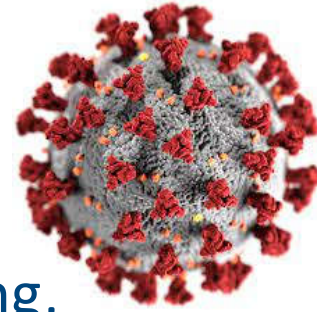
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# Evidence Synthesis



- Traditional methods are not effective in rapidly collating, assessing, and synthesising evidence to inform decision-making
- Duplication of systematic reviews
- Funding (much of the work is being undertaken by crowdsourcing and volunteers)
- Increase the reliability of alternative methodologies (rapid and living reviews)
- Foster use of artificial intelligence/machine learning



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# Evidence Translation



National Collaborating Centre  
for Methods and Tools  
Centre de collaboration nationale  
des méthodes et outils



- HOME
- COVID-19 ▾
- TRAINING ▾
- TOOLS ▾
- KNOWLEDGE REPOSITORIES ▾**
- IMPACT ▾
- ABOUT US ▾

ACCESS MY DASHBOARD

## The Registry of Methods and Tools for Evidence-Informed Decision Making <sup>?</sup>

Click below to filter by the seven steps  
or the entire process

Search for...



*Paul Glasziou, MBBS, PhD  
University of Oxford  
Oxford, England, UK*



*Brian Haynes, MD, PhD  
McMaster University  
Hamilton, Ontario, Canada*

### EDITORIAL

## The paths from research to improved health outcomes



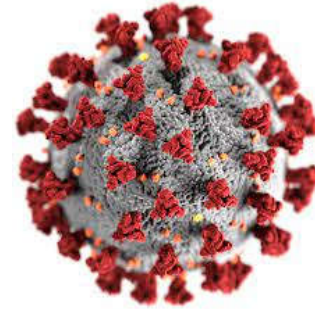
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# Evidence Translation



- The pandemic has largely contributed to health inequalities
- New evidence is often overwhelming and difficult to keep up with, particularly for low/middle income countries
- Evidence is often conflicting or lacking consensus, or inadequate to inform in-country measures
- A gap still persists between evidence-informed decision-making and policymakers' decisions
- Lack of transparency surrounding the process for how decisions are ultimately made



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# The ultimate goal of EBHC

To improve health outcomes, patients' experience and sustainability of healthcare systems by integrating the best evidence into clinical and policy decisions and patients' choices



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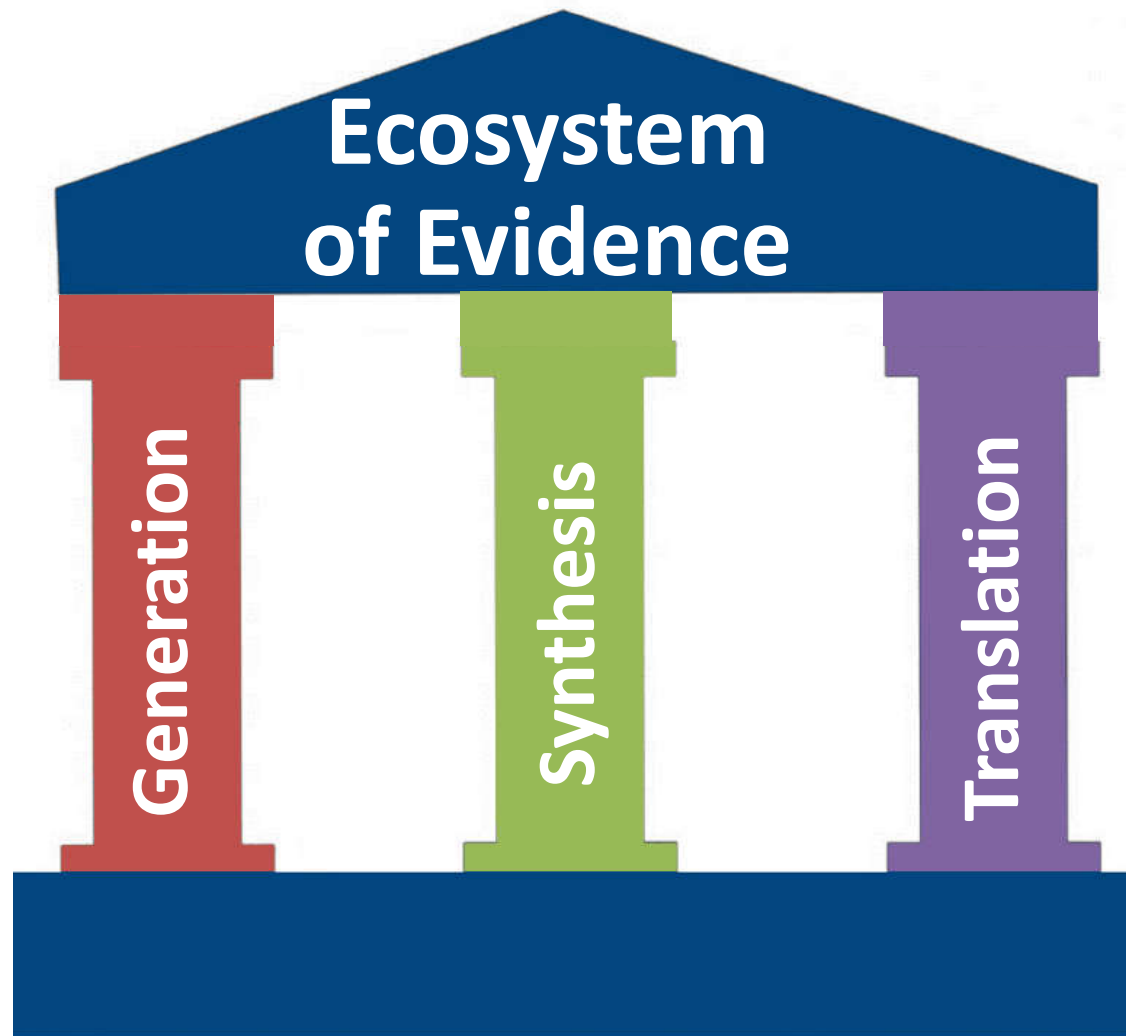
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# Lack of governance

- Too many standards (statements, rules, tools) of variable quality in attempt to improve generation, synthesis and translation of evidence
- Little evidence about their implementation status and effects
- Lack of a global vision of real needs



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# The proposal



# GLOBEE

Global OBservatory on Ecosystem of Evidence



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Taormina, 25<sup>th</sup> - 28<sup>th</sup> October 2023  
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EVIDENCE FOR HEALTH

# GLOBEE

To set up the **GLobal OBservatory on Ecosystem of Evidence (GLOBEE)** to monitor needs, publication and implementation of international standards aimed to improve generation, synthesis and translation of evidence into clinical and health policy decisions as well as into patients' choices



THE ECOSYSTEM  
OF EVIDENCE

Lessons learned in the pandemic  
era and future challenges

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# GLOBEE: main steps

## 1. Mapping critical

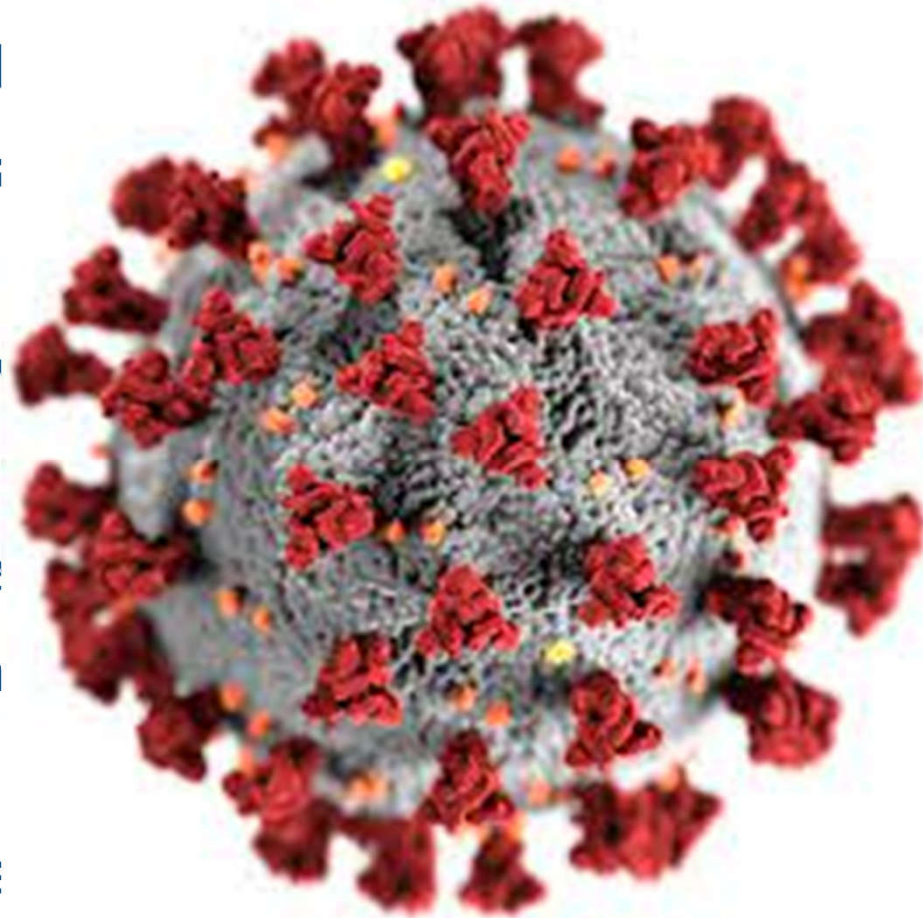
## 2. Mapping interna

- identifying th
- proposing ne

## 3. Monitoring imp

- primary re
- institution
- other

## 4. Suggesting upda



ie ecosystem of evidence  
(s, tools)

standards:



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Re-start?

**Are this project, its purposes and challenges  
still up-to-date?**



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# The proposal



# GLOBEE

Global OBservatory on Ecosystem of Evidence

[www.globee.online](http://www.globee.online)



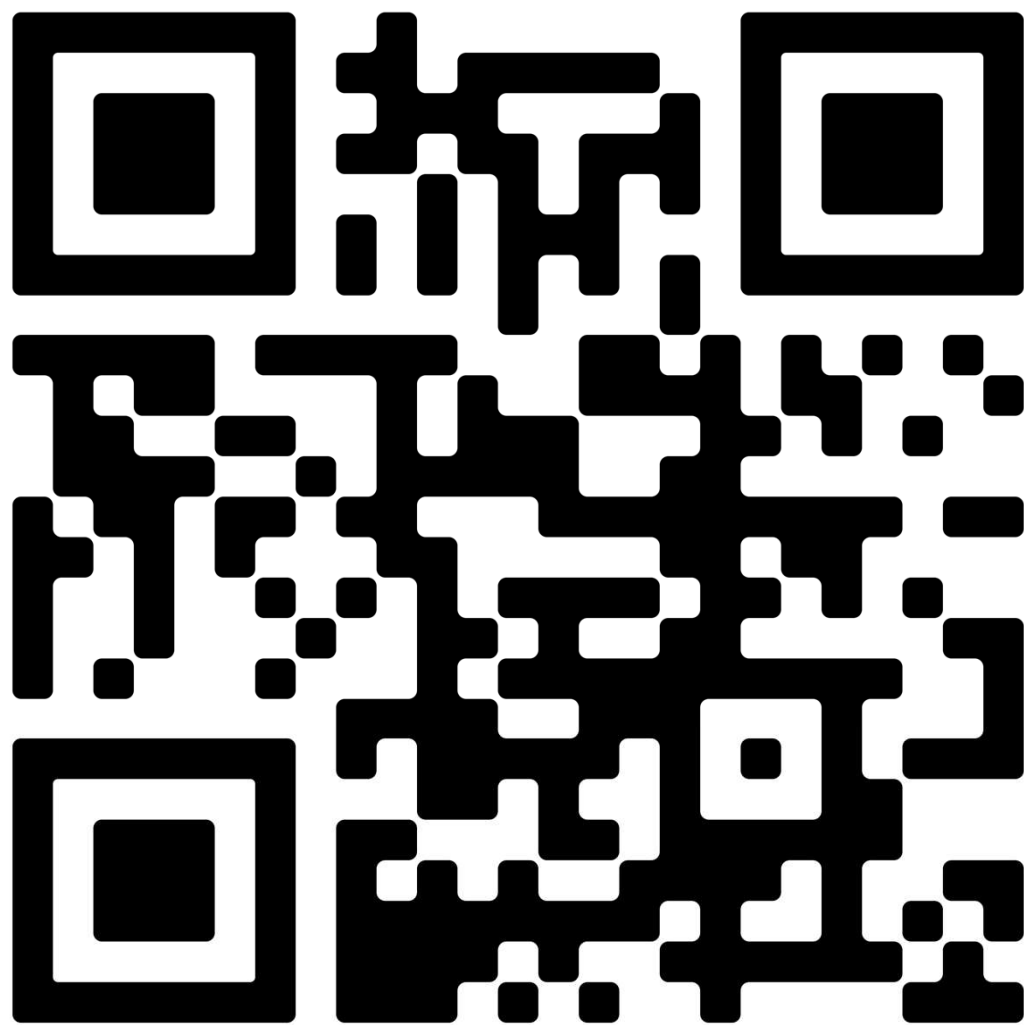
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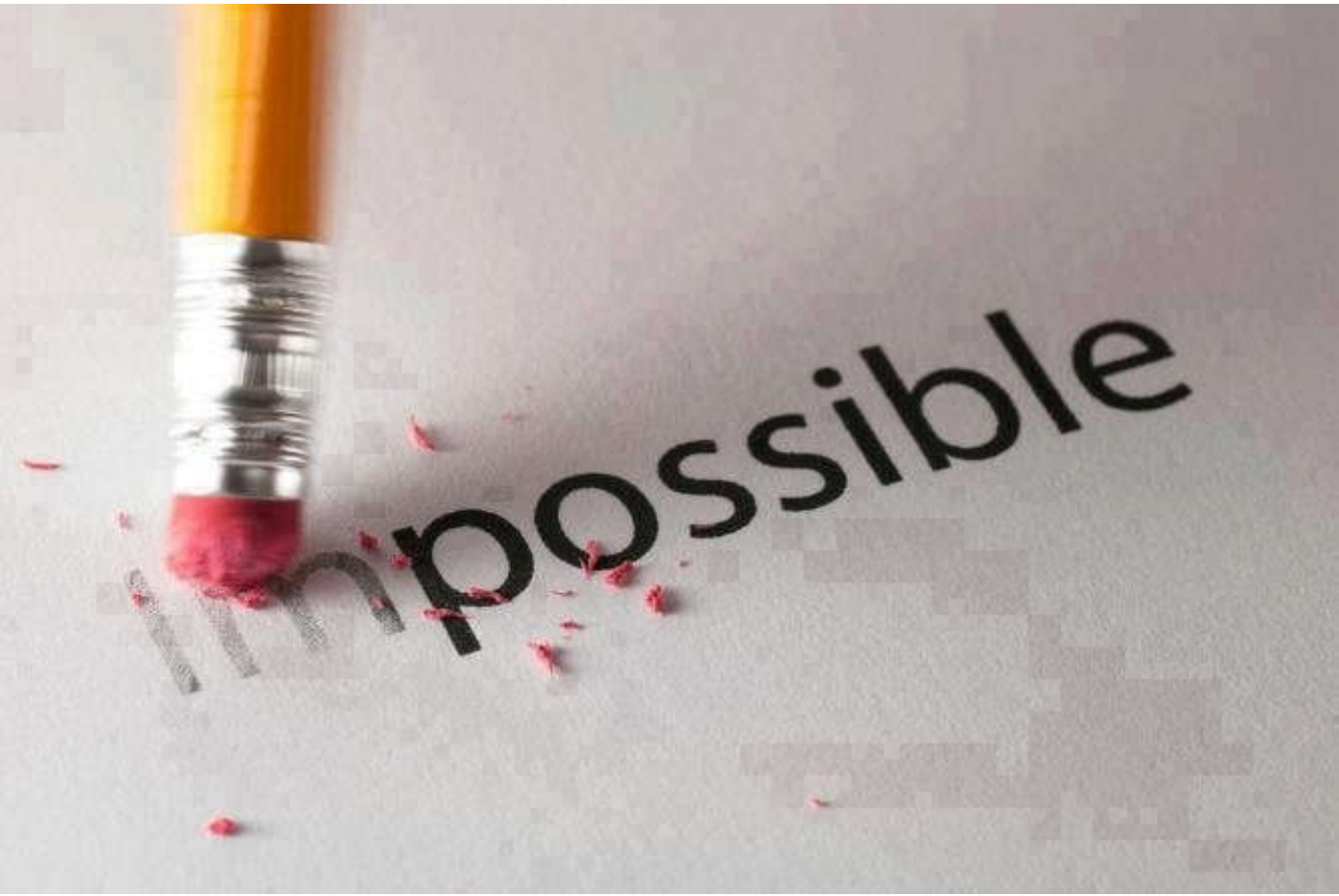


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**THANK YOU**



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