

Recommending Working Group

Notes from Webex call on 22 May 2020 https://mcmaster.webex.com/meet/rise

1. INTRODUCTIONS

Ivan welcomed new working group members

- i. Nichole Taske, National Institute for Health and Care Excellence (NICE), U.K. Associate Director (Methodology), updating COVID-related guidelines
- ii. Sandra Zelman Lewis, AHRQ evidence-based Care Transformation Support (ACTS) Initiative, U.S.A. Worked in evidence-based CPG; currently leading EBQ consulting focusing on guideline, systematic reviews; working with ACTS' future vision working group

Also participating on call:

Amir Qaseem

David Tovey

Lucy Henry

Ivan Florez

Jerry Osheroff

Michael McCaul

Nichole Taske

Sandy Zelman Lewis

Tamara Kredo

Xuan Yu

Zac Munn

Regrets:

Elie Akl

Ignacio Neumann

Ludovic Reveiz

Mireille Goetghebeur

Per Vandvik

Susan Norris

2. FOLLOW-UP ON ACTION ITEMS

- Ivan reviewed suggested edits from working group members
- Group agreed to keep TORs together (e.g. not separated by target audience).
- All agreed on changes, with the understanding that HTA component is to be further developed. Per and Ivan meeting with Lucy and Mireille to build increasing HTA presence in group and in the terms of reference
 - o Alric Rüther (HTAi) to join next meeting

- Zac provided report from G-I-N webinars on Wednesday; recording posted on GIN website https://g-i-n.net/covid-19/covid19-webinars-folder/webinar-covid-19-pandemic-navigating-evidence-and-guidance-crisis-20-may
- Highlighted need for collaboration and coordination, discssed applicability of guidelines to LMIC settings. Lots of interest in living guidelines, rapid reviews, rapid systematic reviews and how to do these without cutting corners and where people can go to for good resources; how can assess trustworthiness of rapid guidelines, etc, and trustworthiness of evidence maps.
- GIN completing webinar evaluation and taking stock of information sheets from contributing organizations
- Opportunities for collaboration with COVID-END
 - o GIN has a resource page for COVID-19 guideline development methods and standards, including products from member organizations
 - Not creating repository, and not doing quality appraisals as other organizations taking this on
- HTAi is also collating and sharing parner resources
- Concern whether sharing is sufficient to reduce duplication and whether data is accessible to everyone. Ideal would be to have a comprehensive data base (as a potential challenge to bring to the digitization working group)
 - o Identifying and listing existing resources and initiatives is a first step, but doesn't address core barriers to reducing duplication, particularly among target audiences who have resources to develop own guidelines.
 - O Guideline registration portals are under-utilized by guideline developers and users (http://guidelines-registry.org)
 - Major challenge remains hesitancy to share raw data; without raw data, challenge in trusting guideline developed by others.

ACTION: Amir, Ivan, Lucy and Per to develop a clear problem statement to share with the Digitization working group

- Jerry described overlap in Recommending working group and ACTS pilot effort, with an opportunity to share lessons between initiatives particularly around:
 - Ai: Identifying and sharing standards, methods, processes and digital platforms for developing, disseminating, adapting and implementing trustworthy, actionable and living guidance (linked to evidence).
 - Aiii: Developing rapid guidance following trustworthy methods for rapid recommendations (e.g., BMJ rapid recommendations) for selected prioritized questions
 - O Bii: Identifying and supporting the most useful repository for trustworthy, fair and reasonable COVID-19 guidance ("Global guidance repository") that can be re-

used, shared and adapted globally and is optimally linked to other repositories of evidence sources (e.g., systematic reviews, evidence tables, economic models) from trustworthy partners such as PAHO, WHO, G-I-N, and others).

3. ANY OTHER BUSINESS

- Working group efforts need to be planned to ensure that is coordinated and built-in to longer erm initiatives, building on insights and building opportunities for more sustained collaborations
- Sustaining working group addressing this issue at level of COVID-END but working group should consider specific needs within guideline and HTA communities.