Horizon Scanning (Alongside Other Approaches) to Support the COVID-19 Evidence Response

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COVID-END

- COVID-END is a **time-limited network** that has come together in response to an ‘exogenous shock’ (COVID-19) to collaboratively advance the evidence (synthesis) ecosystem in a way that
  - Makes the most of an explosion of interest in and demand for evidence synthesis (in part by **reducing the noise-to-signal ratio**)
  - Makes the evidence (synthesis) ecosystem even more robust and resilient in future
  - Strengthens **existing** institutions and processes
- COVID-END’s network comprises **50+** of the world’s leading evidence-synthesis, technology-assessment, and guideline groups
COVID-END Resources for Those Supporting Decision-making (https://www.covid-end.org)

1) **Inventory of ‘best’ evidence syntheses for COVID-19 decisions**
   a) Public-health measures
   b) Clinical management
   c) Health-system arrangements
   d) Economic and social responses

2) **Horizon scans for emerging issues**

3) Community of those supporting decision-making

4) Living hub of COVID-19 knowledge hubs

5) **Additional supports**
   1) Guide to COVID-19 evidences sources
   2) Evidence-packaging resources
   3) Evidence-support models
   4) Tips and tools
COVID-END Resources for Researchers
(https://www.covid-end.org)

1) Priorities for new evidence syntheses and guidelines (coming soon)
2) Supports for evidence synthesizers
3) Supports for guideline developers (coming soon)
Case for Doing Things Differently As We Transition from a Sprint to a Marathon

1) ‘Study slinging’ (or ‘anecdote chasing’) and GOBSATT have created a very high noise-to-signal ratio
2) One-off reviews on long-term and recurring issues are quickly out of date
3) Many rapid (and full) reviews are of low quality
4) Few reviews about interventions provide a GRADE evidence profile that speaks to the level of certainty of the available evidence
5) Too many evidence syntheses address the same topic (e.g., >200 prognostic reviews and only 5 such reviews address ≥ 5 factors)
6) Too many key decisions have no available evidence synthesis (let alone a living evidence synthesis that is updated as new studies are published)
7) The small number of existing living evidence syntheses often address same topic (e.g., 3 living network meta-analyses of COVID-19 treatments)
Case for Doing Things Differently As We Transition from a Sprint to a Marathon (2)

1) ‘Study slinging’ (or ‘anecdote chasing’) and GOBSATT →

- **Start with** recently updated, high-quality **evidence syntheses**, which
  - Reduce the likelihood that decision-makers will be **misled** by research (by being more systematic and transparent in the identification, selection, appraisal, and synthesis of studies)
  - Increase **confidence** among decision makers about what can be expected from an intervention (by increasing the number of units for study)
  - Allow decision makers to focus on **how findings do or don’t vary by context and population** (ideally using an **explicit equity lens**) and hence what the evidence **means for a specific jurisdiction at a specific moment in time**
  - Allow stakeholders, including public interest or civil society groups, to **constructively contest** research evidence because it is laid out for them in a more systematic and transparent way
What Does the Marathon Look Like?

- **Inventory of best evidence syntheses** for COVID-19 decisions
  - ‘Best’ defined by recency of search, quality of review, and GRADE evidence profile availability
  - Declarative title to facilitate relevance assessments (e.g., PICO and certainty level)
  - Additional information about ‘living’ status, synthesis type, and synthesis question

- **Horizon scans** for emerging issues and topic prioritization
  - Monthly briefing note drawing on horizon scans from around the globe
  - Monthly meeting of a panel of 36+ diverse strategic and ‘out-of-the-box’ thinkers and doers (with diversity defined in relation to our taxonomy, target audiences, WHO regions, and primary languages spoken)

- **List of priority topics** for living evidence syntheses (and efforts to encourage, nudge and cajole teams to take them on)

- Robust local efforts to contextualize the evidence for decision-making
Where Are We in the Transition to Marathon?

- **Inventory of best evidence syntheses for COVID-19 decisions**
  - 2,200+ harvested (with PROSPERO protocols our only key source outstanding)
  - 1,800+ non-duplicates
  - 1,300+ assessed (with ~500 in the queue, but most are older, rapid reviews)
  - 900+ included in database (with the others not being decision-relevant)
  - 110+ included in inventory based on three criteria for ‘best’ evidence syntheses

- **Horizon scans for emerging issues and topic prioritization**
  - Three monthly panel meetings to date (with all reports available on our website)
  - About to begin up and down voting (or other approaches) both for issues and for priority topics for evidence syntheses

- **List of priority topics for living evidence syntheses (and efforts to encourage, nudge and cajole interdisciplinary teams to take them on)**
  - First draft of the list soon available and team building to begin soon
This Month versus Future Months

- This month
  - Long-winded introduction to provide the context
  - List of priority topics for living evidence syntheses (next two slides)
- Next month
  - List of issues, both long-term/recurring and emerging
  - List of priority topics for living evidence syntheses
What’s on our List of Priority Topics for Living Evidence Syntheses?

- Public-health measures
  - Supporting **adherence** to measures, including better communicating rationale including trade-offs (including in politicized contexts and for politicized issues)
  - **Strategies** for testing and for test-track-trace approaches that optimize the use of existing capacity
  - Outbreak **contributors** (from interdisciplinary outbreak studies)
  - Surveillance, analytic and synthesis **capacity and linkages** to other parts of the health system

- Clinical management of COVID-19 and pandemic-related conditions
  - **Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
  - Screening for and managing emergent **mental health** and substance use issues
  - **Concurrent management** of COVID-19 and other (seasonal) infections
What’s on our List of Priority Topics for Living Evidence Syntheses? (2)

- Health-system arrangements
  - Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
  - Approaches to strategic purchasing of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out
  - Responsive and agile
    - Restoration of non-COVID services when possible (by developing or capitalizing on ‘slack’ within health systems)
    - Efforts to address health human resource shortages (and motivation & wellbeing)
  - Consolidating and optimizing the value achieved through shifts in virtual care
  - Packages of responses (public-health / health-system) and combinations of centralized & decentralized approaches (from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)

- Economic and social responses (e.g., to address poverty and domestic violence)
Ideas for our Tips Sheet for Teams Taking Up Priority Topics for Living Evidence Syntheses?

- Consider **interdisciplinary teams** (e.g., laboratory, IPAC, engineering, data modeling, outbreak studies, behavioural and social sciences, science communication) alongside methodological experts?

- Consider committing to explicitly
  - Examine benefits and harms (health outcomes), citizen experiences, and costs (both for delivery and for the **economic and social consequences**)?
  - Foreground **equity** considerations?

- Consider committing to **explicit cycles or triggers for updating** living evidence syntheses (and/or at least to finding a home for an evidence synthesis when an emergent issue becomes long-tern or recurring and needs to become a living evidence synthesis)