

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

**Science Table, 8 October 2020**

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HEALTH FORUM



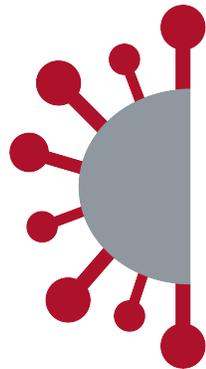
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# Acknowledgements

- Funding for COVID-END
  - Government of Ontario (through a grant to Rapid-Improvement Support and Exchange, or RISE), which supports only the provincially focused parts of our work
  - National Institute of Health Research (Evidence Synthesis Program), UK
  - Individual donors through the Centre for Effective Altruism and Fidelity Charitable, USA, and private individual donors

## 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

COVID-19 Evidence Network  
to support Decision-making



AGENCY FOR  
**CLINICAL  
INNOVATION**



- Centre for
- Evidence
- Based
- Health
- Care



- Evidence
- Synthesis
- International



**EVIDENCE SYNTHESIS**  
IRELAND



The Global Evidence  
Synthesis Initiative



Scottish Charity No: SC 03404



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



# 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  $\geq 5$  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-re levant)
  - **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-term or recurring and needs to become a living evidence synthesis)