Innovative Methods for Living and Rapid Evidence-Informed Clinical Advice During the COVID-19 Pandemic

EBHC Conference 2023: The Ecosystem of Evidence – Lessons Learned in the Pandemic Era and Future Challenges

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Disclosures

• Intellectual interests
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  • Steering Committee for the EBRNetwork
  • Secretariat for Evidence Synthesis International (ESI)

• No financial interests to disclose

• Views and opinions expressed in the presentation are my own
Clinical Policy @ ACP

Clinical Practice Guidelines
Clinical Guidance Statements

CGC

CGC

SMPC

Best Practice Advice

SMPC

Practice Points
ACP Practice Points: Background

• Who
  o Developed by the SMPC
  o Developed for all clinicians, patients, the public, and public health professionals

• What
  o Clinical advice based on a rapid systematic review and typically maintained as living

• When
  o Need for evidence-based responses to highly targeted, pressing clinical questions
The Development of Living, Rapid Practice Points: Summary of Methods From the Scientific Medical Policy Committee of the American College of Physicians

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In response to the COVID-19 pandemic, the Scientific Medical Policy Committee (SMPC) of the American College of Physicians (ACP) began developing “practice points” to provide clinical advice based on the best available evidence for the public, patients, clinicians, and public health professionals. As one of the first organizations in the United States to develop evidence-based clinical guidelines, ACP continues to lead and advance the science of evidence-based medicine by implementing new methods to rapidly publish practice points and maintain them as living advice that regularly assesses and incorporates new evidence. The overarching aim of practice points is to address public health topics beyond the COVID-19 pandemic. This article presents an overview of the SMPC’s living, rapid practice points development process, which includes a rapid systematic review, use of the GRADE (Grading of Recommendations Assessment, Development and Evaluation) method, use of stringent policies on the disclosure of interests and management of conflicts of interest, incorporating a public (nonclinician) perspective, and maintenance of the documents as living through ongoing surveillance and synthesis of new evidence as it emerges.
ACP Practice Points: Rapid & Living

• Rapid
  o Topic
    ▪ Urgent individual and population health needs
  o Systematic review methods
    ▪ Search strategy
  o Systematic review and Practice Points timeline for development
    ▪ 4 to 8 weeks

• Living
  o Topic
    ▪ Evidence is limited and/or evolving quickly
  o Methods
    ▪ Maintaining a process for the evidence surveillance
    ▪ Publishing surveillance notices or reports or new versions
Challenges & Lessons Learned

Resources
- Time
- Cost

Coordination
- Pre-planned timeline
- Receipt of edits to systematic review
- External review submission

Living Status
- Resources
- Surveillance plan
- Criteria for updating, modifying, retirement
Questions?
<table>
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<tr>
<th>Challenges identified</th>
<th>Lessons Learned</th>
<th>Potential Strategies to Address Challenges</th>
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<tr>
<td>Coordinating development of the rapid systematic review and practice points</td>
<td>Communication is key. Time put into communicating needs and developing a refining protocol upfront saves time down the road.</td>
<td>Maintain frequent and proactive communication</td>
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<td>Logistics of parallel journal submission of the rapid systematic review and practice points</td>
<td>Reducing lag time between search data and final publication. Too much lag time increases the chance that new evidence will be identified before the first version is published. Separate journal review processes pose challenges for maintaining consistency between manuscripts while ensuring expedient responses.</td>
<td>Plan for scope/ramp up period to refine key questions and scope and to plan analyses</td>
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<td>Coordination among key partners</td>
<td>Any delay has a domino effect. Rapid publication requires that all partners have processes in place ahead of time (e.g., ensuring availability of the committee members, external reviewers, and leadership approvals).</td>
<td>Set realistic deadlines that have buy-in and commitment from all key partners (guidance developers, evidence review team, and journal).</td>
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<td>Resources needed</td>
<td>Rapid development is resource intensive. Significant staff time and costs are required to develop practice points at a rapid pace to ensure quick turnaround, comprehensive review, quality, and process efficiency.</td>
<td>Evaluate how existing workload can be adjusted and if additional staff will be needed and adjust budget accordingly.</td>
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| Challenges related to maintaining practice points as living                           |                                                                  |                                                                  |
|--------------------------------------------------------------------------------------|                                                                  |                                                                  |
| Determining appropriate update intervals                                              | The shortest interval is not necessarily the most efficient. Too many inconsistent updates can flood dissemination channels and overwhelm audiences as well as contribute to inefficient use of human resources. | Consider the anticipated rate of new evidence to determine the surveillance and update intervals. Adopt a hybrid strategy of surveillance plus planned regular updates. |
| Identifying surveillance signals to trigger updates                                   | Explicitly define “changes in conclusions.” The depth of the update should correspond to the scope of the change in evidence. | Establish preset criteria or thresholds to trigger early updates.       |
| Identifying signals to modify the practice points                                     | Changes to the conclusions of a systematic review finding do not necessarily precipitate a change in the practice points. However, the living process allows for ongoing refinement of messaging and responsive discussion, even if the overall conclusions do not change. | Using quantitative and qualitative factors (e.g., contextual considerations related to access, resource use, and so forth) to establish preset criteria that would trigger changes to practice points. Plan that surveillance will require revision and modification of the practice points (i.e., new evidence or contextual considerations affect practice point statements) to ensure that the appropriate resources are in place even if surveillance does not result in the need for revision and modification. |
| Changing priorities                                                                   | Modification of the key questions is a part of the living process. Priorities and key questions of interest can shift swiftly and frequently (e.g., treatments for COVID-19). | Use multiple rapid reviews if needed (rather than 1 living review). Consider retiring topics early if priority decreases or if new evidence is unlikely to emerge or change conclusions. |
| Resources needed                                                                     | Maintaining practice points as living is resource intensive. Significant staff time and costs are required to maintain practice points that are living to ensure that all of the tasks associated with updates are efficiently completed. | Evaluate how existing workload can be adjusted and if additional staff will be needed. Stagger schedules of future updates. Adjust budget accordingly. |