

Evidence Aid: Challenges in priority setting

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Priority Setting Meeting,

Plymouth, UK

1 June 2012



Outline of presentation

- Background to Evidence Aid.
- The Evidence Aid team.
- Progress to date.
- Priority setting agenda.
- Results.
- What next?

Who are we?



Claire Allen
Knowledge Manager
Oxford, UK



Mike Clarke
Project Lead
Dublin, Ireland
Belfast, UK



Bonnix Kayabu
Co-ordinator
Dublin, Ireland

We make up the equivalent of 1.5 full-time staff

Evidence Aid - why established?

- Established after the Indian Ocean Tsunami in December 2004.
- Like minded group of individuals (within The Cochrane Collaboration), headed by Mike Clarke (UK) and Sally Green (Australia) formed an advisory group to establish how Cochrane Reviews could help people during a natural disaster or humanitarian crisis such as the Indian Ocean Tsunami.

Evidence Aid - aims

- Use knowledge from Cochrane Reviews and other systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of natural disasters and other major healthcare emergencies.
- Highlight which interventions work, which don't work, which need more research, and which, no matter how well meaning, might be harmful.
- Provide information to agencies and people preparing for, or responding to, disasters.

Progress 2004 - 2010

- Between 2004 and 2010, no funding for Evidence Aid was available.
- In 2010, funding was sought from, among others, The Cochrane Collaboration, John Wiley and Sons Ltd and McCall McBain.
- Late 2010 – Bonnix Kayabu (Evidence Aid Co-ordinator) employed to carry out a Needs Assessment.

Progress 2010 – 2011 (1)

- During late 2010 and early 2011, the Needs Assessment clearly showed that there was no equivalent to Evidence Aid in the disaster management field. This gave us the basis for our first priority setting exercise.
- In 2011 Claire Allen was employed as Knowledge Manager and progress got underway to identify Cochrane Reviews of relevance to disaster settings.

Progress 2010 – 2011 (2)

- The 1st Evidence Aid conference was held in Oxford with 70 participants, most of whom came from aid agencies. This reaffirmed our plans to progress Evidence Aid.
- Preliminary results published from the needs assessment survey.
- Evidence Aid team have three monthly strategic meetings to discuss progress and to set priorities for the project.

Progress 2012 - ...

- More than 100 people have now completed the Needs Assessment Survey. The results will be published over the coming months.
- A web-based database will be built with available evidence, contextual summaries and, likely, podcasts.
- The 2nd Evidence Aid conference will be held in late October 2012, hosted by the International Red Cross, Brussels.

Current priority setting activity (1)

- 5074 Cochrane reviews and 2198 Cochrane protocols currently published in The Cochrane Library.
- Step 1: Claire Allen assessed (using Google and common sense) whether reviews, protocols and titles might be of relevance to Evidence Aid and created an Excel spreadsheet with the review titles.
- Step 2: Mike Clarke, Bonnix Kayabu and David Tovey (Editor in Chief of The Cochrane Library) assessed the list and marked as 'High priority', 'Unsure' or 'Not Relevant'.

Current priority setting activity (2)

- Step 3: List sent to three pilot Cochrane Review Groups asking for feedback (on their own reviews only).
- Step 4: Feedback meant that another priority level was added – ‘Low priority’.
- Step 5: List sent to relevant Cochrane Review Groups asking them to prioritise their own reviews using the same codes.

Current priority setting activity (3)

- Step 6: Codes added to the Excel spreadsheet. If agreed as unsure or not relevant or a combination of these codes, the review titles were removed.
- Step 7: Validation - circulated the review titles to a group of people attending an Evidence Aid systematic review training event. These people came from a broad range of backgrounds and the validation exercise did not work as we expected.

What did we find?

- 133 review titles agreed as 'high priority'.
- 486 review titles with no agreement as to the priority.
- 176 review titles agreed as not relevant.

NOTE:

- In addition, 58 reviews already included in the 'Special Collections' (in *The Cochrane Library* and available free of charge).

High priority reviews - examples

- High priority reviews (n=133).
 - Damage control surgery for abdominal trauma (conflict, earthquake...)
 - Antibiotics for preventing infection in open limb fractures (earthquake...)
 - Rapid Diagnostic Tests for Typhoid and Paratyphoid (Enteric) Fever (flooding, famine, drought...)
 - Interventions for treating phosphorus burns (fire, wildfire...)

Not relevant reviews - examples

- The records that have been designated not relevant include:
 - Written information about individual medicines for consumers
 - Transient neurologic symptoms (TNS) following spinal anaesthesia with lidocaine versus other local anaesthetics
 - Acupuncture for acute management and rehabilitation of traumatic brain injury

Disagreement (486 records)

Record title	High priority	Low priority	Unsure	Not relevant
Incentive spirometry for prevention of postoperative pulmonary complications in upper abdominal surgery	3			1
Use of plastic adhesive drapes during surgery for preventing surgical site infection	2		1	1
Hydroxyethyl starch (HES) versus other fluid therapies: effects on kidney function	1	1	1	1
Hepatitis B vaccination during pregnancy for preventing infant infection	1	1	1	1
Single dose oral piroxicam for acute postoperative pain	1	1	1	1

Variability in the level of prioritisation



	Assessor 1	Assessor 2	Assessor 3	Assessor 4
High	121 (25%)	286 (59%)	182 (38%)	177 (37%)
Low	0	0	0	110 (23%)
Unsure	146 (30%)	41 (8%)	199 (41%)	68 (14%)
Not relevant	145 (30%)	85 (18%)	31 (6%)	95 (20%)
Not yet assessed	74 (15%)	74 (15%)	74 (15%)	36 (7%)
Total	486	486	486	486

Why is it important?

- Getting the wrong review titles in the database will damage the reputation of Evidence Aid.
- Aid agencies simply will not use a database that is not relevant to them.
- Partnership approach between Evidence Aid and aid agencies.

Going forward (1)

- How do we ensure we have the most relevant reviews included in the database that will be developed?
- Assigning priority to the 486, as yet, unprioritised review titles.
- Our aim is not to discard records because there is one negative vote, we would only discard it if that negative vote was explained and found to be correct.

Going forward (2)

- It may not be possible to reach consensus. We have to accept this fact and try to deal with the consequences.
- Trying to find consensus by...
 - Aid agency input – using our current contacts and ‘cold calling’.
 - Issue of this not becoming a ‘political exercise’.

Going forward (3)

- Thinking about the most appropriate way to present the data.
- Validation exercise.
- Workshop at the 2nd Evidence Aid conference.
- Priority setting workshop in early 2013.
- Development of the Evidence Aid database.



Developing the database

- In partnership with John Wiley and Sons (hosting and development of the database).
- Mobile applications.
- Multi-lingual.
- Contextual summaries for systematic reviews.
- Systematic reviews from outside of health care but with health care outcomes (e.g. engineering, shelter, water and sanitation).

Thank you for listening – your input
is greatly appreciated!

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