AHRQ Evidence-based Practice Centers' & US Veteran's Affairs Rapid Review Activities

CADTH Rapid Review Summit
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Evidence-based Practice Centers

- Established in 1997
- 13 Evidence-based Practice Centers & Scientific Resource Center
- Develop evidence reports and technology assessments on topics relevant to clinical and other health care organization and delivery issues
- Topics are nominated by professional societies, health plans, insurers, employers, patient groups, public
- Conduct research on methodology of evidence synthesis

Work Group Members

- Lisa Hartling, Jeanne-Marie Guise, Elisabeth Kato, Johanna Anderson, Naomi Aronson, Suzanne Belinson, Elise Berliner, Michelle Brasure, Donna Dryden, Robin Featherstone, Michelle Foisy, Matthew Mitchell, Makalapua Motu'apuaka, Hussein Noorani, Robin Paynter, Karen Robinson, Karen Schoelles, Craig Umscheid, Evelyn Whitlock (2013-2014)

- Gerald Gartlehener, Aysegul Gozu, Susanne Hempel, Karen Lee, Annette Totten, Kelly Vander Ley, Tim Wilt (2014-2015 new members added)

Research Objectives

- FY 2014. Methods and context for the production of rapid reviews
  - Characterize rapid reviews and similar products
  - Understand methodological guidance and strategies used to make products rapid
  - Describe how they differ from systematic reviews
- FY 2015. Rapid reviews: end-user perspectives
  - Determine what makes AHRQ end-users trust and value an evidence synthesis
  - Understand trade-offs end-users are willing to make for time

FY 2014 Methods and Results

- Literature search
  - 468 articles, 53 relevant
    - 8 background, 12 reviews, 30 methods, 2 empiric studies
- Key Informant interviews
  - Organizations known to produce rapid reviews
  - 17 interviews with 18 Key Informants
    - US, Australia, Canada, UK, Italy
- Rapid products
  - 36 examples from 20 organizations

FY 2014 Characterization of Rapid Products

Evidence Inventory
- no synthesis
- no conclusions
- no recommendations
- 3 days - 2 months

Rapid Response:
- organize and evaluate literature
- no synthesis
- rely on existing guidelines or SRs
- 3 days - 3 months

Rapid Review:
- qualitative, quantitative or mixed synthesis
- limited scope
- sacrificing quality control measures
- 3 days - 6 months

Automated Approaches:
- computer programs generate meta-analyses in response to user-defined queries
- 5 minutes - 6 weeks

Philosophical Approaches

Rapid Review	Systematic Review
End user: provide information to help specific user make a decision	**Product:** comprehensive, unbiased, rigorous product, often with multiple end users
Continuous **close relationship** with specific end user, iterative communication	**Arms-length relationship** with end users, often separate from process
High **reliance on SRs**	Often **limited use of SRs**
Maintaining **highly trained staff** essential	More time/possibility to train staff during review
Broad range depending on time available and user needs	**Consistent, comprehensive product**
More often **focused** questions	Range from focused to **broad** questions

rapid reviews perform a synthesis (qualitative, quantitative, or both) to provide the end-user with an answer about the direction and possibly strength of the evidence.

FY 2015 Key Informants

- Developed structured interview guide
- End-users of AHRQ EPC products
- Key Informant groups
  - Payers (BCBS, CMS, Medicaid Medical Directors' Learning Network, Oregon Health Authority)
  - Providers (Kaiser National, Penn Medicine, United Healthcare, Veterans Administration, Intermountain Healthcare)
  - Research Funder (PCORI)
  - Societies (American Urological Association, American College of Physicians)

VA Evidence-based Synthesis Program (ESP) Rapid Review (RR) Program: Approach

- Background: Initiated in 2012 to respond to senior VHA managements' urgent evidence needs through QUERI Program
- Staffing: Multidisciplinary team of 4-5 staff; led by individuals who also produce standard systematic reviews
- Product type: Type 3 'Rapid Review' based on AHRQ categorization; 3 to 4-month timelines; narrow focus on highest priority evidence; generally includes qualitative synthesis with strength of evidence
- Methods for time reduction: Primarily scope limitations
- Dissemination: All on VA-wide intranet, optional external website and journal publication: www.hsrd.research.va.gov/publications/esp

VA ESP RR Program: Use and Future Directions

- Spectrum of policy makers' needs
  - Health systems policy initiatives=67%
    - Effect of Geriatricians, advanced practice nurses, hospital closures, Agent Orange
  - Inform research agenda=25%
    - Compendium of VA primary care research, intense primary care programs
  - Coverage/purchasing=8%
    - rTMS for treatment-resistant depression
- Future Directions
  - Planning FY15 evaluation of actual use, educational outreach
  - Potential for pilot testing of rapid review hybrids that incorporate primary analysis of VA or other datasets to confirm or expand RR findings
    - Immediate use of Cancer Intervention and Surveillance Modeling Network (CISNET) data to assess validity of findings from VA Rapid Review on *Effects of Delay in Diagnostic Colonoscopy*

Thank you
Questions?

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