

Rapid Reviews from the Ground Up



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Declaration of Conflicts and Interests

- I conduct rapid reviews as part of my work and receive a salary for this work from Oregon Health & Science University, Center for Evidence-based Policy.
- I am a co-convenor of the Cochrane Rapid Reviews Methods group.
- I was an author for Chapter 2 of the WHO publication: *Rapid reviews to strengthen health policy and systems: a practical guide*.
- No funding for Cochrane or WHO-related work.
- No other conflicts of interest.

Introduction to the Cochrane RRMG

- Initial exploratory meeting—Cochrane Colloquium 2013
- Registered as a Cochrane Methods Group—October 2015
- What we do:
 - Guidance within Cochrane about rapid review methods
 - Forum for discussion of rapid review methods
 - Connecting people within and outside of Cochrane
 - Methodological research
 - Training and support
 - Maintain a website
 - <http://methods.cochrane.org/rapidreviews/>
 - Bibliography of methods-related Rapid Review publications
 - Semiannual newsletter
 - Mailing list



Co-Convenors

Chantelle Garritty, OHRI

Gerald Gartlehner, Cochrane Austria

Chris Kamel, CADTH

Valerie King, OHSU CEbP

Barbara Nußbaumer-Streit, Cochrane Austria

Adrienne Stevens, OHRI



Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide



- Chapter co-authors:
Chantelle Garritty, Adrienne Stevens, Barbara Nußbaumer-Streit, Lisa Hartling, Curtis Harrod, Jeanne-Marie Guise, and Chris Kamel
- Lack of empirical methods research to guide rapid reviews
- Summarizes commonly used approaches and considerations for each methodological step
- Provides interim guidance for the conduct of rapid reviews

Chapter 2: Performing Rapid Reviews

Key recommendations

1. Early engagement with requester is essential
2. Each systematic review step can be streamlined
3. Methodological choices must be transparent
4. Information technologies can make various steps more efficient

Recommendation 1:

Early engagement with requester is essential

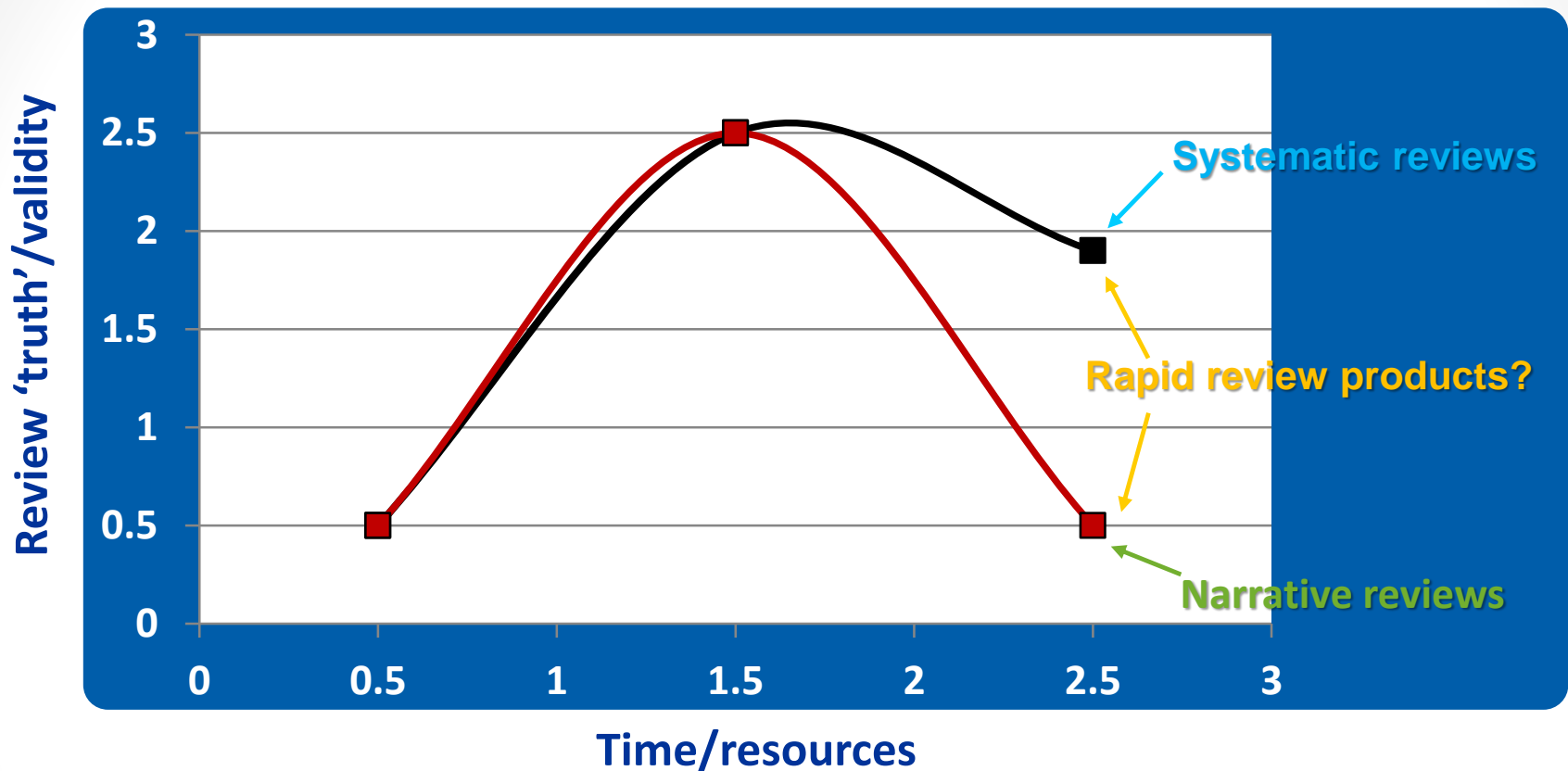
- Early and ongoing engagement with research requester facilitates all other steps
- Needs assessment helps to focus the review and a question framework (e.g. PICO) provides structure
- Develop a clear research protocol that will guide all subsequent steps (with openness to post-hoc adjustments)
- Decide when a rapid review is not appropriate or will be followed by a more comprehensive review
- We do not know the extent of bias introduced by streamlined methods---SO, transparency and continued engagement with requester is critical

Recommendation 2:

Each systematic review step can be streamlined

Review Step	Choices & Considerations
Literature Search	Limit databases used; publication years; language; study design; peer review of strategy
Study Screening & Selection	Full dual; single only; one for inclusion/two for exclusion; single with verification
Data Extraction	Similar to screening choices; dual for quantitative data; limit to key features
Risk-of-bias Assessment	Approach/instrument/number of assessors varies—tailor to topic and need
Knowledge Synthesis	Iterative approach (post-hoc protocol adjustments); body of evidence assessment with attention to limitations; cautious conclusions
Report Production & Dissemination	Standard templates and processes; software tools to automate/track steps

Rapid Reviews and “Truth”



If we are seeking truth, narrative reviews fall very short of the mark; traditional SRs get the closest; while rapid reviews likely fall along continuum in-between

In Summary

- Use of rapid reviews is increasing in the healthcare and health policy sectors
- To be of most use, rapid reviews need to be tailored to the needs of the decision makers in order to maximize their value and impact
- RRs involve trade-offs; its not easy to manage tensions between timelines and rigor, and requestors who often want it all and may have limited understanding of limitations
- Transparency about methods is necessary
- Despite potential flaws and evolving methods, RRs have become useful tools providing timely evidence *especially when evidence would not have otherwise been used to inform decision-making*

Collaborators and groups with an interest in RRs



Public Health
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Canadian Centre
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Thank you