La strategia di Knowledge Translation di Cochrane

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Trusted evidence.
Informed decisions.
Better health.
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Outline

EBM and EBCP
Knowledge Translation (KT)
Cochrane Strategy to KT
Cochrane Rehabilitation Strategy to KT
What is EBM?

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

What is not EBM?

• What we have always done
• “Cookbook medicine”
• Only a cost-cutting trick
• Only randomized trials

EBCP process

Evaluate the Process

Formulating the clinical question

Patient for whom we are uncertain about therapy, diagnosis, or prognosis

Searching the Evidence

Appraising the Evidence

Appraise

Apply

Assess

Acquire

Ask
Evidence Based Medicine

A 21st century clinician who cannot critically read a study is as unprepared as one who cannot take a blood pressure or examine the cardiovascular system.

The Know-Do Gap

“All breakthrough, no follow through”

High quality evidence is not consistently applied in practice¹

Examples in clinical practice:

• Statins decrease mortality and morbidity in post-stroke, but they are underprescribed²

• Antibiotics are overprescribed in children with upper respiratory tract symptoms³

Examples in health system policies:

• Evidence was not frequently used by WHO⁴ (not true for last rehabilitation guidelines)

• Out of 8 policymaking processes in Canada⁵
  – Only 1 was fully based on research
  – Other 3 were partially based on research


Coutesy of Stefano Negrini
Evidence in the management of LBP

- 68% of PTs used interventions with strong or mod evidence of effectiveness
- 90% used interventions with limited evidence of effectiveness
- 96% used interventions with absence of evidence of effectiveness

Mikhail C et al. Phys Ther. 2005
Why there is the Know-Do Gap?

Evidence not focused on the end-users\(^1\):

- Epidemiologically and methodologically focused
- Missing details on interventions and settings

Lack of knowledge management skills and infrastructure\(^2\)

- Macro-level: health care system and organization (finance and equipments)
- Meso-level: health care teams (standards of care)
- Micro-level: Individual health care professionals
  - Volume of, and access to research evidence
  - Time to read
  - Skills to appraise, understand and apply research evidence

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*Courtesy of Stefano Negrini*
Judging the benefits and harms of medicines

Only trustworthy evidence will earn the public's trust

Joe Freer editorial registrar, The BMJ, Fiona Godlee editor in chief, The BMJ

Box 1: Academy of Medical Science's 12 recommendations
Rule 31: Review the world literature fortnightly

- Biomedical: 1,500 per day
- MEDLINE: 5,000 per day
- Trials: 95 per day
The only certainty in medicine is its uncertainty.

Systematic Review represents one way
"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials."

Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909-1988) (as depicted by a composite of hundreds of photos of Cochrane contributors)
New evidence pyramid

The systematic review and meta-analysis are tools to consume and apply the evidence by stakeholders.

Leaks from research to practice

If 80% achieved at each stage then

\[ 0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 = 0.21 \]

Adapted from Glasziou P
Knowledge to action process

Adapted from Graham ID et al. J Contin Ed Health Prof. 2006.
Strategy to 2020

The main aims of the Strategy to 2020 are:
1. Make it simpler, quicker and more efficient to produce Cochrane Reviews and other synthesized research evidence.
2. Increase the number of people worldwide accessing and using this evidence in their decision making.
Knowledge Translation

“A dynamic and interactive process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” Canadian Institutes of Health Research¹

Alternative terms² are:

• dissemination and implementation,
• implementation science,
• research use,
• knowledge transfer
• uptake/exchange

Knowledge Translation

It is about ensuring that:

• stakeholders are aware of and use research evidence to inform their decision making

• research is informed by current available evidence and the experiences and information needs of stakeholders

What should be transferred?

To whom should research knowledge be transferred?

By whom should research knowledge be transferred?

How should research knowledge be transferred?

With what effect should research knowledge be transferred?

Lavis JN et al. Milbank Q. 2003
Purpose of KT

KT is the vital ‘other half’ to Cochrane’s investment in producing systematic reviews.

We have to take responsibility for getting our knowledge used (there are currently Cochrane reviews published, that then ‘fall off a cliff’, never to be heard from again).

Only through a serious investment in KT can we achieve Cochrane’s vision of ‘a world of improved health where decisions about health and health care are informed by high quality, relevant and up to date synthesized research evidence’
Audiences

Consumers and the public
Those seeking health care, their families and carers, and the public

Practitioners
of health care including clinicians and public health practitioners

Policy-makers & healthcare managers
making decisions about health policy within all levels of management

Researchers & Research Funders
who need information regarding important gaps in the evidence
Evidence informed policy making

Research evidence in management and policymaking are useful to:

• get problems on the agenda
• think about problems and solutions differently
• solve particular problems at hand
• justify a decision made for other reasons

SUPPORT tool is a series of 18 papers about how policy makers can better use research evidence to support their decision making

https://health-policy-systems.biomedcentral.com/articles/supplements/volume-7-supplement-1
Cochrane & WHO

Cochrane has been in **official relations** with the World Health Organization (WHO) **since 2011**.

This collaboration includes:

To **appoint a representative** to participate in WHO’s meetings, including **at the World Health Assembly**

To **provide input** on the way research evidence is identified, **synthesized, assessed and used** by WHO

To **provide reliable summaries of health information** which can be used to inform recommendations and policies

To promote **intersectoral collaboration** and high-quality research between our two organizations **to produce** the necessary **evidence** **to ensure policies** in all sectors contribute to improving health and health equity
Rehabilitation key for health in the 21st century

• Rehabilitation is essential in addressing the full scope of health needs of a population: ensure healthy lives and promote well-being for all at all ages.

• Health systems need to be equipped to provide services that optimize functioning in light of impairments, injuries or health conditions, acute or chronic.

• The benefits of rehabilitation are realized beyond the health sector.

• Rehabilitation must be integrated into national health plans and budgets. Current epidemiological trends, demographic shifts and expanded access to health care make scaling up rehabilitation services imperative for health systems in the 21st century.
Cochrane and Wikipedia

Articles relating to medicine are viewed more than 180 million times per month on Wikipedia, yet less than 1 per cent of these have passed a formal peer review process.

This opens up a unique opportunity for Cochrane to work with Wikipedia medical editors to transform the quality and content of health evidence available online.

The partnership, formalized in 2014, supports the inclusion of relevant evidence within all Wikipedia medical articles, as well as processes to help ensure that medical information included in Wikipedia is of the highest quality and as accurate as possible.

 Trusted, evidence-based research can help people to make informed decisions about their own health care.
SEED: a tool for disseminating systematic review data into Wikipedia

Lena Schmidt¹, Johannes Friedel¹ and Clive E. Adams²,³*

Abstract

Wikipedia, the free-content online encyclopaedia, contains many heavily accessed pages relating to healthcare. Cochrane systematic reviews contain much high-grade evidence but dissemination into Wikipedia has been slow. New skills are needed to both translate and relocate data from Cochrane reviews to implant into Wikipedia pages. This letter introduces a programme to greatly simplify the process of disseminating the summary of findings of Cochrane reviews into Wikipedia pages.

Keywords: Wikipedia, Summary of findings, Automation, Systematic reviews, Reducing waste
## Standardised statements about effect

<table>
<thead>
<tr>
<th></th>
<th>Important benefit/harm</th>
<th>Less important benefit/harm</th>
<th>No important benefit/harm</th>
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<tbody>
<tr>
<td><strong>High quality / certainty evidence</strong></td>
<td>[Intervention] improves/reduces [outcome] (high quality / certainty evidence)</td>
<td>[Intervention] slightly improves/reduces [outcome] (high quality / certainty evidence)</td>
<td>[Intervention] makes little or no difference to [outcome] (high quality / certainty evidence)</td>
</tr>
<tr>
<td><strong>Moderate quality / certainty evidence</strong></td>
<td>[Intervention] probably improves/reduces [outcome] (moderate quality / certainty evidence)</td>
<td>[Intervention] probably slightly improves/reduces / probably leads to slightly better/worse [outcome] (moderate quality / certainty evidence)</td>
<td>[Intervention] probably makes little or no difference to [outcome] (moderate quality / certainty evidence)</td>
</tr>
<tr>
<td><strong>Low quality / certainty evidence</strong></td>
<td>[Intervention] may improve/reduce [outcome] (low quality / certainty evidence)</td>
<td>[Intervention] may slightly improve/reduce [outcome] (low quality / certainty evidence)</td>
<td>[Intervention] may make little or no difference to [outcome] (low quality / certainty evidence)</td>
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<tr>
<td><strong>Very low quality / certainty evidence</strong></td>
<td>We / The review authors are uncertain whether [intervention] improves/reduces [outcome] as the quality / certainty of the evidence has been assessed as very low</td>
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<tr>
<td><strong>No studies</strong></td>
<td>None of the studies looked at [outcome]</td>
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Blogshots

Evidence for Everyday Allied Health

MCE is probably more effective than minimal intervention for chronic low back pain. There is no clinically important difference between MCE and manual therapy and probably no difference compared with other exercise. The effectiveness of MCE compared to exercise plus electrophysical agents is unclear.

Cochrane review; 29 studies, 2431 people with chronic non-specific low back pain.
# Work packages (WPs)

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<tr>
<th>Strategy to 2020 Goal</th>
<th>KT Theme</th>
<th>Work Package Area</th>
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| Goal One: Producing Evidence | Prioritization and co-production | Embed prioritization processes as an essential part of Cochrane review production  
Increase the number of reviews co-produced with users to ensure that reviews are aligned with users’ needs |
| Goal Two: Accessible Evidence | Packaging, push and support to implementation | Adapt review formats and production processes to ensure reviews are ‘fit for purpose’ and are complemented by appropriate review-derived products for dissemination and support to implementation  
Improve and scale up existing products, and innovate new products, which package and present Cochrane Reviews to suit different stakeholder needs  
Translate our reviews and products to support the uptake of evidence in non-English speaking countries |
|                       | Facilitating pull | Continuously evolve the Cochrane Library so it makes Cochrane reviews easy to find in appropriate formats and languages  
Grow capacity in our users through development and delivery of training in using Cochrane evidence and (in relation to theme five) in understanding the concept and importance of evidence in decision-making  
Scale up mechanisms for engaging with, and responding to key user groups and meeting their evidence needs |
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<td><strong>Goal Three: Advocating for Evidence</strong></td>
<td>Exchange</td>
<td>Further define and implement policies to formalise strategic partnerships at all levels of the organization</td>
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<td>Establish forums and processes to exchange ideas with partners, learn about their evidence needs and support their decision making for issues of importance to them</td>
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<td>Convene deliberative dialogues to contextualize global guidance to national or sub-national levels and to address emerging health-system challenges</td>
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<td><strong>Improving climate</strong></td>
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<td>Develop a systematic and sustainable approach to contributing to efforts to improve the climate for use of research evidence in health and health care decisions</td>
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<td><strong>Goal Four: Effective and Sustainable Organization</strong></td>
<td>Sustainable KT Processes</td>
<td>Agree and adapt or establish structures for the governance, leadership, oversight and implementation of Cochrane’s KT Strategy</td>
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<td>Build infrastructure and resources to enable KT</td>
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<td>Strive for common language in Cochrane around KT</td>
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<td>Build capacity for KT in Cochrane: learning, leadership and fundraising</td>
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<td>Using evidence to inform our KT and continuously evaluate our KT Strategy</td>
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Committees

Methodology
- Strengthen methodology in Rehabilitation

Rehabilitation Reviews
- Reference database of Cochrane Reviews

Publication
- Cochrane Corners in scientific journals
- Cochrane Rehabilitation e-book

Communication
- Website, Newsletter, Social media

Education
- Courses, Workshops and Congresses
Cochrane Rehabilitation & KT

1. **Review Committee** selects and tags all Cochrane Reviews relevant for rehabilitation creating the background for the work of all other Committees;

2. **Communication and Publication Committees** spread Cochrane Reviews results through social media and scientific instruments respectively (theme 2 of the Cochrane KT Strategy);

3. **Education Committee** educates and trains rehabilitation professionals on evidence and review production (theme 3-5 of the Cochrane KT Strategy)

4. **Methodology Committee** works on methodology in evidence production and gathering in rehabilitation (themes 1 and 4 of the Cochrane KT Strategy)
Cochrane Rehabilitation
Website and Socials

Cochrane News
- The Cochrane Review on portion sizes - from publication to informing policy
- Join the Cochrane Crowd 48-hour Citation Screening Challenge.
- @CochraneInTheNews: December 2016
- @CochraneRehab seeks Junior Systems Administrator - London, UK
- 2016 winner of the prestigious Audrey Sheeham Leadership Award for Evidence-based Healthcare in Africa announced

Latest News and Events
- Launch Event December 16th 2016
- Cochrane Colloquium 2017
- Signature of Memorandum of Understanding, Brescia, Italy
- Exploratory Meeting 2016, Rovato, Brescia, Italy

Keep Posted

http://rehabilitation.cochrane.org
Cochrane Rehabilitation was formally approved on October 22nd, 2016 and officially launched on December 16th, 2017.

Cochrane Rehabilitation serves as a bridge between all the stakeholders in Rehabilitation and Cochrane.

The Global Evidence Summit 2017

My experience as a PhD student at the Global Evidence Summit 2017

An African proverb says: “If you want to go fast, go alone, if you want to go far, go together.”
Share knowledge to reduce disabilities

12th INTERNATIONAL SOCIETY OF PHYSICAL & REHABILITATION MEDICINE (ISPRM) WORLD CONGRESS

Paris, France
July 8-12, 2018
GET INVOLVED

FOLLOW US

http://rehabilitation.cochrane.org
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Trusted evidence.
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