Three primary use cases to consider (see David Tovey's document for comprehensive walk-through of the use cases)

- 1) Researcher conducting a new review and wanting comprehensive results
- 2) Researcher continuously updating an existing review or overseeing living reviews and wanting to maintain comprehensive results
- 3) Policymaker/policy analyst who just wants to know, for a particular decision (in the COVID-END taxonomy) what the single 'best quality' piece of evidence says, and with supports for relevance assessment (e.g., quality, time stamp)

## Key considerations/principles

- 1) Develop our thoughts in ways that can easily be understood by our colleagues (e.g., be ready to illustrate a practical application of any idea that is to be shared with the Synthesizing group)
- 2) Focus on 'ready for users' solutions (while understanding that many of them require complex technical underpinnings)
- 3) Others?

## Other issues/ideas to consider

- 1) How encouraging reviewers' use of 'tools' (e.g., MAGIC, DistillerSR, REVMAN) can help with digital solutions to gaining efficiencies in the process (e.g., pulling classifiers/data from COKA to save time) while facilitating other important aims of the COVID-END community (e.g., updating living reviews developing softward to suggest 'like' studies indexed in COKA, providing new meta data)
- 2) Whether integrating opportunities in the review registration process to do things like upload structured meta-data/results from reviews to a standardized format is worth considering (e.g., once a review is published, upload an exported RIS/CSV file that feeds data into a place like COKA so it can constantly source new data for citations in real time putting in place something similar to what Cochrane has for REVMAN for other registries for COVID reviews only)

Use cases		Overlap with sections of	COVID-END diagram	Other digital	Unmet needs (support	Opportunities
		the synthesizing 'flow	currently points user to	supports	from Synthesizing group?)	(Digitizing group)
		diagram' for which	following digital tools	that can		
		digital solutions may		help		
		exist				
1. Rese	searcher	Avoid duplication	Existing repositories (e.g.,		Not all existing	
(nen	w review)	<ul> <li>Access existing reviews</li> </ul>	PLUS, L*VE) and		repositories/registries	
	·	(for a given decision-	registries (e.g.,		enable search by	
		relevant taxonomy	PROSPERO)		decision-relevant	
		category)			taxonomy domain	
					Not all existing	
					repositories include and	

	<ul> <li>Assess existing reviews (quality, comprehensiveness)</li> <li>Identify ongoing evidence synthesis</li> </ul>			report key assessment criteria (quality, last date searched, comprehensiveness)  Not all existing repositories include non-indexed records (e.g., Oxford's rapid reviews)
	Update 'out of date' review	None suggested		Not all existing     repositories or registries     provide ongoing support     for 'new additions' since     last date searched
	Use digital applications and "crowd"	Lists of digital tools to support study identification and data extraction (e.g., COVIDENCE, DistillerSR)	Enhance RIS	• TBD
	Register new protocol	Existing registries PROSPERO, Campbell and Cochrane registries		No registries for reviews focused on economic and social responses outside of Campbell (PROSPERO only focuses on health)
	Plan methods and carry out search/search best sources of primary studies	Existing repositories for single studies (e.g., TRIP, L*VE)	COKA Enhance RIS	
	Conduct and report review using robust methods	Methods guides (e.g., Cochrane, Joanna Briggs) – not digital tool per se	COKA	
2. Researcher (updating review)	Update 'out of date' review	None suggested but same repositories and digital tools needed as for conducting new review		Not all existing     repositories or registries     provide support for 'new

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					additions' since last date searched	
3. Policymaker /analyst only wanting the best review	No overlap	N/A (but possibly curated COVID-END inventory once available)	•	Existing repositori es of reviews, but	•	

