

Participating on the call:

Alric Ruther
Amir Qaseem
Elie Akl
Ivan Florez
Jerome Osheroff
Mireille Goetghebeur
Newman Dieyi
Per Olav Vandvik
Xuan Yu
Zac Munn

Secretariat: Anna Dion, David Tovey and Safa Al-Khateeb

1. REPORT ON HTA ACTIVITIES [*Alric*]

- *Discussed how we could best support those making guidelines, providing best possible evidence, virtually no HTA-related repository. Alric reached out to INAHTA (Sophie Werko and Tracy Merlin) to explore interest in developing/supporting repository*
- *Providing guidance to navigating HTA reports including key markers of quality HTA assessment (linked to work of a special interest group with HTAi)*
- *Policy makers and payers as critical end-users of HTA reports; supporting their use and navigation around HTA reports.*
- *Challenge in convincing decision-makers that HTA and CPG are essential background for decision-making, particularly if they shift their decision course. Need to know how to make best use of and have confidence in evidence and analysis in HTAs.*
- *Need to package for accessibility, while addressing key points on evidence, context, decision ethics, reasonableness, organizational aspects, implications for the system, etc.*
- *EUnetHTA (through NIPH) is working to coordinate efforts on COVID-19 on evidence synthesis, generating HTA reports in more accessible format*
<http://fhstyleguide.azurewebsites.net/pilot-hta/>
- *Claudia Wild and Alric including a short presentation of COVID-END at EUnetHTA executive board meeting*

2. QUALITY STANDARDS IN RAPID GUIDELINES [*Elie*]

a. Methods for rapid guideline development

- *Elie shared the WHO rapid guideline on use of chest imaging in COVID-19 and described the method to develop it <https://www.who.int/publications/i/item/use-of-chest-imaging-in-covid-19>*
- *Guideline developed in 67 days, following GIN McMaster checklist and same methodology for standard WHO guidelines (with condensed timelines) with many steps occurring concurrently or overlapping. Required establishing steering committees, stakeholder groups and review teams early to be in place when document was ready to review.*
- *Integrating peer review comments and securing institutional approval took the most time*
- *Elie also developed concept paper on approach to generate urgent response within 1-2 weeks (submitted for publication)*
- *Australia produces living guidelines, updated on a weekly basis: <https://covid19evidence.net.au>*
- *Amir described process at ACP taking roughly 5 weeks (2-3 weeks in developing review; 2 weeks in review within ACP).*
- *Fine balance between quality and speed, particularly given rate of change in evidence, even once published (e.g. Lancet's retraction of hydroxychloroquine study 2 weeks post-publication). New findings also need time to live in public domain.*
- *Per agreed to describe approaches for rapid guideline development based on BMJ rapid response model, Australia's approach to living guidelines and other rapid guideline work underway at WHO*
- *Helpful to broader guideline community to compile different approaches as a resource and share on website and/or through an editorial or commentary*
- *Jerry invited all working group members to a recurring meeting on Fridays @ noon EDT exploring collaboration around knowledge supply chain supporting living clinical decision support in context of ACTS initiative.*

ACTION ITEM: Amir, Elie, Ivan, Jerry and Per to explore possible collaboration between ACTS-EPC initiative and COVID-END

3. UPDATE ON ASSESSMENT OF THE QUALITY/TRUSTWORTHINESS OF CPGs

[Ivan]

- Discussion around relevance for COVID-related guidelines and what would be defined as "good enough" trustworthy guidelines in context of COVID-19*
- Ethical resources for guideline development related to COVID-19*
 - *This was not discussed at this meeting; to be carried over to a future meeting*

4. DEVELOPING A DOCUMENT OF COVID-RELATED GUIDELINES AND GUIDELINE DEVELOPMENT

- a. Develop a resource and tool document similar to that prepared by Synthesizing working group (available on the MS Teams COVID-END site for the Synthesizing working group) – from items 1, 2 and 3*
 - i. May include resources shared on MS Teams such as BMJ and BMC guideline appraisal papers*
 - *This was not discussed at this meeting; to be carried over to a future meeting*

5. ANY OTHER BUSINESS