Australian Living Evidence Consortium Interim Establishment Framework

August 2018

Mission

To ensure that patients, clinicians and policymakers have access to reliable, up-to-date evidence to inform health care decisions.

Vision

A national system that delivers reliable, evidence-based summaries of the latest research to point-of-care in near real-time, driving better care and health outcomes.

Goals

- Build capacity for delivering up-to-date, reliable systematic reviews and evidence-based guidelines in Australia using Living Evidence platforms, processes and partnerships
- Accelerate the potential for innovative technologies to enable new research to drive better health outcomes and better value healthcare in Australia
- Evaluate the health and economic impact of implementing a Living Evidence model in Australia.
- Position Australia at the forefront of global efforts to deliver continuously updated evidence-based recommendations to patients, clinicians and policymakers.

Founding Principles

- Our program will support the objectives of Commonwealth, State and Territory Governments and other relevant healthcare stakeholders to improve the health of Australians through evidence-based healthcare
- Our work will be shaped by the needs of the patient and their families
- Our work will be aligned with and guided by peak professional and consumer bodies
- Our work will promote gold-standard evidence-based methods for evidence synthesis and guideline development
- We will actively collaborate to reduce duplication
- We will learn from and leverage international efforts
- We will contribute to the development of education and training in Living Evidence

Role of the Consortium

The Consortium will bring together a group of leading experts in evidence synthesis, automation technologies, guideline development, consumer engagement and knowledge translation to leverage baseline investment in Living Evidence technologies and processes in order to develop the platforms, processes and partnerships required to revolutionise Australia's evidence synthesis and dissemination capability.

Driven by key demonstration projects, over the next 3-5 years the consortium will have a central coordination and facilitation role in:

Capacity Building

- Develop a critical mass of expertise
- Promote shared learning
- Foster communication and collaboration

Core Program Development and Coordination

- Attract funding for living evidence platforms and systems development
- Support the development, delivery and dissemination of living systematic reviews and living guideline recommendations
- Facilitate access to living evidence platforms and systems

Thought Leadership

- Support national policy development
- Provide international leadership

Advocacy

- Coordinate joint advocacy
- Develop brand and track record
- Evaluate return on investment

The Consortium will be responsible for shared projects using a workstream model, with founding members contributing to shared learning and workstream outputs alongside demonstration projects.

The consortium will not be responsible for the delivery of individual demonstration projects. However, by association, living evidence projects undertaken by founding members will help to build brand and track record for the wider consortium effort (one of the major drivers for collaboration under a consortium model is to leverage the collective outputs of members).

A formal process by which the Interim Executive Committee considers which projects should be formally identified as part of the consortium's collective program of work will be established as an early priority. Founding members will be consulted during this process.

Structure and Governance (interim establishment phase)

During the interim establishment phase, the consortium will adopt a semi-formal, lead agency model whereby Cochrane Australia agrees to host the consortium and provide central coordination and secretariat support for an initial period of 12 months. Founding members will be invited to join the consortium based on a collaboration agreement.

Cochrane Australia is a formally established independent centre within the School of Public Health and Preventive Medicine at Monash University. In this respect, Monash University will be the administering organisation for any funding that is generated for central consortium development activities (including core platform development) during the interim establishment period.

This will not prohibit individual members from seeking and administering project-based funding for individual living systematic reviews or guidelines, or from contracting Cochrane Australia to undertake these activities, as has been the model used for previous collaborative projects. Similarly, it will not prevent Cochrane Australia contracting founding members or partners to deliver central consortium development work as advised by the Interim Executive Committee.

The **Interim Executive Committee** will be the governing body overseeing the consortium's development during the interim establishment phase. The Committee will meet fortnightly for the first 3 months then at fortnightly or monthly intervals as required.

Meetings will be chaired by Professor Julian Elliott or by a designated proxy in the Chair's absence. Minutes will be recorded and approved at subsequent meetings. Decisions of the Interim Executive Committee related to strategic development, funding, advocacy and representation will be made using a consensus decision-making approach. A communiqué summarizing the outcomes of meetings and other relevant progress updates will be circulated to members after each meeting.

An **Expert Advisory Panel**, consisting of representation from founding partners and other key stakeholders will be formed in the latter half of 2018. The Panel will provide a forum for stakeholders to engage and provide input into the consortium's development as well as providing a key resource for advice and guidance to inform the consortium's work. Members of the Interim Executive Committee will consult with members regarding suggested membership of the Expert Advisory Panel and formal terms of panel membership will be developed.

Founding Members and Partners

Founding Members

Members of the consortium will be not-for-profit, Australian-based organisations that:

- **Support** the mission, vision, goals and founding principles of the consortium
- **Commit to working together** to achieve the goals of the consortium
- **Collaborate to share knowledge** and contribute to the development of shared tools and methods
- **Catalyse capacity building** for Living Evidence to the greatest extent possible

A small number of organisations will be invited to join as founding members. The proposed founding members are Australian clinical, consumer or research organisations formally associated with evidence synthesis or guideline development in the areas of stroke, diabetes, kidney disease and musculoskeletal (MSK) conditions.

Membership will initially be on an informal, collaboration agreement basis during the interim establishment period and no financial contribution will be required of founding members during this time. However, members will be asked to provide in-kind support (contributions of time from senior staff or provision of internal expertise) for shared advocacy or development activities where they are able.

Founding members will be represented on the Interim Executive Committee via their nominated disease group representative.

Proposed Founding Member Organisations

- *Stroke*
  - Stroke Foundation
  - *+ any other relevant organisations as identified by stroke representative*
- *Diabetes*
  - Australian Diabetes Society
  - Diabetes Australia
  - Australian Diabetes Educators Association
  - Australian Paediatric Endocrine Group
  - *+ any other relevant organisations as identified by the diabetes representative*
- *Kidney Disease*
  - Kidney Health Australia
  - *+ any other relevant organisations as identified by the kidney disease representative*
- *Musculoskeletal Conditions*
  - Australian and New Zealand Musculoskeletal Clinical Trials Group (ANZMUSC)
  - *+ any other relevant organisations as identified by MSK conditions representative*
- Cochrane Australia
  - *Independent lead agency*

Founding Partners

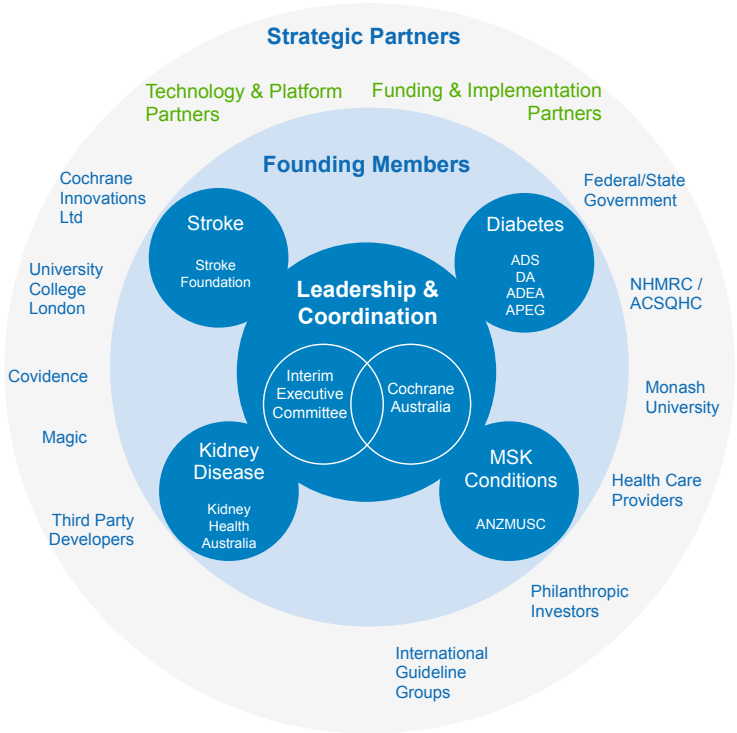
The Interim Executive Committee will seek to establish strategic partnership commitments with organisations that provide technical support, access to tools and services, funding or implementation support essential for the delivery of living systematic reviews and guidelines.

Examples organisations include:

- Funding agencies (eg. Commonwealth/State Departments of Health, Philanthropic Investors)
- Policy agencies (eg. NHMRC, ACSQHC)
- Health care providers
- Monash University
- Cochrane Innovations Limited
- University of London
- Covidence
- Magic
- Third party developers
- International guideline developers

Founding partners will be invited to provide representation on the Australia Living Evidence Consortium Expert Advisory Panel, to be established in the latter half of 2018.

Australian Living Evidence Consortium Structure (interim establishment phase)



Funding and Program Development Strategy

The funding and program development strategy for the Consortium will be built around 3 domains:

- Demonstration project funding
- Consortium development and coordination funding
- Core platform development funding

All founding members will undertake to secure demonstration project funding to drive to the Consortium's early work during the interim establishment phase. Members will, where feasible and appropriate, use demonstration project funding to contribute to consortium program development and provide in-kind support where possible (leading or contributing to work streams).

The Interim Executive will seek a small amount of seed funding to support the formal development of the consortium in the interim establishment phase. During this time, the Executive will work with founding members to develop a 3 – 5 year program model and advocate for larger scale investment from government and philanthropic investors. The goal of the 3-5 year program will be to develop, test and evaluate Living Evidence platforms, processes and partnerships in preparation for national roll out using a work stream model.

Founding members will lend their collective voice and in-kind resources to support program funding advocacy. Cochrane Australia will underwrite a senior Consortium Development Coordinator for a period of up to 12 months or until seed funding has been secured.

Example Consortium Program Framework (based on priorities identified at the face to face meeting)

Partner engagement and coordination

- Review current evidence and develop a value proposition paper for Living Evidence
- Develop a business case for funding to support core Living Evidence platform development.

Demonstration projects

- Establish a series of demonstration projects for Living Guideline recommendations and collect prospective data to inform future investment/program development
- Develop a test case for international collaboration on a living guideline recommendation.

Knowledge

- Provide international leadership to develop agreed definitions and approaches to Living Evidence
- Develop agreed methods to enable data sharing between groups
- Develop a model for involving consumers in Living Evidence processes.
- *Develop methods for integrating other data formats into Living Evidence synthesis.*

- *Develop a model for prioritisation and co-production of Living Evidence (involving clinicians, researchers, policymakers, consumers and evidence synthesis experts/guideline developers).*
- *Develop an agreed approach to addressing co-morbidities through harmonised guideline recommendations.*

Technology

- IT development to support end-to-end integration of the technical tools that underpin Living Evidence.
- Develop user-friendly tools to support consumers accessing up-to-date guideline recommendations.
- *Integrate Living Evidence tools into the clinical workflow (eg. through EMRs).*

Commitment from Members (interim establishment phase)

At this early stage, a collaboration commitment is required from founding members who:

- Support the terms of founding membership
- Agree to representation via the nominated disease group representative on the Interim Executive Committee
- Identify formally and visibly as founding members
- Support shared advocacy for funding as founding members
- Seek funding to support individual demonstration projects in their field
- Contribute to constructive consultation around the long-term collaborative structure of the consortium
- Contribute to constructive consultation around the development of the Consortium's program and funding strategy