TOPIC DEVELOPMENT

Scientific Resource Center

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# Nomination is received

## Fitness for public posting

* First, determine if the nomination is a spam nomination or a true submission.
  + - * + If the nomination appears to be spam, forward the nomination email to AHRQ project officer letting them know that we received a spam nomination. No further action needs to be taken.
        + If the nomination is a true submission, follow the remainder of the steps below to process the nomination.
* Check nomination for personally identifiable information (PII) (names, phone numbers, email addresses [other than the nominator’s], addresses, etc). It is important to know that none of the PII in the “Information About You” section at the bottom of the nomination will be posted to the public site. You do not need to fix the PII in this section.
  + If the nomination includes PII: the PII needs to be redacted using “*[redacted]*”in the version of the nomination that is forwarded to the AHRQ WebTeam.
* Nominations will sometimes have attachments such as their own key questions and PICOs, a journal article, etc. They must be sent to the AHRQ WebTeam for posting as well – be sure to indicate this on the web posting form.
  + - * + Check that there is no PII in these attachments either.
        + If the nominator sent a journal article, ensure that it is an open-access article. Otherwise, only include the reference to the article.

# Topic not assigned to SRC

## Procedure

* Do nothing. Wait for final topic brief from AHRQ and continue onto VII. Topic is retired.

# Topic assigned to SRC

## Initial Assessment

* It is important to know that every topic will end in a “code.” These codes are how we classify the disposition of a topic. Please see Appendix A for the coding scheme.
* Before a topic is assigned to the SRC, the AHRQ project officer (PO) will look at the nomination and assess for minimum criteria.
  + For topics that are initially assessed >6 months from a prioritization meeting the AHRQ project officer will contact the nominator to see if there are time-sensitive issues. If timing of AHRQ processes does not work, the nominator will be asked if they would like to withdraw the nomination from further consideration.
  + Development of KQ and PICO may begin at this stage.
* At any stage of this process, the nominator has the power to withdraw their nomination from consideration (*Code A6. Topic was withdrawn by nominator.)*
* After a nomination has been determined “fit” enough to go forward, it will need to work its way through six hierarchical selection criteria.

## Selection Criteria

Table 1. Selection Criteria.

| **Selection Criteria** | **Description** | **Assessment** |
| --- | --- | --- |
| 1. Appropriateness | 1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.? | <Yes/No> |
| 1b. Is the nomination a request for an evidence report? | <Yes/No> |
| 1c. Is the focus on effectiveness or comparative effectiveness? | <Yes/No> |
| 1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic? | <Yes/No> |
| 2. Importance | 2a. Represents a significant disease burden; large proportion of the population | <prevalence, burden of disease, etc> |
| 2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population | <yes/no, rationale> |
| 2c. Incorporates issues around both clinical benefits and potential clinical harms | <Yes/No> |
| 2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers | <yes/no, rationale> |
| 3. Desirability of a New Evidence Review/Absence of Duplication | 3. A recent high-quality systematic review or other evidence review is not available on this topic | <yes/no. # of reviews, coverage by question, describe portions of nomination not addressed by existing reviews>  <If useful include SR findings. This may be more important for topics that do not go forward for funding.> |
| 4. Impact of a New Evidence Review | 4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)? | <Delete if not assessed>  <yes/no, rationale> |
| 4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)? | <Delete if not assessed>  <yes/no, rationale> |
| 5. Primary Research | 5. Effectively utilizes existing research and knowledge by considering:  - Adequacy (type and volume) of research for conducting a systematic review  - Newly available evidence (particularly for updates or new technologies) | <Delete if not assessed>  *Size/scope of review: <total # studies, # studies across questions, estimate of size>*  ***<****Describe literature.* If useful include findings. This may be more important for topics that do not go forward for funding.***>***  *ClinicalTrials.gov*. |
| 6. Value | 6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change | <Delete if not assessed>  <yes/no, rationale> |
| 6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation) | <Delete if not assessed>  <Yes/no, partner, partner’s intended use of SR, potential for influence on practice> |

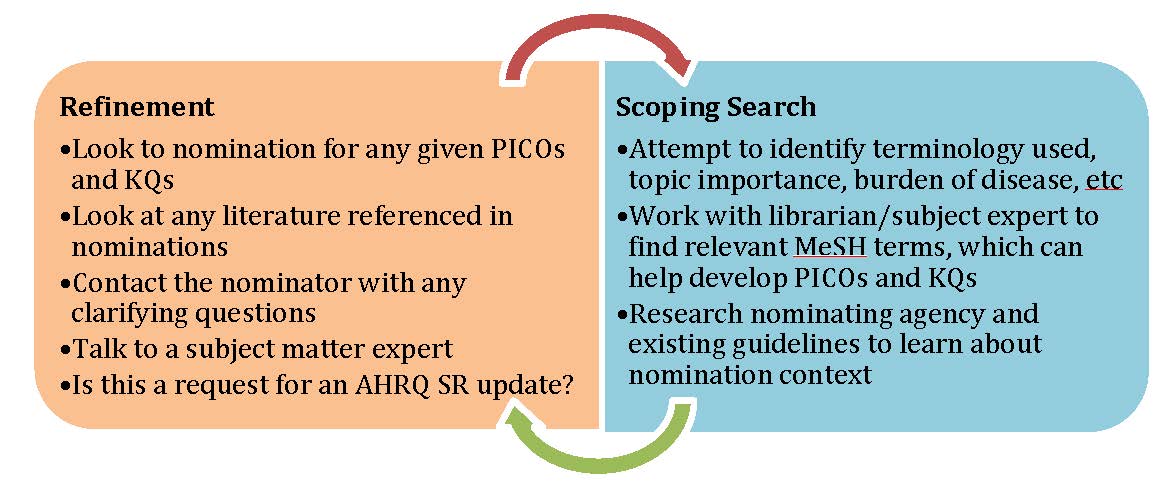
## Beginning a Topic Workup

* **APPROPRIATENESS** (selection criteria)
  + Questions/Considerations: Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.? Is the nomination a request for an evidence review? Is the focus on effectiveness or comparative effectiveness? Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?
  + Most common reasons a nomination will not make it past appropriateness:
    - Nomination is a request for primary research.
      * *Code*: A3. Topic does not fit within the domain of AHRQ and the EHC Program
      * *Example language for brief*: Primary research is outside the purview of AHRQ’s Effective Health Care Program, which is focused on developing evidence reviews to inform healthcare decision-making about interventions and activities available to decisionmakers in the United States. No further activity will be undertaken on this topic.
    - Intervention is not FDA approved.
      * *Code*: A4. Topic does not represent a healthcare intervention or activity that is available in the US
      * *Example language for brief*: [Intervention] does not represent a healthcare intervention or activity that is available in the US and therefore does not fall within the domain of the Effective Health Care Program. No further activity will be undertaken on this topic
    - Language is nonsensical or too vague to scope, and we cannot contact nominator.
      * *Code*: A5. Topic does not meet minimum amount of information needed to define it as a nomination
      * *Example language for brief*: The scope of the nomination was too broad, and we were unable to focus the topic further for assessment and consideration by the program for a future systematic review. No further activity will be undertaken on this topic.
  + Decision point/next steps: While specific examples were given above, there are many reasons a topic may not pass the appropriateness criterion. If a nomination does not pass these criteria, stop and create the Topic Brief (Appendix B). If a nomination meets these criteria, or can easily be altered without changing the spirit of the nomination to meet these criteria, move on to “Importance” criteria.
* **IMPORTANCE** (Selection criteria)
  + Questions/Considerations: Does it represent a significant disease burden; large proportion of the population? Is topic of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population? Does it represent important uncertainty for decision makers? Does it incorporate issues around both clinical benefits and potential clinical harms? Does it represent high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers?
  + Most common reasons a nomination will not make it past importance:
    - Disease is too rare to have significant impact on relatively large portion of population or costs to payers.
      * *Code*: B5. Topic does not meet EHC program importance criteria
      * *Example language for brief*: This topic does not represent a frequently occurring clinical issue, and therefore does not meet criteria for an AHRQ systematic review. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.
    - The guidance is longstanding and there is no uncertainty for decisionmakers.
      * *Code*: B5. Topic does not meet EHC program importance criteria
      * *Example language for brief*: This topic does not represent clinical uncertainty for decisionmakers, and therefore does not meet criteria for an AHRQ systematic review. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.
  + Reasons we may still consider a topic, even if the answer is “no” to any of these questions
    - The nomination may not specifically inquire about harms
  + Decision point/next steps: If a nomination does not pass these criteria, stop and create the Topic Brief (Appendix B). If a nomination meets these criteria, or can easily be altered without changing the spirit of the nomination to meet these criteria, begin scoping for PICOS and KQs and conduct the duplication search. It is at this point that we start considering topics for prioritization.
  + If you can contact the nominator, move on to the next section (D. If you can contact the nominator). If you cannot contact the nominator, skip to section E. If you cannot contact the nominator. To find out if you can contact the nominator, check the very last question of the topic nomination.

## If you can contact the nominator

* Scoping the PICOs and KQs: go back to the nomination. If there is a defined set of key questions and PICOs, begin a scoping search. However, this is extraordinarily rare. Chances are much higher that you will have partial information and will need to begin a cycle of refinement, scoping searches, communication with the nominator, and circle back to refinement, repeating as needed. See Figure 1.

Figure 1. Scoping a topic



* + Communication with the nominator at this time is **very important**. This can occasionally be done via email, but an hour-long phone conversation can go a long way in clarifying (or narrowing) the topic of interest to the nominator. The most important factor to keep in mind during the scoping is the end goal of the nominator. Their nomination should have information about this, however it is best to discuss goals with the nominator to make sure expectations are realistic and everyone is on the same page. Getting the PICOs and KQs correct from the beginning will ensure that the end product is useful to the nominator.
  + Scoping search: Once you have a rough idea of what you are interested in, Rose (or Robin) can do a brief/general search of the topic. The goal of this overarching search is to identify terminology used, topic importance, burden of disease, etc. In addition to usual sources such as google and Wikipedia, a search in the MeSH browser (<https://meshb.nlm.nih.gov/search>) to find relevant MeSH terms is helpful in the development of PICOs and KQs for the topic. Any terms identified will inform future searches if the topic development continues. In addition to searching on the topic, some investigation of the nominating organization can be helpful. Locate any previous guidelines written by the organization as well as the methodology underlying the guidelines. Understanding an organization's experience with guideline development can inform further communications with the topic nominator.

## If you cannot contact the nominator

* While being able to contact the nominator is helpful during the workup process, sometimes the nominator chooses not to be part of the process. These topics should be taken just as seriously as topics where the nominator is interested in being involved.
* Not being able to discuss the nomination with the nominator means we will be missing a lot of important context. Using the Clinical Evidence Specialist on the team, or an expert in the field (often local) will ensure the researcher working up the brief will have a full picture of the issue at hand.
* Once you have a general idea of PICOs/KQs, revisit Figure 1 for scoping.
* Once the topic looks like it has potential to become a product, which can generally be determined after the librarian’s initial pre-duplication scoping search, start researching whether or not there are guidelines about the topic. It is worth seeing if there is a previous topic brief on the subject and contacting that nominator/partner. The group behind the guidelines may be interested in partnering on the topic in order to update their guidelines. Let the COR at AHRQ know, and AHRQ will consider inviting this, or another group. If AHRQ is successful in getting a guideline group to partner, there may be some rescoping of the topic to fit the partner’s needs. Keep in mind that the new scoping should not stray too far from the original nomination. Once the topic has been re-scoped, continue with the topic workup (F. Continuing the topic workup).

## Continuing the topic workup

* **DUPLICATION** (selection criteria)
  + Questions/considerations: Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)—*Is there a recent or in-process, high-quality systematic review that meets the nominator’s needs?*
  + Most common reasons a nomination will not make it past duplication:
    - There is a recent or in-process high quality systematic review that meets the nominator’s needs. May be one or a combination of a few.
      * *Code*: B2. Topic is addressed by existing research review or programmatic activities.
      * *Example language for brief*: The EPC Program will not develop a new <product name> because we found systematic reviews addressing the concerns of this nomination.
  + Reasons we may still consider a topic, even if there is a review or reviews:
    - May not fully meet the nominator’s needs
    - Though recent, it may not reflect rapidly-changing or emerging technologies
    - Does not include large-scale, recently published trials that could potentially influence practice
    - Covers scope of nomination, but only by combining large number of reviews
  + Conducting a duplication search:
    - The search is an attempt to discover any published or in-process systematic reviews on the topic or similar ones. In some cases, identifying an appropriate high quality, recent, systematic review is sufficient to solve the nominator’s information need, and the topic needs not be reviewed by the effective healthcare program. As developing a topic is not intended to be exhaustive (as an actual SR would be) we limit how we identify systematic reviews. Rather than rate the quality of systematic reviews individually, which can be time consuming, we search for systematic reviews produced by a limited number of organizations whose use of high quality methodology can be assumed at a programmatic level. Although there is some overlap of the sources, it is recommended to search all individually for added assurance. In general, we only search for the last five years unless otherwise specified from a topic informant. Experts can also inform additional sources to search such as specialty journals or meetings.
  + Decision point/next steps: If you have identified a recently published, or in-process high quality systematic review that may meet the nominator’s needs, reach out to the nominator to find out for sure. In this email, make sure to provide a binary choice: does it meet your needs? If yes, great; if no, why not? Figuring out what about it does not meet the nominator’s needs is important for moving forward with conducting additional searches or with moving forward with the workup. If the topic fails duplication, go to section [H. If the topic does not go to prioritization](#_If_the_topic_1). If the topic does not fail this criterion, move onto the next criterion.
* **IMPACT** (selection criteria)
  + Questions/considerations: Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an *information gap* that may be addressed by a new evidence review)? Is there practice variation (guideline inconsistent with current practice, indicating a potential *implementation gap* and not best addressed by a new evidence review)?
  + Most common reason a nomination will not make it past impact:
    - There is a recent set of gold-standard guidelines that address both an information and implementation gap (ie, CDC birth control recommendations, USPSTF recommendations, etc)
      * *Code*: B1b. Topic is important but other topics have higher priority for limited program resources due to limited impact.
      * *Example language for brief*: Due to the limited impact of a new review on this topic, the program will not develop a new review at this time. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.
  + Decision point/next steps: Though rare, if you and the COR determine that a topic fails impact, go to section H. If the topic does not go to prioritization. Otherwise, move on to the next criterion.
* **FEASIBILITY** (selection criteria)
  + Questions/considerations**:** Does the topic effectively utilize existing research and knowledge by considering adequacy (type and volume) of research for conducting a systematic review; and newly available evidence (particularly for updates or new technologies)?
  + Most common reasons a nomination will not make it past feasibility:
    - There are not enough recent studies to conduct a systematic review
      * *Code*: B3a. Topic is important, but current research is too limited at this time for appropriate program product development.
      * *Example language for brief*: The EPC Program will not develop a new <product name> because we did not find enough primary studies addressing the concerns of this nomination.
  + Reasons we may still consider a topic, even if there may not be enough studies for a systematic review:
    - It is an important emerging technology, even with a limited literature base, and may be considered for another product.
      * *Code*: B3b. Current research on topic is too limited for further development as systematic review, but topic can be considered for another AHRQ product.
      * *Language for brief*: A systematic review on the topic, [*topic* *name*], is not feasible due to the limited data available at this time; however, it will be considered for a potential technical brief by the Effective Health Care (EHC) Program.
  + Conducting a feasibility search: Once a topic has been identified as being appropriate, important, non-duplicative and of high impact, the topic development team next needs to assess the feasibility of actually performing a systematic review of the topic. At this point the topic has usually been developed into a set of PICOS and KQs which are used in an attempt to describe the literature base without actually going through the exhaustive steps of an actual systematic review. The feasibility search consists of a search of MEDLINE and ClinicalTrials.gov as well as any additional sources as indicated from previous research on the topic. The search of MEDLINE is intended to be less sensitive than that for a full systematic review yet still give an estimate of the shape of the literature on the topic.
    - In addition to searching for published evidence, a search in ClinicalTrials.gov for ongoing trials can inform decisions about the timing of a systematic review. For example, if there are any groundbreaking trials scheduled to finish in the near future, consider suggesting that a review be delayed until the results from the trial are available.
  + Decision point/next steps: Generally, topics that meet feasibility criteria will be considered for the prioritization meeting, even if there is limited value (next criterion). If the topic fails feasibility, go to section H. If the topic does not go to prioritization.
* **VALUE** (selection criteria)
  + Questions/considerations**:** Does the proposed topic exist within a clinical, consumer, or policy-making context that is amenable to evidence-based change? Is there an identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)?
  + Reasons we may still consider a topic, even if there is limited or unknown value during the topic development phase:
    - If the nominator is not a partner group, but the topic meets all criteria, AHRQ may “shop” for a group who would disseminate results should a review be conducted.
    - If the nominator is a professional society who does not make recommendations, but will disseminate findings of an AHRQ review, this is still considered valuable
    - If the nominator is making guidelines for the first time, there is value in using a “gold standard” AHRQ review and establishing a partnership with an up-and-coming guideline group
  + Though rare, the topic may still be kicked out for limited value.
    - *Code*. B1c. Topic is important but other topics have higher priority for limited program resources due to limited value
  + *Example language for brief*: The EPC Program will not develop a new <product name> because a group is not planning to use this to promote practice change Decision point/next steps: If a topic makes it to this stage, a prioritization brief will need to be compiled. Continue onto section G. If the topic goes to prioritization.

## If the topic goes to prioritization

* For logistics of planning the prioritization meeting, please see section IV. Prioritization Meeting. Topics that go to prioritization will need to be put into the topic brief template for prioritization. Templates are available in Appendix B.

## If the topic does not go to prioritization

* Topics that do not meet all criteria and do not make it to prioritization will need to be put into the topic brief template. Templates are available in Appendix B.

# Prioritization Meeting

## Timeline

Table 2. Prioritization Timeline (potentially changing)

| [15 days before meeting](#_Two_weeks_prior) | [14 days before meeting](#_Fourteen_days_before) | [7 days before meeting](#_One_week_prior) | [4 days before meeting](#_Day_before_meeting) | [1 day before meeting](#_One_day_before) | [Day of meeting](#_Day_of_meeting) | [1 week after meeting](#_One_week_after) | [1 month after meeting](#_After_meeting) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All prioritization briefs due | Send out meeting materials | Send out preliminary agenda | Preliminary scores due | Send out final meeting agenda and final scoring sheet | Host and moderate call | Prioritized topic list and meeting minutes due | Final topic briefs due |

## Fifteen days before meeting

* All prioritization briefs are due to the person compiling the briefing book fifteen days before the meeting. This allows for time to format and prepare materials that will be sent out the next day.

## Fourteen days before meeting

* Email preliminary materials (meeting materials and preliminary scoring sheet).

## Seven days before meeting

* Contractually, an agenda is due one week before the prioritization meeting. However, because the voters have 10 days to score the topics, the agenda due date falls before we know if any topics scored too poorly to be considered at the meeting. Therefore, we compile a preliminary agenda as though all topics were going to be discussed at the meeting and send to AHRQ project officer and all brief authors.
* This is also a good opportunity to email those who have not sent you their preliminary scores to remind them of the due date.

## Four days before meeting

* All preliminary scores are due four days before the meeting, which is ten days after the materials were sent out. Use the results of preliminary scoring to finalize the meeting agenda. Determine if any topics will be triaged out.

## One day before meeting

* On the day before the meeting, make sure you finalize the agenda and final scoring sheet.
  + If any topics scored overwhelmingly poorly, “triage” those ones out. We do this by adding an agenda item before discussion of other topics wherein we explain that a few topics scored poorly, and ask if anyone objects to not discussing them and kicking them out right away. This allows for more discussion time of other, more important topics.
* Attach the final agenda in the online event invitation. At this time, also attach the final scoring sheet as a Word doc and a PDF copy of the briefing book.

## Day of meeting

* Preparing for the meeting: print off all materials for the director and advisors at the SRC, print one copy of the briefing book, pull the briefing book PDF up on the projector to follow along with the conversation, make sure time-keeping materials are available, and call-in to the phone line ten minutes early (allows for emergency actions to be taken if the phone line is malfunctioning), prepare tape recorder if needed, and prepare to take notes.
* The moderator from the SRC will attempt to start the meeting on time. Once all attendees from the SRC and AHRQ have settled, the moderator from the SRC will call the meeting to order and begin roll call. The moderator will also ask all attendees to declare any conflicts of interest. The moderator will then do a brief introduction and remind all attendees of that time allotted for each topic.
* If there are any topics that were triaged out and will not be discussed, the moderator will state the topics that scored poorly and ask the group if there are any objections to not discussing the topics. If there are any objections, the objector will explain why and the time keeper will have to readjust the time allotted for each topic to account for additional topics. If there are no objections, move on to the first topic.
* Though subject to change depending on number of topics, the general time breakdown for each topic is:
  + Total time per topic: 10 minutes
    - Primary Presentation: 2 minutes
    - Secondary Presenter Input: 1 minute
    - (Optional) Additional Context from Author: 1 minute
    - Group Discussion: 5 minutes
    - Vote: 1 minute
* It is important to adhere to the time allotted for each topic, as certain topics elicit passionate discussions and they could easily go on for much longer than time will allow for. The moderator will need to make sure the agenda keeps moving, while keeping track of topics where additional discussion may be warranted. If there is extra time at the end (not all topics require the full time allotted), the moderator will propose a few additional minutes for each of the topics that may need additional discussion.
* After all voting has been completed and the meeting has ended, the voting members at AHRQ will send all scores to the point person at the SRC. That point person will average all scores for each topic, and compile an excel spreadsheet for the final topic ranking (see “I. One week after meeting”). Though, contractually, this list is not due until a week after the meeting, it is often sent on the same day as the meeting. This gives AHRQ more time to make funding decisions. This is important because, contractually, final topic briefs are due one month after the meeting (see “J. One month after meeting”).

## One week after meeting

* Contractually, one week after the meeting, the list of topics, ranked by priority is due (though this is most often done on the same day as the prioritization meeting after all final scores have been submitted). We have traditionally done this by creating an excel spreadsheet with three columns: Topic number and name, final average score, and final rank (the list should be in ranked order, with the top-ranked at the top of the spreadsheet). Send this list to the COR.
* Contractually, one week after the meeting, the meeting minutes are due to AHRQ.

## One month after meeting

* Contractually, all final topic briefs for the topics that were prioritized (the public-facing briefs that are based on the prioritization topic briefs) are due one month after the prioritization meeting. The SRC is responsible for converting the briefs they created, and AHRQ is responsible for converting the ones AHRQ created.
  + During this time, it is important to stay in contact with the COR. While briefs may be due within a month, sometimes funding decisions do not happen right away. It is up to the authors at the SRC to keep an eye on this timeline and to maintain an open line of communication with the COR regarding the final disposition.
  + Regardless of funding decision, all briefs will have to be converted. The only difference is the “program decision.”

# Products

## Topic Brief for Prioritization

* When a topic meets all criteria and will be considered for the prioritization meeting, a version of the document is compiled for the meeting. Please see Appendix B for the topic brief for prioritization template. This brief will need to include hyperlinks to studies so they can easily be accessed and reviewed. The only differences between the topic brief prepared for the prioritization meeting and the topic brief for public posting is that the prioritization version includes the nomination and lacks the “program decision”.

## Topic Brief for Public Posting

* Whether or not a topic meets all criteria, there is a public facing document posted on the EHC website. If the topic does not meet appropriateness and importance criteria, there will be an adapted, typically shorter, topic brief. Please see Appendix B for the topic brief template. The topic brief for topics that meet appropriateness and importance criteria, the brief includes a more comprehensive look at the methods used and the literature identified. This is also the document that is sent to the nominator once a disposition has been determined.
* If a topic goes to prioritization, it will have a topic brief that was created for prioritization. No matter what happens at prioritization (funded or not funded) there will be a public-facing topic brief. Converting a TB for prioritization into the final TB for public posting includes removing the nomination in the appendix and adding in the final “program decision.”

# Topic is retired

## Public Posting

* AHRQ will forward the final topic brief to the AHRQ WebTeam for public posting and include the topics email.

## Notifying the nominator

* If the topic was completed by the SRC, and **if you have permission** to contact the nominator, notify the nominator.
* If the topic is funded, the AHRQ COR will notify the nominator and introduce the assigned TOO.

# Appendix A. Coding Scheme

***Codes that are grayed out are no longer applicable.***

**A. Topic does not meet criteria for EHC program development (Appropriateness)**

**A1.** Topic does not fit into one of the priority conditions **Discontinued**

**A2.** Topic does not address 1013 enrollees **Discontinued**

**A3.** Topic does not fit within the domain of both AHRQ and the EHC Program

**A4.** Topic does not represent a healthcare intervention or activity that is available in the US

**A5.** Topic does not meet minimum amount of information needed to define it as a nomination

**A6.** Topic was withdrawn by the nominator

**B. Topic fits within EHC program but does not meet current priorities for systematic review (Importance/Duplication/Feasibility/Impact/Value)**

**B1a.** Topic is important, but other topics have higher priority for limited program resources **Discontinued**

**B1b.** Topic is important but other topics have higher priority for limited program resources due to limited impact

**B1c.** Topic is important but other topics have higher priority for limited program resources due to limited value

**B2.** Topic is addressed by existing research review or programmatic activities (Duplication)

**B3a.** Topic is important, but current research is too limited at this time for appropriate program product development (Feasibility)

**B3b.** Current research on topic is too limited for further development as systematic review, but topic can be considered for another AHRQ product

**B4.** Other (potential new research) **Discontinued**

**B5.** Topic does not meet EHC Program importance criteria (Importance)

**C. More information is necessary before determining topic’s disposition**

**C1a.** Topic returned to the EPC for stakeholder/nominator feedback via a quick clarification mechanism (e.g., sending out a checklist by email, phone call, etc.) **Discontinued**

**C1b.** Topic returned to the EPC for stakeholder/nominator feedback that involves a lengthier discussion or interview process **Discontinued**

**C2.** New information about topic revealed in discussion and topic development staff will return with further information **Discontinued**

**C3.** Topic is referred for in-depth topic generation activities required for it to be assessed through topic triage **Discontinued**

**C4.** Topic requires a clearer feasibility determination via literature scan for adequacy, type, and volume of research **Discontinued**

**C5.** Ongoing research or activities are underway that impact timing for developing this topic **Discontinued**

**C6.** Other **Discontinued**

**D. Topic fits within EHC program for further development as a systematic review**

**D1.** Topic should go forward for refinement by the EPC in preparation for assignment as a new systematic review.

**D3.** Topic should go forward for refinement in preparation for assignment as an update to or expansion of an existing or in-process AHRQ product

**D4**. Other

# Appendix B. Product Templates

**Topic Brief Template**

*\*Note: Some formatting aspects may not have translated correctly, please use the template on the Z drive for creating briefs.*



**Topic Brief:** <Title>

**Date:** <date>

**Nomination Number:** <XX>

**Purpose:** This document summarizes the information addressing a nomination submitted on <date> through the Effective Health Care Website.This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** <1-2 sentence description of the problem, including the healthcare decision. This should lead to a clear understanding of why the specific questions of the nomination should be addressed. For topics that do not meet appropriateness and importance state what the nominator wanted to do with the evidence report. Example:

* *“A small proportion of patients, sometimes called high utilizers of health care, account for a large proportion of healthcare costs. Multiple interventions have been attempted to address high utilization, but it is not clear which interventions are most effective.”*

**Recommendation**Add this section for nominations when they are discussed at the prioritization meeting. Delete this section when preparing the finalized topic brief for EHC website posting

□ Systematic review

□ Technical brief

□ Evidence map

□ Rapid review

□ Rapid response

□ Expanded topic brief

<If needed include nuances, or qualifiers about the product selection or why brought to prioritization. Responses cannot be crafted for every situation. They should reflect the judgment of the authors. At most, two bullets>

*For example*

* *For a technical brief: “The topic area is poorly defined in the literature, and would benefit from a technical brief to provide….”*
* *“While we found multiple systematic reviews on this topic, the information about various interventions is scattered across multiple sources. A new systematic review covering these relevant interventions would be useful for practice change.”*
* *“While we found multiple systematic reviews on this topic, conclusions were contradictory due to significant differences in inclusion/exclusion criteria and methodology. A high-quality SR by AHRQ could potentially resolve these contradictions.”*

**Program Decision:** Add this section for all final topic briefs that will be posted on the EHC website.<Single sentence about program disposition and overall assessment, if relevant.>

*Examples*

* *Met all criteria and will go forward as a systematic review: “The EPC Program will develop a new systematic review based on this nomination. The scope of this topic will be further developed in the refinement phase. When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to https://effectivehealthcare.ahrq.gov/email-updates.”*
* *Met all criteria and will go forward as a technical brief or other product: “The EPC Program will develop a new <product> based on this nomination. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to https://effectivehealthcare.ahrq.gov/email-updates.”*
* *Met all criteria, but not selected: “The scope of this topic met all EHC Program selection criteria and was considered for a* <systematic review/rapid review/technical brief/evidence inventory>. *However, it was not selected.”*
* *Failed duplication: “The EPC Program will not develop a new <product name> because we found systematic reviews addressing the concerns of this nomination.”*
* *Failed feasibility: “The EPC Program will not develop a new <product name> because we did not find enough primary studies addressing the concerns of this nomination.”*
* *Failed impact: “The EPC Program will not develop a new <product name> because the impact of a new systematic review on practice change will likely be limited.”*
* *Failed value: “The EPC Program will not develop a new <product name> because a group is not planning to use this to promote practice change”*

**Key Findings** Delete this section for nominations that do not meet appropriateness or importance

* <Statement related to the selection criteria, such as
  + *Failed duplication: “We found two systematic reviews that cover the scope of this nomination.*
  + *Failed feasibility: “No studies on the use of cannabinoids in the management of alcohol withdrawal were identified”>*
  + *Failed value, but had sufficient studies (feasibility) For example*
    - *“We found sufficient studies for a new systematic review. However, a new review on this topic would be of uncertain value because of the absence of partner who would use it to promote practice change.”*
  + *Failed impact: “The effectiveness and harms of antibiotics to treat viral infections is well-established. A new systematic review will not likely result in practice change. Investments in implementation of these findings are needed to promote practice change“*
* <Other information related to the systematic reviews, primary studies, or other details related to the selection criteria. For example
  + *Failed duplication: “One systematic review addressed… The other systematic review addressed….”*
  + *Failed feasibility: “The few primary studies that we identified focused on the preclinical phase.”*
* <Statement and rationale related to product type, if not systematic review>

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Adapt the topic brief template to best communicate and reflect the content of the topic development workup. This may include adapting tables, adapting suggested language, and including figures.

**Background** Length about 2-3 paragraphs

* <Describe condition or problem, including prevalence, cost, and disease burden. Include relevant information from **appropriateness and importance** selection criteria>
* <Describe practice variation or issues around uncertainty in standard of care, reflecting assessment of **impact** criteria, if done>

**Nomination Summary** Delete this section for (1) nominations that do not meet appropriateness or importance, or (2) if no changes to scope after engagement with nominator

* <1-2 sentence summary of nomination>
  + You do not need to include previous versions of the questions and PICOTS. If you would like to include them, put it in an Appendix. Do not included here. State “See Appendix X for initial questions”
* <Note if there is a partner, how they would use an AHRQ evidence report, and the potential impact on clinical practice and outcomes. Reflect information from assessment of **value**, if done>
* <Describe major changes to scope in response to nominator input or after the authors’ preliminary search of the literature. This could include expansion in interventions, changes in terms, inclusion of subgroups, etc.>

**Scope** Delete this section for nominations that do not meet appropriateness or importance

1. <Question>
2. <Question>

**Table 1.** Questions and PICOTS (population, intervention, comparator, outcome, timing and setting) Adapt based on the questions.

| **Questions** | 1. <Summary of question. Do not repeat entire question. For example “Pharmacologic treatment, bulimia.” Use the same text for Table 2> | 1. <Add column if there are different PICOTS for each question> |
| --- | --- | --- |
| **Population** |  |  |
| **Interventions** |  |  |
| **Comparators** |  |  |
| **Outcomes** |  |  |
| **Timing** |  |  |
| **Setting** |  |  |

**Assessment Methods**

For topics that do not meet Appropriateness or Importance

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

For all other topics

See Appendix A.

**Summary of Literature Findings** Delete this section for nominations that do not meet appropriateness or importance

* <An overarching statement about the findings from duplication and feasibility, if done.
  + For example: “There were few studies identified in our search of the primary literature about this nomination.” Or “There were two systematic reviews that covered this topic.” Include some language indicating that the search is targeted and limited, such as “…based on our sample of the available literature.”
* <Additional details about the duplication and/or feasibility results. This will vary based on the assessment and product type that is recommended. Most of the detail will be in Appendix B. Do not repeat the exact same information as Appendix B. >
* You could provide additional detail about systematic reviews or primary studies by question, with details about elements of the PICOTS
* For example when recommending a technical brief provide a rationale for this product. It could be because the topic area is conceptually unclear; you could include details about the diversity of terms used to describe the topic area, uncertainty about definitions, and how that would negatively impact a systematic review.
* For example you found many studies but still determined that feasibility might not be met, you could describe the diversity of interventions, outcomes, and/or populations that could potentially preclude the ability of a review to synthesize studies. For example “There were 20 studies identified in our targeted literature search. However they covered a variety of interventions and comparators. In one instance there were two studies that had similar interventions and comparators; otherwise all studies assessed different interventions.”

**Table 2.** Literature identified for each Question

Delete if only one question, or if not useful

| **Question** | **Systematic reviews (9/2015-9/2018)** | **Primary studies (9/2013-9/2018)** |
| --- | --- | --- |
| Question 1: <XX. Use same descriptor as Table 1> | Total: X   * Cochrane * AHRQ * Other | Total: X   * RCT * Controlled pre-post:   Clinicaltrials.gov   * Recruiting: |
| Question 2: <XX. Use same descriptor as Table 1> | Total: X   * Cochrane * AHRQ * Other | Total: X   * RCT * Controlled pre-post:   Clinicaltrials.gov   * Recruiting: |

See Appendix B for detailed assessments of all EPC selection criteria.

**Summary of Selection Criteria Assessment**

<Summary statement, based on the selection criteria. Refer to the product recommendation, if relevant. This is the opportunity to explain our qualitative assessment across the selection criteria, as this is not captured in Appendix B. Include findings of systematic reviews if they were duplicative.>

*Examples*

* *Rigvir cancer virotherapy, a cancer treatment containing an ECHO-7 virus, is not currently FDA-approved or available in the US.* *Research on this intervention is beyond the purview of AHRQ’s Effective Health Care Program, which is focused on developing evidence reviews to inform healthcare decision-making about interventions and activities available to decisionmakers in the United States. Other selection criteria were not assessed.*
* *While the use of THC may be described as promising, the research literature is too scant to inform a systematic review about its use in managing alcohol withdrawal.*
* *A new systematic review will be of low impact because the evidence about effectiveness and harms of antibiotics for viral infections is well-established.*
* *This nomination meets all selection criteria. We found 16 systematic reviews and estimate 120 primary studies about delirium treatment. We did not consider these systematic reviews duplicative because findings from these reviews appeared contradictory because of differences in patient populations and systematic review methodology. A new systematic review that updates the evidence base could potentially address this and provide clinicians updated findings to better inform decision making. An updated review would be highly impactful and valuable: the nominator is planning to develop guidance to address known practice variation.*

Please see Appendix B for detailed assessments of individual EPC Program selection criteria. Delete this statement for nominations that do not meet Appropriateness or Importance

**Related Resources** Delete this section if no related resources to share

We identified additional information in the course of our assessment that might be useful.

<This is an optional section. Include references of additional systematic reviews, primary studies, or other sources that might be useful to the reader. Include information that allows the reader to understand how the reference is related and what type of information it provides. For example for SR it might be useful to the nominator to note why it was not duplicative, why it might be useful, and the main findings.>

**References**

**Author**

<Names>

**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

**Acknowledgements**

<Names>

For EPC or SRC staff:

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Persons using assistive technology may not be able to fully access information in this report. For assistance contact EPC@ahrq.hhs.gov.

**Appendix A: Methods** Delete this appendix for nominations that do not meet appropriateness or importance

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

**Appropriateness and Importance**

We assessed the nomination for appropriateness and importance.

**Desirability of New Review/Absence of Duplication**

Adapt the list of sources based on the topic.

We searched for high-quality, completed or in-process evidence reviews published in the last three years <date> on the questions of the nomination from these sources:

* AHRQ: Evidence reports and technology assessments
  + AHRQ Evidence Reports <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
  + EHC Program [https://effectivehealthcare.ahrq.gov/](file:///\\10.165.50.9\Research\Helfand\Helfand%20SRC\Topic%20Development\Process%20Docs%20and%20Sift%20and%20Sort\Topic%20Development%20Templates\AHRQ%20Approved%20Templates\%20https:\effectivehealthcare.ahrq.gov\)
  + US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/>
  + AHRQ Technology Assessment Program <https://www.ahrq.gov/research/findings/ta/index.html>
* US Department of Veterans Affairs Products publications
  + Evidence Synthesis Program <https://www.hsrd.research.va.gov/publications/esp/>
  + VA/Department of Defense Evidence-Based Clinical Practice Guideline Program <https://www.healthquality.va.gov/>
* Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
* University of York Centre for Reviews and Dissemination database <https://www.crd.york.ac.uk/CRDWeb/>
* PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospero/>
* PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>
* Campbell Collaboration <http://www.campbellcollaboration.org/>
* McMaster Health System Evidence <https://www.healthsystemsevidence.org/>
* UBC Centre for Health Services and Policy Research <http://chspr.ubc.ca/>
* Joanna Briggs Institute <http://joannabriggs.org/>
* WHO Health Evidence Network <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/health-evidence-network-hen>
* <add other sources searched>

**Impact of a New Evidence Review** Delete if impact not assessed.

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

**Feasibility of New Evidence Review** Delete if feasibility not assessed

Adapt this to what was done. At minimum the description should include

* Search dates
* Databases searched
* Whether you reviewed all or a subset of the search yield
* What was reviewed title and abstracts (all or a subset of title/abstracts, and how the subset was selected)
* Search strategies
* Statement that you classified by question and study design to estimate the size and scope of a potential evidence review.

*Example: We conducted a limited literature search in PubMed from the last five years <dates of search> on parts of the nomination scope not addressed by earlier identified systematic reviews. We reviewed all identified titles and abstracts for inclusion and classified identified studies by question and study design to estimate the size and scope of a potential evidence review.*

*Example:**We conducted a limited literature search in PubMed and PsycInfo**for the last five years <dates of search>. We reviewed all studies identified titles and abstracts for inclusion. We classified identified studies by question and study design to estimate the size and scope of a potential evidence review.*

*Example:**We conducted a limited literature search in PubMed for the last five years <dates of search>. Because a large number of articles were identified, we reviewed a random sample of 200 titles and abstracts for each question for inclusion. We classified identified studies by question and study design, to assess the size and scope of a potential evidence review. We then calculated the projected total number of included studies based on the proportion of studies included from the random sample.*

Search strategy

<insert search strategy>

<insert clinicaltrials.gov link>

**Value** Delete if value not assessed.

We assessed the nomination for value. We considered whether or not the clinical, consumer, or policymaking context had the potential to respond with evidence-based change; and if a partner organization would use this evidence review to influence practice.

**Appendix B. Selection Criteria Assessment**

Delete this appendix for nominations that do not meet appropriateness or importance

| **Selection Criteria** | **Description** | **Assessment** |
| --- | --- | --- |
| Appropriateness | 1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.? | <Yes/No> |
| 1b. Is the nomination a request for an evidence report? | <Yes/No> |
| 1c. Is the focus on effectiveness or comparative effectiveness? | <Yes/No> |
| 1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic? | <Yes/No> |
| Importance | 2a. Represents a significant disease burden; large proportion of the population | <prevalence, burden of disease, etc> |
| 2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population | <yes/no, rationale> |
| 2c. Incorporates issues around both clinical benefits and potential clinical harms | <Yes/No> |
| 2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers | <yes/no, rationale> |
| 3. Desirability of a New Evidence Review/Absence of Duplication | 3. A recent high-quality systematic review or other evidence review is not available on this topic | <yes/no. # of reviews, coverage by question, describe portions of nomination not addressed by existing reviews>  <If useful include SR findings. This may be more important for topics that do not go forward for funding.> |
| 4. Impact of a New Evidence Review | 4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)? | <Delete if not assessed>  <yes/no, rationale> |
| 4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)? | <Delete if not assessed>  <yes/no, rationale> |
| 5. Primary Research | 5. Effectively utilizes existing research and knowledge by considering:  - Adequacy (type and volume) of research for conducting a systematic review  - Newly available evidence (particularly for updates or new technologies) | <Delete if not assessed>  *Size/scope of review: <total # studies, # studies across questions, estimate of size>*  ***<****Describe literature.* If useful include findings. This may be more important for topics that do not go forward for funding.***>***  *ClinicalTrials.gov*. |
| Value | 6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change | <Delete if not assessed>  <yes/no, rationale> |
| 6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation) | <Delete if not assessed>  <Yes/no, partner, partner’s intended use of SR, potential for influence on practice> |

*Abbreviations:* AHRQ=Agency for Healthcare Research and Quality;

**Appendix C. Topic Nomination**

Insert original topic nomination if this topic is going to prioritization. If a topic falls out before, or is being processed after, please remove the original nomination.

# 