

US Contributors' Meeting Minutes
12th Cochrane Colloquium
Sunday, October 3, 2004
6:00 - 8:00 p.m.
Ottawa Congress Centre

Welcome and introduction by Kay Dickersin

What's happening in the US

Consumer coalition

- Increase advocates' access to The Cochrane Library
- Increase use of evidence-based healthcare by consumers
- Evidence-based health care can be useful to consumers by identifying gaps and bias' in research
- Improve abstracts to make them consumer-friendly
- Create consumer summaries for reviews
- Implementing a trials registry is important for consumers – the public volunteers for trials and have a right to be informed about the results

Behavioral Medicine Field

- Formal exploratory meeting held in Mainz, Germany in August 2004
- The Field is moving forward with plans to become an official Cochrane Field

US Contributors Meeting March/April 2004

- Meeting was a great success

Newly elected Steering Group members

- Two US representatives on Steering Group

North American training opportunities

- Six workshops offered by the USCC through funding by the National Eye Institute and the Agency for Healthcare Research and Quality
- The USCC would like feedback from any attendees who participated in the workshops held at the meeting in March/April in Providence
- The USCC is working to find ways to increase the teaching of evidence-based healthcare to medical schools and to practicing clinicians
- Conducting workshops at subspecialty meetings is a good idea but they are more interested in trials, another approach would be the general society meetings such as those for pediatrics and family medicine
- Pediatrics might be a place to increase training in evidence-based medicine as guidelines are not yet evidence-based
- There is gradation in acceptance in various fields, there needs to be evidence of change – get it measurably into practice

Target policymakers such as health plans
Target state-level policy makers to get evidence to inform policy

The Skin Group got people involved by paying people to do reviews
Sponsor one resident per year at big surgery residency programs during research year

Outreach: Dissemination of Cochrane in the US

Increasing understanding of and use of *The Cochrane Library*

“What’s missing” should be up-front in reviews
Best use of Cochrane reviews in filling the gaps
Need a good interface with Wiley
The Cochrane Library is not the first place medical students go for evidence – they use Up-to-Date and Google
Wiley will be working through the transition with librarians and with the media
Wiley will be issuing press releases on specific reviews
The new interface is more what medical students and residents are used to
Wiley will continue to make it more useable for practitioners
Wiley will rename databases to make them more user-friendly
Up-to-Date is user-friendly – The Cochrane Library needs a one-page synopsis that is user-friendly for clinicians and consumers

Developing Cochrane Collaboration interaction in the US and beyond

Recruitment and increasing Cochrane involvement in the US

As an example, as part of the VA residency fellow training, residents do a systematic review as part of the fellowship
Question: Why hasn’t the NIH adopted a policy of doing systematic reviews prior to funding trials?
Answer: NIH directors are basic scientists and they are not interested in systematic reviews, it’s a different culture
VA system might be a good opportunity since it is the second-largest funder of medical research in the world
Satellites are a good way to increase US awareness – investigate NIH interest in funding satellites

Funding: Attempts, successes, future plans

Health Technology Assessment – accepting proposals from non-UK and includes salary support but might prefer to have UK person involved/included
Reviews have been dropped because people do not see the reward relative to the effort
AHRQ might be interested in creating a way to systematically update reviews