Meeting report Cochrane US Network Strategic Planning Meeting

29 & 30 October, 2018
Texas Christian University, Fort Worth, USA

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Contents

1 Meeting Report

1.1 Introduction

An internal review of Cochrane's structures carried out in 2016 highlighted that a single Center approach for a country the size of the US has many limitations, and that a Network of multiple groups based across the country is a better model to deliver a wider range and expanded scale of Cochrane activities, collaborate across and between institutions, and create greater impact of that work in diverse regions and different contexts. Following the closure earlier this year of the US Cochrane Center at the Johns Hopkins Bloomberg School of Public Health, Baltimore, there is an opportunity to launch a new chapter in Cochrane's activities in the United States by establishing a new and collaborative Network along these lines.

An initial small meeting to discuss the Cochrane US Network was held in Edinburgh (September 18, 2018) during the Cochrane Colloquium (see Section 3 of this report). The meeting held in Fort Worth in October 2018, allowed for a more in-depth discussion to start reflecting on a US-wide Cochrane Network. The meeting's aims were:

- To discuss opportunities and challenges for Cochrane in the US;
- To discuss the strategic objectives of the Cochrane US Network;
- To discuss the ideal composition of the Network – skill set and expertise; number of network partners; key institutions (academic, professional associations, NGOs, other); the leadership model;
- To agree the process of inviting and evaluating potential network members; and
- To initiate discussion about resourcing the Cochrane US Network.

This report provides a summary of the discussions and outlines the next steps for developing a Cochrane US Network.

1.2 Opportunities and Challenges for Cochrane in the US

The meeting started with a general introduction to Cochrane, its *Strategy to 2020*, (see presentations Mark Wilson and David Tovey), a feedback from the discussion in Edinburgh and a summary of the results from a survey circulated to confirmed meeting participants prior to the Fort Worth meeting (see presentation Jeanne-Marie Guise and section 2 for a detailed overview of the survey results).

Building on these inputs, participants discussed opportunities and challenges for a Cochrane US Network.

Opportunities:

- A Network facilitates working across Cochrane Groups, thus building on the strengths of the wider Cochrane Network. The US has a long history of people who have been involved in Cochrane, however these individuals are spread out among numerous institutions and geographically spread across long distances in the US. A network would provide connectivity creating a vital community to support US members, would increase the visibility and impact of Cochrane, and would have a stronger voice through coalition. Succession planning has been a challenge in the past and a network approach would also make the work of Cochrane in the US less dependent on a few people. The example of the US GRADE Network was shared, as a network with equal partners that functions around some key joint activities.

- A Network facilitates building on relations network members already have and develop these into partnerships for the Cochrane US Network. Many potential partnerships were discussed (see also under 1.3), and specific reference was made to the importance of the existing network of AHRQ Evidence-based Practice Centers (EPCs) – in which many of the participants are actively involved - and which the Cochrane US Network could complement.
- The development of satellites of Cochrane Review Groups (CRGs) to ensure a stronger editorial presence in the US was discussed. While not essential to the Cochrane US Network, this could nevertheless support the work of the Network as it would make it easier to respond to systematic review needs of partner organisations and would increase review production in the US.
- A Cochrane US Network would facilitate awareness raising about Cochrane, evidence-based health care, and systematic reviews in general. It could play a role in advocacy and provide a national voice in evidence informed health care and practice. Various activities can help build the profile of the Network for it to become this voice. The example of an existing scholars programme, initiated by the American Academy of Otolaryngology-Head and Neck Surgeons, was shared as an activity that can help raise Cochrane's profile in the US while also build the capacity to understand and conduct systematic reviews.
- Cochrane's training expertise, resources and tools were considered an opportunity for the Network. The Network should consider training for users of systematic reviews (not only for producers of reviews). Some suggested target groups include the lay-public, consumers and journal editors. Training would help increase direct involvement in Cochrane. The Network can build on existing examples such as the annual Cornell/WHO/Cochrane summer school, or the training provided through the US GRADE Network.

Challenges:

- There is a need to understand better who is currently involved with Cochrane in the US, and who is currently using Cochrane evidence in the US. This information will be essential to develop the Network and focus its activities.
- Funding is key. Resources are needed for activities but also for staff time contributed to the network. Establishing Cochrane as a 501 (c)(3) would facilitate fundraising. A network approach may make funding applications easier, as these could be submitted jointly by Network partners thus making applications stronger. Another option could be developing a coalition of funders that each provide a limited amount towards the activities of the network.
- There is a perception that reviews produced outside of the US are not relevant to the US. This leads to a tendency to duplicate a review in-country aiming to make it more acceptable. It is therefore important for the Network to also focus on the production of evidence and not only on making evidence accessible or on advocating for evidence. Another strategy could be the co-publication of a Cochrane review in another journal. This may help to get a review out to a specialised audience, could be an additional motivation for authors, and can be a mechanism to support partnership development with stakeholders.

1.3 Focus areas for the Cochrane US Network

Following discussion of the challenges and opportunities for a Cochrane US Network, the consensus was that the establishment of a Cochrane US Network would indeed be a good way forward to strengthen evidence-informed health care and decision making in the US. It would help address the fragmentation identified during the meeting, with many institutions and people involved in evidence-informed health care, but limited interaction between institutions and people. Building a network would help increase collaboration among people and institutions in the US.

There was also consensus that the Network should take the form of a consortium, without necessarily having a lead institution, but having a coordination mechanism/support that would provide the 'glue' for the Network. A consortium model is likely to be more inclusive and facilitates building upon the strengths of the individual partner institutions. This also builds on the learning from the Cochrane US Center, where the dedicated funding for the Eyes and Vision Review Group supported the work of the Cochrane US Center, but also may have reduced its scope. A consortium model may help in dealing with this challenge.

The usefulness or need to establish more US-based satellites of CRGs was discussed throughout the meeting. While there are already a fair number of US authors involved in the CRGs, the feeling was these numbers could still be increased and satellites might help reach this goal, while also improving the quality of the reviews conducted. Additional advantages would be that US-based groups would have more influence on the review topics prioritised, could facilitate training and would increase Cochrane's visibility. At the same time, there was a recognition that establishing satellites would not be essential for a US Cochrane Network, and the development of the Network should not be made dependent on the development of satellites.

From the group work and the plenary discussions, participants identified that a Network could focus on the following activities (not in order of priority):

1. **US Network meetings**: For the Network to thrive, people will need to meet regularly. Meetings can be linked to other major events – such as the Academy Health meeting. Academy Health co-hosts a meeting with NIH in December every year, focusing on the Dissemination and Implementation (D&I) (click here for 2019 meeting). The focus is on NIH grantees that do implementation research. The Cochrane US Network could consider meeting around the time of this conference (the day prior/after), or could be involved through organising training workshops. This would also provide an opportunity to invite partners and start building these connections. Participants also discussed the possibility of organising a US Cochrane Colloquium. However, the next possible date would be 2022, and it was therefore agreed to focus on regular national (or regional) meetings first.
2. **Increase Cochrane's role in training and education for systematic reviews and evidence-based medicine:** There was a general agreement that training and education initiatives provide a great opportunity to expand Cochrane's reach in the US, while building awareness and capacity for evidence informed health care. It is important to harmonize content of training and avoid duplication. Cochrane already has many training resources that could be promoted through partnerships and alliances to be developed. It was felt important to expand training beyond production of systematic reviews to the users of evidence and to raise understanding and awareness of how Cochrane reviews can be adapted to specific healthcare questions and systems. The accreditation issue was discussed, also in the context of the maintenance of certification by the American Board of Medical Specialties.
3. **Social media ambassadors**: Network members could use social media to push out information about Cochrane Reviews. This is a low resource activity that can help raise awareness and build the Cochrane profile.
4. **US Network coordinator:** There is a need for a person to provide the 'glue' for the network. Someone who will facilitate communication, build a Network webspace, support funding applications, and support the development of priority activities. This person could also be instrumental for mapping and identifying who is already affiliated with Cochrane in the various institutions, and understand whether there is a recognition within the institutions of the work their staff does with Cochrane.
5. **Map current US capacity and work**: The Network will need to build on existing expertise and connections. It is therefore important to know the people and institutions already involved in

producing Cochrane reviews, in providing training, in using Cochrane evidence, and the connections people have with key partners. The mapping could also help identify success stories, for example how people work with partner organisations in identifying review priorities, or using reviews towards implementation. During the Fort Worth meeting, participants also indicated to which of the focus areas they would be interested to contribute. This will be useful in further developing the focus areas, including the mapping of existing capacity.

6. **Knowledge translation:** The discussion evolved around various aspects of knowledge translation: from dissemination activities (i.e. through Wikipedia, Ted Med, social media) and promotional activities (promotion of the Cochrane brand as an authority in healthcare evidence; promotion of Cochrane Library), to making evidence relevant, accessible as well as visible in point of care evidence resources (such as Up to Date; Dynamed, EMRs) and building the right partnerships for knowledge translation work. It is important to consider how Cochrane evidence can be made more applicable to the US environment and audiences, and how it can contribute to solving US-specific social issues - producing evidence that is relevant internationally but can be implemented locally/nationally. Consider documenting knowledge translation pilots, for example the model applied by Kaiser Permanente Southern California for using existing Cochrane reviews and other high-quality reviews and proactively pushing these out to practitioners, and engage with them in using the available evidence.
7. **Collaborate with professional medical societies**: The Network could focus on the highest impact guideline developers first and consider how these could best be engaged. It was felt important to also consider allied health professional bodies for example in the area of nursing, nutrition or dentistry. The Network should identify how best to meet the needs of these societies: which topics are of interest; what kind of reviews are needed; what engagement mechanisms work best for the societies? There may be various levels of engagement: more generic through attending annual meetings; specifically engaging with the leadership; building connections between the associations and relevant Cochrane Review Groups; or through developing a Scholars programme with professional medical societies.
8. **Define intended US impact and mission:** The Network's mission and expected impact will need to be clearly defined. What is the added value the Network (and Cochrane) brings? What would success would look like? This clarity will also facilitate reaching out to partners, and 'selling' the Cochrane US Network. Expected impact could be an increased awareness of Cochrane in the US; examples of Cochrane Reviews used in practice; increased number of partnerships (with clearly defined added value) with key organisations.
9. **Fundraising:** This was identified as a key challenge for the Network and thus a priority area to focus on. As mentioned before, resources are needed for activities but also for staff time contributed to the network. Joint funding applications should be considered. Developing a coalition of funders, each providing a small amount towards the activities of the network, would be another strategy to consider.
10. **External stakeholder engagement**: A whole range of possible partnerships were discussed, some of which are also already referred to above under other focus areas for the Network. Suggestions included partnerships with: professional associations; the network of EPCs (building on the existing connections); Academy Health (around their annual meeting, and possibly also around developing advocacy positions); guideline developers; health care providers, including nursing practitioners; Consumer organisations such as Consumer Reports; librarians (often keen on substantive involvement in review production); CDC (they also conduct reviews). This is not an exclusive list and the mapping can help identify current partnerships people already hold and the Network might be able to build on.
11. **Consumer engagement**: Experience in consumer education and engagement was emphasised as an important asset of Cochrane that the US Network can build on. This could focus on training consumers to enable them to contribute to clinical practice guideline panels. Could also link this

to the Cochrane's international consumer network, and build on the work of Consumers United for Evidence-based Healthcare (CUE).

The above list of focus areas was not prioritized during the meeting. The general sense though was that it is important to start small and ensure clear results (and benefits) from the Network can be shown after the first year.

1.4 Next steps towards establishing the Cochrane US Network

The Cochrane central team will develop and publish a **call for Expressions of Interest to join the Network** as an Affiliate or Associate Center. This will be an open call to allow also institutions not present at the meeting to express their interest to join the Network. Institutions will be asked to indicate their area of expertise and interest, as well as the resources (in-kind or other) they would be able to contribute to the Network. Clear criteria will be developed to facilitate the assessment of the applications. Selected institutions will establish a Collaboration Agreement with Cochrane in which obligations and benefits for both parties are defined. Organisations not able or willing to become an Affiliate or Associate Center, but considered key partners for the Network, can be asked to identify a liaison person to ensure connections with these institutions can be developed and maintained.

Cochrane will provide seed funds to recruit **a part time coordinator for the Cochrane US Network**. The Cochrane central team will develop the job description and initiate an open recruitment process. This person will help communication, support funding applications, and support the development of priority activities. While not discussed in detail at the meeting, a suggestion was made to set up a volunteer task force to get the Network going. The coordinator could explore this idea further and identify interest among network partners.

Cochrane will **allocate time of its Development Officer to support fundraising activities**. This could include exploring and building connections with funders; supporting grant proposal writing, ensuring letters of support for funding applications. Fundraising support will also be a key task for the Network Coordinator.

Cochrane will plan to establish a Cochrane US Network 501 (c)(3) company in the US.

The Network Coordinator will play a key role in **ensuring regular communication** and interaction among the Network partners. Until the time the Network Coordinator is in place, the Cochrane central team will facilitate this interaction through regular updates by email and virtual meetings when needed.

2 Survey Results

Prior to the meeting a survey was circulated among the confirmed meeting participants. 18 people responded. The below table provides an overview of the challenges and opportunities survey respondents identified for the Cochrane US Network, as well as an overview of the contributions they could make and their expectations towards the Cochrane US Network. The results have been grouped under the four main goals of Cochrane's strategy to 2020.

Goal one: Producing Evidence **To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.**		
Challenges	**Scope of Work** *"Many reviews commissioned by the federal government are 'bespoke'. These tend to have significant policy weight. For Cochrane to have similar impact in the US, some of the processes need to be tailored to ensure that the end-users get what they are looking for."*	• There are processes and/or policies in place that pre-determine topics, which may not be of interest to end users of reviews • Large policy organizations are not nimble to adapt to Cochrane
Contribution	**Specialty Expertise**	• SR expertise • KT expertise • Methods expertise • Content-specific expertise • Editorial expertise
Opportunities	**Broaden Scope of Work** *"Expanding into new areas in agriculture, food systems and diet."*	• Expanding into new topic areas (e.g., agriculture, food systems) • Develop new reviews to improve or support processes (e.g., guideline development, review methods) • Conduct rapid reviews
Goal Two: Making our Evidence Accessible **To make Cochrane evidence accessible and useful to everybody, everywhere in the world.**		
Opportunities	**Increasing Interest in EBM, Knowledge Translation, Dissemination and Uptake** *"Increase dissemination activities aimed toward consumers, clinicians, policy making groups (national associations, etc.)."*	• Knowledge translation into clinical practice, guideline and policy settings • Increase opportunities for dissemination work – especially for consumers, clinicians and policy makers • Promotion of EBM and SRs
Contributions	**Facilitating Knowledge Translation**	• Translation work in various health care settings (e.g. VA) •
Ex pe	**Increase Dissemination Efforts**	• Need to create new partnerships committed to improving

	"The uptake of Cochrane reviews isn't nearly as vigorous as in other countries, so a concerted effort to expand review activities, partnerships, and training can only benefit the Network significantly…"	dissemination of health care interventions • Overall increase dissemination networks
	Training End Users of Reviews	• Coordinate training sessions in review methodology to educate end users of reviews
Other Suggestions	**Educate End Users of Reviews** *"Despite the track record of EBM and critical appraisal in Europe and other countries, many US clinicians still believe that 'experience' trumps all other evidence in determining best practice. There is NOT a general appreciation for systematic reviews among many clinicians, nor are they familiar with Cochrane as a gold standard or what, in general, makes a review trustworthy."*	• Target guideline developers and clinicians, help them understand the significance of SRs
Goal Three: Advocating for Evidence **To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.**		
Opportunities	**Forge New Partnerships and Collaborations** *"With the Evidence-based Practice Centers, the US has a well-established network of institutions with tremendous expertise in systematic reviews and methods work. Collaborating with EPCs and other institutions in the US will be mutually beneficial."*	• Development of partnerships with key stakeholders (e.g. EPCs) • Collaboration with EPCs to build upon existing work and increase US presence
	Increase Visibility of Network *"To have wider recognition as an unbiased source of reviews that can potentially support clinical practice guidelines and other policy decisions."*	• Cochrane has poor US penetration; we need to raise visibility • Wider recognition as an unbiased source of Evidence-based Medicine
Challenge	**Perception & Competition** *"There are already a plethora of US competitors in the systematic review production, dissemination and consolidation arena. Among those with awareness of Cochrane, it is perceived as a UK organization with a product that is high-quality but narrowly focused and not easy to use or understand."*	• Cochrane viewed as a non-US entity • Most US citizens and other groups are unaware or have limited knowledge of Cochrane or its deliverables • Plethora of US competitors • Unaware/Lack of buy-in • Unwelcoming feeling
Contribution	**Awareness-raising of Cochrane**	• Engage with end-users of reviews • Highlight awareness of Cochrane to ensure uptake in clinical practice • Raising awareness of Cochrane deliverables • Advocacy through media and industry events, including grassroots approaches

Contribution	**Facilitate Partnering/Developing Relations with Key Partners in US**	• With professional associations & Guideline producers • Health care systems • EPCs, VA and others
Expectations	**Increased Profile/To Be Seen as a Leader in EBM and Guidance** *"Cochrane is a well-known and trusted resource in the US and could elevate the stature of guidelines that are developed in partnership with Cochrane."*	• Cochrane to become a leading player and trusted resource in the US • Educator in providing guidance • US Network to become the world-leading network • Value-based purchasing focus increases importance of EBM and Cochrane
Other	**Increased Media Presence**	• "Greater mass media presence."
Goal Four: Building an Effective & Sustainable Organisation **To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.**		
Opportunities	**Develop New Training Opportunities** *"Engagement with professional medical associations to educate and train clinicians in using and conducting reviews."*	• Engagement with professional associations to educate and train end users of reviews • Train editorial staff (authors and editors) • Provide guidance to facilitate conduct of review research
Other Suggestions	**Funding** *"The US is important for Cochrane and Cochrane must make sure that the network does not fail. Initial financial support of the network by Cochrane should be taken into consideration."*	• Cochrane to cover startup costs for US Cochrane Network • Engage with funders of SRs (e.g., AHRQ, CDC, NIH) to understand how funding streams might support Cochrane work • RFAs for methods work
Challenges	**Funding Challenges/Limited Resources** *"Funding is a significant challenge – given the nature of the research environment, participants will need to find a consistent stream of support to ensure continuity of review activities and staff. They really cannot expect institutional support/in-kind contributions for most of these activities."*	• Very difficult to secure project-specific funding (limited funding opportunities) • Unsure whether Cochrane has the means to raise resources to support its mission • Lack of infrastructure • Volunteer culture of Cochrane is challenging in the US
	Systemic and Leadership Issues *"A US Cochrane network needs leadership from someone who is already well-established and connected with the current players in the US (e.g., EPC, VA). Cochrane needs to sell itself as a new opportunity for existing institutions to work on an*	• Fragmented medical system • Inadequate leadership in Cochrane • Need for centralized organization and coordination • Geographic distances lead to disconnect

	international scale. But stable leadership will be key."	
Contribution	**Provision of Training to Producers and Users of Reviews**	• Author trainings • Teach tenets of EBM and how to apply in clinical practice • Extend existing trainings to other groups
Expectation	**Improved Collaboration and Communication within Network** *"It would be great to have more connection and communication between Cochrane groups and individual Cochrane contribution in the US. This has been lacking in the past, and better coordination is essential for raising the profile and enhancing the impact of Cochrane evidence in the US. However, what the organization model might be is unclear, and how to achieve coordination with little or no funding for management activities has been a challenge in the past."*	• Increase Meaningful and Ongoing Communication • Coordinate existing US Cochrane efforts in order to raise the network's impact and profile • Collaborations to develop new methods or identify topics for future research • More communication between groups and individual contributors • Concerns about feasibility of this endeavor due to limited funding and resources
Other Suggestions	**Evaluate Short- and Long-Term Plans** "This is an opportunity to think big about the potential impact of Cochrane in the US, and make strategic plans in both the short and long term. We should absolutely ramp up activities in areas where we already have a toehold, but we need to go beyond this."	• Either commit or don't
	Decentralization	• "Decentralization of the whole."

3 Summary meeting Edinburgh

September 18, 2018

Suggestions regarding the functions of the network:

Some of the key challenges and the opportunities a network may provide:

- Uptake of evidence is often missing in non-academic as well as in academic medical settings. There are opportunities for advocacy or PR work for evidence-informed health decision making in these settings.
- Lack of skills and systemized approach to training of health professionals in evidence informed health decision making. Opportunity for training. Plain Language Summaries and Summary of Finding tables are really useful. Access to Cochrane online training tool/ modules could support training efforts. Build on this and consider how to systemically incorporate training at medical school level. Consider accreditation (The Liaison Committee on Medical Education (LCME))
- A network would provide access to a range of expertise that the network members have – could be one core function of the network. Networks could also create the ability to respond rapidly to funding priorities or calls.
- Resourcing the network is a challenge. But working in a network can facilitate joint work, coalition building around funding proposals, will make for stronger voice. There may also be opportunities from NIH/AHRQ for meeting support
- The funding for the National Guideline Clearinghouse website has ended, now looking for partners to take this work forward. Cochrane is interested to discuss this further.

Work with a range of stakeholders:

- Important to make sure the network builds on what is there, key players that may not yet be actively involved in Cochrane, as well as other US networks (G-I-N North America; US GRADE; other)
- Identify Champions and Standard Bearers especially in societies
- Linkage to guideline developers, policy makers, consumer organizations
- Work across professional associations. Also noted that some of the allied health professions may be a good entry point for evidence informed health care.
- Professional societies – linking to their guideline development work (usage of systematic reviews in guideline development); training; knowledge translation
- Cochrane's technology and innovation work might interest founders

Suggestions re the structure of the network:

- Need to consider the structure within the context of the functions of the network. Today starting that discussion, Texas meeting in October will allow for more in-depth discussion on functions. The structure of the network should accommodate these functions, Cochrane is open to what this would look like.
- Network should build on expertise and resources of all institutions involved. Can provide glue between institutions and across experiences. Work with the grain of current US stakeholders.
- Needs resourcing: from institutions involved, while seeking additional funding for specific functions and activities (network members can build consortiums working around specific activities), as well as resources for managing the network.
- Useful to inform thinking about the network structure by bringing in examples of other networks (also beyond the health sector).

4 Meeting Agenda

Meeting objectives:

- To discuss opportunities and challenges for Cochrane in the US;
- To discuss the strategic objectives of the Cochrane US Network;
- To discuss the ideal composition of the Network – skill set and expertise; number of network partners; key institutions (academic, professional associations, NGOs, other); the leadership model;
- To agree the process of inviting and evaluating potential network members; and
- To initiate discussion about resourcing the Cochrane US Network.

Expected outputs and outcomes:

- Agreed vision and strategic objectives of the Cochrane US Network;
- Consensus on structure and ideal composition of the US Network;
- Agreed next steps towards the establishment of the Cochrane US Network.

Detailed Timetable:

Time	Agenda item	Background documentation	Presented by
Monday 29/10			
9:00 – 9:30	Welcome, introductions, meeting objectives and expectations		Susan Weeks Jeanne-Marie Guise Marguerite Koster Mark Wilson
9:30 – 10:30	Introduction to Cochrane and its *Strategy to 2020*	*Strategy to 2020*	Mark Wilson David Tovey
10:30 – 11:00	Coffee break		
11:00 – 12:30	US environment of evidence-informed health care, opportunities and challenges for Cochrane in the US.	Survey results	Jeanne-Marie Guise General discussion moderated by the co-chairs
12:30 – 13:30	Lunch break		
13:30 – 14:30	Vision for US Network and its strategic objectives – brainstorming session		Jeanne-Marie Guise Sylvia de Haan
14:30 – 16:30 (includes a break for coffee at a convenient time)	Groupwork (3 groups): Building on the brainstorming session: define (SMART) strategic objectives, and consider the best network structure and composition that would help achieve these objectives.	Functions document Cochrane Centers Statistics from Archie on Cochrane presence in US	

16:30 – 17:30	Feedback from group work, aiming to reach consensus on strategic objectives and network structure and composition		Co-chairs Group rapporteurs
19:00	Dinner at Reata Restaurant		
Tuesday 30/10			
8:00 – 8:30	Summary of day 1 and listing any outstanding issues		Co-chairs
8:30 – 10:00	Process for establishing the Cochrane US Network		Co-chairs
10:00 – 10:30	Coffee break		
10:30 – 12:00	Resourcing the Cochrane US Network & time for discussing any outstanding issues		Co-chairs
12:00 – 12:30	Next steps and closure of the meeting		Co-chairs
lunch			

5 List of Participants

First Name	Last Name	Organization
Dorie	Apollonio	University of California San Francisco Medical Center
Susan	Ballabina	Texas A&M University
Michael	Brown	Michigan State University
Martin	Burton	Cochrane
Patricia A.	Cassano	Cornell University
Philipp	Dahm	University of Minnesota
Sylvia	De Haan	Cochrane
Robert	Dellaville	University of Colorado Denver
Joel	Gagnier	University of Michigan
Gerald	Gartlehner	Donau-Uni Krems
Jeanne-Marie	Guise	Oregon Health & Science University
David	Haas	Indiana University
Shayesteh	Jahanfar	Central Michigan University
Kathryn	Kaiser	The University of Alabama at Birmingham
Marguerite	Koster	Kaiser Permanente
Hassan	Murad	Mayo Clinic
Donal	O'Mathuna	Dublin City University
Colleen	Ovelman	College of Medicine at The University of Vermont
Deborah	Pentesco-Murphy	Wiley College
Amir	Qaseem	American College of Physicians
Dru	Riddle	Texas Christian University
Rich	Rosenfeld	Long Island College Hospital & SUNY Downstate, NY
Ian	Saldanha	Brown University
Lisa	Simpson	Academy Health
Roger	Soll	University of Vermont Medical Center
Patrick J.	Stover	Texas A&M University
Maria	Suarez-Almazor	MD Anderson
Gautham	Suresh	Baylor College of Medicine
David	Tovey	Cochrane
Marshall	Tulloch-Reid	The University of the West Indies at Mona
Craig A.	Umscheid	University of Pennsylvania Health System
Meera	Viswanathan	RTI
Zhen	Wang	Mayo Clinic
Susan	Weeks	Texas Christian University
Susan	Wieland	University of Maryland School of Medicine
Mark	Wilson	Cochrane