Effectiveness Guidance Documents (EGDs)

CMTP develops EGDs to provide specific recommendations to clinical researchers, product developers and sponsors on how to design and conduct clinical studies that will generate the evidence needed by post-regulatory decision-makers, including patients/consumers, clinicians, and payers.

The general process for developing EGDs, and the resulting products from each step, are summarized in a flow chart in Appendix A and the specific steps described below. Although these are presented as linear steps, the tasks may be iterative and there is flexibility in how the steps are completed. Our goal is to develop an EGD with clear and actionable recommendations on the design of clinical studies that are maximally informative for healthcare decision making by patients, clinicians and payers.

Step 1. Topic Identification and Selection
Product: Topic

Ideas for EGD topics come from a variety of sources including nominations from the public, from specific contracts or grants, and from internal priority setting exercises.

CMTP has developed an internal process for identifying and prioritizing technologies for EGDs. Our topic selection process involves both internal and external/outsourced research into emerging medical technologies, drawing upon resources from horizon-scanning agencies and health technology assessment organizations, among others. A defined set of criteria are used to select topics, including considerations of disease burden, cost impact, the quality of current evidence, and a voting process among small working groups comprised of key decision-makers like payers, patients, and clinical experts to select priorities within a specific disease area.

Step 2. Identification of Stakeholders
Product: Stakeholders

CMTP relies on expertise and perspectives from a variety of stakeholders throughout the EGD development process.

The Technical Working Group (TWG) consists of 8 to 12 experts in clinical care and research methods specific to the clinical domain that is the focus of the EGD. Patient, clinicians and payers are also often involved in the TWG. We identify potential members by reviewing expert members of scientific committees, such as guideline committees, and authors of key reports of research or systematic reviews. Much of the work completed with the TWG may be conducted via email and phone, though interviews and meetings are also utilized.

The Expert Stakeholder Advisory Group (ESAG) comprises 30 to 60 members who are product
developers, researchers/methodologists, public and private payers, clinicians, patients/consumers. Also included are representatives of professional societies and federal (and/or state) government agencies. Representatives should be nominated by their organization and be empowered by the organization to represent their interests. The ESAG provides specific feedback on recommendations and critically reviews the EGD. Feedback on the recommendations is typically completed at a meeting, while review of the EGD is conducted electronically. ESAGs are often convened at the outset of developing an EGD in order to more clearly define the evidentiary gaps and the barriers to addressing some of the identified methodological weaknesses of the literature in a particular disease area.

**Step 3. Topic Refinement**

**Products: Conditions/interventions; State of evidence**

CMTP staff complete a brief review of relevant evidence-based guidelines and systematic reviews, as well as resources offering general guidance on clinical research. We consider the following sources, as appropriate:

- **General research guidance**
  - FDA guidance documents
  - Methods guides for the Agency for Health Care Research and Quality (AHRQ’s) Evidence-based Practice Centers and DeCIDE centers
  - Reporting standards, such as CONSORT and REMARK (equator network)

- **Topic specific guidance**
  - Systematic reviews: The Cochrane Library, Evidence-based Practice Centers
  - Evidence-based guidelines: National Guidelines Clearinghouse, Guidelines International Network
  - National Institutes of Health consensus conferences and workshops
  - Health technology assessments: National Institute for Health and Clinical Evidence, Canadian Agency for Drugs and Technology in Health, International Network for Health Technology Assessment, BlueCross Blue Shield Association Technology Evaluation Center

The TWG members participate in refining the topic by identifying key issues and challenges associated with studying the technology and the conditions being targeted by the technology. Input is typically sought through a series of telephone interviews and teleconferences, but may include an in-person meeting. CMTP staff provides the background research that serves as a starting point for discussions of specific issues. Members of the TWG asked to come to a meeting prepared to discuss specific gaps or research needs, as well as specific recommendations for future research.

We use the products from this step to form part of the draft version of the EGD, specifically for the Introduction sections “Condition and Interventions” and “State of the Evidence” (see Appendix B).
Step 4. Recommendation Development
Product: Recommendations

Draft recommendations are developed by CMTP staff based on the background research, as well as through discussions with the TWG (interviews, meeting).

Recommendations, typically 10 to 12, are clear and actionable statements providing guidance on the specific questions (such as type of patient, outcome measures) and specific design issues that should be considered in the design of maximally informative clinical studies. See Appendix B for further details.

Step 5. EGD Development
Product: Draft EGD

CMTP staff draft the EGD using the products of Step 3 and 4. Appendix B, Outline for Effectiveness Guidance Documents, provides details on the sections and information included in each section.

Step 6. Review of EGD
Product: Final EGD

The draft EGD is first reviewed internally by all members of the writing team, the TWG and other CMTP staff. We revise the EGD based on this internal review and then distribute the EGD for external review.

The draft EGD is distributed to members of the TWG and ESAG for external review, and a broader list of stakeholders identified through the literature and recommendations from the ESAG. We welcome public comment and post the draft EGD on our website with a comment form for that purpose.

CMTP staff revise the EGD and produce the final EGD based on the feedback from the internal and external reviews.

Step 7. Dissemination

Final EGDs are distributed to all stakeholders and other interested parties. Final EGDs are also posted on the CMTP website.

Step 8. Feedback and Update

The public may provide comments on current EGDs through the CMTP website. CMTP staff review comments, as well as new developments, to determine if an EGD should be updated or archived. All EGDs are reviewed for currency every 2 years. Outcomes of this review include decisions to update, to leave as is or to archive EGDs.
Appendix A: Effectiveness Guidance Document Flowchart

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<thead>
<tr>
<th>Group</th>
<th>Process</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Topic Selection/Development</strong></td>
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</tr>
<tr>
<td></td>
<td>- Priority Setting</td>
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<td></td>
<td>- Nomination</td>
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<td></td>
<td>- Contract/Grant</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Topic Refinement</strong></td>
<td><strong>Conditions/Interventions</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>State of Evidence</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Recommendation Development</strong></td>
<td><strong>Recommendations</strong></td>
</tr>
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<td></td>
<td><strong>EGD Development</strong></td>
<td><strong>Draft EGD</strong></td>
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<td><strong>Final EGD</strong></td>
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<td><strong>EGD Review</strong></td>
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<td><strong>Dissemination</strong></td>
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<td><strong>Feedback/Update</strong></td>
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TWG
ESAG

Writing Team

TWG
ESAG
Appendix B: Outline for Effectiveness Guidance Documents

1. Title Page
   - title
   - version number and date

   On back of title page include box listing the writing team

2. Table of Contents

3. Executive Summary (one page)
   - purpose/objective(s) and target audience of this EGD
   - listing of key EGD recommendations as a box/table

4. Preface
   a. Purpose
      Purpose of EGDs in general
      • Summary. Link to online full description

      Purpose of this EGD
      • Why is this EGD needed? What is the target audience for this EGD? What is objective(s)? How are the recommendations different from general guidance?

   b. Process
      Process for EGDs in general
      • Summary. Refer to online EGD general methods

      Process for this EGD
      • Who are the members of development group (generally how identified, refer to appendix)? Who led the writing team (refer to box opposite table for contents for all members)? How are recommendations formulated, if different from general process? How was development of this EGD funded/supported?

5. Introduction
   a. Condition and Interventions. Brief description, focusing on elements that may lead to unique issues in research design
   
   b. State of the Evidence
      • How is evidence identified and selected?
      • Consider using framework to identify and characterize gaps. An example framework:
        — Question specific gaps: PICOTS
        — Gaps in evidence: suggest using framework such as:
          1) Areas or questions where there is no evidence or limited evidence (e.g., studies were not identified or, if identified, provided limited information due to small sample size, too short a follow-up time).
2) Areas or questions where the evidence is of poor quality suggesting the possibility of bias.
3) Areas or questions where identified evidence is not generalizable (e.g., in different population than population of interest).

6. **Recommendations** (see Recommendations Template below)

   *Specific Recommendations*
   - list recommendations specific to the topic of this EGD

   *General Recommendations*
   - list recommendations that are general for all research but particularly relevant for this EGD. Examples might include: how to calculate required sample size; issues of measurement; reporting (transparency) standards

When developing and presenting recommendations, consider using following organizational framework:
- Research Hypotheses
- Population
  - Intervention(s)
  - Comparator(s)
- Outcomes
  - Primary Outcomes
  - Secondary Outcomes
- Timing
- Setting
- Safety Issues
- Study Design
  - Study Type
  - Study Design Issues
  - Statistical Issues
  - Other Issues

Each item in this framework may not be applicable to all EGDs or be in this order.

7. **References**

8. **Appendices**
   - Advisory Group Members
   - External Reviewers
Recommendation Template

Statement
- Bold font
- Number each recommendation to facilitate identification and discussion

Description
- If needed, include description or clarification of statement or elements in statement

Rationale
- Provide justification for statement with supporting evidence (or points of argument from consensus). This should not be additional description of the statement.

Implementation
- Discuss potential barriers to applying specific recommendations, including discussion of alternatives (avoid providing general guidance only)