

Guidance for Members

1. Remember that **your job is to represent** patients, clinicians and other stakeholders.
 - They primarily want new interventions when the evidence indicates efficacy/effectiveness and benefits are likely to outweigh harms.
 - Others rely on your conclusions about efficacy, benefit, harms and value because they may not have the time or skills to review all the evidence and clinical considerations or may not have decision-making responsibilities.
2. Become comfortable with the concept that the **burden of proof is on the new intervention**. New interventions are not "innocent" just because a few studies have been performed.
3. **Understand the aims, policies, processes and criteria** of your committee. **Understand the implications of your decisions**.
4. **Know what is expected** of voting members.
5. Develop competencies in **critical appraisal**.
6. **Be prepared** for each meeting.
 - Read the materials.
 - Have an evidence grade for each item. This means you must have a good understanding of bias, confounding, and chance; evidence grading; the difference between statistical and clinical significance and other considerations for determining usefulness of information.
 - It also means deciding—
 - Whether the evidence is sufficient to draw conclusions regarding the effects of the intervention on outcomes.
 - If benefits outweigh harms.
7. Be **prepared to ask questions** about items in the materials/presentations that are not clear to you.
8. Understand **triangulation** and why it is used in evidence-based decision making committees.
 - Evidence is the most important triangulation issue.
 - Be able to separate evidence from "judgment/opinion."
 - Other issues come into play in the real world and should be brought to the table by you and your colleagues. These include accreditation issues, clinician perspective, community standards, cost, ethical considerations, liability and risk management issues, marketing, media or press issues, medical community impacts, medical-legal, public relations, purchasing issues, regulatory, research realities (e.g., likelihood that no evidence will be able to answer clinical questions, etc.), utilization (e.g., impacts of provider change including demand, is there the capacity to support this change, impact of substitution, etc.), overall impact on the health care organization, etc.
9. Remember that outcomes (benefits and harms for patients) **depend upon you** and other committee members.

I know I am of service as an evidence-based committee member when I—

1. Understand and work in consort with the above principles, concepts and requirements.
2. Understand the importance of this committee in protecting our patients from adverse events and improving their lives.
3. Understand that difference between surrogate outcome measures and the 5 areas of importance to patients—morbidity; mortality; symptom relief; emotional, physical and mental functioning; and, health-related quality of life.
4. Appreciate the need for critically appraised information and ideally know how to effectively critically appraise primary studies, secondary studies and secondary sources of health care information and participate in evidentiary discussions.
5. Understand that, with skills in critical appraisal of the medical literature, I play an important role in health care issues including involving specialties other than my own.
6. Commit to ongoing learning about how to effectively evaluate medical evidence.
7. Can tell when "evidence" is not valid evidence and am able to discern the difference between opinion and evidence.
8. Am effective at making determinations by triangulating evidence with other important factors such as patient preference, regulatory issues, cost, etc.
9. Come to meetings prepared to discuss agenda items and participate in decision-making to the best of my ability.
10. Am proactive and speak up when I see an important study flaw or other problem such as the need to reject an intervention.