Getting better with evidence:
Experiences of putting evidence into practice

10 December 2019
Auckland Medical Research Foundation Auditorium
Grafton Campus, University of Auckland

PROGRAMME

Time	
8:00am	**Registration opens**
9:00am	**Mihi whakatau** Rawiri Wharemate (Ngāti Wai, Ngāpuhi, Te Kawerau a Maki), kaumātua
9:10am	**Introduction and welcome** Dr Ashley Bloomfield, director-general and chief executive, Ministry of Health
9:20am	**Welcome from the hosts** Professor Alan Merry, deputy dean, Faculty of Medical and Health Sciences, University of Auckland

9:30am	**Keynote: Gathering and disseminating better evidence** *20 minute presentations, followed by a 30-minute panel discussion*		
	The path to independence: creating more trustworthy evidence Fiona Godlee, editor-in-chief, *British Medical Journal*, London, UK *A universal human aspiration is to use the most trustworthy evidence to inform our decisions about health care. Yet as the landmark Institute of Medicine report on conflicts of interest in medical research, education and practice highlighted, extensive industry influence may be jeopardising the integrity of scientific investigations, the objectivity of medical education, the quality of patient care and the public's trust in medicine.* *As the World Health Organization has observed, there is an 'inherent conflict of interest between the legitimate business goals of manufacturers and the social, medical and economic needs of providers and the public…'* *It is time to ensure that scientific evaluation of tests and treatments, and communication and use of the resulting evidence, are conducted as independently as possible from industries that profit from their use.* *This talk will explore routes to greater independence from industry, calling on existing examples and ideas for how we can create a better, more trustworthy evidence base for health decisions.*	**A critical lens on knowledge production** Prof Papaarangi Reid, tumuaki, deputy dean Māori, Faculty for Te Kupenga Hauora Māori (TKHM), University of Auckland *Tēnā koutou katoa.* *Knowledge production systems are age-old and firmly bound in culture and contexts. Today we use words like science, knowledge and evidence uncritically and without acknowledging their theoretical foundations, and those of the institutions that generate them.* *In a conference that focuses on 'getting better with evidence' where many speakers will focus on methods, analytics, integration, utility and engagement, there must also be a space to question and debate theoretical issues.* *Do we dismiss knowledge from other knowledge production systems and what are the risks?* *Are there skeletons in the closet of westernised science and how might they be impacting on our work today?* *Are we complicit in commercialism and consumerism and what does this mean for our commitment to social justice and equity?* *Do we produce evidence but wilful inaction?* *As we embrace 'big data' and 'artificial intelligence', do we understand that algorithms produced in a racist and biased society will be racist and biased?* *Once we know these things, what are our ethical responsibilities?* *Let's talk about these issues. Mauri Ora!*	**Harnessing the power of large national administrative datasets to create evidence and develop policy** Prof Matthew Parsons, clinical chair in gerontology, Te Huataki Waiora Faculty of Health, University of Waikato *Data science is rapidly emerging as an effective and powerful method of understanding complex problems and identifying solutions in health care.* *This presentation uses three case studies spanning 10 years where large data sets have been used to develop innovative health care models. The presentation will also focus on the use of classification arising from big data analytics to develop and implement alternative funding methodologies, namely case-mix across the health care continuum. Other benefits of big data analytics will also be explored, including the potential replacement of the randomised controlled trial.*
11:00am	**Morning tea**		

11:30am	**Keynote: Translating evidence into action** *20-minute presentations, followed by a 30-minute panel discussion*		
	Getting to the heart of the evidence Catherine Marshall, independent health and guideline adviser, and consumer advocate *People involved in the production of systematic reviews, guidelines and other evidence-based tools are usually passionate about their work and believe their evidence will improve the quality of care of patients and consumers. Evidence by itself is static, often hard to locate and rarely tugs at our heart strings. So how do we translate that knowledge? In particular:* • *how do we design evidence-based advice that is easy to understand and follow?* • *what factors other than 'scientific' evidence need to be taken into account?* • *what is the special x-factor that can make evidence relevant to the everyday lives of consumers?* *Catherine will discuss both personal and policy approaches using examples from her own health care journey and her quest for evidence-based advice, along with evidence implementation projects designed to resonate with consumers.*	**Preventing overdiagnosis: how to stop harming the healthy** Dr Ray Moynihan, assistant professor and National Health and Medical Research Early Career Fellow, Centre for Research in Evidence-Based Practice, Bond University, Queensland, Australia *This presentation will offer an overview of the complex and counterintuitive health challenge of over-diagnosis, which has been described as a 'modern epidemic' causing harm and challenging the sustainability of health systems. It will explore the problem and potential solutions to it. The presentation will draw on national and international evidence and analysis.* *In a nutshell, over-diagnosis happens when someone receives a diagnosis that does them more harm than good. It happens, for example, when a healthy person is diagnosed with a disease that will not actually ever cause them harm. The presentation will explain the nature of this vexing problem, and evidence that has attempted to estimate its extent across several conditions, including, for example, thyroid, breast and prostate cancers.* *The presentation will also explore what might be driving this problem, such as broadening disease definitions and changes in diagnostic technology – often used in screening programmes – which can identify ever-smaller abnormalities, many of which will highly likely never to go on to cause harm. Drawing on recent work published in the BMJ, the presentation will also explore a wide range of potential solutions.*	**Trusting the evidence** Prof Cindy Farquhar, postgraduate professor of obstetrics and gynaecology, Department of Obstetrics and Gynaecology, University of Auckland *The term 'evidence-based medicine' (EBM) means integrating individual clinical expertise with the best available external clinical evidence from systematic research.* *An important tool for those who wish to be evidence based is the systematic review. Systematic reviews are the building blocks of guidance for every day practice. The Cochrane Collaboration is concerned with preparing, maintaining and disseminating systematic reviews of the effects of health care. After nearly 25 years of Cochrane reviews what has been achieved? Have we made progress in medicine becoming an evidence-based discipline? This presentation will lay out the promises and the reality of EBM in 2019.*

1:00pm	**Lunch**	
1:45pm	**Concurrent seminars**	
	Room 505-007	**Room 501-010**
	Implementation in a difficult environment Assoc Prof Sue Crengle, Department of Preventive and Social Medicine, University of Otago Dr Rees Tapsell, director of clinical services, Mental Health & Addictions Service Executive clinical director, PUAWAI: Midland Regional Forensic Psychiatric Service *There is substantial information demonstrating that the provision of health care contributes to Māori health inequities through the underuse of evidence-based best practice and the overuse of inferior treatments.* *Using examples from primary care and mental health we will provide a brief overview of this information, examine why it is difficult to implement evidence in these environments, and discuss potential solutions to these challenges.*	**Public understanding of evidence** Catherine Marshall Deon York, programme manager – consumer engagement, Health Quality & Safety Commission Louise Malone, committee member, Breast Cancer Aotearoa Coalition *Progressing towards a public understanding of evidence is more likely if true partnership and engagement with the development, production, and use of evidence takes place.* *This session will focus on these elements, comparing and contrasting practical national and international examples of consumer engagement with developing, generating, presenting and using evidence to ultimately improve the quality of care.* *This interactive session will explore questions including:* • *Why is it important for consumers and communities to engage with health data?* • *How can consumers contribute to the development of evidence?* • *What does the system need to provide to consumers for them to effectively use evidence for themselves and their whānau?* • *How can experience-based evidence be better curated and made available to consumers?* • *How can consumers influence the research agenda with what matters to them?* • *How can consumer engagement with evidence influence national policy and the delivery of quality health care?*

	Room 503-028	Room 503-020
	Real-world appraisal Carl Heneghan, general practitioner and director of the Oxford Centre for Evidence-Based Medicine *The growing harms caused by drugs and devices, the escalating costs of health care and the pace new technologies emerge means we need to be more effective in how we use evidence to inform health care.* *How should we inform services; how should we improve post-marketing surveillance; do we need mandatory registries for all implantable devices? Some of the evidence gathering questions we face.* *Randomised trials have been the gold standard for evidence of effectiveness, but there is often a mismatch between the questions, the populations and the outcomes in the real world.* *In this seminar, Professor Heneghan will discuss the types of evidence we require to aid decision making, what is working and what is not, and how can we contribute to better informing patients in the real-world?*	**Shared decisions about medicines: the intersection between people's preferences and evidence** Jeff Harrison, head of school, pharmacy, University of Auckland *This session will explore the identification, communication and use of best evidence in reaching shared decisions about the use of medicines.* *Health consumers (people) have a right to be fully informed, make informed choices about their treatment, enshrined in New Zealand in the Health & Disability Commissioner Code of Rights 6 and 7. The Code sets out that, among other things, people have the right to an explanation of the options available, including an assessment of the expected risks, side effects, benefits, and costs of each option.* *As health care practitioners and health consumers, how do we gather evidence on the benefits and harms of treatment? How do we incorporate people's beliefs about medicines and their preferences for treatments, including their cultural beliefs? How do we help patients make the trade-off between harms and benefits where the impacts may be unequal? How do we manage our own implicit biases, and respond when we are asked or feel the need to promote the 'right' choice?* *For all this… and a toolkit to address some of these problems in practice, you'll need to come along.*
3:15pm	**Afternoon tea**	

<table>
<tr><td>3:30pm</td><td colspan="3">Keynote: Building solutions – the roles of big data, randomised controlled trials and real-world evidence
20-minute presentations, followed by a 30-minute panel discussion</td></tr>
<tr><td></td><td>Building solutions: avoiding harm and ensuring equity benefits for Māori
Assoc Prof Sue Crengle
The use of evidence obtained from clinical trials and real-world research has the potential to improve Māori health and reduce inequities in health, but this potential has yet to be fully realised.
The use of big data in health and other sectors has the potential to do harm. This presentation reflects on both of these issues, and considers strategies to ensure that potential benefits are realised and harm avoided.</td><td>If not the randomised controlled trial, why not and then what?
Assoc Prof Rachael Parke, School of Nursing, University of Auckland;
nurse senior research fellow, cardiothoracic and vascular intensive care unit, Auckland DHB
Randomised controlled trials have long been considered the gold standard for clinical research.
Why do promising new strategies leading to improved patient outcomes in single-centre randomised controlled trials fail to be replicated in large, definitive, multi-centre trials?
Pivotal large-scale multi-centre trials in fields such as fluid resuscitation, sepsis and renal failure, have been conducted by experienced investigator-led clinical trials groups. However, few such trials undertaken in the setting of intensive care demonstrate improved patient outcomes.
This has led to debate over the so-called ‘negative trial’ and the role of large-scale randomised controlled trials, with calls for them to be abandoned. This presentation will discuss the significant impact of neutral trial results on clinical practice and the health care system; debate the concept that it is time to move away from the idea of the ‘negative trial’; and suggest some novel and innovative design methodologies that may improve success of future trials.</td><td>Reliable evidence: The roles of real-world data, patient evidence and randomised trials in judging treatment effectiveness
Carl Heneghan
New treatments are only slightly superior to established treatments when tested in randomised controlled trials. Also, results have remained stable over time and the success rate of new treatments has not changed over the last half century of clinical trials.
Why does so little research translate into practice?</td></tr>
<tr><td>5:00pm</td><td colspan="3">Summary and close
Professor Alan Merry</td></tr>
<tr><td>5:15–
7:00pm</td><td colspan="3">Networking event
Faculty of Medical and Health Sciences Atrium, University of Auckland</td></tr>
</table>