

# Evidence to Policy: the HIQA experience of evidence synthesis during the COVID-19 pandemic

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On behalf of HIQA team

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# Webinar overview

- HIQA
- Role in the COVID-19 pandemic
- Processes
- Phase I example
  - Duration of infectiousness
- Phase II example
  - Duration of restricted movements
- Challenges
- Outputs and impact

# HIQA

# Who are we?

- HIQA is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public
  - Setting standards for health and social care services
  - Regulating social care services
  - Regulating health services
  - Monitoring services
  - Health information
  - National Care Experience Programme
  - **Health technology assessment (HTA)**
- Health Act 2007
  - “to evaluate the clinical and cost effectiveness of health technologies including drugs and provide advice arising out of the evaluation to the Minister and the Executive.”
  - “to evaluate available information respecting the services and the health and welfare of the population.”
  - “to review and make recommendations as the Authority thinks fit in respect of the services, to ensure the best outcomes for the resources available to the Executive.”



# Who are we?



Máirín Ryan



Patricia Harrington



Conor Teljeur



Shelley O'Neill



Eamon O Murchu



Christopher Fawsitt



Karen Jordan



Kieran Walsh



Paul Carty



Debra Spillane



Melissa Sharp



Barbara Clyne



Laura Comber



Susan Spillane



Sinead O'Neill



Kirsty O'Brien



James Larkin



Paula Byrne



Barrie Tyner



Susan Ahern



Karen Cardwell



Natasha Broderick



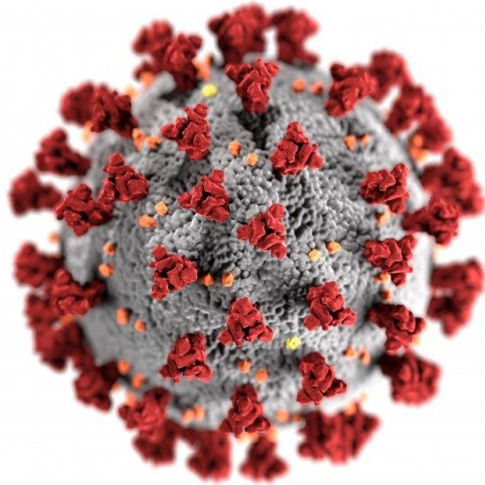
Michael McCarthy

# Who are we?

- Academic links (RCSI, NUIG)
- Work directly with clinical and policy leaders, and patient representatives (HSE, DoH, academia, patients)
- Grant funding (HRB for supporting National Clinical Guidelines)
- Training/Fellowships (SPHeRE PhD, ESI fellows, MSc. Health Economics interns, M. Pharmacy placements, SpR in Public Health Medicine)
- International collaborations (ECDC, EUNetHTA)
- All our work directly informs policy and investment decisions
  - National screening, vaccination & other programmes (e.g. PrEP)
  - National Clinical Guidelines
  - National strategies on cardiac services and AMR
  - Justification/review of ionising radiation practices
  - National response to COVID-19

# COVID-19

# Role in the COVID-19 pandemic

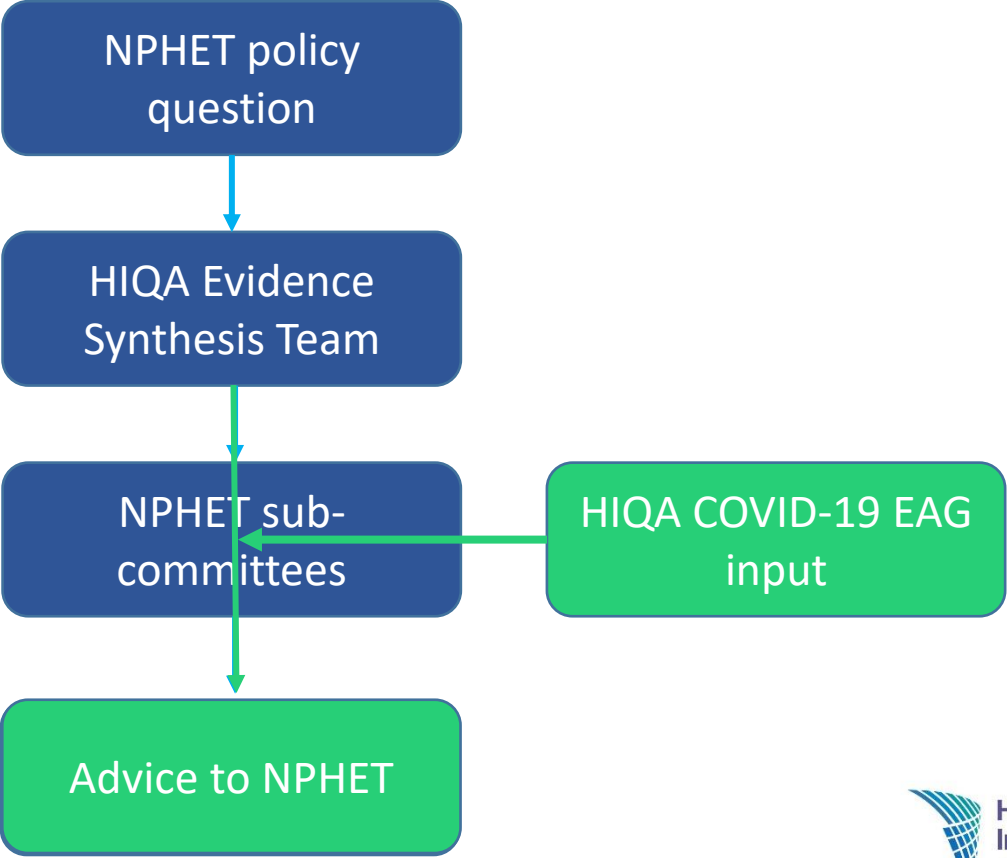


- Globally >67 million cases and >1.5 million deaths (as of 8 Dec)
- Urgent need for evidence-based policy and decision making
- Currently >81,000 COVID-19 papers on PubMed alone (as of 8 Dec)
- Since March, HIQA has conducted evidence synthesis to support the work of NPHET and associated groups & to inform development of public health guidance.

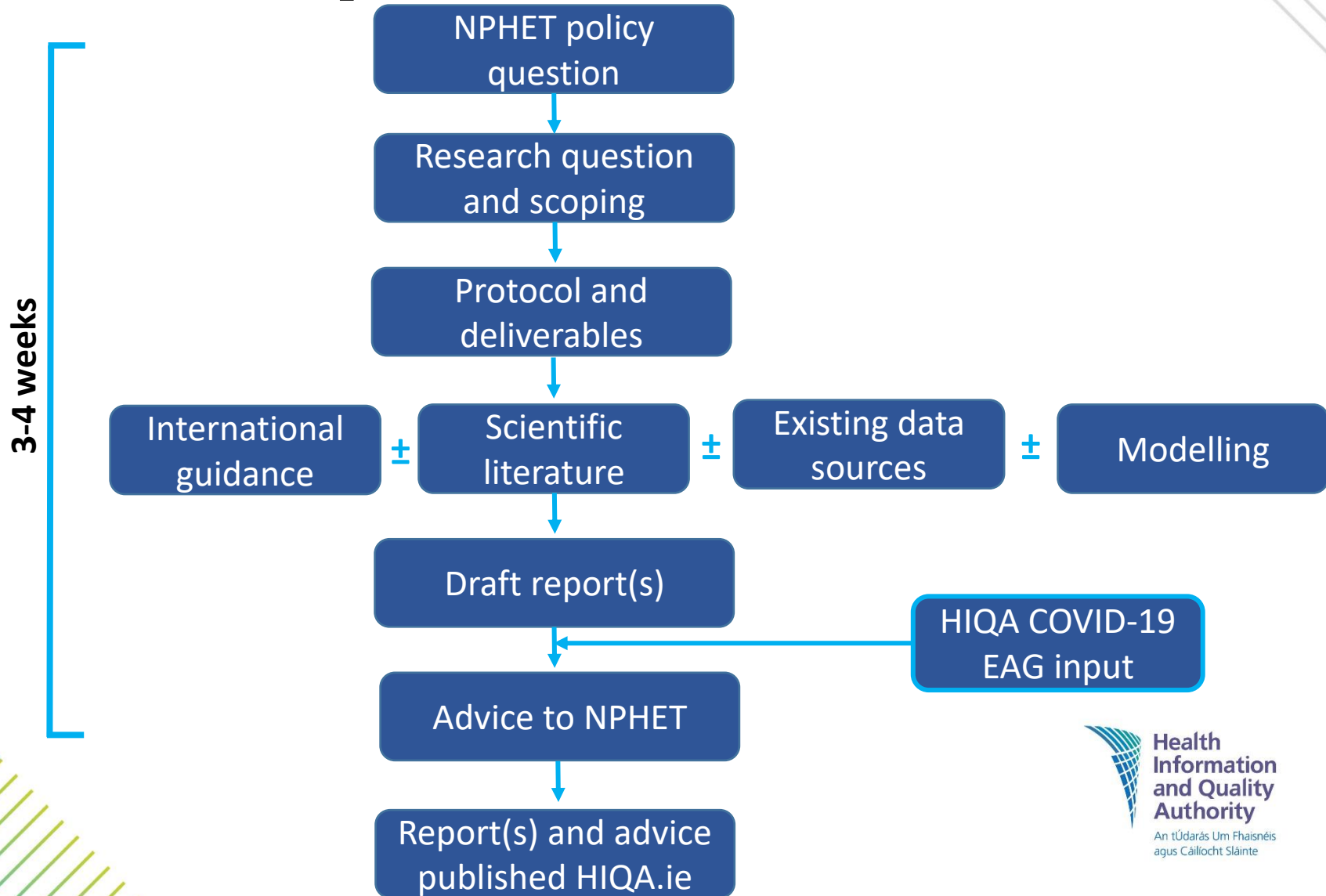


# Processes- Phase I and II

Phase I: March 2020 to September 2020  
Phase II: September 2020 to Present



# Evidence synthesis methods



# Evidence synthesis methods

*"Speed trumps perfection. Perfection is the enemy of the good when it comes to emergency responses"* – Dr Mike Ryan, WHO. 14 March



# Evidence synthesis methods

- Clear need for divergence from traditional systematic review methods (>12 months vs 3-4 weeks)
  - Rapid review approach
  - Preprints
  - Public health guidance
  - Broad and multidimensional evidence-base
- Quality assurance processes
  - Led by experienced systematic reviewer
  - Supported by team of reviewers
  - Protocol and SOPs
  - Internal QA processes
  - Expert Advisory Group
  - **Team work!!**

# Key definitions

- Self-isolation
  - defined as separating those with symptoms of, or diagnosed with COVID-19, from people who are not infected
- Restriction of movements
  - defined as separating and restricting the movements of people who were exposed or potentially exposed to COVID-19
  - performed as a precautionary measure to prevent transmission should exposed individuals later become diagnosed.
- Both are key public health measures