



THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic
era and future challenges

10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Tromsø, 25th-28th October 2023

#EBHC2023

Increasing value of health research

by making evidence-based
funding decision

Research Waste: Massive and Growing

“Globally, over 85% of \$200 billion spent on health research is wasted”



- Financial cost

“Research waste is still a scandal, there is a long way to

go”

Chalmers et al. (2014), Chalmers and Glasziou (2009), Glasziou and Chalmers (2018), www.researchamerica.org



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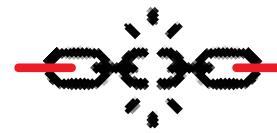
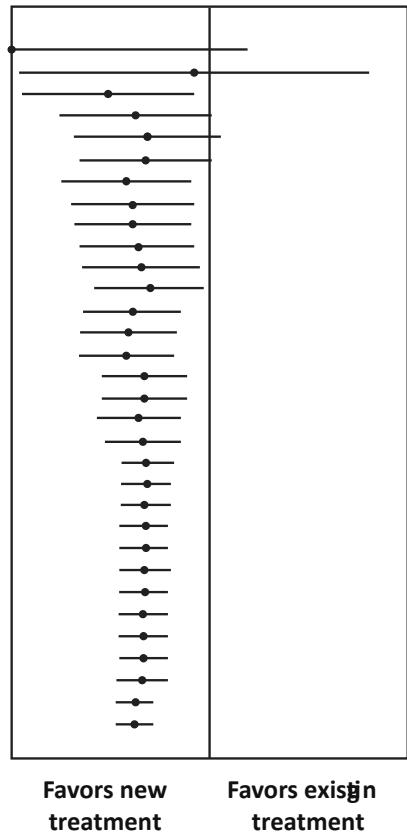
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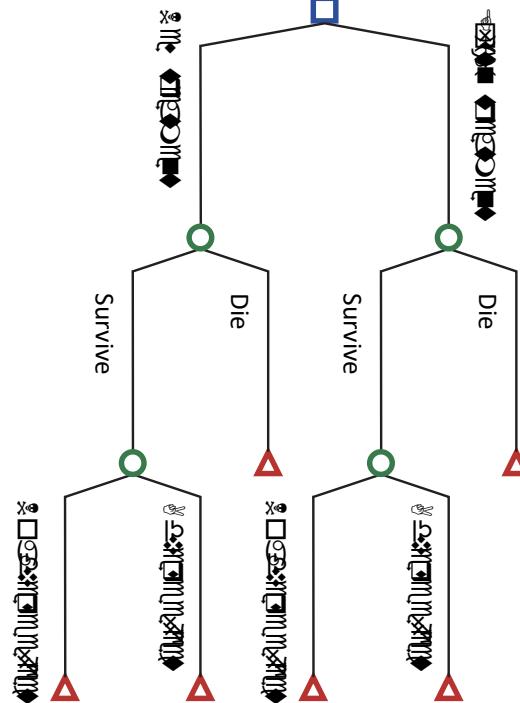


Research Waste: Impact on Clinical Decision

Cumulative meta-analysis



Clinical decision



- Financial cost
- Best available evidence
- End-users' value



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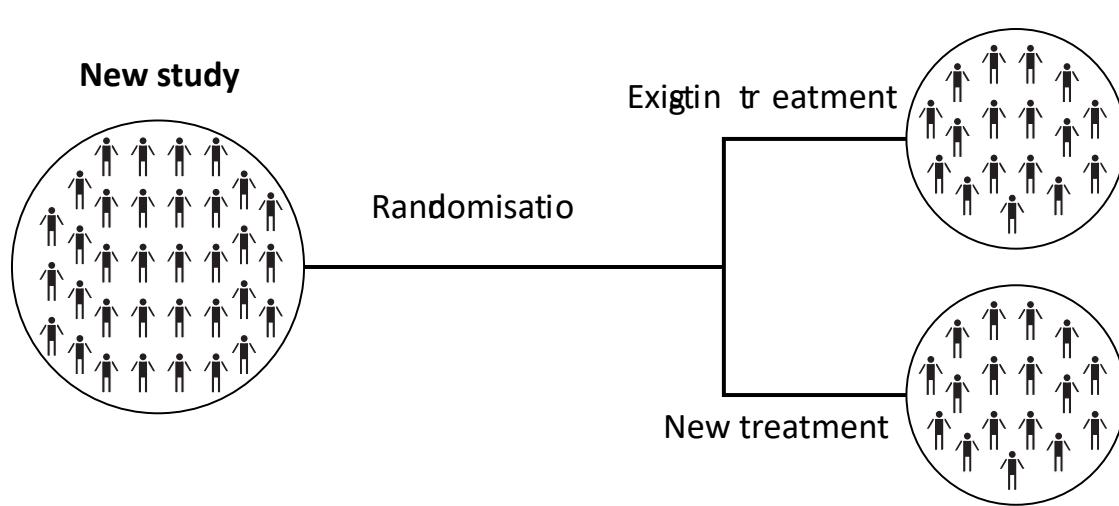
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Research Waste: Impact on Clinical Decision



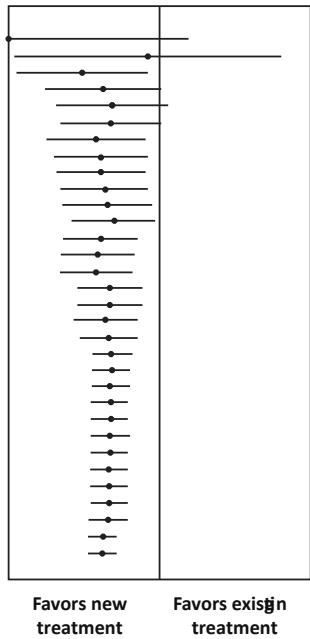
- Financial cost
- Best available evidence
- End-users' value
- Ethical cost



Aim

3. Financial cost

Cumulative meta-analysis

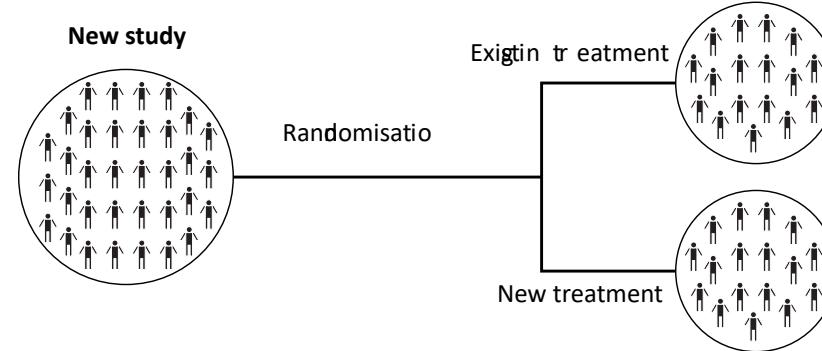


1. Best available evidence



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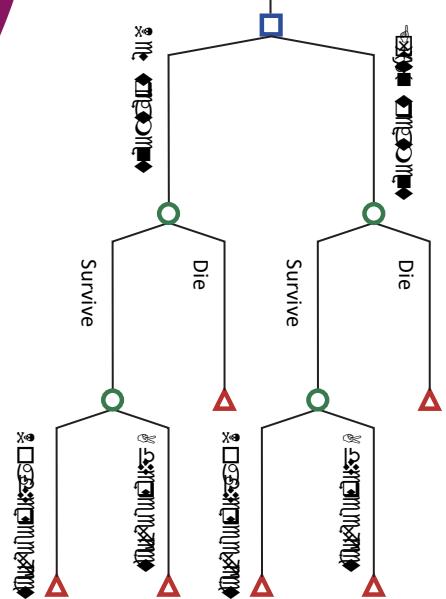


5. Research decision

\$10410613.19
\$9138847.23
\$9227563.11
\$8373512.29
\$8324817.22
\$7285948.06
\$6986726.31
\$4543753.09
\$2190823.34
\$1073964.32
\$632349.12
\$492854.92
\$190257.34
\$81725.63
\$34541.96
\$9184.38
\$1972.11
(\$1501.05)
(\$3699.62)
(\$6998.83)
(\$7523.95)
(\$7838.54)
(\$9209.32)
(\$10928.82)
(\$12873.12)
(\$19678.92)
(\$23170.53)
(\$26690.76)
(\$30089.98)
(\$37197.12)
(\$41716.09)
(\$50198.33)

4. Ethical cost

Clinical decision



2. End-users' value



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Methods

1. Best available evidence

- Historical example
- Cumulative meta-analysis of RCTs by Lau et al. (1992)
- Streptokinase for acute myocardial infarction (AMI)

2. End-users' value

- Cost-effectiveness analysis by Midgette et al. (1994)
- Health maintenance organization perspective
- Value of information analysis



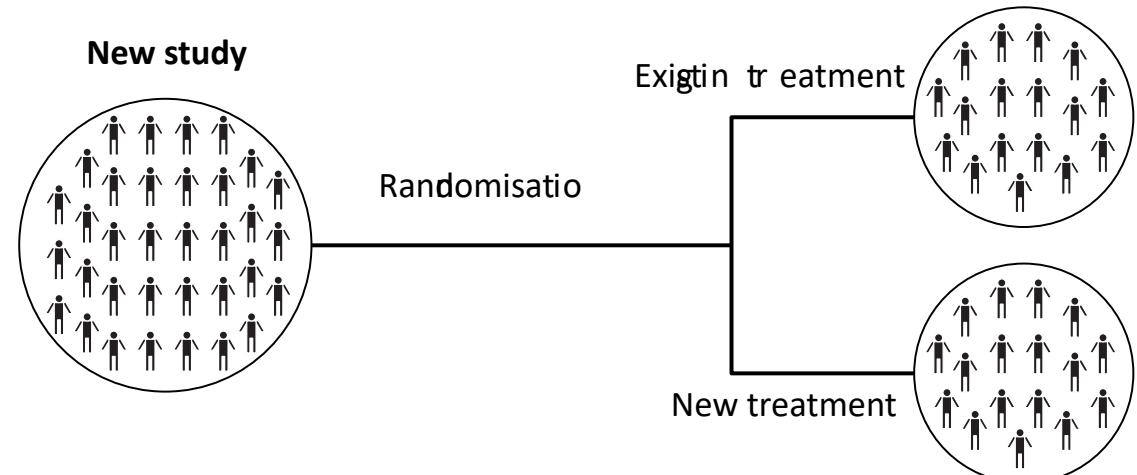
Methods

3. Financial & 4. Ethical

cost Belgian Healthcare

Knowledge Centre budget tool

- Lost opportunity to benefit from new evidence
- Lost opportunity to receive best known treatment to date



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Results

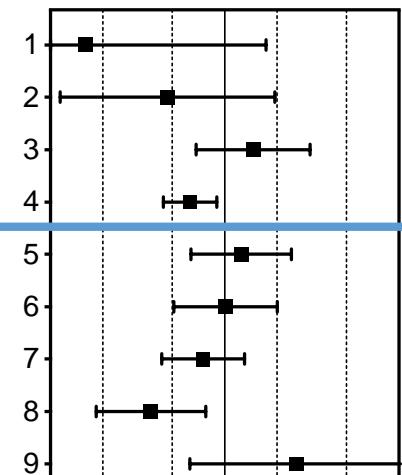
1. Best available evidence

Study Year Sample size

Fletcher	1959	23
Dewar	1963	42
European 1	1969	167
European 2	1971	730
Heikinheimo	1971	426
Italian	1971	321
Australian 1	1973	517
Frankfurt 2	1973	206
NHLBI SMIT	1974	107

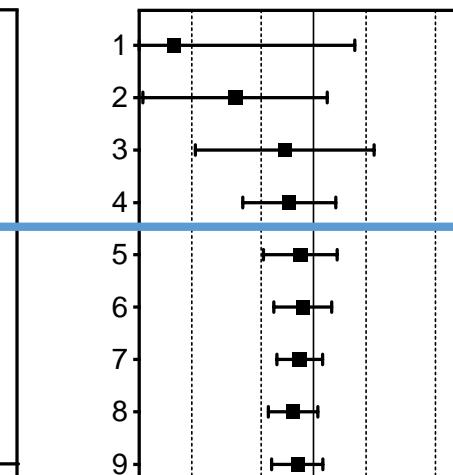
2. End-users' value

cost



3. Financial & 4. Ethical

cost



Value of information

Study cost

Net benefit

1,137,239,600	1,392,658	1,135,846,942
289,639,000	3,060,351	286,578,649
4,040,576,750	9,284,995	4,031,291,755
467,181,750	3,530,279	463,651,471
462,383,950	2,004,961	460,378,989
288,318,800	2,601,130	285,717,671
2,141,300	1,386,723	754,577
3,273	1,087,223	(1,083,950)

5. Valuable research decision



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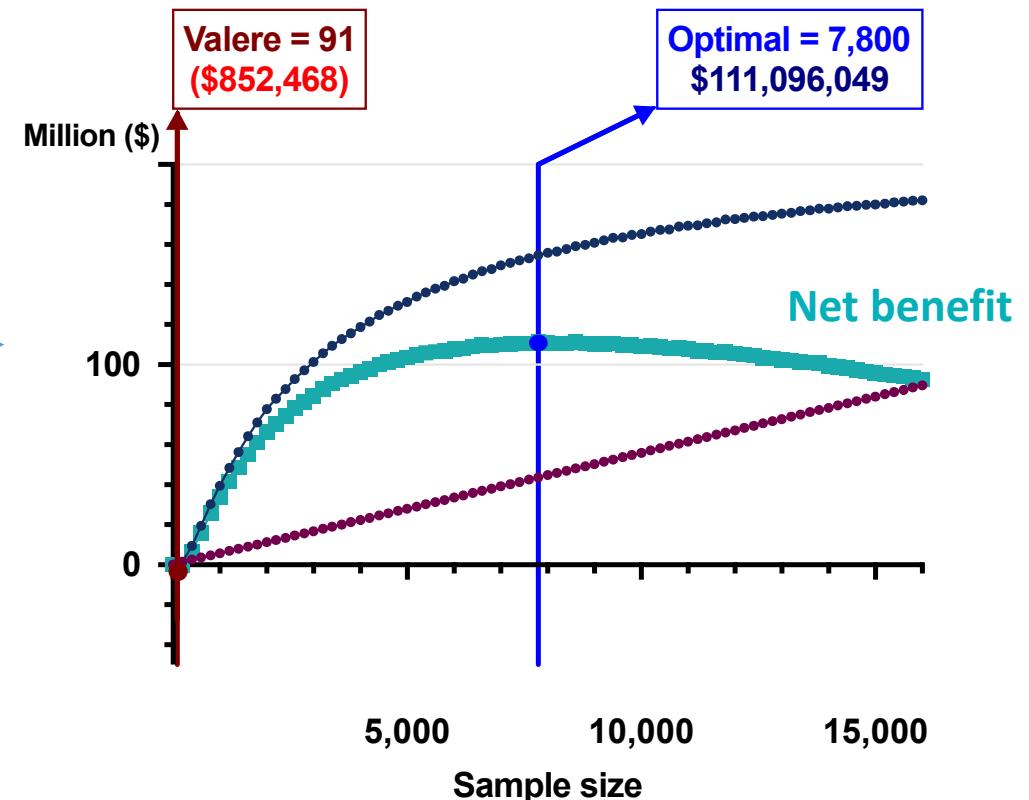
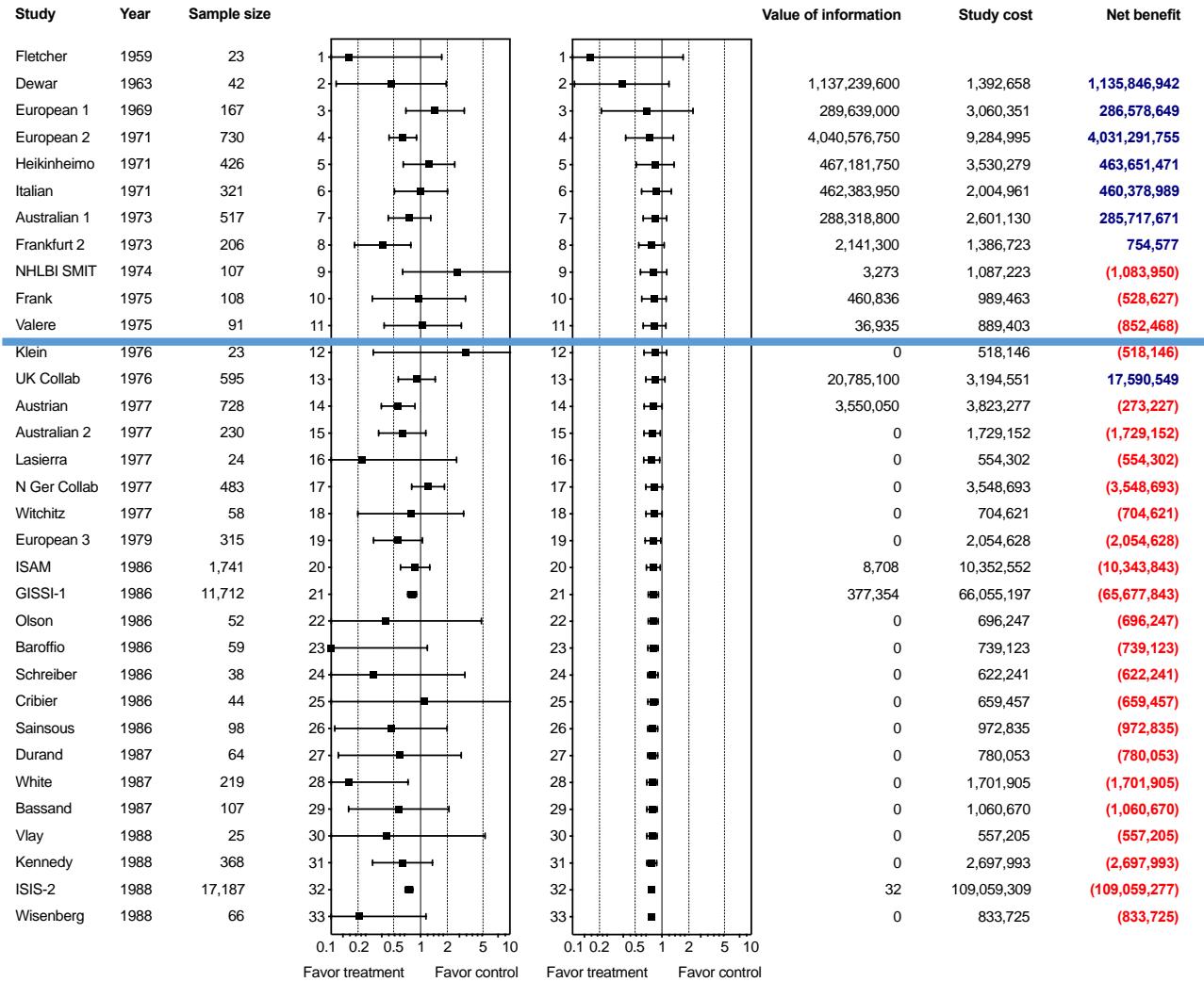
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Results



Conclusions and limitations

- By making explicit funding decisions based on this method, we might be able to increase the value of health research.
- The limitations: technical difficulties (e.g., computation) and required inputs (e.g., cumulative meta-analysis and decision model).
- We piloted this method with a funder in Norway, who has decided to incorporate it into the prioritisation process for 2024.
- We plan to expand the application to other research decisions.



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