HEART FOUNDATION

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Next Generation Living Evidence System for Cardiovascular Care

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Cardiovascular disease is an evidence-rich and dynamic field. Clinical guidelines provide a medium for translation of this evidence into practice. The Heart Foundation and the Cardiac Society of Australia and New Zealand Australian clinical guidelines for the prevention, screening, diagnosis, and management of cardiovascular diseases [1-4] are widely utilised in Australia. They are updated periodically, but the comprehensive evidence review and appraisal process[5] can take several years. This means that some aspects of guidelines can be out of date by the time they are published. It may even contribute to slow uptake of effective and evidence-based interventions, as well as wide variations in care.

With 4,000 health articles published daily, there is no doubt that a paradigm-shift is needed. There is a need to develop dynamic and efficient evidence systems connecting an accelerating research sector to data-driven health services.

The Heart Foundation is partnering with Australian and international stakeholders, including Cochrane, the world's most trusted source of independent evidence in health, to help develop a next generation 'Living Evidence' system. The core components are:

- Products and processes: adopting a continuous workflow for real-time updating of guidance when practice-changing research becomes available.
- Platforms and precision: harnessing developments in software and machine learning to introduce efficiencies; and developing methods for utilising data.
- Partnerships and people: engaging consumers, clinicians, and policymakers in evidence co-production, and building professional capability to deliver and implement living evidence.

Similar initiatives are underway or planned in the United Kingdom, United States, Norway, and the Netherlands.

An important challenge the Living Evidence Consortium is addressing is developing objective and transparent processes to identify which data are to be considered significant enough to rapidly integrate into living recommendations. Criteria include topics of sufficient importance, level of uncertainty in the existing evidence, and likelihood that there will be emerging evidence which will impact recommendations. Improving dissemination of the latest guidance is also being addressed with the development of multi-platform digital publishing tools and technologies that will make accessing reliable, up-to-date evidence much faster and easier for clinicians and patients.

The combined economic burden of the chronic diseases represented on the Living Evidence consortium is more than $30 billion per annum. We are working with leading Australian consumer and clinical groups in major chronic diseases, including diabetes, kidney, stroke, and musculoskeletal, to come together with one voice to create a new evidence system, in partnership with state/territory and commonwealth governments.

There is potential for living evidence to significantly impact cardiovascular care in Australia. The Heart Foundation is currently working on a pilot living evidence clinical position statement. Our vision is a system that enables practice-changing cardiovascular evidence to be incorporated into guideline recommendations and readily available to Australian clinicians in weeks, instead of years.

For more information, visit https://livingevidence.org.au/

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