**Francesco Nonino**

**Can you briefly introduce yourself and give some background on your involvement with DECIDE?**

My name is Francesco Nonino, I work at the Medicines and Medical Devices Area of the Health and Social Policies Directorate, Emilia-Romagna Region, in Italy. Since 2008 our Institution has been a Collaborative Center of the World Health Organisation. I have been involved both in making the DECIDE tools (work package 2), and as a user of the tools in supporting coverage decision-making at a local/regional level. The Emilia-Romagna region has a population of around 4 million people.

**In what situations have you used DECIDE tools to facilitate decision-making?**

I’ve been using the tools mainly in groups where healthcare professionals have to make decisions about drugs. In Italy drug coverage decisions are made at a national level by the national drug agency (AIFA), that sets general rules for drug reimbursement and pricing. Nevertheless, each Italian region has a certain degree of decisional freedom in drug management policy. For example, once a drug has been approved for use on a national level our region can make decisions on what kind of patients should be prescribed the drug by issuing agreed recommendations on their use, and by monitoring them through quantitative indicators. In this framework the DECDE tools have helped us figuring out which patient populations may have the best benefit / risk balance for any newly available drug treatment, and to be explicit about why our regional workgroup came to a specific decision. Recently this approach has been used within regional workgroups when making decisions about neurological drugs and with oral drugs for the management of diabetes, this is my main and most direct experience.

**How have your colleagues responded to the DECIDE tools?**

The method has been welcomed and well understood by decision makers; in this case I refer mostly to healthcare professionals such as clinicians, nurses, pharmacists, GPs, hospital directors and patients’ representatives. The thing that I found harder to manage was the very structured approach that the summary of findings tables and the frameworks require; although this approach is necessary in order to make evidence-based and explicit decisions, it can be difficult to keep decision makers engaged when following so many steps. In my experience healthcare professionals are not used to be so structured in making decisions.

**How do you think the DECIDE tools could be improved?**

One barrier that I’ve found in the past when using GRADEProGDT and other tools was the lack of an Italian translation. Recently though the GDT has been equipped with a greatly improved Italian interface. I haven’t tested it in practice yet but I am sure that this new version will be very useful. Speaking of language, one useful tool produced within the DECIDE project is the GET-IT glossary. It would be great to have an Italian version of it.

In terms of functionality there are not really any improvements I could think of, the tools are well developed and I can’t think of any major improvements.

**What is the single biggest benefit of using the DECIDE tools?**

Using the framework allows going beyond the intellectual exercise of judging the quality of the evidence base, and translating it instead to the ‘here and now’, taking into account the facilitating factors and barriers typical of your own local situation. The tool is useful because it “forces” you (in a very positive way) to translate the evidence base into a tailored benefit and risk balance for patients; in local workgroups this process is often not given the accuracy it deserves.