**Jan Brozek**

**Please introduce yourself and give a brief background on which part of DECIDE your work contributed to.**

My name is Jan Brozek, I’m from McMaster University in Canada and I’m also a visiting Professor at the University of Friedberg in Germany. I have been involved across the whole of DECIDE but mostly across work package 4 (WP4) which involved designing the presentation and the methods of thinking about the diagnostic tests and methods in general, and also work package 6 (WP6) which was the development of the electronic tools that would implement the results of DECIDE.

**What are the most important findings from your work with DECIDE?**

The most important finding from our work with DECIDE, for me personally, was that people coming from so many different perspectives: policy-making, clinicians, patients, people who have spent all their lives thinking of clinical trials and people who have never seen a trial, people involved mainly in diagnostics test research and so on, could communicate well and have very fruitful discussions that I believe moved our understanding of current methods of thinking about use of research evidence in healthcare decision-making, but also the way of communicating these.

**How has DECIDE changed the way you work?**

Mostly this has been with the guideline groups that I work with. It’s the way that we go through the process, which is more structured at the moment. Even though it seems like it’s more complex than it was before because we ask people to think about all the issues explicitly and document their thinking rather than just leaving it to them to remember to consider them or not. It seems like the process requires us to think about more issues than before, although I don’t think there’s a difference – it’s just that now we are thinking about all the issues explicitly. The end users are probably served far better with that information being transparently recorded so they can adapt the recommendations to their local situation. So, the process, even though it seems to be more demanding is actually faster. We’ve found that with our guideline groups we work more efficiently now because the process is much more structured.

**How might DECIDE’s work help other guideline groups?**

Guideline groups are just one of many groups that are making decisions in healthcare; there are also individual clinicians, healthcare policy-makers, and those who are dealing with coverage or public health decisions, for instance. We tend to talk about this process as a ‘guideline process’ but all these groups may use exactly the same process of thinking. Some of the factors they consider may be slightly different but not necessarily. So, apart from more efficient use of time, as I mentioned before, all these groups will probably benefit from a more structured and transparent way of thinking, which I believe is important for various reasons. The most important is probably that this work can be taken by others subsequently and adapted to local situations. DECIDE has further structured the process and presentation of the information in a way that gives people almost all the information that they need to adapt recommendations to local circumstances.

**How did you use the DECIDE Evidence to Decision frameworks in real guideline panels?**

There are probably two issues here, one is just using this approach as opposed to using some other processes, and the other is the technicalities of how we use it. We used the results of the DECIDE project with many guideline groups. I’ve probably been involved in about 30 guidelines, probably more, that followed the Evidence to Decision framework. We used it throughout the DECIDE project contributing to its development. Process-wise, it has been smoother and much easier to accomplish the goal which is getting the consensus in the group and the agreement on the final recommendation. At the same time I believe, and that’s the feedback from the panel members as well, that it was a more thorough process and they actually thought about things that they did not anticipate thinking about. Despite considering more issues, the structure that has been given to this consensus building exercise has actually made it faster than before.

**Were there any challenges and how did you overcome them?**

I have a hard time recalling any challenges, maybe that’s my enthusiasm for the whole project so that I overlook any challenges! People always question why we are doing certain things in a particular way and that’s good – that happened before, it has been happening with the Evidence to Decision frameworks, and it will happen with anything that will follow. So there were some challenges but these were not specific to the GRADE approach in general or any specific product of DECIDE.

**What do you think is the single biggest benefit of using the framework?**

It depends on from whose perspective. From the methodologists’ perspective – I’m starting with this perspective as it’s the most familiar to me, not that it’s the most important – it is the structure in which we prepare the information for discussion and the way we collect additional information from the panel members and formulate recommendations. It’s way more explicit and complete than it used to be in my experience. From the perspective of the guideline panel members, it’s being able to accomplish the task faster and being more clear about what is being discussed and why. In the end they are more confident that they did consider all important aspects and that their final decision or recommendation is the right one. The benefit for the end users is probably the most clear, as with the well documented EtD framework they get information about the rationale for certain decisions that they have probably never had before. It allows them to actually follow the train of thought of those who made the recommendation and consider all those issues from their perspectives and decide whether they agree or disagree with each decision.

**What are the main features and benefits of using the GRADEpro GDT?**

The purpose of GRADEpro GDT has always been, not necessarily to help us – those who developed the GRADE approach or those in the DECIDE project, but to help people who are not proficient in the approach. The idea has been to prepare an electronic tool for those who are new to the guideline development or less experienced in it. Of course we use this tool ourselves as well because it’s easier and faster than performing some tasks “manually”. The main features are the result of that philosophy. Current version of GRADEpro is a web application, so essentially independent of the operating system solving a problem that users had in the past, and it is available in the languages other than English – Dutch, German, Italian, Spanish, and Chinese. GRADEpro allows guideline groups to collaborate on the project, GRADE the evidence and share the evidence tables and EtDs for local adaptation using the Database of Evidence Profiles (DBEP) or for dissemination to end users via mobile apps. GRADEpro GDT, as its name suggests, is a guideline development tool that currently offers conflict of interest management, structured generation of questions and outcomes for the guideline using the modified Delphi process, and templates for various formats of evidence summaries that were designed within the DECIDE project and in previous research projects and user testing of the GRADE working group and Cochrane Collaboration. These templates have evolved during the DECIDE project in two ways: one is the development of the presentation of the diagnostic test accuracy information based on the work of WP4, especially by the group led by Reem Mustafa whose PhD thesis focused on user testing of several presentations of information about diagnostic test accuracy to decision makers. The other main development during the DECIDE project was the creation of the interactive summary of findings (iSoF) tables for therapeutic and diagnostic interventions that allow users to explore different scenarios in a visual way. Both were the product of the collaboration between the DECIDE project, the group of Gabriel Rada in Chile and our software engineers. The interactive EtDs have been integrated in GRADEpro as the presentation of type information to the various groups’ final users.

**Is it being developed further?**

GRADEpro GDT has been developed way before DECIDE started, it has been developed during the DECIDE project, and it will continue being developed further after the DECIDE project is finished. The results of the DECIDE project have been incorporated into GRADEpro but there’s lots of things people still struggle with that are not part of GRADEpro GDT yet, so this is the plan for the future, as well as improving the usability of the current software. In a sense we cannot stop, we have 12,000 users at the moment and it is our obligation to all of those who are actually producing guidelines using this tool.