

CANADIAN COCHRANE NETWORK AND CENTRE

Advisory Board Meeting Minutes

Sunday, February 11, 2007
Museum of Civilization, Ottawa
3:00 p.m. – 6:00 p.m.
Approved September 6, 2007

Present:

Andreas Laupacis (chair), Mark Bisby, Krista Connell, Heather Dean, Jean Gray, Finlay McAlister, Anne McFarlane, Denis Morrice, Jeremy Grimshaw, MaryEllen Schaafsma, and Lisa McGovern

Regrets:

Luc Boileau and Jean Rochon

I. Welcome and Introductions

Andreas Laupacis welcomed everyone to the inaugural meeting of the Canadian Cochrane Network and Centre (CCNC) Advisory Board and thanked the members for their participation. He looks forward to the Board guiding the CCNC over the next 2 or 3 years. Introductions were made around the table.

II. Agenda

No new items were added to the agenda and it was approved. It was clarified, however, that all Board members were selected for their diverse backgrounds, mix of geographic locations and to offer their wisdom and experience. Board members are not representing any particular group.

III. Members' Questions

A roundtable question and answer period ensued. Jeremy Grimshaw and MaryEllen Schaafsma answered members' questions.

- The amount of grant money received did not allow CCNC to put funding into the Network Sites, however CCNC would like to extend the network;
- The overall need is to engage others and draw more people and groups into Cochrane
- The role of the affiliates is currently unclear. Jeremy, MaryEllen Schaafsma, Executive Director of CCNC and Cheryl Arratoon, CCNC Knowledge Broker are meeting with affiliates to determine how to build more meaningful and active relationships with our affiliate members. They have met with 5 or 6 over the past few months and will continue to do so.
- CCNC wants to develop better ways to get Cochrane information out to the affiliates. Connecting to their websites, ensuring they know about the latest reviews relevant to their field, and developing workshops for members and staff of affiliates are being worked on. There is a wide range of engagement with the affiliates, but the goal is to have them all actively involved for mutual benefit.

- CCNC is hoping for a greater reach, however with only one full time Knowledge Broker it will be a challenge to reach consumers, professionals and policy makers. Cheryl Arratoon is working with the Affiliates as well as building the consumer network. There also is a half time Knowledge Broker position through John Lavis' office who is to work on connecting with policy makers.
- CCNC's resources are stretched thin.

Some general comments were made by the members, including:

- Members felt work needed to be done on Cochrane's credibility to help eliminate negative response from professionals in the real world. Some external observers do not see Cochrane as valuable partly because some reviews are out of date, some important topics are not reviewed and the reviews themselves are long and "dense". Summaries and/or overviews of reviews to get the information out fast and easy may be extremely helpful.
- Audience is important—whether consumer, practitioner, or policy maker; information needs to be tailored to the audience;
- 200 word, plain language summaries are very helpful to consumers—need to make it more accessible to all.
- Getting Cochrane "on the radar" and giving it a presence is important.

IV. Advisory Board Terms of Reference

After a roundtable discussion the following changes were suggested for the Terms of Reference:

Under "Responsibilities":

Present wording: *To monitor and evaluate the activities of the CCNC.*

Suggested wording: *To monitor the activities of the CCNC.*

Under "Term":

Present wording: *Members can be re-elected for up to three terms, to a total consecutive service of six years.*

Suggested wording: *Members can be re-selected for up to three terms, to a total consecutive service of six years.*

Also, related to term, it needs to be determined which members will serve for 2 years and who will serve for 3.

Under "Membership":

Present wording: *Geographic representation equally spread across:*

West/mountains

Prairies

Central

East

Suggested wording: *Geographic representation*

Under "Accountability"

The heading "accountability" was generally not liked nor was "The Advisory Board is accountable. . . ."

Jeremy and MaryEllen to come up with a way to reword this paragraph.

Action: MaryEllen and Jeremy to redo and circulate the amended Terms of Reference for approval by the members.

VI. Cochrane Library National License

Securing a national licence is a key priority for the CCNC. Roadblocks include the fact that the Library is not available in French; should translation be the focus or should the push for a National Licence not be held back by language? Suggestions were solicited for a plan of action.

Suggestions and comments include:

- Because of the Federal Government's interest in having the Cochrane products translated, perhaps some federal agencies would be willing to pay for, or perform the translation. The Board suggested some groups that could approach Health Canada such as the Science Advisory Board of Health Canada, the "big five" (e.g. the CMA, CNA, etc.). Perhaps CISTI (Canada Institute for Scientific and Technical Information) could help.
- Let users gain access to the Library through other organizations such as CMA to avoid need for translation—government may be able to fund it that way
- Many disease based organizations do translation to get the word out to consumers—may be an avenue to investigate
- Quality translation can be quite expensive
- Having the consumer synopsis and abstracts translated would be helpful
- College of Family Physicians and Royal College of Physicians and Surgeons is re-evaluating the their educational mandate. Royal College may be the key and they are in the process of a major re-structuring. May be able to convince them to fund the national licence—cost would be about \$5.00 from every physician in Canada

Next steps:

- Jeremy and MaryEllen to discuss and look into suggestions above.
- Jean Gray can make the connection for Jeremy/MaryEllen with respect to the CMA and College;
- Anne McFarlane and Jeremy to discuss approaching ADM of Health Canada

VII. Le Réseau francophone Cochrane

- Former Centre in France closed in late 90's
- No francophone network in Cochrane
- The CCNC has been approached to act as the reference Centre for Réseau francophone Cochrane (RFC)—what is to be gained and what are the risks?
- The likely risks are the distraction from CCNC other key tasks
- Network sites in Quebec and University of New Brunswick may be of assistance
- Heritage Canada may be a group to approach for translation services—they are an untapped group.

- Jean Rochon and Luc Boileau’s insights into working with Quebec would be helpful

Action: MaryEllen and Jeremy to discuss further with Jean and Luc and to work on a plan of action.

VIII. Funding

- Very thankful for our current funding to 2010.
- Majority of funds are from CIHR; with \$200,000 for 3 years from CADTH
- With the shortfall from the funding requested to the funding received—CCNC (and the review groups) has had to cut back to bare bones.
- The biggest loss has been to the network sites—we have only been able to provide \$1,000.00 per site this year—it is unclear whether or not CCNC will be able to provide any funds next year.
- The funds are used for workshops and education by the Network Sites.
- CCNC can offer support to the sites on how to go about trying to get more funds

Suggestions and comments:

- Advisory Board members strongly supported the CCNC’s decision not to fund the network sites, given the limited resources available. It felt that most sites would be able to mobilize local resources, and it is important to utilize the limited resources to perform reviews, coordinate KT and position the CCNC for its next funding request.
- In terms of long term funding—it is important to work on relationships now as working on funding requires significant time investment up front.
- A business plan would be helpful—may be expensive, but may be worthwhile in the end
- Need to work on image and branding—branding could be critical to make a better business case
- Need to get a Deputy Minister or ADM on our side to push for funding
- Proposal of a small coalition of people (reps from the big 5, NGO’s, Royal College as examples) to approach various groups
- Some felt that the CCNC may need to vary the method or strategy for obtaining funding in different regions. On the other hand, all agreed that a national funding strategy would be more efficient, in terms of the work needed by the CCNC office in Ottawa.
- Need to get support from others—those who use Cochrane reviews
- Need to coordinate with provincial foundations
- The strengths to emphasize—by using Cochrane you can save time, energy and money
- Need to find people who benefit from Cochrane reviews, and have them assist in making the arguments
- Segment different roles and go after different funding for the various roles
- May be helpful to highlight the French strategy as a unique characteristic
- Keep CIHR well-informed of CCNC activities; more than just an annual report; build linkages;
- KT may be an area to explore for separate funding (through the Provincial Research Foundations, as one possible source)
- Need to emphasize the positives—high quality unbiased systematic reviews and attempt to overcome the “geeky” side of Cochrane—non-responsive and some reviews on unusual topics.

- The argument needs to emphasize that reviews are useful and need to convince people how they would be useful.

Action: Mary Ellen and Jeremy to provide the Advisory Board with a strategic plan for fund raising prior to the next Board teleconference

IX. Performance Measures

Again it was clarified that “. . . the Advisory Board is to monitor activities. . .” (not to “monitor and evaluate”)

- Should find a way to measure how Cochrane reviews are being used—impact stories from Review Groups may be helpful.
- Possible survey may be helpful—but could end up being annoying
- Important to connect with various journals and fill “white space” with Cochrane fillers

Next Steps

- Circulate minutes for members comments/changes/additions and then approval;
- Circulate Terms of Reference for any additional comments/changes/additions and then approval;
- MaryEllen and Jeremy to connect with those who have offered to assist with various items or to assist with making contacts with people;
- Teleconference to be organized for the Fall.

Meeting was adjourned at 6:10 p.m.