



REGIONE
LAZIO



D/EP / Lazio

Dipartimento di Epidemiologia del Servizio Sanitario Regionale - Regione Lazio



Biblioteca Alessandro Liberati
del Servizio Sanitario Regionale del Lazio



CONDIVIDERE LE INFORMAZIONI MIGLIORA LA SALUTE

Roma - 26 maggio 2014 | h 9,30 - 13

Apertura dei lavori - ANGELO TANESE – DIRETTORE GENERALE ASL RME

La Biblioteca Alessandro Liberati del Servizio sanitario regionale del Lazio

Chair: LAURA AMATO – DIPARTIMENTO DI EPIDEMIOLOGIA DEL SSR DEL LAZIO

NICOLA ZINGARETTI – Presidente della Regione Lazio

Flori Degrassi – Direttore della Direzione salute e integrazione sociosanitaria, Regione Lazio

Conoscere per prendere decisioni informate

MARINA DAVOLI – DIRETTORE DEL DIPARTIMENTO DI EPIDEMIOLOGIA DEL SSR DEL LAZIO

Utilità e valore dei dati e dei saperi: il progetto della nuova Biblioteca

LUCA DE FIORE - Associazione Alessandro Liberati – Network Italiano Cochrane e Il Pensiero Scientifico Editore

Le risorse per l'assistenza e per la crescita professionale

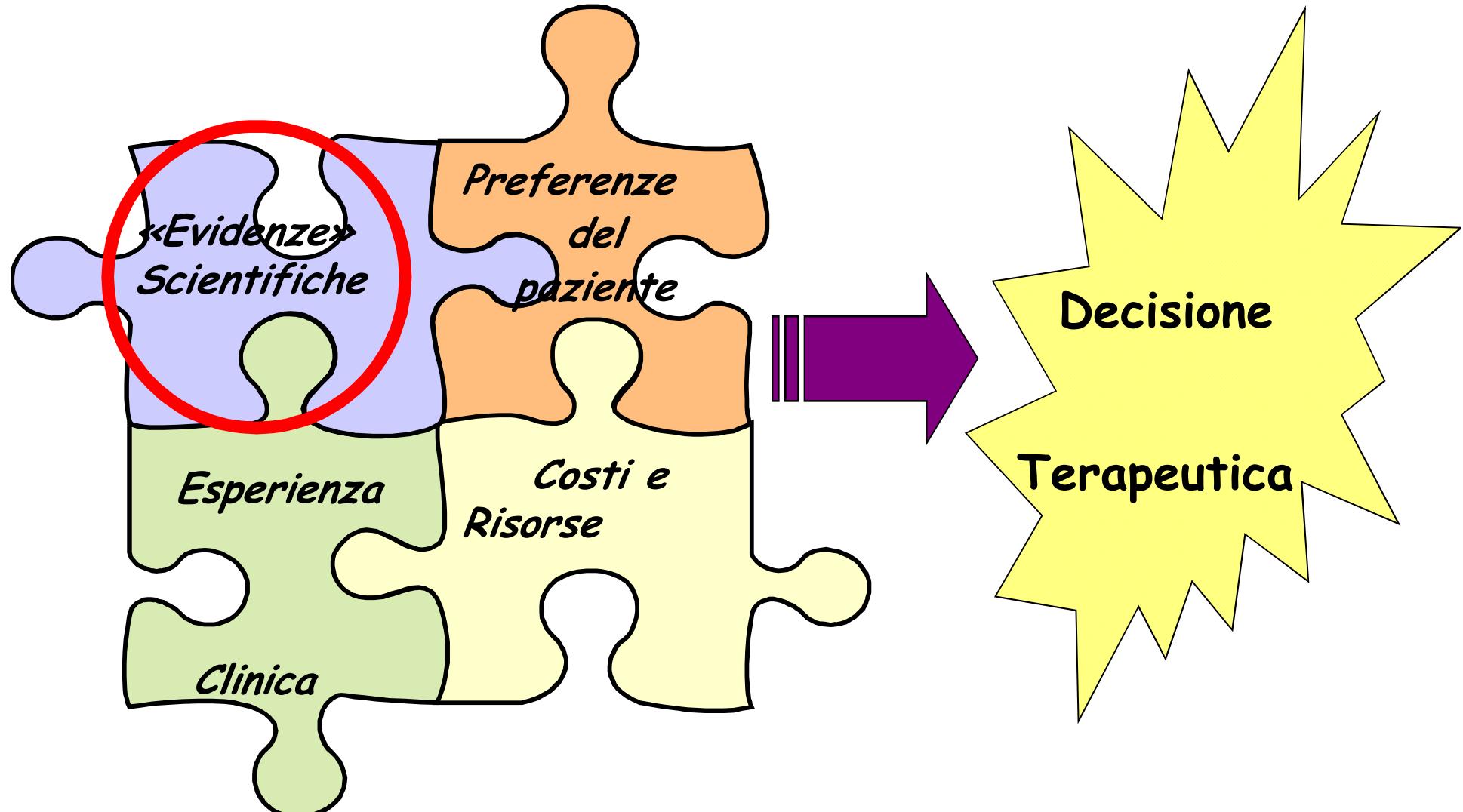
CARLO SAITTO – DIRETTORE GENERALE ASL RMC

MARINELLA D'INNOCENZO – RESPONSABILE AREA FORMAZIONE DELLA REGIONE LAZIO

Wikipedia: se quantità e qualità andassero d'accordo?

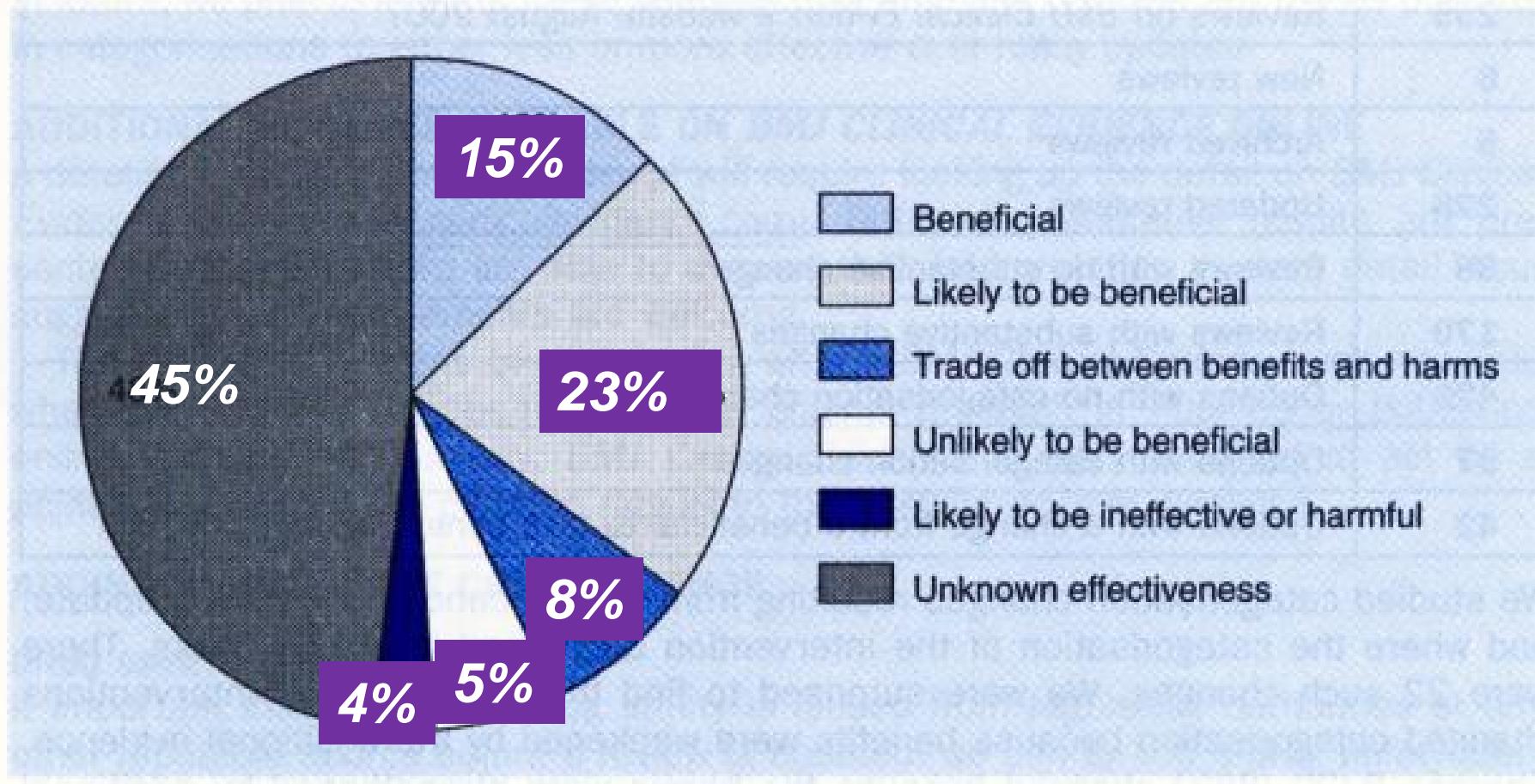
JAMES HEILMAN - WikiProject Med Foundation e University of British Columbia

EBM



HOW MUCH DO WE KNOW?

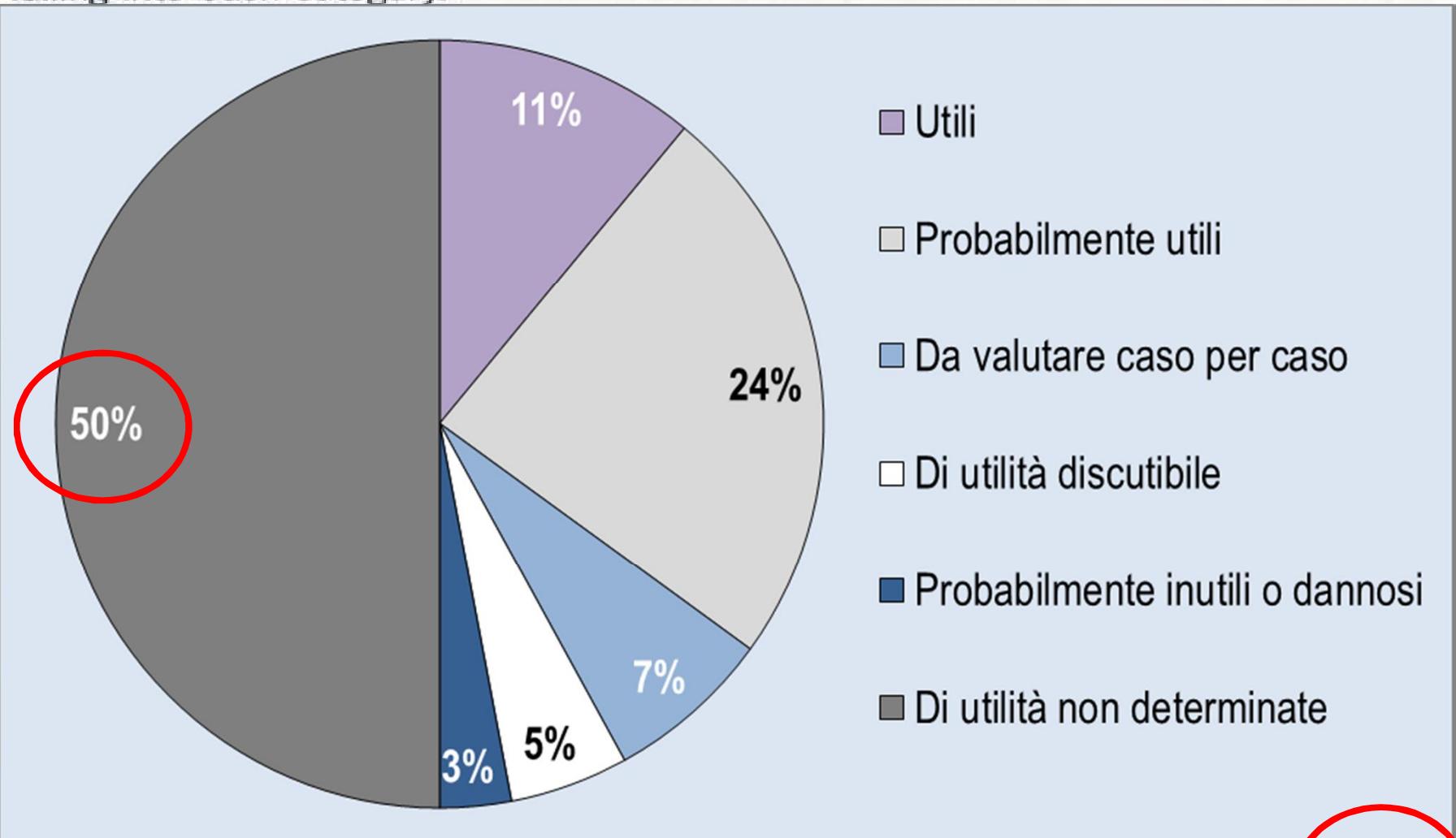
So what can *BMJ Clinical Evidence* tell us about the state of our current knowledge from our evidence categories? Figure 1 illustrates the percentage of treatments falling into each category.



<http://clincialevidence.bmj.com/ceweb/about/knowledge.jsp> 2008

HOW MUCH DO WE KNOW?

So what can *BMJ Clinical Evidence* tell us about the state of our current knowledge from our evidence categories? Figure 1 illustrates the percentage of treatments falling into each category.



<http://clincialevidence.bmj.com/ceweb/about/knowledge.jsp> 2014

Every time I learn something new, it pushes some old stuff out of my brain.

Ricerca delle evidenze scientifiche



**Troppi studi
Troppe informazioni
Poco tempo** Å



DIEPI
Lazio

**Oltre 25 mila riviste
pubblicano oltre un milione di
lavori ogni anno.**

**Prodotti per chi scrive molto
più che per chi legge.**

***Luca De Fiore È Master di comunicazione della
scienza SISSA febbraio 2014***

**A reminder of the responsibilities of
practitioners, policy makers and researchers
to the public**

**Good intentions and plausible theories
are no substitute for
reliable evidence from empirical research
about the effects of social and healthcare
interventions**

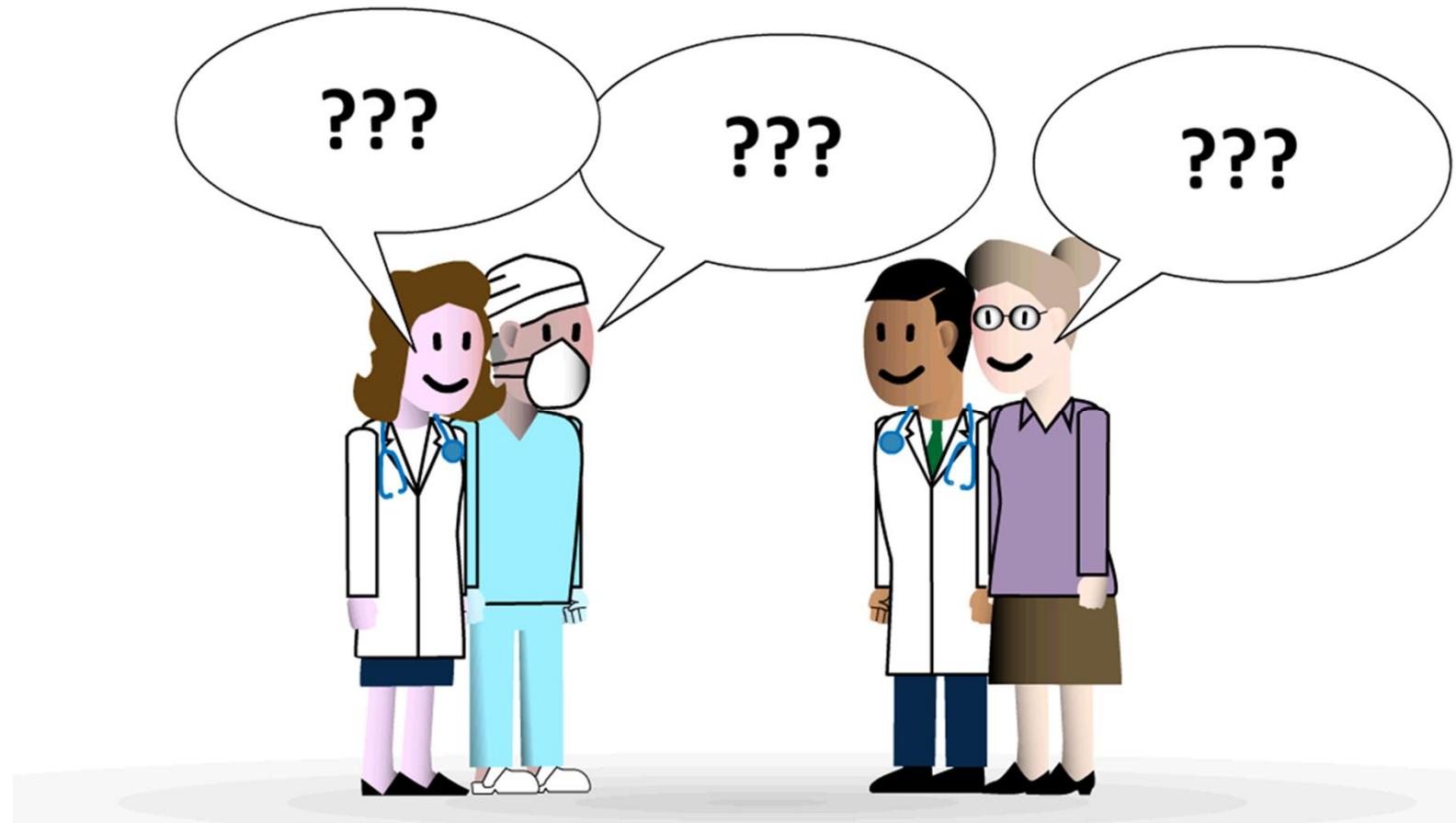
All D'Onizio... Respiratory Distress Syndrome



THE COCHRANE
COLLABORATION®
1993 - 2013 **20 years**

HIGH QUALITY EVIDENCE
FOR HEALTHCARE

People making decisions need



knowledge about which interventions are beneficial,
which are harmful and which have little or no effect

reliable evidence which has minimised chance and bias

Perchè sono importanti le revisioni sistematiche?

- Nessun clinico è in grado di essere continuamente aggiornato sulla letteratura scientifica rilevante per rispondere ai diversi quesiti clinici
- La valutazione critica degli studi richiede competenze e tempo



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ENTREQ	Full Record
SQUIRE	Full Record Checklist
CARE	Full Record Checklist
SAMPL	Full Record
SPIRIT	Full Record Checklist

Perchè sono importanti le revisioni sistematiche?

- Nessun clinico è in grado di essere continuamente aggiornato sulla letteratura scientifica rilevante per rispondere ai diversi quesiti clinici
- La valutazione critica degli studi richiede competenze e tempo
- Le RS rappresentano una risposta %pratica+al sovraccarico informativo
- La disponibilità di sintesi delle conoscenze dovrebbe aiutare a ridurre il gap tra conoscenze e pratica e ridurre l'inappropriatezza di trattamento .



Cochrane Reviews in healthcare decision making

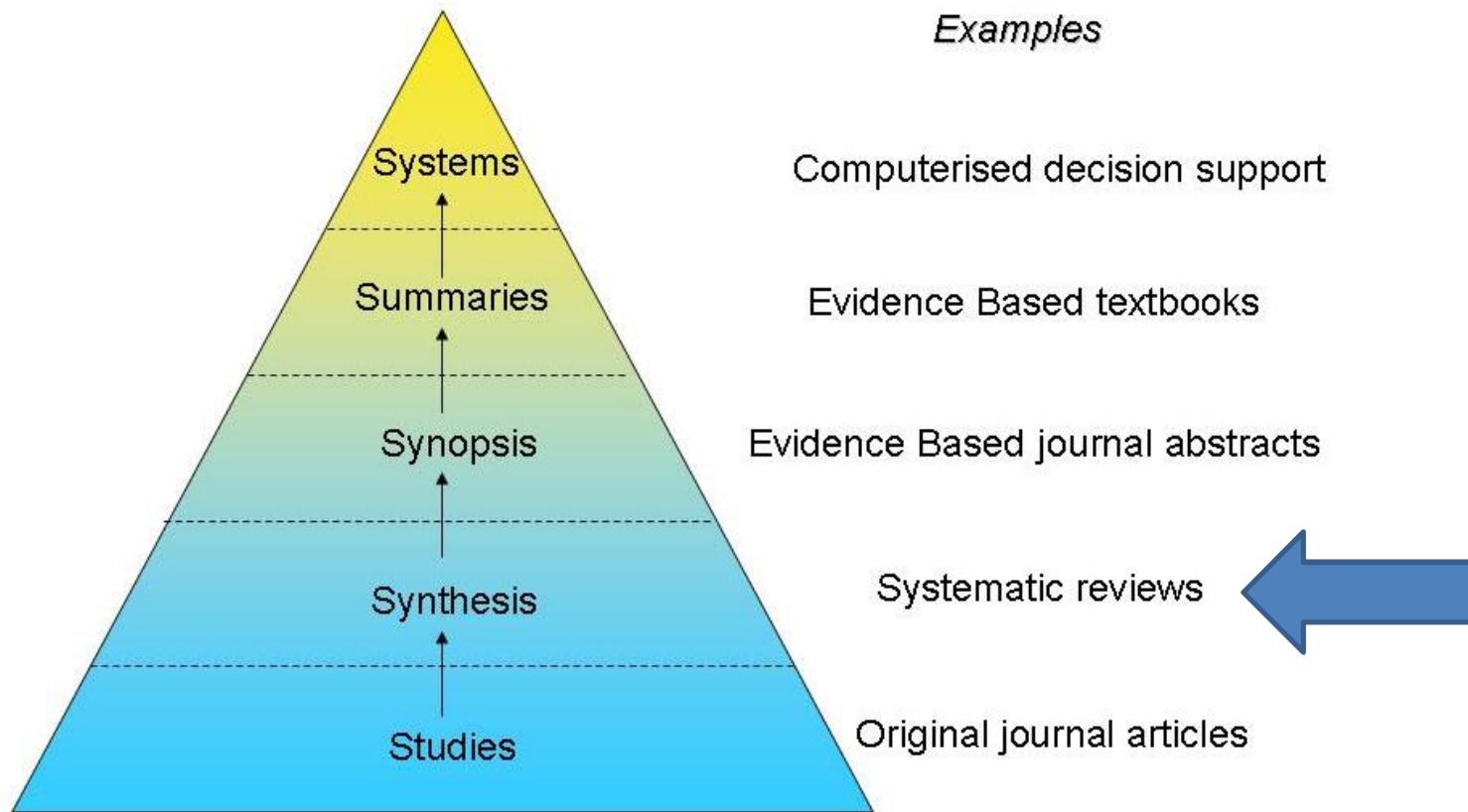
“...a good systematic review of
whatever evidence is available,
even in highly uncertain situations,
helps make the policymaking process more transparent
and
the political or commercial considerations more visible.”

Moynihan R. Evaluating Health Services: A Reporter Covers the Science of Research Synthesis, Milbank Memorial Trust 2004;p31.

and identifies context, research needs

A review of online evidence-based practice point-of-care information summary providers.

Banzi R¹, Liberati A, Moschetti I, Tagliabue L, Moja L.



The 5 levels of organisation of evidence from healthcare research
(adapted from Haynes model)

EBP point-of-care summary ranking

	Volume	Editorial Quality	EB Methodology
5-minutes consults			
ACP Pier			
BestBets			
CKS			
Clinical Evidence			
Dynamed			
EBM Guidelines			
Emedicine			
eTG			
First Consult			
GP Notebook			
Harrison's Practice			
Map Of Medicine			
Micromedex			
Pepid			
Up to Date			

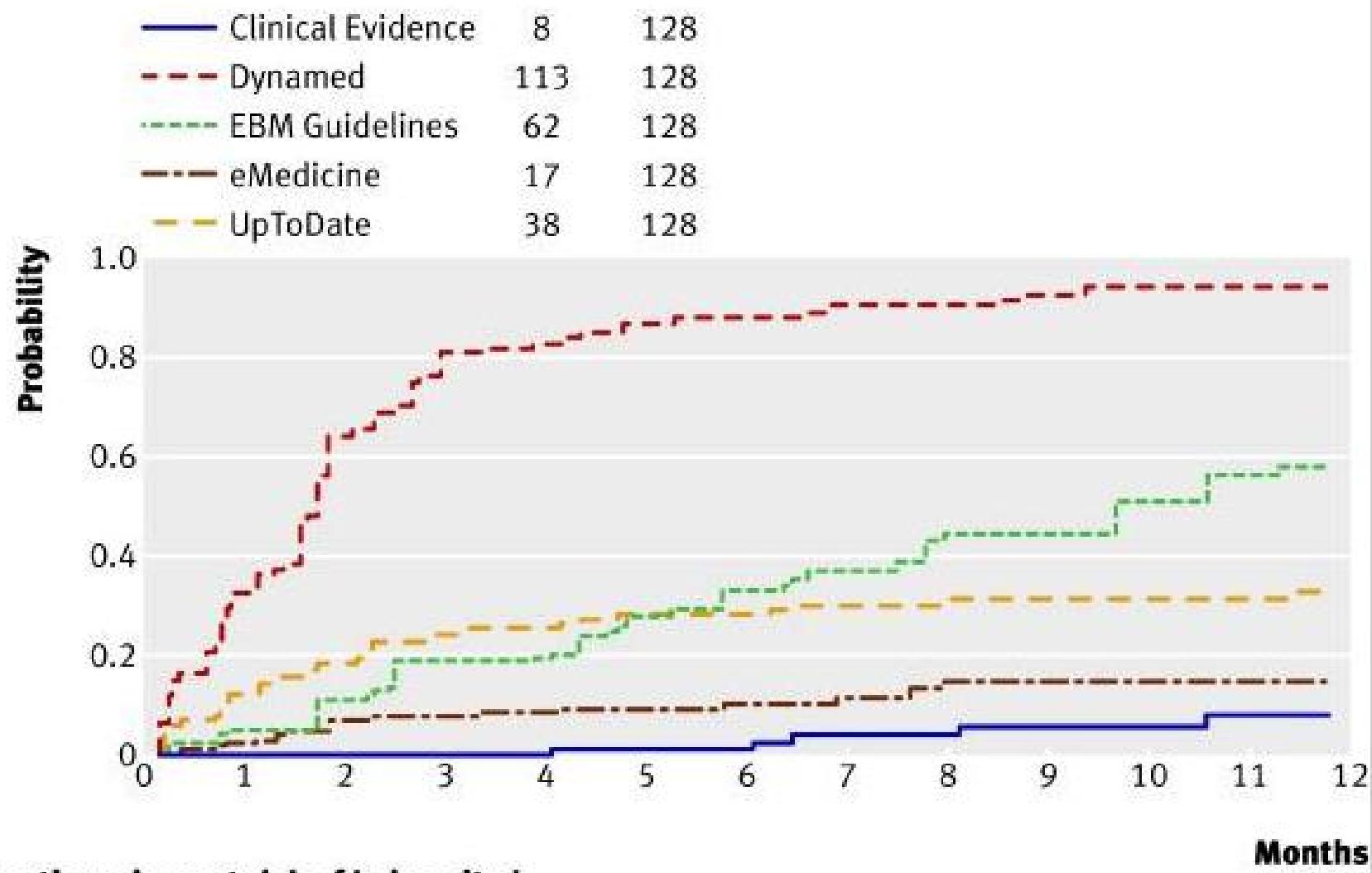
Black, bottom quartile; white, top quartile.

Speed of updating online evidence based point of care summaries: prospective cohort analysis

OPEN ACCESS

BMJ 2011;343:d5856

Rita Banzi *researcher*^{1,2}, Michela Cinquini *statistician*², Alessandro Liberati *associate professor*^{1,3}, Ivan Moschetti *general practitioner*¹, Valentina Pecoraro *researcher*¹, Ludovica Tagliabue *medical resident*^{1,4}, Lorenzo Moja *assistant professor*^{1,4}



No of systematic reviews at risk of being cited



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Distills high-quality evidence from Cochrane systematic reviews into practical answers to common clinical questions

Designed to mimic the way health professionals gather information

New questions are continually added to ensure broad coverage across a range of medical topics

CochraneClinicalAnswers.com

WILEY



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Cancer

Child health

Complementary & alternative
medicine

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Heart & circulation

Infectious disease

Kidney disease

Lungs & airways

Mental health

Neurology

Orthopedics & trauma

Pregnancy & childbirth

Rheumatology

Skin

Wounds

...with more topics to come!

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App a prova di Ebm

22 maggio 2014 | Notizie | Nessun commento

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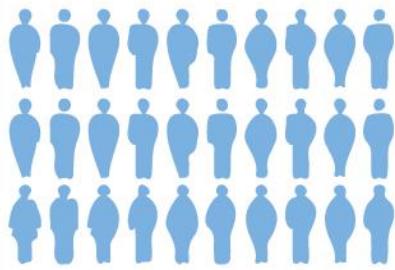
Routine Echocardiography Screening for Asymptomatic Left Ventricular Dysfunction in Childhood Cancer Survivors: A Model-Based Estimation of the Clinical and Economic Effects

20 May 2014

Cost-Effectiveness of the Children's Oncology Group Long-Term Follow-up Screening Guidelines for Childhood Cancer Survivors at Risk for Treatment-Related Heart Failure

20 May 2014

Si stima che nel 2017
3.4 miliardi
di persone nel mondo
avranno un smartphone e
la metà di questi userà un
mHealth app²



97000
mHealth APP
sono disponibili
sul mercato²



70%
dei medici italiani
usa internet
in corsia,
di cui il **40%**
attraverso smartphone
e tablet



80%
dei medici italiani
si collega almeno 3
volte a settimana
a siti internet
di medicina



62%
degli italiani
possiede uno
smartphone¹



**Uso degli
smartphone**

91%
dei medici in USA

81%
dei medici in Europa

Fonte: EPG Health Media

1 <http://www.nielsen.com/us/en/newswire/2013/how-the-mobile-consumer-connects-around-the-globe.html>

2 <https://ec.europa.eu/digital-agenda/en/news/green-paper-mobile-health-mhealth>





“Know-do gap”



Evidence



Practice