







The Development, Implementation, Evaluation, and Impact Assessment of the Canadian Guidelines on Post-COVID-19 Condition (CAN-PCC)

AUTHORS

Robby Nieuwlaat^{1*}, Wojtek Wiercioch¹, Nancy Santesso¹, Jan Brozek¹, Jordi Pardo Pardo², Tamara Lotfi¹, Karla Solo¹, Varna Valavil Punnapuzha¹, Ashley Motilall¹, Holger Schünemann^{1*}

AFFILIATIONS

- Department of Health Research Methods, Evidence, and Impact, Michael G. DeGroote Cochrane Canada Centre and McMaster GRADE Centre, McMaster University, Hamilton (ON)
- Ottawa Hospital Research Institute, The Ottawa Hospital, Ottawa (ON)
- *Members of Long COVID Web

INTRODUCTION

Post-COVID-19 condition (PCC) is common among people infected by SARS-CoV-2, with 10-20% developing long-term symptoms, although estimates are uncertain.1

Healthcare policies and practices for managing PCC vary, making evidence-based guidance essential for informing decision-making. 1,2 To meet this need, Cochrane Canada and the McMaster GRADE Centre at McMaster University are working together with Canadian and international collaborators to provide accessible, high-quality guidelines on PCC and to identify strategies to facilitate their use in clinicians, decision-makers, equity-deserving populations, and the public in Canada.

METHODS

CAN-PCC will encompass the full process from recommendation development to impact assessment in 26 months, using the following innovative methods:

RECOMMENDATION DEVELOPMENT:

To develop recommendations, teams (Fig 1) will be formed taking into consideration balanced representation of key stakeholders, including people with lived PCC experience and from equity-deserving groups. We will follow our widely accepted and rigorous methods to prioritize topics, questions, and outcomes, manage conflicts of interest, and determine decision thresholds.^{3,4,5} Our evidence synthesis teams will perform rapid systematic reviews following Cochrane methodology, assisted by machine learning, and using living methods. Existing evidence syntheses and recommendations will be contextualized using the GRADE-Adolopment methodology, allowing adaptation of CAN-PCC recommendations to other contexts.⁶

KNOWLEDGE MOBILIZATION (KM):

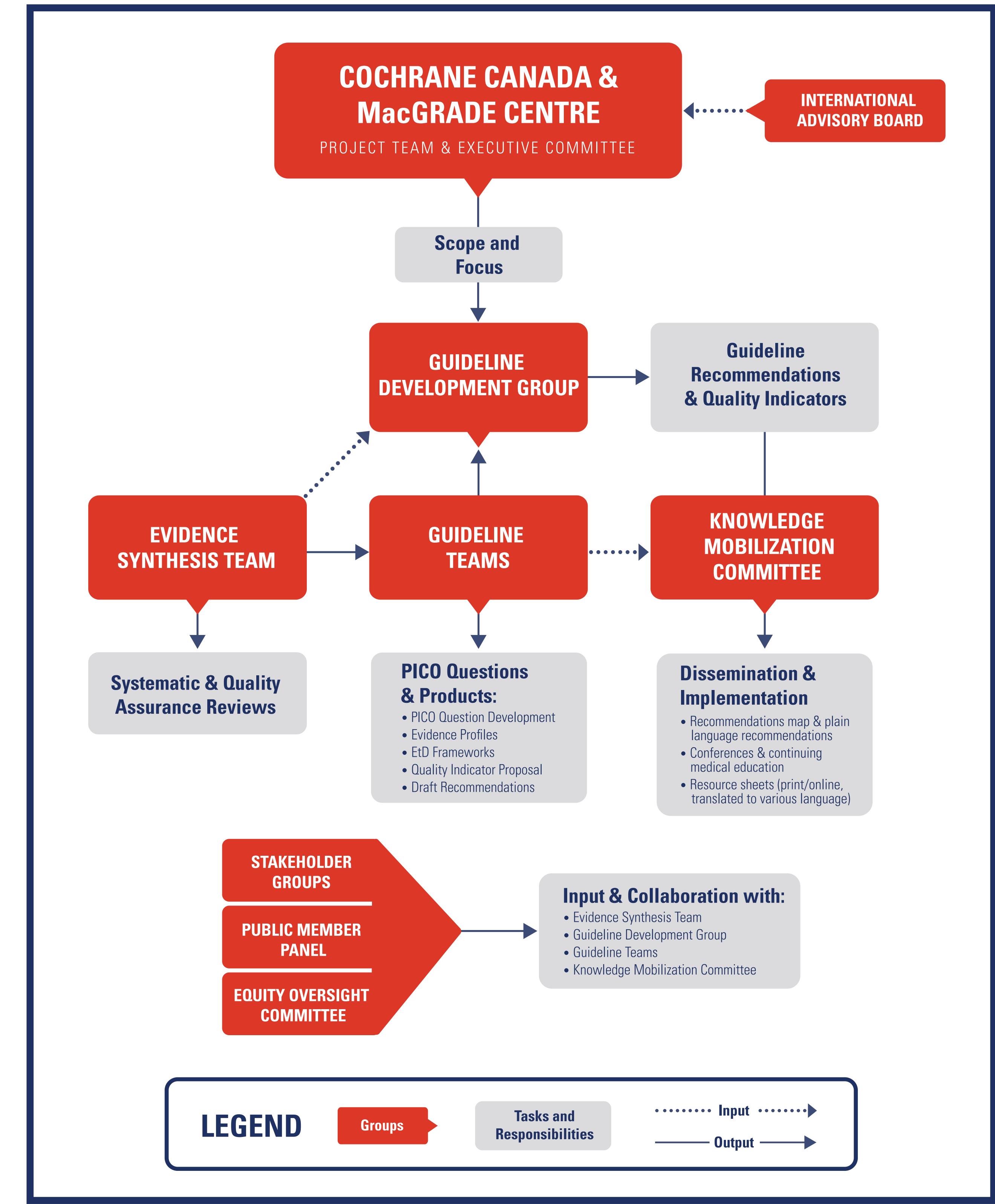
A KM committee, composed of representatives from the CAN-PCC guideline groups, will follow an integrated KM approach guided by a KM framework.7,8,9 During recommendation development, the KM committee will create stakeholder partnerships. To ensure acceptability and uptake, co-producing KM resources will be a top priority. Once the recommendations are launched we will implement, monitor, and evaluate the activities. Examples of KM activities that we plan to conduct include a recommendations map for healthcare professionals as well as plain language recommendations and online resource sheets for the public.

EVALUATION:

An external evaluator in Canada will conduct a performance and impact evaluation of the KM activities and guidelines used, explicitly focusing on audience awareness and understanding as well as changes in clinical practice and health outcomes in Canadian settings.

Figure 1

CAN-PCC Groups, Roles, and Responsibilities



FUTURE PROSPECTS

CAN-PCC will address an urgent need to support Canada's people with PCC lived experience, and PCC care, policies, and programs by aiming to produce approximately 90 evidence-based recommendations.

We anticipate that evidence-informed tools, products, and KM activities will make the six PCC guidelines accessible and lead to the successful uptake by clinicians, researchers, decision-makers, members of the public, and equity deserving populations.

KM activities and use of recommendations will lead to improved short and long-term health outcomes related to PCC in Canada.

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OBJECTIVES



Develop six guidelines using robust scientific methods covering the full cycle of PCC

Build awareness, share knowledge, inform



decision-making, and improve health outcomes in specific settings through targeted dissemination and implementation activities.



Evaluate guideline effectiveness and optimize usage through quality improvement.

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