



PRODUCTS

The ESP offers a variety of products to address the needs of VHA operations by providing evidence in an accessible format and meeting the time constraints of decision-makers. Our products are focused on evaluating literature most relevant to the Veteran population and VA practice.

Standard Systematic Review (9-12 months)

Comprehensive synthesis using the most methodologically rigorous process. Reviews several broad, overarching key questions.

Evidence need: In-depth assessment of high-priority, sensitive topics that are not time-critical. Provides *definitive and defensible answers* to questions posed (eg, development of evidence-based guidelines or clinical algorithms).

Main limitations: Time- and resource-intensive

Scoping Review (4-12 months)

Descriptive overview that identifies gaps and overlap in key concepts and highlights specific and/or unique features of interest.

Evidence need: Taxonomy of complex care models that identifies major concepts, similarities, and differences.

Main limitations: No evaluation of intervention effects or critical appraisal

Evidence Map (9-12 months)

User-friendly visual figure or graph and interpretive summary of a broad research field that provides quick access to questions and answers that previous research has addressed and identifies gaps that are important for the VHA.

Evidence need: Graphical overview of a vast body of literature in an accessible, digestible, and usable format that allows end users to understand the “evidence landscape”, quickly access areas studied, and easily identify where there are gaps in research.

Main limitations: Can only display information on a few specific variables.

Rapid Evidence Brief (2-4 months)

Detailed report that generally follows, but streamlines, accepted systematic review methods and PRISMA reporting guidelines.

Evidence need: In-depth assessment of high-priority, time-critical, narrow topics – often for new or emerging treatments with limited evidence.

Main limitations: Uncertainty about validity of streamlined methods.

Evidence Assist™ (1-4 months)

Consultative memorandum with flexible format.

Evidence need: In-depth assessment of a *particular set* of studies identified by a *third party* in support of a specific claim.

Main limitations: Cannot be used to draw final conclusions about *all* available evidence for a research question.

Evidence Compendium (1-2 months)

Brief summary of key features, data abstraction, and bibliography, organized by key features (eg, key question, study design, population, etc).

Evidence need: Estimation of available volume of published, ongoing, and/or planned reviews and primary studies, existing ESP program activities, and VA-funded research, as well as brief summary of key features.

Main limitations: Only very limited synthesis of evidence and no critical appraisal.

Evidence Inventory (1-4 weeks)

Bibliography organized by key features (eg, key question, study design, population, etc).

Evidence need: Estimation of available volume of published, ongoing, and/or planned reviews and primary studies, existing ESP program activities, and VA-funded research.

Main limitations: Only provides information about evidence volume.

* May be used on a case-by-case basis.

† Examples: analysis of VA data, qualitative interviews, ‘rigorous speculation’ on whether an early evidence base is exceptional in ways that may predict success, etc; can help contextualize external evidence and aid in implementation.

	Publicly available protocol	Technical Expert Panel guides development	Published literature search (≥ 2 bibliographic databases)	Grey literature search	Data abstraction	Critical appraisal	Assessment of individual studies	Synthesis of strength of evidence	External expert peer review	Mixed methods add-ons†
Standard Systematic Review	ü	ü	ü	ü	ü	ü	ü	ü	ü	*
Scoping Review	*	ü	ü	ü			ü	*	*	
Evidence Map	ü	ü	ü	ü	ü	*	*	ü	ü	
Rapid Evidence Brief	ü	*	ü	ü	ü	ü	ü	ü	ü	*
Evidence Assist™			*	*	ü	ü	ü	ü		
Evidence Compendium			ü	ü	ü					
Evidence Inventory			ü	ü						