Future Research Prioritization in Cardiac Resynchronization Therapy

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For which topic were research priorities identified?
cardiac resynchronization therapy

In which location was the research priority setting conducted?
North America - USA

Why was it conducted at all?
Although cardiac resynchronization therapy (CRT) is effective for some patients with heart failure and a reduced left ventricular ejection fraction (HFrEF), evidence gaps remain for key clinical and policy areas.

What was the objective?
to review the data on the effects of cardiac resynchronization therapy for patients with HFrEF receiving pharmacological therapy alone or pharmacological therapy and an implantable cardioverter-defibrillator (ICD) and then, informed by a diverse group of stakeholders, to identify evidence gaps, prioritize them, and develop a research plan

What was the outcome?
a ranking list of 18 research questions

How long did the research prioritization take?
No information provided.

Which methods were used to identify research priorities?
horizon scan; survey

How were the priorities for research identified exactly?
Step 1: identification of evidence gaps: iterative process to identify evidence gaps for CRT use in patients with HF: via input from clinical experts and literature review, evidence gaps then organized into broad topics within CRT and transformed into research questions. Step 2: stakeholder input: through individual conference calls, group web-based conferences, and e-mails outlining the process and proposed list of evidence gaps, participants were asked to review and propose additional questions, revised document with unique gaps in evidence across broad range of topics developed, final document shared with stakeholders for review, final list included 40 identified research priorities consolidated into 4 broad categories. Step 3: prioritization survey: participants were asked to rate how critical the gap was to decision making followed by a forced-ranking prioritization method: participants had 15 votes to determine the most important unanswered research questions on CRT. Step 4: horizon scan of studies potentially relevant to top-tier evidence gaps

Which stakeholders took part?
Patients and public, providers, purchasers, payers, policymakers, principal investigators, and product makers. 39 participants: clinician (n=14), clinical researcher (n=18), patient/public (n=3), policymaker (n=1), device manufacturer (n=2), or other (health technology assessor, n=1).

How were stakeholders recruited?
A diverse panel of participants including clinicians, researchers, representatives from patient advocacy groups, federal and nongovernmental funding agencies, cardiovascular professional societies, health care decision-makers and policymakers, and industry was recruited. The stakeholder group was developed using previously described taxonomy, and the group included representatives of the following stakeholders groups identified in the 7P framework: patients and public, providers, purchasers, payers, policymakers, principal investigators, and product makers. Within each of these groups, participation of at least 1 person with content expertise and a unique viewpoint on the clinical area of CRT and its current uncertainties was solicited.

Were stakeholders actively involved or did they just participate?
Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.