

Governing Board Co-Chair Candidate Statement

Please note that the Co-Chair Candidate Statement of the new Co-Chair **will be published on the Cochrane Community website** and will remain on the website against the name of the Co-Chair for the duration of their term on the Board. For this reason, this document template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded. Photographs (including personal headshots) are also not permitted.

Please submit this Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the three nominators writing your Letters of Support.

Family name (surname):	Koster
First name(s):	Marguerite
Today's date:	25 May 2018

You may expand the boxes in providing your answers to the questions below:

1. Please describe how you first became involved in Cochrane and your subsequent contribution to its work

For the past 20 years, I have been involved in clinical practice guideline development, health technology assessment, knowledge translation and evidence-based implementation, and Cochrane reviews have consistently been used as a highly valued and trusted source of evidence for improving the health of Kaiser Permanente (KP) members. Not only are Cochrane reviews used in the development of KP clinical guidelines and health technology assessments, but they are a first-line evidence source for the 300-350 evidence inquiries my unit responds to annually through KP Southern California's Evidence Inquiry Service, which serves as a one-stop source for clinicians to request rapid evidence reviews to support evidence-informed health care decisions. Kaiser Permanente has been a long-time subscriber to the Cochrane Library, and currently provides access to Cochrane reviews via its Clinical Library website to more than 22,000 physicians, 50,000 nurses and 200,000 employees in the U.S. Because the KP Clinical Library is available via the organization's electronic health system ("KP HealthConnect"), clinicians can access the Cochrane library to support evidence-informed decision making at the point-of-care.

More direct involvement with the Cochrane community began when I was invited to give a plenary presentation at the Cochrane Colloquium in Freiberg in 2008, during which I shared perspectives on the use of Cochrane reviews within a large health care system and provided examples of how the reviews have influenced health care decision making. Since 2008, I have regularly participated in Cochrane colloquia, and presented at meetings held in Madrid, Quebec City, Auckland, Seoul and the Global Evidence Summit in Cape Town. As a plenary speaker at the 2016 Seoul Colloquium, I presented on a Kaiser Permanente effort started in 2014 to facilitate the uptake of Cochrane evidence through an initiative called "E-SCOPE" (Evidence Scanning for Clinical, Operational and Practice Efficiencies). The Cochrane Library has become a primary evidence source for E-SCOPE initiatives and, to date, we have implemented Cochrane reviews on the Epley manoeuvre for benign paroxysmal positional vertigo, probiotics for prevention of necrotizing enterocolitis in preterm infants, exercise-based rehabilitation for

heart failure, vaginal preparation with antiseptic solution before cesarean section for preventing postoperative infections, gloves for preventing percutaneous exposure injuries in healthcare personnel, elimination of continuous passive motion after total knee arthroscopy, and music interventions for improving psychological and physical outcomes in cancer patients.

In 2016, I was honored to be appointed as one of the first two external members of the Cochrane Governing Board. As a Board member, I also serve as Honorary Treasurer, Chair of the Finance, Audit and Investment Committee, a member of the Remuneration Committee, a one-time replacement for another Board member on the Appointed Member Nomination Committee, and a member of the Cochrane/G-I-N Partnership Advisory Group.

2. Have you helped to prepare or bring into practice a Cochrane Review? If so, what was your involvement?

I have consistently brought Cochrane reviews into practice through development and implementation of clinical practice guidelines and health technology assessments, as well as knowledge translation/implementation initiatives (see E-SCOPE initiative mentioned above).

In addition, I was a co-author on my first Cochrane review on the implantable miniature telescope (IMT) for vision loss due to end-stage age-related macular degeneration, which was recently completed and approved for publication on the Cochrane Library.

3. Please describe leadership roles that you have held within Cochrane and in other relevant contexts, with examples of successful leadership.

In 2016, I was appointed to the Cochrane Governing Board. I serve as Honorary Treasurer of the Board, Chair of the Finance, Audit and Investment Committee, a member of the Remuneration Committee, and a one-time replacement for another Board member on the Governing Board Appointed Member Nomination Committee. I currently serve on the Cochrane/G-I-N Partnership Advisory Group, through which I was integrally involved in the development and moderation of a special panel session for the 2016 Global Evidence Summit, which focused on demonstrating successful partnerships between guideline developers working with Cochrane systematic reviewers. For the 2018 Cochrane Colloquium in Edinburgh, I organized a special panel session on how guideline developers, systematic reviewers and health technology assessment organizations can collaborate to promote consistent use of patient-important outcomes in research.

I am currently Senior Manager of the Evidence-Based Medicine Services Unit within the Southern California Permanente Medical Group, a partnership of physicians that contracts exclusively with the Kaiser Foundation Health Plan to provide medical services for more than 4.5 million members in Kaiser Permanente's Southern California Region. In this position, I manage a staff of evidence specialists and project managers who review and critically appraise scientific evidence for KP's clinical practice guideline, medical technology assessment, rapid evidence review, and health system implementation programs. For the past 20 years, I have been a leader in the advancement of evidence-based medicine and methodology standards for guideline development and technology assessment at KP's national and regional levels, particularly facilitating more effective use of high-quality evidence sources (such as Cochrane) in technology assessments, guidelines and health system implementation efforts. For many years, I have served as a member of the KP Southern California Medical Technology Assessment Team and Medical Technology Deployment Strategy Team, the KP Interregional New Technologies Committee (INTC), the KP National Guideline Directors, and the KP Guideline Quality Committee. In the last year, I became a member of KP Southern California's Regional

Decision Support Committee. In 2016, I was the first recipient of the Southern California Permanente Medical Group's Exceptional Achievement Award for Leadership.

In addition to my professional responsibilities at Kaiser Permanente, I am a founding member of the Guidelines International Network/North America (G-I-N NA). While serving as the Chair Elect, Chair and Immediate Past Chair, I provided direction and leadership in multiple areas, including the group's governance structure and development of a participant base of more than 700 North American (Canada, Mexico, USA) guideline developers, implementers, systematic reviewers, consumers and public policy groups. I also led the development of and coordinated a successful webinar series, with more than 30 webinars (including an introduction to Cochrane and the Cochrane Library) hosted between 2012 and 2015. In addition, I was integrally involved in the development and coordination of two North America regional conferences, "Evidence-Based Guidelines Affecting Policy, Practice and Stakeholders" (E-GAPPS I and II in 2012 and 2015, respectively), a joint effort between G-I-N/ North America and The New York Academy of Medicine. I have been an active advocate of and participant in the efforts of Consumers United for Evidence-based Healthcare (CUE), and I obtained grant funding for 20 consumer representatives to attend the E-GAPPS II conference in 2015.

I am currently serving as a member of the Guidelines International Network's Scientific Committee for the organization's 2018 conference in Manchester, UK, for which I co-organized a special panel session on how health technology assessment communities can work more efficiently with guideline developers for mutual benefit.

4. What experience do you have of committee work, both within Cochrane and nationally and internationally (particularly at the policy-setting level)?

I have more than 20 years' experience working with various groups within KP to promote evidence-informed policy setting through the development and implementation of clinical practice guidelines and health technology assessments, as well as efforts to proactively identify and deploy effective medical practices using Cochrane evidence.

As an active organizational member of the Guidelines International Network and a long-time attendee of Cochrane colloquia, I have been an advocate for strengthening the relationship between the G-I-N and Cochrane organizations. At the 2012 G-I-N Conference in Berlin, I worked with G-I-N and Cochrane representatives to organize a meeting to explore potential partnerships/efforts between G-I-N and Cochrane. As a strong supporter of Cochrane's efforts, I have participated in stakeholder interviews over many years to provide feedback on numerous Cochrane initiatives and products (e.g., *Strategy to 2020*, Cochrane Library design and products, Targeted Updates, etc.). In 2015, I invited Mark Wilson and David Tovey to give a presentation on Cochrane and the Cochrane Library as part of G-I-N/NA's webinar series, attended by 100-plus guideline developers, implementers, systematic reviewers and consumer advocates. During conversations leading up to the webinar, I provided input on linking the priority topics of guideline developers with Cochrane's priority updates list, a strategy to facilitate greater relevance and use of Cochrane reviews by guideline developers. I have also provided input to various Cochrane representatives with respect to the methodology and use of rapid reviews, especially as they pertain to the larger evidence user community.

I was a member of the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research which published the report, *Finding What Works in Health Care: Standards for Systematic Reviews*, and I served as a reviewer of the IOM Report, *Clinical Practice Guidelines We Can Trust*. In addition, I have routinely served on expert panels including, most recently, for grants associated with the Patient-Centered Outcomes Research Institute (e.g., PCORI Research Dissemination and Implementation Framework and Toolkit;

Integrating Multiple Data Sources for Meta-Analysis to Improve Patient-Centered Outcomes Research (MUDS); and By Consumers, for Consumers: Building Capacity and Partnerships to Enhance Patient-Centeredness). I was also a member of the Osteoporosis Technical Advisory Panel for the Joint Commission, an independent, not-for-profit organization which accredits and certifies more than 20,000 health care organizations and programs in the U.S. Recently, I became a member of the stakeholder group for “coreNASH: Core Outcomes in Nonalcoholic Steatohepatitis (NASH),” a partnership between the Center for Medical Technology Policy’s Green Park Collaborative (GPC), the Obesity Action Coalition (OAC), and The Liver Forum.

Finally, I serve as one of Kaiser Permanente’s representatives at the Health Technology Assessment International’s (HTAi) Policy Forum, which fosters strategic discussions about the present state, development, impact and implications of HTA for health care systems, patients and industry, as well as other stakeholder groups. As part of these efforts, I will participate as a speaker for a plenary panel on “Bridging the Knowledge-to-Action Gap: Effective Strategies for Implementing Evidence-Informed Health Policy and Practice” and a panel session on “The Role of Horizon-Scanning & HTA to Support Health Systems in Addressing the Dynamics of Innovation” at the HTAi 2018 Conference.

5. What do you think would make you an effective Co-Chair of the Board?

My many years of involvement in Cochrane via attendance at colloquia, providing consultation to numerous Cochrane initiatives, undertaking a Cochrane review, and translating Cochrane evidence into practice, have provided me with a strong working knowledge of the organization, and its vision and mission. Importantly, my recent experience as a member of the Cochrane Governing Board, serving as Honorary Treasurer, and participating on various Board subcommittees, has deepened my knowledge of Cochrane’s vision, mission, structure, function and culture.

I recognize that serving as Co-Chair of a Board of a charitable organization requires strong leadership, a focus on strategic direction, creating and maintaining a cohesive and high-functioning Board of Trustees, maintaining the fiscal health of the charity, and ensuring that Cochrane’s vision and mission serve the best interests of the charity, patients and the public. This requires a consultative, collaborative and high-functioning relationship between the Board and the Chief Executive Officer, Central Executive Team and staff, Cochrane Council, internal Cochrane groups and various external stakeholders and funders.

In addition to serving on the Cochrane Governing Board, as Honorary Treasurer and on several Board subcommittees, I believe my more than 20 years’ experience as a leader in the following areas is well-suited to fulfilling the responsibilities of Cochrane Co-Chair:

- Advocating for, developing and implementing evidence-based policy within a large health care delivery system
- Providing governance and direction for a multi-country professional network
- Fostering consultation and collaboration in decision making and relationship building among people and organizations
- Knowledge of the landscape and potential approaches to address the evidence and knowledge translation needs of guideline developers, health technology organizations, patients/consumers and health care policy makers
- Long-time support for and involvement in Cochrane’s efforts to become the world’s leader in providing high-quality, relevant, up-to-date and accessible synthesized research evidence to inform health decision making and improve the health of people around the world

6. Acting as Co-Chair of the Board requires a consultative approach to decision-making. Please illustrate how you would do this.

I have a long history of fostering consultation and collaboration among healthcare organizations, medical and professional societies, systematic reviewers and accreditation groups, in the areas of systematic review methodology, evidence-based clinical guideline development and implementation, health technology assessment, performance measurement and integrating evidence-based interventions into electronic health systems. I have led or participated in more than 30 guideline development teams and numerous health technology assessment, evaluation and deployment teams. Each of these efforts requires a consultative and collaborative approach to decision making.

With respect to the Cochrane Board, the Co-Chair must demonstrate a commitment to a consultation process that includes the appropriate stakeholders (individuals and groups) and is applied in a fair and transparent manner. During my tenure on the Cochrane Board, as well as in my work as Treasurer and on various Board subcommittees, I have demonstrated the ability to be a good listener, take others' viewpoints into consideration, and have sensitivity to the feelings of others. I'm capable of considering a wide range of perspectives, and exhibiting objectivity and tact in the face of sometimes contentious issues and decisions.

As Co-Chair, I would apply this consultative decision-making approach in Board meetings, while also being cognizant of the need to facilitate productive discussions, encourage inclusion and discourage dominance, and focus on strategic decisions that accurately and clearly provide guidance to the organization and represent the best interests of the charity.

7. How do you see Cochrane and/or the Board developing or changing in the future (i.e. what is your 'vision'), and why?

Over the past several years, Cochrane's governance structure has evolved from a Steering Group with strategic and operational involvement to a Governing Board whose primary focus is the strategic direction of the organization, ensuring fiduciary responsibility and solvency, and serving the needs of its key public constituents. In addition to adopting a Governing Board structure, the Board composition changed quickly to include a combination of elected Cochrane members who no longer represent specific Cochrane groups and appointed members from external organizations who had skills and expertise to assist Cochrane in fulfilling its vision, mission, impact and charitable responsibilities. The Board has worked diligently to recruit qualified and committed members, manage elections and appointments, clarify roles and responsibilities, and orient and educate members. It has demonstrated the ability to reflect on its effectiveness and opportunities for improvement, and investigate and propose functional changes that are reflective of a modern fit-for-purpose Board.

Given all the changes that have occurred with the Board over the past several years, there is much to do. Further clarification of Board roles, responsibilities and optimal governing structure will be necessary, as will the need for remaining focused on strategic vs. operational issues and setting the right 'tone at the top.' Board members have been remarkable for their willingness to step up and volunteer for time-consuming subcommittee work, and this has significantly advanced the stability and efficiency of the Board's structure and function.

The *Strategy to 2020* has made a significant impact on Cochrane's vision and mission of "...a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence," in which Cochrane evidence plays a significant role. With 2020 rapidly approaching, there is no time to waste. Supporting existing efforts and creating new and innovative strategies will be necessary to secure the

position of Cochrane as the leader in providing high-quality, relevant and timely synthesized research evidence using leading-edge methods, analytical strategies and technological innovations to produce and deliver Cochrane products. To accomplish this will require not only financial resources, but evaluating alternative approaches and strategies to producing and publishing systematic reviews, conducting knowledge translation efforts to put Cochrane evidence into practice, and investigating and adopting methodological and technical innovations to survive in a rapidly competitive environment.

Finally, the 'special sauce' that has been and continues to make Cochrane successful is its incredible mix of intelligent, committed and socially conscious people, many of whom are long-term volunteers. Recent changes in Cochrane's structure and function have impacted these groups, and I have been inspired by the resilience and dedication they have exhibited in support of changes necessary to ensure a high-functioning organizational structure. The new membership scheme is set to attract additional volunteers, who will likely support the efforts of existing authors and groups, and hopefully serve as a source of potential authors who can avail themselves of Cochrane's excellent training resources and ultimately produce reviews. Significant efforts will be required to build and sustain a culture of committed and enthusiastic Cochrane members and authors.

8. As Co-Chair, you would be expected to solve problems and resolve conflicts. How would you approach this aspect of the role?

I take pride in using a consultative and collaborative approach to decision making, and this also extends to conflict resolution. In more than 20 years of leading and/or participating in health care management, professional organizations, guideline and health technology teams, and personal activities, I have facilitated discussion and resolution of countless conflicts. I welcome robust and spirited discussion, appropriate sharing of information pertaining to the issues, open and respectful communication, active listening, and representation of diverse points of view. When issues remain unresolved, I don't hesitate to speak privately with those involved to resolve the conflict and, in the face of an impasse, recognize when external consultation and/or mediation is necessary. During my time on the Cochrane Governing Board, I have been involved in solving problems and resolving conflicts and have consistently taken a consultative and collaborative approach in these circumstances.

One of the strengths of Cochrane is that it has among its membership people who are dedicated, passionate and vocal about the organization, its mission and its activities. I encourage a 'speaking up' culture of respect, inclusiveness, fairness and transparency.

9. In the role of Co-Chair, you would be expected to represent Cochrane in a variety of settings; have you any experience of this or similar representation? In this context, please illustrate your ability to communicate successfully with a range of audiences.

For more than 20 years, I have represented Kaiser Permanente in a wide variety of region-specific and international settings and with a diverse range of stakeholders, including medical specialty societies, government health policy organizations, professional collaborations and networks (G-I-N, Cochrane, HTAi, etc.), funders, and consumer/patient organizations, among others. Much of this work has involved conference presentations and policy summit meetings in which I have advocated for evidence-based health care. I have strongly supported the need for methodologically rigorous approaches to clinical guideline development and health technology assessment, inclusion of patients and patient-oriented outcomes in health research and policy, bridging the gap between research evidence and implementation in the clinical setting, and the

need for collaboration among organizations to increase efficiency and impact and reduce research waste. In all instances, I have tailored presentations to the level of knowledge, needs, and cultures of diverse audiences. I am also keenly aware of the difference between and appropriate contexts for speaking on behalf of an organization and presenting my own personal or professional opinions on a topic.

As a member of the Cochrane Governing Board, I have had the opportunity to represent Cochrane in collaborative activities (e.g., meetings, conferences, presentations, etc.) with professional organizations, such as G-I-N, G-I-N/North America and HTAi. I believe my experience in representing a large not-for-profit organization in international settings can successfully be applied to communicating Cochrane's strategic direction, vision and mission.

10. For individuals seeking re-election as Co-Chair: What do you think you have contributed to the work of the Board during your previous two-year term of office?

n/a

Declaration of Interest statement:


Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the Board, and other boards she/he may sit on. In writing this statement, candidates should refer to Cochrane's [conflict of interest policy](#) and the [declarations of existing members of the Board](#).

Please answer the following questions:

1. Financial interests In the last three years, have you:	Yes/No (If yes, please provide details)
a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research?	No
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	Yes – I received a one-time payment for participation as an advisor on a PCORI-funded research grant.
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	No
e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	No

f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	No
2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?	No

I hereby confirm that I wish to stand for election to the position of Co-Chair of the Cochrane Governing Board and that, if elected, I would be able and willing to commit the necessary time and attention to the role.

Name: Marguerite A. Koster
<p>Signature:</p> 
Date: 25 May 2018