



EXPERT CONSENSUS PANEL
WHITEPAPER SERIES

HELPING
CLINICIANS APPLY
LEARNINGS:
POST-LAUNCH
APPLICATION



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OVERVIEW

A photograph of a wooden boardwalk path leading through a dense forest. The path is made of weathered wooden planks and has low wooden railings on both sides. The forest is lush with green trees and undergrowth, with sunlight filtering through the canopy.

Expert consensus panels convened post product launch tend to focus on practical topics including treatment sequencing, special populations, real-world evidence, and clinical experience. In some cases, available guidance is insufficient for helping clinicians navigate complex decisions. In other cases, guidance may not even exist.

As we look to address these topics, we need to understand how clinicians process new information, what makes recommendations practical to implement, and how to support sustained integration into routine care. This white paper explores key topics to consider when undertaking consensus initiatives that better serve clinicians and ultimately support the best outcomes for patients.

1: RESPECTING PROFESSIONAL EXPERIENCE

Why It Matters

Clinicians bring years of accumulated experience to every recommendation they encounter, and new guidance that dismisses this experience rarely gains traction.

Best Practices

- **Acknowledge what came before:** Frame new recommendations as building on existing knowledge rather than replacing it. Recognize that prior approaches often reflected reasonable decisions given available evidence at the time.
- **Speak as peers, not authorities:** Recommendations framed as what thoughtful colleagues are doing tend to land better than those framed as directives from external bodies.

Key Questions to Consider

- Does our guidance acknowledge the clinical experience and judgment that practitioners bring to these decisions?
- Have we connected our recommendations to the outcomes and values that matter most to this audience?
- Does our tone reflect respect for clinicians as partners in improving care?



2: WORKING WITHIN CLINICAL REALITY



Why It Matters

Clinicians may agree with consensus statements in principle but struggle to apply them in the context of a busy practice with competing demands.

Best Practices

- **Keep it simple:** Guidance that can be summarized in clear decision rules is more likely to be recalled and applied at point of care than lengthy discussions without action items.
- **Minimize added burden:** Recommendations that fit into existing workflows, rather than requiring additional steps or documentation, are easier to sustain over time.

Key Questions to Consider

- Can our core recommendations be expressed simply enough to be useful in a busy clinic?
- Have we considered how these recommendations fit into existing workflows and time constraints?
- Are we addressing the clinical edge cases and uncertainties that practitioners will encounter?

3: INTEGRATING INTO ROUTINE CARE

A hand holding a black and silver pen is positioned over an open calendar. The calendar is a grid with dates from 3 to 31. Some dates have handwritten notes in blue ink. For example, on the 14th, there is a note that reads "15:00" and "E = E - 2". The calendar is open to a page showing the month of May. The background is a light, neutral color.

Why It Matters

Even guidance that clinicians find valuable can fade from practice if it requires conscious effort to remember and apply with each patient encounter.

Best Practices

- **Connect to existing routines:** Recommendations are easier to sustain when they attach to clinical moments that already prompt action, such as specific lab results, diagnoses, or patient presentations.
- **Make it concrete:** Providing specific "when you see X, consider Y" guidance helps clinicians translate general principles into specific actions.

Key Questions to Consider

- Have we identified the natural clinical moments where this guidance would be most relevant?
- Are we offering concrete, actionable steps rather than general principles alone?
- Have we determined how these recommendations could be supported by clinical tools and infrastructure?

4: BUILDING TRUST AND CREDIBILITY

Why It Matters

Clinicians are discerning consumers of information, and guidance is only useful if they trust its source and find it relevant to their practice.

Best Practices

- **Choose voices that resonate:** Panels should be composed of a mix of academic experts and practicing peers to ensure buy-in from frontline clinicians.
- **Be transparent about limitations:** Acknowledging where evidence is uncertain or where recommendations reflect expert opinion rather than strong data builds rather than undermines credibility.

Key Questions to Consider

- Do our panel members reflect the perspectives and practice settings of the clinicians we hope to reach?
- Have we been transparent about the strength of evidence and the role of expert judgment in our recommendations?
- Are we creating opportunities for clinicians to discuss and adapt guidance to their own contexts?



5: STAYING PRESENT OVER TIME



Why It Matters

A single, impactful publication can change practice; however, clinicians benefit from encountering useful guidance multiple times, in different contexts, as their clinical questions evolve.

Best Practices

- **Think beyond launch:** Plan for ongoing engagement through follow-up content, conference discussions, and field-based conversations that keep guidance visible over 12 to 24 months.
- **Meet clinicians where they are:** Leverage multiple formats, including social posts, short videos, and bite-size documents, to extend reach to clinicians with different learning preferences.

Key Questions to Consider

- Have we planned for sustained engagement beyond the initial publication?
- Are we creating content in formats that fit how busy clinicians actually consume information?
- Can we help clinicians see how this guidance connects to outcomes they care about?

CONCLUSION

The image features four incandescent light bulbs hanging from above against a dark background. Two bulbs are illuminated with a warm, yellow glow, while the other two are unlit, showing their internal filaments. The lit bulbs are positioned in the upper right and lower center, while the unlit ones are in the upper left and lower right. This visual metaphor suggests ideas, insights, and conclusions.

Expert consensus panels work best when they are designed with the clinician's perspective in mind: respecting their experience, fitting their reality, earning their trust, and staying present over time. The principles here reflect a commitment to making the output genuinely useful, not just technically sound.

The central question is not "How do we get clinicians to change?" but rather "How do we help clinicians access and apply insights that improve patient care?" Organizations that approach consensus work with this orientation create value for the clinicians they serve and for the patients those clinicians treat.




CONTACT US

Let's discuss how
Endpoint can support
your Expert Consensus
Panel



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