

AGREE – A3

application appropriateness action

Implementing Guideline Recommendations

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AGREE – REX

AGREE Recommendation **EX**cellence

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Genesis of AGREE REX

- AGREE Instrument and AGREE II
 - Critical appraisal of guidelines
 - Inform development and reporting
- GUIDELINES – social and scientific process
 - AGREE II targets the “whole thing”

Scope and purpose	Stakeholder involvement
Rigor	Clarity of presentation
Applicability	Editorial independence

Is AGREE II and GRADE/DECIDE the same thing

- No
- GRADE/DECIDE tools and methods are embedded as exemplars in AGREE II items
 - For example, GRADE/DECIDE tools
 - increase AGREE II item quality scores if used
 - are advised as reporting and development templates
 - BUT....
 - GRADE/DECIDE tools can be misused or used poorly
 - other exemplars are also included

AGREE REX

- How does one make the most implementable recommendations?

SO.....

- complementary tool to the AGREE II
- evaluate the clinical quality/validity of the recommendations
- guide their optimal development and reporting

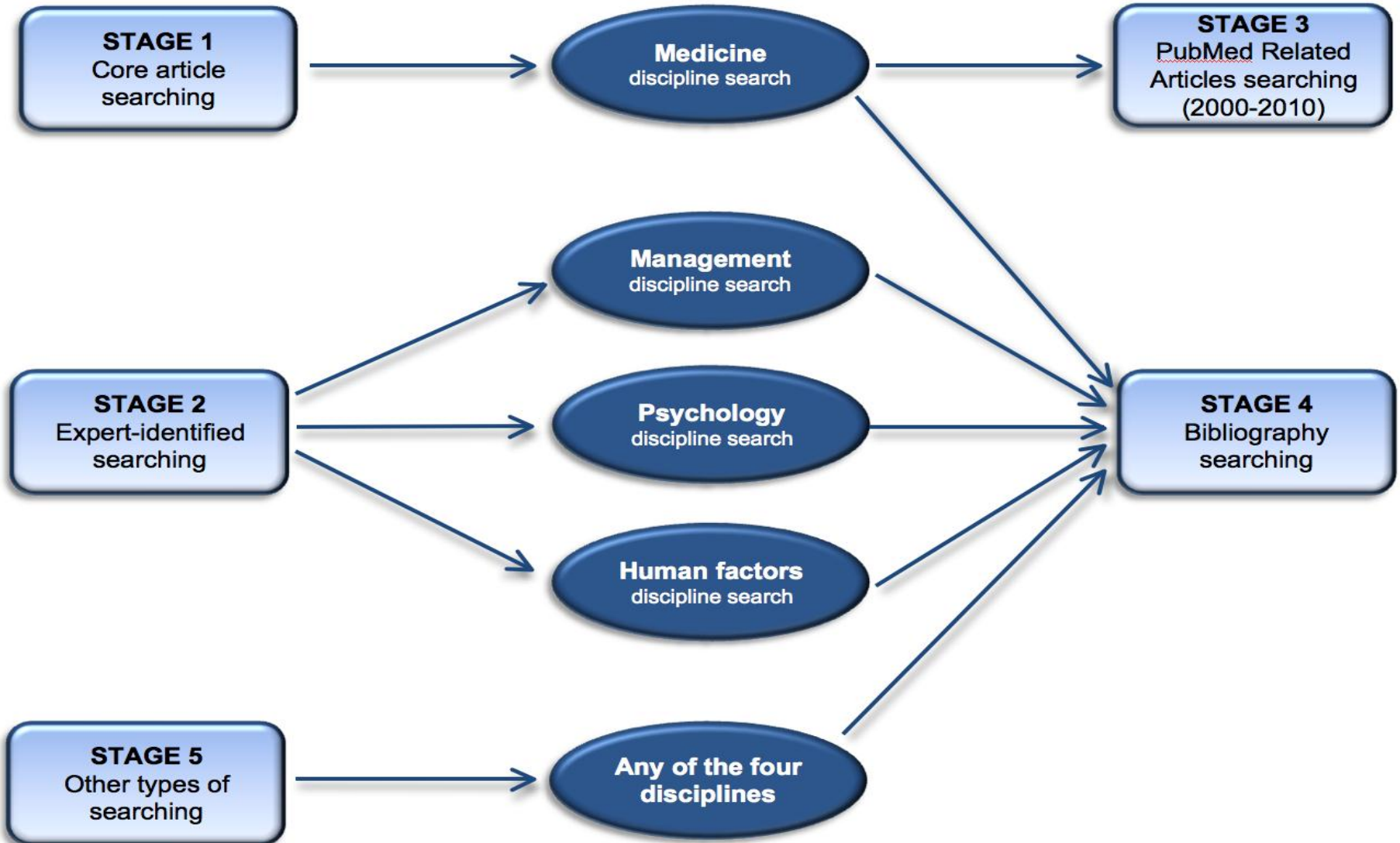
Step 1: Realist Review

- Excellent for interrogating and integrating theories and mechanisms.
- Excellent for working with diverse literatures.
- Developing concept:
 - Guideline implementability

Question/Objective

- What features of GUIDELINE RECOMMENDATIONS influence uptake? By whom? In what circumstances? In what contexts? Why?
- Multidisciplinary perspective.
- Facilitate common language/nomenclature
- Improve the scientific enterprise

Realist Review

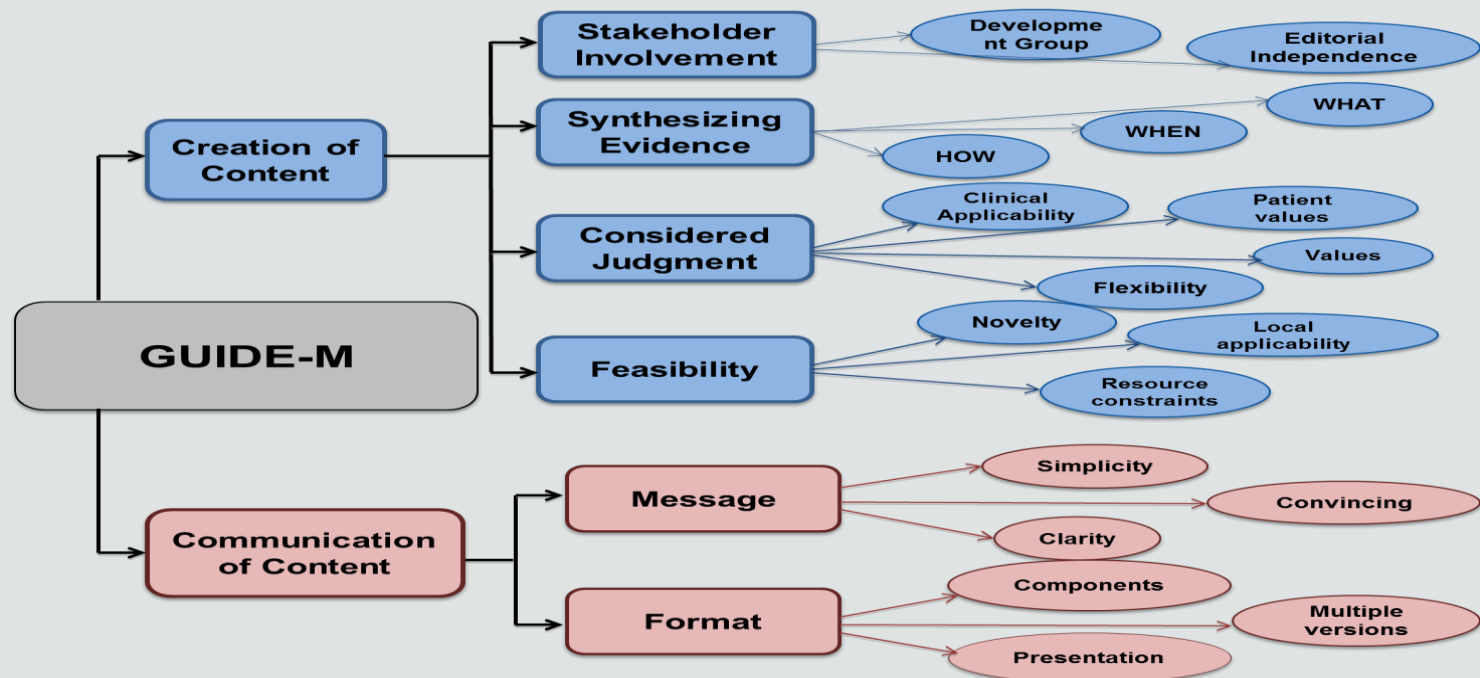


Realist Review

- 1571 intrinsic guideline attributes related to 367 studies
- 6 core attributes comprising 28 core attributes

Realist Review

- Beta **GU**ideline Implementability for **D**ecision **E**xcellence – **M**odel
- **GUIDE-M**



Step 2: Content (and Construct) Validity

- Sampling frame:
 - Guideline researchers
 - Guideline developers
 - Guideline users
- Questions:
 - How components were organized
 - Label names
 - Logic, relevance, appropriateness, and overall

COMPONENT of Beta GUIDE-M		Mean	SD
Logic of Domain cluster	Content	6.0	1.0
Appropriateness of Domain label names	Message	6.1	1.0
	Format	6.3	0.8
	Domain label names	6.3	1.4
Logic of Domain cluster	Content	6.0	1.3
Appropriateness of Domain label names	Message	6.1	0.9
	Format	6.3	1.3
Logic of Domain cluster	Content	6.0	1.3
Appropriateness of Domain label names	Message	6.1	1.3
	Format	6.3	1.1

248 participants
representing
34 countries

Ratings Con't

Rating	Tactic 1: Content							
	Stakeholder Involvement		Evidence Synthesis		Considered Judgement		Feasibility	
	M	SD	M	SD	M	SD	M	SD
Logic	6.2	1.1	6.1	1.1	6.1	1.0	6.3	1.0
Relevance	6.3	1.1	6.0	1.2	6.1	0.9	6.2	0.9
Appropriateness	6.0	1.1	5.7	1.4	5.9	1.1	6.0	1.1
Overall	6.1	1.2	5.8	1.3	5.9	1.2	6.2	0.9

Ratings Con't

Rating	Tactic 2: Communication			
	Message		Format	
	M	SD	M	SD
Logic	6.4	0.9	6.1	1.1
Relevance	6.3	0.9	6.1	1.0
Appropriateness	6.1	1.1	5.9	1.2
Overall	6.3	0.9	6.0	1.2

Step 3: Refine

- Create FINAL GUIDE-M

Final GUIDE-M

ARE YOU KIDDING ME



GUIDE-M

TACTIC	DOMAIN	ATTRIBUTES
Developers Of Content	Comprehensive	clinical experts, target population, decision-makers, methodologists
	Knowledgeable & Credible	
	Competing Interests	financial, professional / academic, advocacy
Creating Content	Evidence Synthesis	how, what, when
	Contextualization and Deliberation	clinical credibility, values, feasibility
Communicating Content	Language	simple, clear, persuasive
	Formats	versions, components, presentations

GUIDE-M

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Step 4: Prioritization

- Juxtapose existing completed work on GUIDE-M
 - AGREE II
 - GIN Stds
 - GLIA
 - ADAPTE
 - IOM Stds
 - Guidelines 2.0
 - GRADE/DECIDE
- Prioritize what is missing and requires attention

GUIDE-M - Development

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GUIDE-M - Reporting

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GUIDE-M - Appraisal

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Key Findings

- Developers of content
 - Quite a bit of work completed here.
 - Competing interests least developed component
- Creating content
 - Evidence synthesis is covered (too much)
 - Development and reporting work underway for contextualization and deliberations
 - More work needed with appraisal
- Communicating content
 - Most opportunities for development, reporting and evaluation

Where To Next – AGREE REX

- **Contextualization and Deliberation** will be primary focus
- **Appraisal** will be primary focus
- **Collaborations around development and reporting**
 - DECIDE/GRADE Group
 - Evidence to Recommendations Team
 - others

Guideline Industry

- Do new methods/strategies reflect meaningful and important advancements?
- Who benefits?
- Are partnerships/collaborations optimized?
 - jurisdictional ownership
 - intellectual ownership
 - discipline ownership
 - professional ownership

Why should we care?

- Every guideline advancement placed on developers and users

Change

Time

Resources

- It has to be worth it

Principles – AGREE REX

- When is good – good enough?
- We CAN do anything, of everything we could do (time, \$\$, people), what SHOULD we do?
 - ivory tower vs. real life perspectives
 - dogma vs. evidence
 - statistical significance vs. methodological significance
 - rigor vs. feasibility

Stay Tuned.....AGREE REX is coming

- Rigorous AND Useful
- Optimized collaborations
- Tools, resources, and strategies that help
 - Guideline developers
 - Users of guidelines
 - Recipients of guideline action

Research Team

Core Team in Canada (McMaster University and University of Toronto)

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Thank You

www.AGREETRUST.org

www.everypatientmatters.ca



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