

## DECIDE: health professionals

The DECIDE project included six research Work Packages (WPs), the first five of which aimed to develop and evaluate strategies for presenting evidence-based recommendations in guidelines to different types of user:

1. **Health professionals [covered by this summary].**
2. Policymakers and managers.
3. General public.
4. Users of diagnostic tests.
5. People developing health system policies.

The 6<sup>th</sup> Work Package was a toolkit that packaged much of the work coming from the first five Work Packages together. One of the key results of DECIDE was to deliver information in layers, most important first. So, in that spirit, the key findings of the whole DECIDE project are summarised in Figure 1. If you read no more, look at least at Figure 1.

### Key findings:

- Guideline users – health professionals, patients and policymakers – want information delivered to them in layers, most important first.
- Guideline producers value structure when working through evidence to make recommendations and decisions.
- Numerical summaries of research findings can be understood by diverse audiences, including the public, but it is best if those summaries allowed users to interact with them so that they can choose the level of detail they require.
- Health professionals and their patients want materials that can be used in consultations to support their discussions.
- Guideline information about medical testing has to move beyond accuracy and precision and start talking about the effect on important patient outcomes.

### Key tools:

- The Evidence to Decision framework to support guideline producers make evidence informed decisions.
- The interactive Summary of Findings tables to support interactive presentations of research findings to diverse types of user.
- The DECIDE/G-I-N public toolkit chapter for guideline producers on how to produce patient versions of guidelines.
- There are many ways information can be presented to users but we have not found a ‘magic bullet’ that always works for all users, especially members of the public. Guideline producers would be wise to do at least some testing of their materials with potential future users.
- The GRADEPro guideline development tool to package the bulk of DECIDE’s work and to support guideline producers through the whole guideline process.

**Figure 1: Key DECIDE findings and tools**

## Presenting evidence-based recommendations to health professionals

Health professional are key users of guidelines, indeed they are perhaps the most obvious users of guidelines produced by organisations such as the World Health Organisation (WHO) and the UK’s National Institute for Health and Care Excellence (NICE). DECIDE’s initial work for health

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## *The DECIDE project*

professionals was based on work done by the GRADE Working Group (<http://www.gradeworkinggroup.org>) and Cochrane (<http://www.cochrane.org>), both of which were partners in the project. In particular, we used their 'Summary of Findings tables', tabular summaries of research information that both groups had developed and tested. From this starting point, we used multiple methods to develop templates for presenting evidence-based recommendations, supporting material, and communication strategies to health professionals:

- Brainstorming workshops (e.g., with DECIDE partners) to generate ideas.
- Review of published work (such as tests of Summary of Findings tables) to inform development of our communication strategies.
- Stakeholder feedback (e.g., from health professionals, policymakers, guideline authors) to inform development and revisions from diverse perspectives.
- User-testing (e.g., with general practitioners). To guide our revisions from a user perspective.
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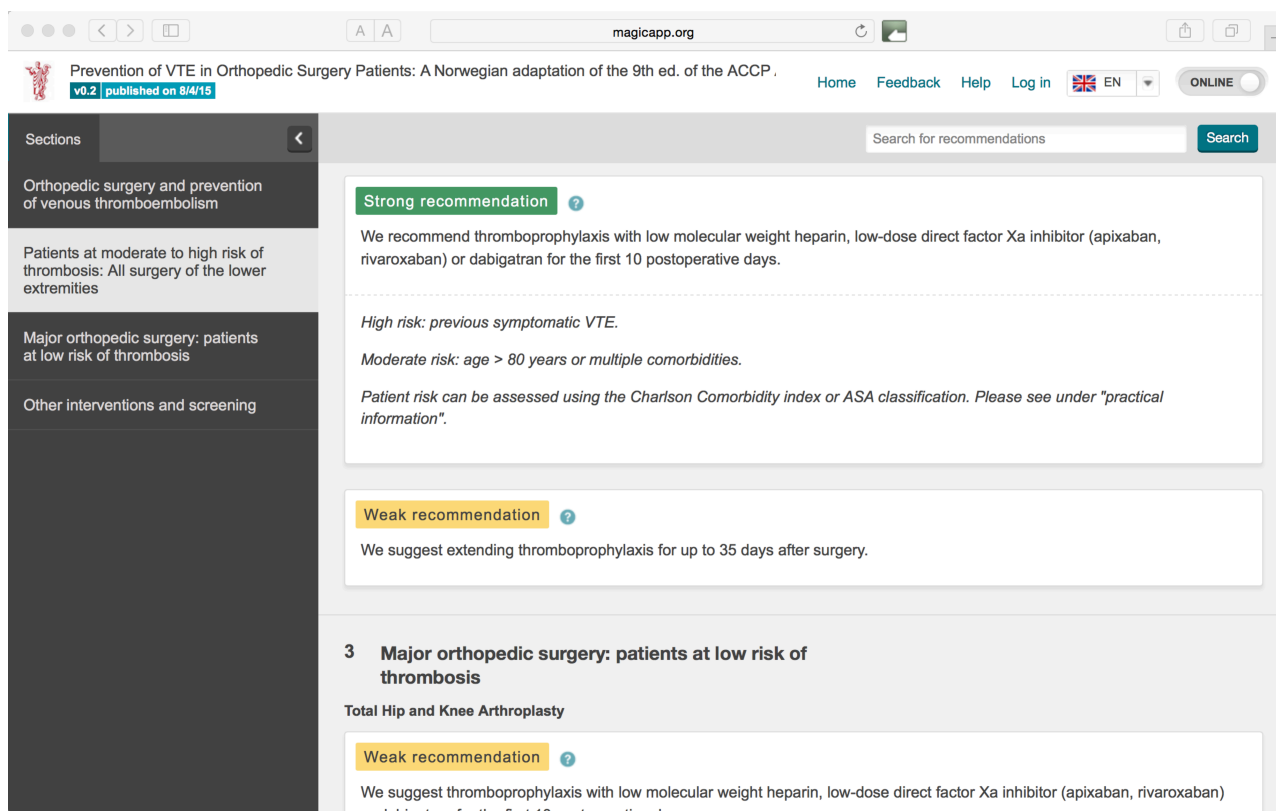
We also put together an Advisory Group, comprising individuals who were purposely selected to ensure a breadth of perspectives and who could give guidance on strategy, protocols and specific approaches and tools. This was especially useful at the start of the project.

The key findings from the above activities were:

1. Current guideline presentations are often overwhelming.
2. To be useful, it must be possible to quickly find guideline information relevant to a clinical decision ('EBM [evidence-based medicine] at 3am' as one family doctor described it).
3. Health professionals want a layered presentation that gives key information first (generally a guideline recommendation) with other information (e.g. information on why the recommendation is what it is) available if required.
4. Health professionals would value resources to support their conversations with patients during consultations.
5. The way evidence is presented and used in guideline panels could be improved, in particular help to make the decision-making process consistent from recommendation to recommendation.

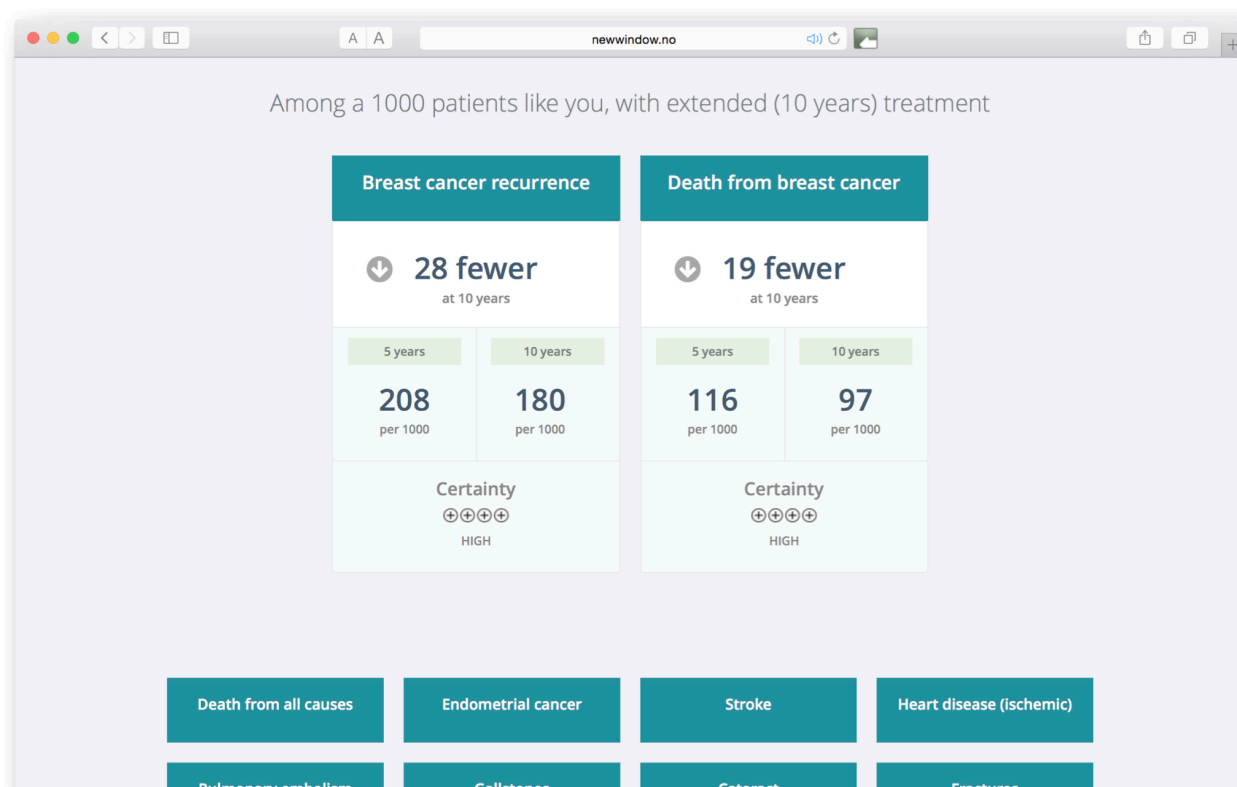
Many of these findings were also found in the other Work Packages, especially the desire for a layered presentation of guideline information. This finding was so strong that it drove much of DECIDE's work, not only with health professionals but with other types of guideline user as well. In concrete terms, for a guideline based on the GRADE system (a system used by many international guideline producers, see <http://www.gradeworkinggroup.org/society/index.htm>), this meant that the 'Top Layer' would be the recommendation itself, followed by information supporting the rationale for this recommendation. This would include the quality of the evidence, the balance between harms and benefit and information on patient values and preferences. Digging deeper into the layered structure would provide, for example, the full evidence profile behind the recommendation and links to references. Making information available quickly also points towards electronic guideline formats rather than paper.

The work on layered presentations led to a collaboration with the MAGIC research and innovation program (<http://magicproject.org>) to develop the Top Layer for health professionals. An example of how this multilayered presentation would look for a real guideline is shown in Figure 2 which shows the DECIDE layered approach used in a real Norwegian guideline. An article describing the approach was published in CHEST in 2014 (<http://journal.publications.chestnet.org/article.aspx?articleID=1916306>). Several guidelines have been published with the multilayered formats developed in DECIDE and MAGIC and two innovation projects have been launched in Scandinavia to further develop strategies and tools. Also in Scandinavia, health authorities are also now applying DECIDE strategies to collaborate on the creation, dissemination and dynamic updating of trustworthy clinical practice guidelines. This will include the publication of guidelines in multilayered formats as developed in DECIDE.



**Figure 2:** The WP1 layered presentation, here showing the Top Layer, essentially the recommendation itself

The finding that health professionals would value materials to use in consultations with patients was mirrored in our work with the public and patients (Work Package 3), which found that they too would value this. Together with MAGIC we have user-tested shared decision-making tools, involving both health professionals and patients, for a range of decisions including whether to continue anticoagulation treatment and whether to extend tamoxifen treatment from five years to 10 years as part of breast cancer management. Feedback from participants has been positive. Patients in Scotland, for example, really liked the clarity of the presentation shown in Figure 3 for decisions around the extension of tamoxifen treatment in breast cancer management. The intention is that such tools could be linked to an electronic guideline, meaning that a shared decision-making tool could be routinely available for many or all recommendations in the guideline. A paper describing the general approach was published in the BMJ early in 2015 (<http://www.bmj.com/content/350/bmj.g7624.long>).



**Figure 3** The decision tool tested in Scotland for decisions around the extension of tamoxifen treatment in breast cancer management from five years to ten.

Improving the way evidence is used by guidelines panels when drawing up recommendations was addressed by DECIDE through the development of a new tool called the Evidence to Decision framework. This is described in more detail in the Work Package 2 summary.