Author's response to reviews

Title: Improving the Use of Research Evidence in Guideline Development: 16. Evaluation

Authors:

Andrew D Oxman (oxman@online.no)
Holger J Schunemann (hjs@buffalo.edu)
Atle Fretheim (atle.fretheim@nokc.no)

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Improving the Use of Research Evidence in Guideline Development: 16. Evaluation

Responses to comments

Metin Gulmezoglu
Reviewer's report:
General
The authors reviewed how guidelines are appraised, updated and evaluated in this paper. They present their search results and their appraisal of the situation in WHO clearly. The section on the value and timing of updating is helpful because often these scare people and lead to omissions.
Perhaps the evaluation section can refer to other methodologies that apply random allocation in more creative ways such as stepwise implementation. Because often there is an argument about the practical issues of withholding information from some clusters (hospitals or clinics). The authors could perhaps reassure the sceptics of RCTs that rigorous evaluations could be undertaken without withholding the intervention unnecessarily.

Although we agree these issues are important, they are outside of the scope of this paper and we prefer not to add a discussion of different randomised designs or the ethics of cluster randomised trials to this paper.

Merrick Zwarenstein
Reviewer's report:
General
Useful paper, important topic, some clarification needed.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)
I think the title is not clear- could it be changed to indicate what exactly is being evaluated? (evidence basedness of guideline, evidence base for implementaiton of guideline, implementation of guideline are some of the alternative possiblities that i can see, and many readers will not be clear which until they read the paper.

We agree that the title is vague, but it captures the topic of the paper and, as with all of the papers in this series, we identify the key questions that we addressed within this topic in the abstract. A longer title that covers each of those more specific questions would be too long and substantially different from the titles of other papers in this series.

I prefer a structured abstract to the confusing set of q and a in the abstract. These q and a's seem to me to be the aims, or research questions in this review, but they are not again mentioned until they are used as headings in the findings section. They would make a sensible aims/research questions/objectives list.
We agree and we have now used structured abstracts for all of the papers in the series.

I find several sentences too long and too imprecise—eg, last sentence in background ends with the bit on uncertainties—but the nature of these uncertainties, or even there subject—what is uncertain?—is left, well.... uncertain.

We have edited this and other long sentences.

I am not sure that the section on how to evaluate the strategies for guideline implementation will be understood, or accepted. I think that the WHO is asking how to implement guidelines, not how to do implementation research. In other words, they are hoping that the best strategy for implementing most guidelines has already been broadly figured out in research already completed, and that each new guideline simply has to be implemented using already proven methods. If this were true, then, correctly, who would not want or need to do more trials. Unfortunately the evidence is very thin, and so the authors are suggesting that every guideline implementation effort should be turned into a piece of research to further the thin knowledge base we have on effectiveness of implementation strategies. But that is asking a lot of who, which is not a research organisation, and does not show itself as wanting to become one. So I think a better way of handling this section might be to say that if there is evidence of an effective strategy, for the setting and problem at which the guideline is aimed, that strategy should be used to implement the guideline, and an observational study, maybe an its should be done to look at population impact. If there is no evidence on how to implement this particular type of guideline, on this type of problem, in this type of setting, then its all guesswork as to what strategy will work, and a pilot implementation phase, designed as research will be needed to figure out how to do the implementation. I think his paper should give reassuring advice on how to get that done, as who does not have much capacity to do it.

WHO has asked for advice on how to improve their use of research evidence in guidelines and recommendations. We address the existing evidence regarding implementation strategies in another paper in this series, which is referenced, and we have now noted this at the end of the background section. While we agree that WHO has limited resources to undertake impact evaluations, we believe that our suggestion that WHO should support member states and those responsible for implementation to undertake appropriate evaluations is reasonable and appropriate. Interestingly, the comment from the other referee, who works for WHO, was asking for more rather than less encouragement for undertaking well-designed impact evaluations.

The last sentence in the paper addresses this issue as well, but I think misstates it—the problem is not one of collecting valid data, the problem is one of designing valid controlled studies to evaluate impact. Who is going to do that? Its unlikely to be WHO, so some ideas on this might be welcome.

We have not indicated that WHO should necessarily undertake further work that we suggest is needed here or elsewhere in this series. However, WHO could and should take a leading role in advocating for this work, acting as a catalyst, working with others, and in some cases undertaking work itself.