AGREE II: Next Steps

Continuous Quality Improvement in the Evaluation of Clinical Practice Guidelines
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Overview of Research Program

AGREE I

- Understanding perspectives of key stakeholders
  - Usability
  - Feasibility

AGREE II: Next Steps

- Improve measurement properties
  - Rating scale
- Can the AGREE discriminate between guidelines of varying quality
- Is there a role for a short scale?
- What is the impact of using the AGREE on global ratings of CPG?
# Overview of Research Conditions

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<td>b. Apply:</td>
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<td>7. Experience (with CPGs and AGREE)</td>
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*AGREE, McMaster University Health Sciences, CIHR IRSC*
Results I - AGREE

Items were rated as useful (7-point scale)

• item range:
  4.80 – Updating procedures
  6.53 – link between evidence and recommendations

• domain range:
  4.98 – applicability
  6.32 – scope and purpose

• NO differences in usability ratings as a function of user.
Results II - AGREE

Significant differences in the ranks of ‘importance of domains’ as a function of user.

• Developers:
  - most - rigour of development 44.7%
  - least - editorial independence 44.7%

• Clinicians:
  - most - rigour of development 39.3%
    - scope a purpose 39.3%
  - least – editorial independence 50%

• Policy makers:
  - most – scope and purpose 41.2%
  - least – editorial independence 41.2%
Results III - AGREE

AGREE Improvement Survey.

- Recommended modifications offered for all items and domains.
  13.3% Scope and Purpose
  39.8% Stakeholder Involvement

- Ten items were recommended to be deleted by at least one user.
  9.6% pilot testing (Q7)
  10.6% tools for application (Q18)
Results IV - AGREE

Significant differences in AGREE ratings of guidelines as a function of user.

- Developers gave lower quality ratings than did clinicians and policy makers for all domains except Applicability domain.

- However, no differences among users on outcome measures:
  - I would recommend.
  - I would use.
  - Overall quality.
Results V - AGREE

Outcomes: recommend, use, overall quality

Predictors:

• Domains except EI, significant predictor of outcome
  magnitude of effect greatest for rigour
  e.g. Every 10% change in the AGREE Rigour score predicts a 0.8 change in participants ‘I would recommend’ score (7-point scale).
• User type NOT a significant predictor
• Domain by user type NOT a significant predictor
Results VI - GRS

5 Global Rating Measures.

Overall quality of development methods.
Overall quality of guideline presentation.
Completeness of reporting.
Overall quality of guideline recommendations.
Overall quality.
Results VII - GRS

Items were rated as useful (7-point scale).

development methods – 5.85
guideline presentation – 5.59
completeness of reporting – 5.68
guideline recommendations – 5.97
overall quality – 5.83

NO differences in usability ratings as a function of user.
NO difference in usability ratings as a function of condition.
Results VIII - GRS

Significant differences in the ranks of ‘importance of domains’ as a function of user.

- Developers:
  - most – development methods – 58.3%
  - least – completeness of reporting – 48.6%

- Clinicians:
  - most - guideline reccs – 52.5%
  - least – guideline presentation – 45.8%

- Policy makers:
  - most – development methods – 66.7%
  - least – guideline presentation – 59.3%
Interpretation and Discussion

- AGREE items are rated as very useful to a range of users and there are no differences between user types.

- When forced to rank relative importance of the AGREE domains, there are differences among users in what is considered most important. In contrast, all users rated EI as the least important despite the compelling evidence of bias associated with EI issues.
Interpretation and Discussion

- Users have a lot of feedback about how to improve some of the items, instructions, and examples. This will be used to refine the tool.

-- Domains (except EI) predict outcomes. Magnitudes of effect vary but the sizes are ‘clinically’ important.
Interpretation and Discussion

- GRS items are rated as very useful to a range of users and there are no differences between user types. In contrast to hypotheses, systematically reviewing the AGREE did not lead to different perceptions of the GRS by the users.

- When forced to rank relative importance of GRS items, there are differences among users in what is considered most important and least important. Quality of clinical recommendations (not covered in the AGREE) emerges as most important to the clinicians.