CORRESPONDENCE

Evaluating Guidelines—A Review of Key Quality Criteria

by Mag. rer. nat. Thomas Semlitsch, Dr. med. Wolfgang A. Blank, Prof. Dr. med. Ina B. Kopp, Dr. rer. medic. Ulrich Siering, and Prof. Dr. med. Andrea Siebenhofer in issue 27–28/2015

Evaluating the Quality of Guidelines

We wish to add three aspects of evaluating the quality of guidelines that were not mentioned in the article (1).

Systematic research has shown for randomized controlled studies that unsatisfactory blinding of the study medication, randomization, or allocation can result in relevant systematic biases. This evidence is the basis of the validity of the Cochrane Collaboration's risk of bias tools (2). However, systematic studies of the validity are lacking for the quality standards of other study types and for evaluation instruments for guidelines. It remains unclear what concrete conclusions users can draw if a guideline is given a lower quality rating according to the described evaluation instruments. We therefore think that a need exists to conduct appropriate studies to find out which negative effects result in poorer quality guidelines.

The degree to which guideline adherence can be operationalized is a critical factor for success in implementing guideline recommendations. This aspect is not explicitly provided for in the instruments, but it is crucial for measuring guideline adherence. In the context of guideline development, it is important to develop appropriate instruments for measuring changes in the quality of care as a result of using guidelines. A systematic review showed that 34 out of 87 current S3 guidelines define quality indicators for measuring guideline recommendations, but that the applied methods for defining quality indicators are largely lacking, as are any conclusions about the quality of guideline indicators (3). Aspects of the quality with which quality indicators in guidelines are developed are also missing from the evaluation instruments.

DOI: 10.3238/arztebl.2016.0118a

REFERENCES

1. Semlitsch T, Blank WA, Kopp IB, Siering U, Siebenhofer A: Evaluating guidelines—a review of key quality criteria. *Dtsch Arztebl Int* 2015; 112: 471–8.
2. Higgins JPT, Altman DG, Sterne JAC: Chapter 8: Assessing risk of bias in included studies. In: Higgins JPT, Green S, (eds.): *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 (updated March 2011).
3. Schmitt J, Petzold T, Deckert S, Eberlein-Gonska M, Neugebauer EAM: Empfehlungen zur Messung der Versorgungsqualität in aktuellen S3-Leitlinien: Eine kritische Bestandsaufnahme. *Gesundheitswesen* 2014; 76: 819–26.

Dr. rer. medic. Thomas Petzold, Prof. Dr. med. habil. Prof. h.c. Jochen Schmitt, MPH
Zentrum für Evidenzbasierte Gesundheitsversorgung, Universitätsklinikum Carl Gustav Carus an der Technischen Universität Dresden
Thomas.Petzold@uniklinikum-dresden.de

PD Dr. med. Maria Eberlein-Gonska
Zentralbereich Qualitäts- und Medizinisches Risikomanagement, Universitätsklinikum Carl Gustav Carus an der Technischen Universität Dresden

Conflict of interest statement

The authors declare that no conflict of interest exists.

In Reply:

It is true that there are to date no empirical studies that investigate the relevance of individual evaluation criteria of guideline evaluation instruments with regard to the quality of care (1). Internationally there is widespread consensus about what characterizes a guideline of high methodological quality. Although the adequate use of guidelines can bring about changes in healthcare delivery, they are often not used in practice. The factors influencing this state of affairs are varied. Implementation research has adopted the notion that the successful dissemination and implementation of guidelines is more likely if the decided measures are tailored to previously identified barriers (2). So far, a definite conclusion as to how guidelines can be implemented in a target-oriented way cannot be reached. The current standard of knowledge can be improved by funding appropriate controlled studies. Such studies should include aspects of implementability (3) and the development of quality indicators in guideline development (4), as well as an evaluation of the guideline's effectiveness. These aspects—which Petzold, Eberlein-Gonska, and Schmitt mentioned in their letter—have a crucial role in a comprehensive and detailed evaluation of guidelines and their implementation and realization in the scientific setting. In routine clinical practice, however, a comprehensive evaluation and the use of existing comprehensive instruments is often not possible for doctors. We aimed to explain (5) criteria from brief instruments that can be used to assess guidelines which enable the rapid and simple identification of guidelines, recognize potential biases, and make it easier to decide on using a guideline in clinical practice.

DOI: 10.3238/arztebl.2016.0118b

REFERENCES

1. Siering U, Eikermann M, Hausner E, Hoffmann-Esser W, Neugebauer EA: Appraisal tools for clinical practice guidelines: a systematic review. *PLoS One* 2013; 8: e82915.
2. Wensing M, Bosch M, Grol R: Developing and selecting interventions for translating knowledge to action. *CMAJ* 2010; 182: E85–8.
3. Shiffman R, Dixon M, Brandt C, et al.: The Guideline Implementability Appraisal (GLIA): development of an instrument to identify obstacles to guideline implementation. *BMC Medical Informatics and Decision Making* 2005; 5: 23.
4. Programm für Nationale VersorgungsLeitlinien von BÄK, KBV und AWMF (2009). Qualitätsindikatoren – Manual für Autoren. Berlin: Ärztliches Zentrum für Qualität in der Medizin, äzq Schriftenreihe; Band 36. www.aezq.de/mbd/edocs/pdf/schriftenreihe/schriftenreihe36.pdf.
5. Semlitsch T, Blank WA, Kopp IB, Siering U, Siebenhofer A: Evaluating guidelines—a review of key quality criteria. *Dtsch Arztebl Int* 2015; 112: 471–8.

Mag. rer. nat. Thomas Semlitsch

Institut für Allgemeinmedizin und evidenzbasierte Versorgungsforschung
Medizinische Universität Graz
thomas.semlitsch@medunigraz.at

Conflict of interest statement

The development of the mini-checklist for assessing the methodological quality of guidelines was part of the doctoral dissertation of Thomas Semlitsch at the Medical University of Graz and received financial funding from the Future Fund Styria. The author declares that no conflict of interest exists.