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The Saudi Center for EBHC Newsletter

Message from the Director

The Saudi Center for Evidence Based Health Care (EBHC) has been established under the direction of His Excellency The Minister of Health Dr. Abdudllah Al Rabeeah on December 15, 2012. Since then, the mission of EBHC evolved from delivering training on evidence-based medicine to the adaptation of clinical practice guidelines (CPGs) covering the most critical and prevalent diseases in order to improve people's lives in the Kingdom. The Center seeks to convey a message that adopts the principles of raising awareness of evidence-based medicine and support its practice across the Kingdom. We aim to achieve this goal by adapting guidelines, launching awareness campaigns and delivering training workshops in order to build a national solid dependence on CPGs. We, at EBHC, started our journey by defining our strategic goals, devising an operational plan, recruiting staff and partnering with internationally renowned institutions to launch the Saudi clinical guidelines adaptation program. We recently concluded our first project in 2013 by adapting 10 CPGs in collaboration with McMaster University and over 70 Saudi experts. We also delivered an electronic guideline development tool and a Saudi clinical guideline development handbook that are made available to the Saudi medical community. We recently launched our second CPG adaptation project as we remain committed to our guideline development program.

Dr. Zulfa Ahmad Al Rayess
Consultant, Family Medicine

Guideline Adaptation Meeting December 2013

The Center for EBHC organized a guideline adaptation meeting in December 2013 bringing together more than 70 Saudi scientific experts, key ministerial stockholders and McMaster experts to finalize the recommendations and deliver the first 10 complete Saudi adapted clinical practice guidelines

Ongoing work
The next wave of CPGs...

The Center launched its second guideline adaptation project in partnership with McMaster University and is in the process of adapting a second wave of 10 CPGs covering a wide scope of diseases that are key to improving clinical practice in the Kingdom

Evidence Based Practice... Through The Adaptation Of Clinical Guidelines

INSIDE
Clinical guideline adaptation process

1 Selecting guideline topics

An initial list of topics was formulated during a workshop for strategic planning held on the 21st and 22nd of May 2013. The Saudi Center for EBHC invited key stakeholders including physicians, MoH health care professionals and decision makers to propose and discuss a list of guideline topics taking into account factors like:

Burden of disease
- The population suffering the disease/condition in Saudi Arabia (prevalence, incidence, mortality)
- The resource impact of the disease/condition in Saudi Arabia

Variations
- Practice variation and variations in health outcome across different regions in Saudi Arabia, providers, care setting (primary care, specialist services) and variation in the availability or resources and the cost of treatment.

Potential
- Potential for modernization of current practice

CPG Topics & Saudi Medical Societies

The Use of Screening Strategies for Detection of Breast Cancer
"Saudi Oncology Society"

Treatment of Venous Thromboembolism
"Saudi Scientific Hematology Society"

Prevention of Venous Thromboembolism in Stroke
"Saudi Scientific Hematology Society"

Screening and Treatment of Precancerous Lesions for Cervical Cancer
"Saudi Obstetric & Gynecology Society"

Diagnosis of Suspected First Deep Vein Thrombosis of Lower Extremity
"Saudi Scientific Hematology Society"

Timing of initiation of hemodialysis
"Saudi Society of Nephrology & Transplantation"

Thrombolytic Therapy in Acute Stroke
"Saudi Stroke Association"

Antithrombotic TreatTreatment of Patients with Non-valvular Atrial Fibrillation
"Saudi Heart Association"

Role of Vitamin D, Calcium and Exercise in Fracture Prevention in Elderly
"Saudi osteoporosis Society"

Allergic Rhinitis in Asthma
"Saudi Allergy, Asthma & Immunology

2 Finding a guideline for adaptation

Clinical questions were formulated and a systematic search for existing guidelines was performed to identify potential existing guidelines. The criteria for selection of the guideline include…

Transparent grading and recommendation methodology

Current within last 3 years

Accessible search strategy

Relevant

Evidence to recommendation criteria

High score on AGREE II

Evidence summaries

Values & preferences

3 Assembling local expert panels

The Center for EBHC held a workshop titled "Partnership for Success in National Clinical Practice Guidelines" on October 7, 2013 to initiate the guideline adaptation program, select the expert panel members and agree on conflicts of interest from participating members. 35 Saudi experts including representatives from Saudi medical societies participated in the workshop. A minimum of 10 members were nominated to serve as multidisciplinary expert panel members for each guideline .

4 Priority setting

The existing guideline that was selected for the adaptation process can contain more recommendations than the the targeted number of recommendation for the current project. Therefore, we distributed a survey via "*Survey Monkey*" to panel members in order to rate all recommendations in the existing guideline according to *relative* importance of recommendations for adaptation using a 9 points Likert-type scale and finally selected the top 10 rated recommendations. The survey consisted of 3 parts:

Background information about the respondent, name, gender, age, nationality, description that best identifies the member's profession(s), field of work, years of experience in the field, formal training in health research methods, training in public health, previous participation in development of guidelines.

Declaration of potential conflicts of interest to state what have been received from commercial entities, the research support the member's unit received, any investment interests, intellectual property rights, public statements and positions in the last three years, received Tobacco or Tobacco products (without regards to relevance to the subject of the CPG and finally any additional information that is not already disclosed.

Rating the importance of topics and clinical questions for the Saudi Arabian specific context: the rating is from: 1 (least important) to 9 (most important). The relative importance is focused on the patient perspectives (mortality, morbidity, quality of life). If the intervention is not available in KSA, "1" is selected . if the intervention is costly but associated with a positive impact on patient outcomes, then a higher rating is advised. For each question a comment may be left if it is relevant to the ratings. Finally any recommendation that is not covered in the original CPG can be suggested.

5 From evidence to decision

1. Updating the search

A literature search was conducted to update the evidence in the systematic review focusing on: the new evidence for benefits & harm, recent cost effectiveness analysis and any evidence for patient's values and preferences. Additional search for Saudi Arabia and the Middle East setting including (IMEMR) database was sought. A particularly pre-specified and standardized search was requested from the panel members.

- **High**: very confident that the true effect lies close to that of the estimate of the effect
- **Moderate:** moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
- **Low:** confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.
- **Very low:** very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

2. Using GRADE to appraise evidence

We assessed the quality of evidence using the system described by the Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group. Certainty of evidence is classified as "**high**", "**moderate**", "**low**" or "**very low**" based on decision on methodological characteristics of the available evidence for a specific health care problem.

Panel discussion & voting 6

Over 70 Saudi experts distributed among 10 guideline panels attended a 4-day workshop led by McMaster working group in Riyadh. Each of the 10 panels each averaging 6 members worked with two researchers from McMaster on the evidence to decision (EtD) process which entails to going through from the available evidence to forming the decision that makes recommendation. A representative from the Center for EBHC attended each session for facilitation purposes. The approach used was given systematically for each clinical question addressing each outcome.

Type of recommendation:
- We recommend against offering this option
- We suggest not offering this option
- We suggest offering this option
- We recommend offering this option

Problem: Research evidence on why this problem is a priority: there are 4 options to choose from: no, probably no, uncertain, probably yes, yes.

Resource use:
- Are the resources required small?
- Is the incremental cost small relative to the net benefit?

Feasibility: is the option feasible to implement?

Equity: what would be the impact on health

Benefit and harm:
- What is the overall certainty of this evidence?
- Is there important uncertainty about how much people value the main outcomes?
- Are the desirable anticipated effects large?
- Are the undesirable anticipated effects small?
- Are the desirable effects large relative to undesirable effects?

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