



Title	Effectiveness and Efficiency of Guideline Dissemination and Implementation Strategies
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Aim

To systematically review the effectiveness and costs of guideline development, dissemination, and implementation strategies. To estimate the resource implications of these strategies. To develop a framework for deciding when it is efficient to develop and introduce clinical guidelines.

Conclusions and results

The inclusion criteria were met by 235 studies reporting 309 comparisons, whereof 73% of comparisons evaluated multifaceted interventions (MFI). The maximum number of replications of a specific MFI was 11 comparisons. Most comparisons reporting dichotomous process data reported improvements in care, but the effects within and across interventions varied considerably. Commonly evaluated single interventions were reminders, dissemination of educational materials, and audit and feedback. Twenty-three comparisons of MFIs involved educational outreach. Most interventions observed modest to moderate improvements in care. No relationship was found between the number of component interventions and the effects of MFIs. Only 29.4% of comparisons reported economic data. Most studies used process measures as the primary endpoint, but only three guidelines were evidence based. Survey respondents rarely identified existing budgets to support guideline dissemination and implementation. Generally, respondents thought that only dissemination of educational materials and short educational meetings were feasible within current resources.

Recommendations

Given imperfect evidence on the efficiency of guideline dissemination and implementation strategies, decision makers must use considerable judgment about how best to use limited resources. They need to consider the potential clinical areas for clinical effectiveness activities, the likely benefits and costs required to introduce guidelines, and the likely benefits and costs resulting from changes in provider behavior.

Methods

Single estimates of dichotomous process variables were derived for each study comparison based upon the primary endpoint or the median measure across several reported endpoints. Separate analyses were used to compare different types of intervention. The study also explored whether the effects of MFIs increased with the number of intervention components. Studies reporting economic data were critically appraised. A survey to estimate the feasibility and likely resource requirements of guideline dissemination and implementation strategies in UK settings was carried out with key informants from primary and secondary care.

Further research/reviews required

Develop and validate a coherent theoretical framework of health professional and organizational behavior and behavior change to better inform the choice of interventions in research and service settings. Estimate the efficiency of dissemination and implementation strategies in the presence of different barriers and effect modifiers.