

# Priority setting for national guidelines

**Arash Rashidian MD PhD**  
**Director of Science, Information and Dissemination**

---

**2<sup>ND</sup> TECHNICAL WORKSHOP ON  
NATIONAL PROGRAMME FOR GUIDELINE DEVELOPMENT AND  
ADAPTATION IN EGYPT**

**CAIRO  
30 JAN - 2 FEB 2023**

# Overview

- What is meant by priority setting for guidelines
- Criteria for priority setting
- Priority setting process

# Priority setting for clinical and public health guidelines

- By priority setting, we refer to:
  - the selection and prioritization of “clinical or public health issues” for which a guideline is required
- Hence, selection of clinical disciplines or levels of care per say is not priority setting
- While the issue of concern should be clear, development of the guideline scope and key questions usually occurs after prioritization

# Examples of guideline topics

- Emergency medicines
- Guidelines for PHC
- Endocrinology (or Diabetes)
- Mental Health
- Public health
- Management of COVID-19 patients in ICU
- Management and referral of COVID-19 patients at PHC clinics
- Management of gestational diabetes
- Prevent and clinical and surgical management of diabetes foot
- Treatment of depression (age groups?)
- Interventions to increase physical activity among adolescents

# Example of criteria used for priority setting

*Which ones do you recommend?*

- Prevalence of the clinical problem
- Burden of illness: mortality, morbidity, or functional impairment
- Cost of managing the problem: cost per person
- Variability in practice
  - significant differences in utilization rates for prevention, diagnosis, or treatment options.
- Potential of a guideline to improve health outcomes
  - expected effect on health outcomes
- Potential of a guideline to reduce costs (IOM, 1995)

## **Further criteria used**

- Professional or policy maker interest in the topic
- Availability of evidence or existing guidelines
- Implementation considerations of potential recommendations

# Priority setting for national guidelines

- Criteria are not universally or correctly used
- Good examples are limited
- In summary, priority setting process is not an exact science, and often faces limitations! (García et al; 2017)
  
- Better to focus on a fewer set of criteria and do the job well!

# Common criteria used for prioritization among identified programmes (El-Harakeh et al 2019)

- Health burden 10/10
- Practice variation 8/10
- Impact on health outcomes 7/10
- Economic burden 5/10
- Equity relevance 5/10
- Absence of guidance 5/10
- Availability of evidence 5/10
- Potential for changing current practice 5/10
- Uncertainty about practice 4/10
- Health professional interest 4/10
- Consumer interest 4/10
- Burden on health care system 3/10

# Key minimum criteria for priority setting

- **Health burden of the disease**
- **Practice variation (or lack of established policies)**
- +
- Potential impact on health outcomes
- Economic burden

# Suggested approach for priority setting

- 1<sup>st</sup> step: Identify the diseases or health issues that are main causes of burden on population health
  - Health and cost implications
  - Note the perspective issue – not just burden on health care system
- 2<sup>nd</sup> step: Identify health problems/diseases (and related interventions) that are managed with unjustifiable variation
- 3<sup>rd</sup> step: Select the guideline topics that have the most potential to improve health outcomes or to reduce health care costs

Any further questions?