

Priority setting for national guidelines

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Criteria used for priority setting

- 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 exact science, and often faces limitations! (García et al; 2017)

- Better to focus on a fewer set of criteria and do the job well!

Key minimum criteria for priority setting

- Health burden of the disease
- Practice variation (or lack of established policies)
- Potential impact on health outcomes (El-Harakeh et al, 2019)

Suggested approach for priority setting

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