Request for Proposals for Mixed-Methods Evaluation of Clinical Guidelines Impact

Introduction

The American Society of Hematology (ASH), the world's largest professional society representing researchers and clinicians interested in the causes and treatment of blood disorders, is seeking an evaluation team with expertise in mixed-methods approaches to develop and conduct a study into the impact of ASH clinical guidelines. The mission of ASH is to foster high-quality, equitable care, transformative research, and innovative education to improve the lives of patients with blood and bone marrow disorders. Founded in 1958, ASH has more than 17,000 members from the United States and globally, from nearly 100 countries. In 2014, ASH initiated the continuous development of clinical guidelines, with the first guidelines published in 2018. ASH's guideline portfolio has expanded to include over 20 published clinical guidelines across multiple topics relevant to hematology and beyond, with more guidelines in development.[1]

Why Evaluate Guideline Implementation?

Studies have shown that clinical guidelines are often underused and there is a need to improve the implementation of clinical guidelines.[2,3] Development of a guideline does not automatically equate to clinical practice change. Implementation of guidelines is complex, and studies have identified there are multiple barriers. Consistently, there are three main domains of barriers that have been identified: 1) personal factors and attitudes (e.g., lack of physician knowledge, lack of agreement, lack of self-efficacy, lack of skills, lack of organizational culture), 2) guideline related factors (e.g., evidence, complexity, access) and 3) external factors (e.g., organizational constraints, lack of resources, lack of collaboration).[4] Identification of specific barriers to implementation allows for tailored implementation strategies which will ultimately improve the use of the guidelines. For example, if a prevalent identified barrier was physician knowledge, then the targeted intervention could be to improve awareness and familiarity through dissemination strategies and education. Examples could include active learning from opinion leaders or specific continuous medical education (CME).

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[1] All published ASH guidelines may be accessed at www.hematology.org/guidelines.

[2] Shekelle P, Woolf S, Grimshaw JM, Schünemann HJ, Eccles MP. Developing clinical practice guidelines: reviewing, reporting, and publishing guidelines; updating guidelines; and the emerging issues of enhancing guideline implementability and accounting for comorbid conditions in guideline development. *Implement Sci.* 2012;7:62.

[3] Izcovich A, Cuker A, Kunkle R, et al. A user guide to the American Society of Hematology clinical practice guidelines. *Blood advances.* 2020;4(9):2095-2110.

[4] Fischer F, Lange K, Klose K, Greiner W, Kraemer A. Barriers and Strategies in Guideline Implementation-A Scoping Review. *Healthcare (Basel).* 2016;4(3).

As ASH continues to develop guidelines it is important to determine barriers to implementation in order to develop tailored implementation strategies. This information will benefit both ASH as a guideline developer and the broader field of medicine as it is estimated that approximately 30-40% of patients do not receive evidenced based treatment.[3]

Key Objectives and Proposed Study Design

The two primary objectives for the planned study are:

A. Identify barriers to implementing ASH clinical guidelines among clinicians and other medical professionals involved in the treatment of hematologic patients
B. Identify enablers of implementing ASH clinical guidelines among clinicians and other medical professionals involved in the treatment of hematologic patients

Although the final study design would be decided by the evaluation team, ASH suggests a mixed-methods approach may be best suited to achieve the above stated objectives. A purely quantitative study (e.g. survey) may not be the ideal way to collect information on implementing clinical guidelines because it is difficult to collect information on the full range of barriers and also collect information on how multiple factors impact guideline implementation.[5] On the other hand, a purely qualitative study will not provide the necessary granularity, would be very laborious, and by design would only include a purposeful sample of hematologists. A mix of both methods would allow the evaluation team to describe both barriers and enablers to guideline use and identify users' attitudes, feedback and behaviors.[4]

Scope of Work

This initial investigation into the impact of ASH guidelines is conceived as a pilot study. If the results of the study provide actionable data that helps influence the future development, dissemination, and/or implementation of ASH guidelines, additional/expanded/ongoing studies may be commissioned. Though ASH guidelines are utilized internationally, the expectation for this pilot study would be to limit its scope to the United States.

While the final study design will be determined in partnership with the selected evaluation team, an internal working group of ASH clinician volunteers has recommended that for the pilot study at least two guidelines with differing degrees of evidentiary certainty should be selected for evaluation. For example, the ASH guidelines on Heparin-Induced Thrombocytopenia include 14 strong recommendations and 19 conditional recommendations, while the ASH guidelines on the management of acute and chronic pain in Sickle Cell Disease only include one strong recommendation and 18 conditional recommendations.[6] Because the strength of recommendations may play a role in the overall impact of guidelines, including this cross-comparison may prove fruitful.

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[5] Willson ML, Vernooij RWM, Gagliardi AR. Questionnaires used to assess barriers of clinical guideline use among physicians are not comprehensive, reliable, or valid: a scoping review. *J Clin Epidemiol.* 2017;86:25-38.

[6] The methodology for determining the strength of each recommendation and the quality of evidence supporting the recommendations follows the processes outlined by the GRADE Working Group, a leading developer of guideline development methodologies.

The evaluation team will be expected to obtain information from clinicians (and potentially other stakeholders like administrators and other medical professionals) via survey instruments, interviews, and other methods as appropriate. An example survey would be 'The Clinician Guideline Determinant Questionnaire' which is a comprehensive, validated instrument that includes 26 close-ended questions and four open-ended questions. This questionnaire was developed by a multi-disciplinary Guidelines International Network Implementation Working group.[7] Surveys may be conducted nationally while interviews may focus on specific institutions or categories of institution. Demographic data should capture years in practice, whether the respondent is primarily an academic or community clinician, whether they specialize in malignant or classical hematology, percentage of time spent on research, age, self-reported gender identity and self-reported race.

The selected evaluation team will develop the study design in consultation with ASH staff and will provide regular updates to ASH during the data collection and analysis stages. The ultimate deliverable will be a report providing detailed results of the analysis and recommendations for future action and/or research. While this report is intended to provide ASH with data for internal decision-making, there is potential for academic output – however, any publications would require the prior permission from, and possibly participation by, ASH.

Proposal Requirements

The proposing team should provide an estimated timeframe and budget for developing and conducting the evaluation. ASH expects to begin work on the evaluation swiftly upon identification of the evaluation team. While the above scope of work defines the expected contours of the project, ASH welcomes alternative recommendations based on proposer expertise so long as these alternatives convincingly address the two primary objectives.

The following information must be included in any proposal to be considered by ASH:

1) Your Capabilities – please include specific examples that illustrate your experience and expertise in the areas of mixed-methods impact evaluation, including specific goals and outcomes where available. Please note any specific experience evaluating clinical guidelines or other aspects of clinical practice that include interfacing with clinicians, administrators, and/or other medical professionals.
2) Your Approach: Please describe how you would approach working with ASH.
3) Your Team: Please include a summary of the experience of individuals from your evaluation team who would be involved in this project.
4) Your rates or billing approach [fixed fee, fixed fee with charges at fixed rate(s) for support over affixed number of hours, hourly rates, etc.] We are not requesting a detailed budget, but a proposed, high-level budget would be helpful.
5) Your Client List/References: Please identify if you have any clients that could present a conflict of interest (i.e., a competitor of ASH, pharmaceutical clients, clients with differing/opposing policy positions).

[7] Gagliardi AR, Armstrong MJ, Bernhardsson S, et al. The Clinician Guideline Determinants Questionnaire was developed and validated to support tailored implementation planning. *J Clin Epidemiol.* 2019;113:129-136.

Proposals must be submitted via email no later than April 21, 2023 to:

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Questions may be directed via email to pirelan@hematology.org. A select few proposals will be invited for a presentation round to take place in May 2023. A final decision is expected to be made by the end of June 2023.