

# GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT

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## Abstract

**Background:** Guideline developers can: (1) adopt existing recommendations from others; (2) adapt existing recommendations to their own context; or (3) create recommendations de novo. Monetary and nonmonetary resources, credibility, maximization of uptake, as well as logical arguments should guide the choice of the approach and processes.

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**Conflict of interest:** Several authors are members of the GRADE working group and have helped developing the Evidence to Decision frameworks.

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**Objectives:** To describe a potentially efficient model for guideline production based on adoption, adaptation, and/or de novo development of recommendations utilizing the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Evidence to Decision (EtD) frameworks.

**Study Design and Setting:** We applied the model in a new national guideline program producing 22 practice guidelines. We searched for relevant evidence that informs the direction and strength of a recommendation. We then produced GRADE EtDs for guideline panels to develop recommendations.

**Results:** We produced a total of 80 EtD frameworks in approximately 4 months and 146 EtDs in approximately 6 months in two waves. Use of the EtD frameworks allowed panel members understand judgments of others about the criteria that bear on guideline recommendations and then make their own judgments about those criteria in a systematic approach.

**Conclusion:** The “GRADE-ADOLPMENT” approach to guideline production combines adoption, adaptation, and, as needed, de novo development of recommendations. If developers of guidelines follow EtD criteria more widely and make their work publically available, this approach should prove even more useful. © 2016 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

**Keywords:** Clinical practice guidelines; Adaptation; GRADE; Evidence to Decision framework; Evidence-based medicine; Recommendation

## 1. Introduction

The preeminent role of health guidelines is to assist with evidence-based decision-making for individuals, populations, and systems in health care [1]. Although many organizations develop guidelines to provide advice on an international level, there often are legal reasons, regulatory requirements, or perceived needs to produce guidelines on a national or regional level. Perceived needs may originate in the justified belief that guidelines must be developed in the context they are used in. However, some organizations tasked with producing guidelines may lack the monetary and nonmonetary resources to produce evidence-based guidelines independently. These guideline developers typically have three choices: (1) adopt existing recommendations as they are; (2) adapt existing recommendations to their own context; or (3) develop recommendations de novo based on available evidence syntheses. Although all of these approaches should start with identifying appropriate guideline panels, the approaches differ importantly with regard to the required investments.

Adoption of guidelines means the use of an existing, trustworthy recommendation without modification of the original recommendation and providing information on how to implement it. Trustworthy recommendations are those that follow best standards or practices for guideline development. It begins with guideline panels reviewing guidelines and ends with agreeing with the judgments that determine the direction and strength of recommendations made by the original guideline developer. In the ideal case, this should be based on review and agreement with the methods of development and judgments that influenced the original recommendation. The adopted recommendation would have the same specific population, intervention, and comparators as the original recommendation and the same certainty in the evidence rating. However, the choice of the guideline scope and the individual recommendations follows from their availability. Yet, it is the cheapest and quickest way of developing a guideline.

As for adoption, adaptation involves identifying the pertinent health care questions, searching for existing guidelines that addressed those questions, critically appraising them, and deciding whether to accept or modify all or selected recommendations. This decision also requires considering whether recommendations are credible, up to date, acceptable, applicable, and feasible to implement given the cultural and organizational context. The adapted recommendation may have a change in the specific population, intervention, comparator than the original recommendation and a different certainty in the evidence. The adapted recommendation will provide additional information on “conditions,” monitoring, implementation, and implications for research.

Although adaptation and adoption should focus on issues that are relevant for the health care setting, both processes are often driven and initiated by the availability of guidelines. Adoption and adaptation serve two primary purposes: (1) using limited resources more efficiently by building on existing efforts to provide local, regional, or national guidance; and (2) considering factors that are specific to these settings to enhance usability for the intended target groups. Using this approach, guideline developers must choose which recommendations to adapt. Advice given to the World Health Organization (WHO) in 2005 suggested criteria to select recommendations in guidelines that require adaptation, such as variation in values or cost across settings [2]. In addition, some approaches like ADAPTE provide detailed guidance for potentially modifying guidelines produced in one setting for use in a different setting [3,4]. Although adaptation of existing guidelines is thought to reduce work required to produce guidelines, the approach becomes resource intensive if information that is required for adaptation is not available. Furthermore, some international organizations develop guidelines that are intended to have wide applicability to support adoption or adaptation [5–10]. For example, WHO produces guidelines that may focus on low- and middle-income settings. These guidelines may require additional consideration or adaptation of contextual

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