

Chapter 1 – Introduction

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Quality of Evidence

Update on Quality of Evidence and Strength Of Recommendations for NYCC's Educational and Patient Care Protocols

The attached pages on quality of evidence and strength of recommendations for health care services are mid stream in the process for Educational and Patient Care Protocols development, feedback, and approval.

The document has been circulated to all NYCC health centers and the deadline for feedback was May 27th. Currently the protocol is out for review and feedback to the remaining campus faculty (basic science, AOM, and DC). Feedback is due by June 24th.

Once all feedback is obtained, it will be compiled into a final document reviewed by the Assistant Vice President for Academic Quality Assurance and Support and the Executive Vice President for Academic Affairs and forwarded to the President for comments or approval in early July.

The following scales will be used to identify the evidence that currently exists in support of the protocols. As the available evidence changes, the rating of a specific protocol can be adjusted.

It is important that we do not confuse "evidence" with "value". A lack of evidence does not equate to a lack of value. It is only relatively recently that significant evidence exists to support chiropractic. However, that does not diminish the value of chiropractic care to individuals and society for the last 110 years. Conversely, there may be a great deal of evidence for something that has only minimal or marginal value.

Submitted by Health Center Chiefs of Staff and members of the Clinical Staff

Quality of Evidence

Good: Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.

Fair: Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality or consistency of the individual studies, generalizability to routine practice, or indirect nature of the evidence on health outcomes.

Poor: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

Strength of Recommendations

A: Strong recommendation for [the service] based on good evidence that [the service] improves important health outcomes and the conclusion that the benefits substantially outweigh harms.

B: Recommendation for [the service] for appropriate patients based on at least fair evidence that [the service] improves important health outcomes and the conclusion that benefits outweigh harms.

C: Recommendation for [the service], despite lack of sufficient evidence for (A) or (B) grade recommendation, based on substantial historical suggestion (i.e. lessons learned) that [the service] improves relevant health outcomes and on reasonable biologic plausibility, broad acceptance within the profession, and the conclusion that benefits outweigh harms.

D: Recommendation against providing [the service] based on at least fair evidence that [the service] is ineffective or the conclusion that the harms outweigh benefits.

E: Evidence is insufficient to recommend for or against providing [the service], based on lack or conflicting evidence that [the service] is effective, or the balance of benefits and harms cannot be determined.

Adapted from U.S. Preventative Services Task Force Ratings: Strength of Recommendations and Quality of Evidence. Guide to Clinical Preventive Services. 3 ed. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/ratings.htm