Appendix F. Evidence Tables for Key Question 2

Table F-1. Key Question 2 study design details

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Bahrami et al., 20041 | The aim of this study was to evaluate the effectiveness of different implementation strategies for evidence-based clinical guidelines using SIGN as a model. | Government | ScotlandClinical (In- and Out-Patient)Dental practices | cRCT | Compliance with guideline | Two 4 month periods pre and post intervention |   |
| Banait et al., 20032 | To test the effectiveness of ‘educational outreach’ as a strategyfor facilitating the uptake of dyspepsia management guidelines inprimary care. | Unspecified | EnglandClinical (In- and Out-Patient)General practices in the Salfrod & Trafford Health authority catchment area in NW England | RCT | Appropriateness of referrals for open access endoscopyFindings at open access endoscopyPrescribing costs | 7 months pre and post intervention  |   |
| Beaulieu et al., 20043 | To study the effects of guideline disseminationon physicians’ prescribing practices for the treatmentof stable angina pectoris. | Government | CanadaClinical (In- and Out-Patient)Practicing physicians in urban, suburban, and rural parts of Quebec, Canada | RCT | Prescription of 3 cardiovascular medications in 1999 | 6 month followup  |   |
| Becker et al., 20084 | To improve quality of care for patients with low back pain (LBP) a multifaceted general practitioner education alone and in combination with motivational counseling by practice nurses has been implemented in German general practices. | Government | GermanyClinical (In- and Out-Patient)General practices in semi-rural German regions | cRCT | Functional capacity | Baseline and 6 and 12 month followup | Physical activity during 1 week before interview, days in pain and days of sick leave during 6 months followup, quality of life  |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Bekkering et al., 20055,6 | To evaluate the effect on the process of care of an active strategy to implement clinical guidelines on physiotherapy for low back pain. | Unspecified | NetherlandsClinical (In- and Out-Patient)Private practices in the center of the Netherlands | cRCT | Adherence to guideline; Physical functioning, pain, and sick leave | Baseline and followup;Baseline, 6, 12, 26, and 52 weeks after baseline |   |
| Bishop et al., 20066 | The goal of this study was to determine whether or not providing both family physicians and their patients with information about clinical practice guidelines in a direct and individualized manner would increase guideline concordance. | Workers Compensation Board of British Columbia  | CanadaClinical (In- and Out-Patient)NR (possibly more information in previous article) | RCT | Guideline-concordant and -discordant treatment advice and procedures | 0-4 weeks, 5-12 weeks, >12 weeks  |  |
| Campbell et al., 20047 | Compare the effectiveness of 2 strategies to promote colorectal cancer preventive behaviors among 587African American members of 12 rural North Carolina churches. | Government | United StatesCommunity-based settingsNR (possibly more information in previous article) | fRCT | Diet – fruit and vegetable consumption Physical activityCRC screening | Baseline and 1 year followup |   |
| Carney et al., 20058 | Tested the impact of two interventions on a population-based sample of NH women who were not receiving routine mammography to determine if adherence to screening could be improved. | ACS and NCI funding | United StatesOtherNR | Randomized trial | Adherence to mammography screening | Baseline and 12 months later |  |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Christakis et al., 20069 | To test the hypothesis that parental activation could occur through directed use of an Internet site before a well-child visit and that this activation would promote the discussion of evidence-based prevention topics with providers and would result in increased parental and physician adoption of preventive measures. | Government | United StatesClinical (In- and Out-Patient)4 nonteaching clinics in the University of Washington Physician Network | fRCT | Discussion of My Healthy Child TopicsImplementation of MyHealthy Child Topics | Baseline and then up to 365 days after baseline.  |   |
| Davis et al., 200410 | To determine the effectiveness of two dissemination and implementation strategies to implement a national guideline for epilepsy management in primary care settings. | Unspecified | ScotlandClinical (In- and Out-Patient)General practices in Tayside (UK) | cRCT | SF-36 general health-related quality-of-life instrument | baseline and 12 months later |   |
| Eaton et al., 201111 | To determine whether an intervention based on patient activation and a physician decision support tool was more effective than usual care for improving adherence to National Cholesterol Education Program guidelines. | Unspecified | U.S.Clinical (In- and Out-Patient)Primary care practices | cRCT | Percentage of patients screened for hyperlipidemia and treated to their low-density lipoprotein (LDL) and non–high-density lipoprotein (HDL) cholesterol goals | 1 year |   |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Elder et al., 2005;12 200642 | The present study examined two innovative lifestyle behavior change approaches to reduce dietary fat and to increase fiber. Analyses emphasized (a) whether personalized counseling via promotora plus tailored print materials used in an interactive format were more effective than tailored materials delivered in a distance learning format, and (b) whether these two innovations were more effective than standard off-the-shelf materials TARGETED (culturally) to a Latino population (controls).  | Government | United StatesCommunity-based settingsSetting comprised 2 contiguous metropolitan statistical areas (MSA) within San Diego County. Latinos comprise 53% and 36%, respectively, of the population within these two areas. | RCT | Percent calories from fatNumber of daily grams of fiberTotal fatEnergyTotal saturated fatSoluable dietary fiberInsoluatable dietary fiberTotal carbohydratesGlucoseFructoseSucrose | Baseline, 12 week, and 12 month followup |  |
| Feldstein et al., 200613 | To evaluate methods to increase guideline-recommended osteoporosis care postfracture. | Pharmaceutical | USClinical (In- and Out-Patient)Non-profit, group-model HMO in the Pacific Northwest with about 454,000 members | Random-ized trial | Proportion of study population who received a pharmacological treatment or a bone mineral density measurement within 6 months after the intervention | 6 months post intervention |   |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Gattellari et al., 200514 | To compare the impact of 3 information resources about PSA screening and determine the extent to which man’s preferences for involvement in decision-making change the impact of the resources.  | Unspecified | AustraliaCommunity-based settingsCommunity dwelling sample of men in 29 contiguous postcodes in Sydney, Australia, found in the white-page telephone directory | Random-ized trial | Knowledge about prostate cancer | 21 days median length between pretest and posttest  |   |
| Hagmolen et al., 200815 | Investigates whether written treatment advice to the GP (via the introduction of a national guideline)--based on symptoms, medication use, lung function, and the severity of AHR--results in an improvement in children’s asthma after one year.  | Pharmaceutical | NetherlandsClinical (In- and Out-Patient)Centralized health care organization with 18 health care centers | cRCT | Change in AHR in children after one year. | Baseline and 1 year later |   |
| Jain et al., 200616 | To compare the effectiveness of active to passive dissemination of the Canadian clinical practice guidelines (CPGs) for nutrition support for the mechanically ventilated critically ill adult patient. | Government | CanadaOtherCentralized health care organization with 18 health care centers | cRCT | Nutritional adequacy of enteral nutrition | Baseline and 12 months later | Both academic and community settings |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Jousimaa et al., 200217 | To compare the effects of computerized and paper-based versions of guidelines on recently qualified physicians’ consultation practices. | Private trust, foundation, professional organization | FinlandClinical (In- and Out-Patient)Primary care clinics | cRCT | Physicians’compliance with guideline recommendations about laboratory, radiologic, physical, and other examinations;procedures; nonpharmacologic and pharmacologic treatments; physiotherapy; and referrals | One month postintervention |  |
| Junghans et al., 200718 | Determine the effect of patient-specific ratings vs. conventional guidelines on appropriate investigation (test ordering) of angina. | Government | EnglandClinical (In- and Out-Patient)Clinical practice in Scotland and England | RCT | Agreement of physicians recommenda-tions with those made by 2 independent expert panels.  | Immediate posttest |   |
| Kennedy et al., 200319 | To develop decision aids to provide evidence-based information and formal preference elicitation for women with menorrhagia; and to evaluate their effects on patient outcomes, patient management and cost-effectiveness. | Government | EnglandClinical (In- and Out-Patient)Six hospitals in south-west England | RCT | health status | Baseline (6-weeks preconsultation), immediate postconsultation, 6, 12, and 24 months postconsultation.NOTE: 6-month and 12-month data mergedtogether to form a short-term followup dataset. |   |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| King et al., 200720 | This study determined the 6- and 12-month effectiveness of telephone interventions delivered by health educators or by an automated computer system in promotingphysical activity. | Government | United StatesCommunity-based settingsDoesn’t provide details about community | RCT | Physical activity  | Baseline, 6, and 12months  |   |
| Laprise et al., 200921 | The main objective was to determine if the PER intervention delivered by the nurse after the CME activity increased GPs’ adherence to CPGs’ recommendations. | Pharmaceutical | CanadaCommunity-based settingsGPs in 5 regions of Quebec | cRCT | GP adherence to CPG recommend-ations | Baseline, 6 month followup |   |
| Lien et al., 2007,22Svetkey et al., 2003,23Young et al., 200924 | This article describes the impact of PREMIER behavioral interventions on BP, lipids, and insulin resistance in subgroups defined by the presence or absence of MetSyn. | Government | United StatesClinical (In- and Out-Patient)Participating institutions include the NHLBI Project Office, the Coordinating Center and four clinical centers (Johns Hopkins University; Pennington Biomedical Research Center; Duke University Medical Center; and a clinical center also located at the Kaiser Permanente Center for Health Research. | RCT | 6 month change in systolic blood pressure, weight reduction, improved fitness, lower sodium intake, meet health goals. | Baseline, 3 month, 6 month, 12 month, 18 month | Different data collected at different time points |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Marcus et al., 200925 | To determine whether one of 2 delivery channels (telephone and print) was more effective in promoting physical activity. | Government | United StatesOtherNR | RCT | Physical activity recall, fitness data, stage of change | Baseline, 6 months and 12 months |   |
| Maxwell et al., 201026 | To develop a Multicomponent intervention that would increase colorectal cancer screening among an Asian American population. | Foundation or non-profit | United StatesCommunity-based settingsSmall groups met at community organizations in California (may be a smaller area but no details) | cRCT | Self-reported CRC Screening rates | Baseline, 6 month followup |   |
| Murtaugh et al., 200527 | To test the effectiveness of two interventions designed to improve the adoption of evidence-based practices by home health nurses caring for heart failure (HF) patients.  | Government | United States- though not explicitly statedClinical (In- and Out-Patient)RN clinical visits as part of a large, urban, nonprofit home health agency | RCT | Practice of Evidence-based care (recording key assessment items and instructions to patients, instructing patients with key educational elements) | RN note within 45 days after initial home health RN assessment | Authors talk about US Medicare rules but never specify study in US, though authors are from NYC, infer it was done in NYC; and it looks like the authors abstracted 1 note/pt, but not sure. |
| Paradis et al., 201128 | To test the feasibility, impact, and acceptance of incorporating a DVD of newborn anticipatory guidance into routine well-child care. | Professional organization and a foundation  | U.S.Academic health care institutionsLarge hospital-based primary care pediatric practice | Random-ized trial | Parent knowledge of infant development; self-efficacy with infant care skills; problem-solving competence | Baseline, 2 weeks and 2 months postintervention  |  |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Partin et al., 200429 | The primary objective of this study was to assess the relative effectiveness of the video and a mailed pamphlet intervention for increasing patient CaP screening knowledge and decisionmaking participation. | Government | United StatesClinical (In- and Out-Patient)Veteran Affairs medical facilities in the Midwest | RCT | Prostate cancer screening knowledge | 1 week post  |  |
| Rahme et al., 200530 | Examined whether a continuing medical education intervention increased general practitioners’ ability to select the proper pharmacological treatment for patients with osteoarthritis. | Pharmaceutical | CanadaClinical (In- and Out-Patient)General practitioners from 8 small towns of relatively small population sizes (30K-50K) | cRCT | Dispensed prescriptions (prescription adequacy) | 135 to 1 day preintervention; 1 to 136 days post intervention |  |
| Rebbeck et al., 200631 | To evaluate the effect of an active dissemination strategy that included education by opinion leaders compared with a passive dissemination strategy that consisted of dissemination of the guidelines only via mail. | Government | AustraliaClinical (In- and Out-Patient)Physiotherapy clinics | cRCT | Patient outcomes:disability, disability due to whiplash, change in symptoms (global perceived effort), patient satisfaction with carePhysiotherapist outcomes:knowledge, clinical practice based on guidelines, satisfaction with guidelines | Patient outcomes: Baseline, 1.5 months, 3 months, 6 months, and 12 months. Physiotherapist outcomes: baseline and 12 months |   |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Rimer et al., 200132 | To compare tailored print materials +/-tailored telephone counseling to usual care for promoting mammography screening. | Government | United StatesClinical (In- and Out-Patient)Blue Cross Blue Shield in North Carolina | RCT | Main outcome was accuracy of risk perception; knowledge, and adherence to yearly screening mammography | Yearly |   |
| Rycroft-Malone201233 | To evaluate the effectiveness of three strategies for the implementation of recommendations about peri-operative fasting. | Foundation or non-profit | United Kingdom (including England, Northern Ireland, Wales, and Scotland) | cRCT | Acute care National Health Service (NHS) Trusts across the UK conducting elective surgery | 4 times preintervention (6, 4, and 2 months preintervention) and 4 times postintervention (2, 4, and 6 months postintervention) |  |
| Simon et al., 200534 | To compare group versus individual academic detailing to increase diuretic or beta blocker use in hypertension. | Government | U.S.Clinical (In- and Out-Patient)Geographically separated HMO practices | cRCT | Change in guideline adherence (the proportion of patients with incident hypertension receiving a diuretic or beta blocker) | Baseline, 1-year followup, 2-year followup |  |
| Soler et al., 201035 | To determine if dissemination of guidelines plus training and use of a portable-device to perform spirometry tests led to improved diagnosis and categorization of COPD, improved management of COPD, and reduction in other diagnostic interventions. | Multiple  | SpainClinical (In- and Out-Patient)General practices in Spain | RCT | Improved diagnosis, severity classification and management of COPD patients in primary care. | Data collected starting 45 days post training and continued for 3 months |  |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Sullivan et al., 201036 | To determine if an interactive web-based training focusing on shared decisionmaking for chronic opioid therapy improves knowledge and competence compared with exposure to practice guidelines. | Pharmaceutical | U.S.OtherAll academic hospitals except for one non-academic, urban hospital | RCT | Residents’ knowledge, competence, and satisfaction with managing opioids for CNCP | Baseline, immediate posttest, 60-day posttest |  |
| Watson et al., 200237 | to compare the effectiveness and efficiency of two guideline dissemination strategies in community pharmacy settings. | Government | ScotlandCommunity-based settingsAll eligible pharmacies (n=121) in the Grampian region of Scotland | cRCT | 1. proportion of visits resulting in an appropriate sale or non-sale of an anti-fungal product (based upon the guideline recommendations) 2.pharmacists knowledge of the treatment of vaginal candidiasis  | Baseline, immediate posttest timing of posttest not specified |   |
| Wetter et al., 200638 | To evaluate 1) paid media approaches for increasing the utilization of the CIS Spanish-language smoking cessation counseling services, and 2) the efficacy of an enhanced counseling intervention for helping Spanish-speaking smokers quit. | Government | United StatesCommunity-based settingsAt home over the phone | RCT | Smoking abstinence | Baseline, 5-week followup, 12-week followup |   |
| Wolters et al., 200539 | To determine the effect of a distance learning program on general practice management of men with lower urinary tract symptoms.  | Academic | NetherlandsClinical (In- and Out-Patient)Clinic in the Netherlands | cRCT | # of PSA requestsMedication prescribedReferral rate to a urologist | BaselineUp to 1 year post intervention |   |

Table F-1. Key question 2 study design details (continued)

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| **Author,****Year** | **Research objective**  | **Funding Source**  | **Geographic location,** **Setting type,** **Setting Description**  | **Study design**  | **Primary Outcomes** | **Measurement intervals**  | **Other Notes** |
| Wright et al., 200840 | To examine the effectiveness of local and expert opinion leaders on improving lymph node assessment for patients with stage II colon cancer. | Government, foundation, and academic | CanadaClinical (In- and Out-Patient)Academic and non-academic hospitals in Ontario | cRCT | Mean # of lymph nodes assessed in patients with stage II colon cancer; 2) the proportion of cases staged with a minimum of 12 lymph nodes | 360 days before intervention, 360 days after intervention |  |

Abbreviations: CaP = Cancer of the Prostate; CIS=Computer Information Service; CNCP = chronic non-cancer pain; COPD = Chronic obstructive pulmonary disease; cRCT = clustered randomized controlled trial; HMO = health maintenance organization; PSA = Prostate-specific antigen; RCT = randomized controlled trial; U.S. = United States; USA = United States of America.