

Implications for practice

Recommendations for practice require assumptions about values (particularly the relative importance of the desirable and undesirable effects of an intervention), knowledge about the specific context(s) for which recommendations are intended, and judgements that are beyond the scope of a systematic review. Therefore, Cochrane reviews should **not** make recommendations.

Implications for practice in a Cochrane review should be addressed to the key target audience - people responsible for making decisions about an intervention that is reviewed and key stakeholders (typically people affected by the intervention or responsible for delivering the intervention). Review authors may want to consider the following factors when summarising the implications for practice. However, they should keep in mind that Cochrane reviews are intended for a broad international audience. They should avoid making assumptions about implications for practice that require knowledge of the specific settings in which decisions must be made.

Factors	Explanations	Considerations for review authors
Is the problem a priority?	<p><i>Are the consequences of the problem serious (i.e. severe or important in terms of the potential benefits or savings)? Is the problem urgent? Is it a recognised priority (e.g. based on international goals)? Are a large number of people affected by the problem?</i></p> <p>The more serious a problem is, the more likely it is that an intervention that addresses the problem should be a priority (e.g. diseases that are fatal or disabling are likely to be a higher priority than diseases that only cause minor distress).</p>	If the importance of the problem varies from setting to setting, review authors may want to indicate in which settings the problem is likely to be a priority, if this is not obvious.
Are the desirable anticipated effects large?	<p><i>Are the desirable anticipated effects (including health and other benefits) of the option large (taking into account the severity or importance of the desirable consequences and the number of people affected)?</i></p> <p>The larger the desirable effects (benefits), including non-health outcomes, the more likely it is that an intervention should be considered.</p> <p>Consideration should be given to subgroups (different effects in different populations) and to differences in the baseline risk (the risk in the comparison group).</p>	If the size of the benefits is likely to vary from setting to setting (because of differences in baseline risk or differences in the effectiveness of an intervention across settings) or if there is likely to be different views of how important the benefits are, review authors may want to highlight the importance of considering the size of the anticipated benefits in a specific setting and the key factors that are likely to be important in determining this.

Suggested citation: Cochrane Effective Practice and Organisation of Care (EPoC). Implications for practice. EPoC Resources for review authors, 2017.

Available at: <http://epoc.cochrane.org/resources/epoc-resources-review-authors>

Factors	Explanations	Considerations for review authors
Are the undesirable anticipated effects small?	<p><i>Are the undesirable effects (including adverse health effects and other harms) of the option small (taking into account the severity or importance of the adverse effects and the number of people affected)?</i></p> <p>The greater the risk of undesirable effects (harms), the less likely it is that an intervention should be a priority.</p>	<p>If the size of the harms is likely to vary from setting to setting (because of differences in baseline risk or differences in the risks of an intervention across settings) or if there is likely to be different views of how important the harms are, review authors may want to highlight the importance of considering the size of the anticipated harms in a specific setting and the key factors that are likely to be important in determining this.</p>
What is the certainty (quality) of the evidence?	<p>The less certain the evidence is for critical outcomes (those that are driving a decision), the less likely that an intervention should be implemented or the more important it is likely to be to conduct a pilot study or impact evaluation, if it is implemented.</p>	<p>Review authors should routinely consider the certainty of the evidence in their conclusions about implications for practice.</p>
Are the desirable effects large relative to undesirable effects?	<p><i>Are the desirable anticipated effects (benefits) large relative to the undesirable anticipated effects (harms)?</i></p> <p>The larger the desirable effects in relation to the undesirable effects, taking into account the values of those affected (i.e. the relative value they attach to the desirable and undesirable outcomes), the more likely it is that an intervention should be implemented.</p>	<p>Review authors should avoid making judgements about the relative importance of the benefits and harms of an intervention. They may, however, when there is likely to be important variation in such judgements, they may want to highlight the need to make this judgement in a specific setting, based on the likely effects and views of how important those are in that setting.</p>
Are the resources required small?	<p>The greater the cost, the less likely it is that an option should be a priority. Conversely, the greater the savings, the more likely it is that an option should be a priority.</p>	<p>Most EPOC reviews are unlikely to provide reliable estimates of the costs of an intervention. In addition, costs may vary substantially across settings. However, it may be possible to provide some indication of the key resources that are required and some sense of their magnitude. (See Economic evidence)</p>
Is the incremental cost small relative to the net benefits?	<p>The greater the cost per unit of benefit, the less likely it is that an option should be a priority.</p>	<p>There will often be important variation in the cost-effectiveness of an intervention across settings and EPOC review authors will rarely have sufficient evidence to estimate the cost-effectiveness of an intervention. Consequently they should not make judgements or assumptions about this. However, when the cost-effectiveness of an intervention is likely to be a critical consideration in determining whether to implement it, review authors may want to flag the importance of taking this into a consideration when making a decision.</p>

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Impacts on equity <i>Would the option reduce health inequities?</i>	Policies or programmes that reduce inequities are more likely to be a priority than ones that do not (or ones that increase inequities).	
Is the option acceptable to key stakeholders?	<ul style="list-style-type: none"> The less acceptable an option is to key stakeholders, the less likely it is that it should be implemented, or if it is implemented, the more likely it is that the decision should include an implementation strategy to address concerns about acceptability. Acceptability might reflect who benefits (or is harmed) and who pays (or saves); and when the benefits, adverse effects, and costs occur (and the discount rates of key stakeholders; e.g. politicians may have a high discount rate for anything that occurs beyond the next election). Unacceptability may be due to some stakeholders: <ul style="list-style-type: none"> Not accepting the distribution of the benefits, harms and costs Not accepting costs or undesirable effects in the short term for desirable effects (benefits) in the future Attaching more value (relative importance) to the undesirable consequences than to the desirable consequences or costs of an option (because of how they might be affected personally or because of their perceptions of the relative importance of consequences for others) Morally disapproving (i.e. in relationship to ethical principles such as autonomy, non maleficence, beneficence or justice) 	EPOC reviews will rarely include direct evidence of the acceptability of an intervention. However, if there is evidence or logical reasons for anticipating that an intervention may not be acceptable to some key stakeholders (e.g. due to the distribution of the benefits, harms and costs, or due to ethical principles), they may want to highlight the importance of taking this into consideration when making a decision.
Is the option feasible to implement?	The less feasible (capable of being accomplished or brought about) an option is, the less likely it is that it will be a priority (i.e. the more barriers there are that would be difficult to overcome)	If there are reasons why an intervention may not be feasible to implement in some settings, review authors may want to highlight this.

Not all of the above factors are equally important across reviews, nor is it necessary (or desirable) to address all of them in the implications for practice section, which should concisely address key considerations rather than attempting to provide detailed guidance or judgements that are beyond the scope of the review. However, it may be helpful for review authors to consider each of the above factors to ensure that they have not overlooked any key considerations or made any inappropriate assumptions in their conclusions about the implications for their review.

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