**Quick guidance for research priority setting**

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* *This quick guidance as this is based on an overview of the Cochrane Collaboration and our general knowledge of Cochrane Review Group activity in review production and prioritisation.*
* *Priority setting is sensitive to the objectives, principles and context of the organisation and therefore may vary across review groups and their communities of interest.*
* *This guidance does not provide information on how to use economic approaches in priority setting or burden of disease.*

We have had a successful collaboration with the Cochrane Consumer and Communication review group that used the resources and tailored for their needs. The project is available online on their website[1].

We have other examples of prioritization activity in Cochrane Review Groups - here (link)

**Overview of prioritization method considerations**

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| --- | --- | --- |
| **Technical**  *Using existing data, mapping, summaries to inform* | **Interpretive**  *Working with community of interest/stakeholders* | **Political/Policy/Guidance**  *Taking account of prevailing policy/guidance/guideline production* |
| **Examples relevant to Cochrane Review Groups** | | |
| Health related data; burden of disease, prevalence, economic burden | Gathering views on existing review titles or requesting new ones via survey, workshop - stakeholders could include health professionals, consumers, commissioners, policy people etc | WHO  Governmental  Non Governmental Organisations  HTA |
| Identified gaps in research/evidence e.g. Gap Maps, Clinical Guidance |  |  |
| Systematic review metrics e.g. citations, downloads, use in guidance, social media imprint (blogs etc) evidence of new trials, time since last update etc | Consulting with editorial teams and authors | Emergency/urgent health need e.g. flu pandemic, zika virus etc |
| Capacity metrics - what is the capacity of the group currently? | Using existing priority setting exercises to inform e.g. James Lind Alliance | Horizon scanning (new and developing interventions) |

**Considerations before starting priority setting exercises:**

We recommend groups to look at our guidance on “what is research priority setting and what you need to do?”[[1]](#footnote-1) and checklist for good practice [2]. Similar to a Cochrane review, you need to spend sometime clarifying what you want to achieve from priority setting and the methods that you select. For example are you undertaking the exercise to achieve a stated number of priorities, and or are you looking to have a balanced portfolio of titles?

You also need to think about your group capacity and manage expectations of undertaking priorities - we would suggest that it is better to have 5 top reviews to develop quickly and to a good standard than 20 that take much longer to come to publication.

It is helpful to build partnerships with your community of interest and stakeholders before starting the priority setting. This early work will make it easier to design, implement and interpret the results of your priority setting exercise.

*Prior recommended reading:* Evaluation of what existing Cochrane activity and recommendations [3-7]. WHO has done an internal evaluation of processes that might be helpful [8]. We also have plain language summaries of some priority setting methods[[2]](#footnote-2). If you are interested to ensure that diversity and equality is considering your process, we suggest to use our equity lens in developing, implementing and evaluating your process and outcomes[5]. The James Lind Alliance website has all the priorities from existing exercises and a methods guide (link here)

Decision making framework: It is not always necessary that all your titles is informed by a single priority setting exercise. Even funding agencies have a multiple structures to identify priorities. For example the English HTA programme has a complex process starting with identification of topics, a panel of NHS experts and comparing against other resources allocated in NHS. The group includes NHS mangers, patient representatives, commissioners and advisers but the final decisions are always with the director.

Review groups need to consider who they want to involved in making the decisions (editorial team, external reviewers and suppliers, consumers etc) and how these decisions can be made.

Using other priority setting exercises: Conducting a global priority setting exercise can be quite difficult and resource-intensive, however, this is not an excuse to do nothing. Country specific priority setting exercises are a valid contribution. One solution to the problem is to see what other countries have done in relation to priorities in your area. This could be conducting a systematic review of priority setting exercises and using the results as part of the decision making framework. There are a few conducted in some fields, however, there is currently no agreed methodology how to conduct these types of reviews[9-13].

Stakeholder engagement: This can happen at various stages in a priority setting exercise and the level of engagement can be variable. Examples include using surveys (e.g. with patients, clinicians, policy makers, managers) to identify review questions, and prioritisation (Delphi), face to face/in person meetings and workshops to discuss, rank and vote on priorities using guidelines to identify gaps in evidence and researchers translate them into research questions [14, 15]and a panel of clinicians and patients rank the topics. It is recommended that stakeholders report their conflicts of interest. Developing good relationships with stakeholders helps understand their interests, values and preferences and how this can affect the dynamic of the stakeholder engagement. It is recommended to have an independent and experienced facilitator to manage the meeting. We recommend that you read these articles [16-20].

Defining criteria to prioritise topics: You may require criteria that helps you differentiate and rank prioritised topics. You can predefine the criteria and provide them to the stakeholders, or you could ask stakeholders to rank them by what they consider important. If you use the latter, then it is advisable to ask stakeholders what factors informed their decisions. Pre-defined criteria could include; alternative treatment available, budget impact, clinical impact, controversial nature of proposed technology, disease burden, economic impact, ethical implications, legal implications, psychosocial implications, underlying evidence, expected level of interest, timeliness of review and variation in rates of use[21].

Data: As part of your preparation you need to think about data sources that you need to use for your process and how you use them. For example, (a) you could use burden of disease data to find broad research areas to work on and then conduct targeted priority setting approach engaging with stakeholders afterwards; (b) survey of patients is used to identify the questions in the first place and clinicians are asked to rank the results. The burden of disease is used as a criterion along with other criteria to rank the titles.. It is important to report the uncertainty associated with the data. Previous evaluation has shown that these are not often reported [22].

The group has an ongoing project comparing the global burden of disease data with the coverage of Cochrane reviews [[3]](#footnote-3). We **do not** recommend that global burden of disease be main criteria or data to inform priority setting approaches but could useful additional information. However, it can be used to inform these decisions – what disease has the biggest burden that might be unexpected, what are the sudden unexplained changes of burden of disease over the years. If Cochrane groups collectively decide that there are certain information that they require to inform their decisions, these can be also collected centrally e.g. coverage of RCTs across health care fields.

Appeal and Feedback:

It is important to have an approach that both internal and external groups can challenge the results of a priority setting exercise, or provide feedback to the group on their priority decisions. So it is important that process is transparently reported. Centrally, they could introduce a ranking system or feedback form that people can record who they are (patient, clinician, policy maker, etc) and rank the relevance of the review to their needs. It can provide some data to partially give the group an idea whether the priority setting is achieving what they expected (it is not a comprehensive feedback or evaluation model).

If you want to have a broad overview of priority setting methods, you can have a look at: Montorzi, G., S. de Haan, and C. IJsselmuiden, *Priority Setting for Research for Health: a management process for countries. Available at:* [*http://www.cohred.org/downloads/Priority\_Setting\_COHRED\_approach\_August\_2010.pdf*](http://www.cohred.org/downloads/Priority_Setting_COHRED_approach_August_2010.pdf).

**Final comment**

On our website, we provide plain language summaries of priority setting exercises and ask CRGS to share with us a short summary of their exercises[[4]](#footnote-4). The selection of your approach will depend essentially on who you want to be involved, how much resource you have, the degree of engagement you want to undertake, what data you need how you are going to use this. It will be helpful to have more comparative data available across the collaboration. There is currently no reporting guideline for research priority setting, however, we are currently developing one and will provide further guidance on this issue.

We could centrally develop a core list of evaluation criteria with the CEU to guide comparative evaluation of priority setting exercises across the organisation. CRGs could introduce specific evaluation criteria for their review group.

1. Synnot, A., et al., *Stakeholder priorities for research in health communication and participation. Available at:* [*http://www.latrobe.edu.au/chcp/projects/research-priority-setting*](http://www.latrobe.edu.au/chcp/projects/research-priority-setting). 2016.

2. Viergever, R.F., et al., *A checklist for health research priority setting: nine common themes of good practice.* Health Res Policy Syst, 2010. **8**: p. 36.

3. Nasser, M., et al., *Ensuring relevance for Cochrane reviews: evaluating processes and methods for prioritizing topics for Cochrane reviews.* J Clin Epidemiol, 2013. **66**(5): p. 474-82.

4. Nasser, M., et al., *Evidence in agenda setting: new directions for the Cochrane Collaboration.* J Clin Epidemiol, 2013. **66**(5): p. 469-71.

5. Nasser, M., et al., *An equity lens can ensure an equity-oriented approach to agenda setting and priority setting of Cochrane Reviews.* J Clin Epidemiol, 2013. **66**(5): p. 511-21.

6. Bero, L.A. and L. Binder, *The Cochrane Collaboration review prioritization projects show that a variety of approaches successfully identify high-priority topics.* J Clin Epidemiol, 2013. **66**(5): p. 472-3.

7. Bhaumik, S., et al., *Ethics and equity in research priority-setting: stakeholder engagement and the needs of disadvantaged groups.* Indian J Med Ethics, 2015. **12**(2): p. 110-3.

8. Viergever, R.F., *Health research prioritization at WHO: An overview of methodology and high level analysis of WHO led health research priority setting exercises*. 2010, World Health Organization (WHO) Geneva.

9. Rylance, J., et al., *Priorities for tuberculosis research: a systematic review.* The Lancet Infectious Diseases, 2010. **10**(12): p. 886-892.

10. Swingler, G.H., et al., *A systematic review of existing national priorities for child health research in sub-Saharan Africa.* Health Res Policy Syst, 2005. **3**: p. 7.

11. Nasser, M. and H. Javaheri. *Oral Health Research Priority setting: systematic review with interpretive analysis (Poster)* in *BSODR Annual Meeting*. 2013. Bath.

12. Garcia, A.B., S.H. Cassiani, and L. Reveiz, *A systematic review of nursing research priorities on health system and services in the Americas.* Rev Panam Salud Publica, 2015. **37**(3): p. 162-71.

13. Tong, A., et al., *Research priority setting in kidney disease: a systematic review.* Am J Kidney Dis, 2015. **65**(5): p. 674-83.

14. Li, T., et al., *Setting priorities for comparative effectiveness research: a case study using primary open-angle glaucoma.* Ophthalmology, 2010. **117**(10): p. 1937-45.

15. Li, T., et al., *What comparative effectiveness research is needed? A framework for using guidelines and systematic reviews to identify evidence gaps and research priorities.* Ann Intern Med, 2012. **156**(5): p. 367-77.

16. Broerse, J.E., et al., *Involving burn survivors in agenda setting on burn research: an added value?* Burns, 2010. **36**(2): p. 217-31.

17. Broerse, J.E.W., et al., *Enhancing a transition towards a needs-oriented health research system through patient participation*, in *Transition in health systems: dealing with persistent problems*, J.E.W. Broerse and J.F.G. Bunders, Editors. 2010, VU University Press.: Amsterdam. p. 183-208.

18. Oliver, S., et al., *A multidimensional conceptual framework for analysing public involvement in health services research.* Health Expect, 2008. **11**: p. 72-84.

19. Fox, D., *The Convergence of Science and Governance*. 2010: University of California Press.

20. Arnstein, S.R., *Ladder of Citizen Participation.* AIP Journal, 1969: p. 216-224. Available at: <http://www.planning.org/pas/memo/2007/mar/pdf/JAPA35No4.pdf>.

21. Noorani, H.Z., et al., *Priority setting for health technology assessments: a systematic review of current practical approaches.* Int J Technol Assess Health Care, 2007. **23**(3): p. 310-5.

22. Oxman, A.D., H.J. Schunemann, and A. Fretheim, *Improving the use of research evidence in guideline development: 2. Priority setting.* Health Res Policy Syst, 2006. **4**: p. 14.

1. http://methods.cochrane.org/prioritysetting/resources [↑](#footnote-ref-1)
2. http://methods.cochrane.org/prioritysetting/plain-language-summaries-research-priority-setting-methods [↑](#footnote-ref-2)
3. http://methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project [↑](#footnote-ref-3)
4. http://methods.cochrane.org/prioritysetting/plain-language-summaries-research-priority-setting-methods [↑](#footnote-ref-4)