Services for all – methodological developments

Thorsten Meyer

Rehabilitation sciences
| rehabilitative health services research
School of Public Health
University of Bielefeld
## Conflict of interest disclosure

<table>
<thead>
<tr>
<th></th>
<th>No, nothing to disclose</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Yes, please specify:</td>
</tr>
</tbody>
</table>
...you have run across us already:
Outline

• knowledge translation – a methodology perspective
• different study questions stemming von different practice needs
• rehabilitation: a special case in evidence-based health care approaches?
• activities of Cochrane Rehab Methodology Committee
Knowledge translation within Cochrane - building brigdes
Different study questions stemming from different practice needs and its relation to methodology

- **studies that address innovations**
  incl. single interventions and rehab programmes

- **studies that address different ways of current practice**
  to legitimize current care, to distinguish among different service offers in current practice
Different study questions stemming from different practice needs and its relation to methodology

- studies that address rehab measures under ideal conditions
  efficacy trials

- studies that address rehab measures under real-world conditions
  effectiveness trials, pragmatic trials, benchmarking controlled trials

- studies that address context factors of rehab measure important for outcomes
  health services research
Different study questions stemming from different practice needs and its relation to methodology

- **studies that address single interventions**
  can give guidance for professionals which interventions to choose

- **studies that relate to the whole complex of rehab**
  can legitimize the whole approach and is in essence patient-centred

- **studies that relate to local evidence of single institutions**
  can help patients which rehab service to choose and commissioners in managing the rehab system
Is rehabilitation a special case in evidence-based health care approaches?

One side of the coin:

No special case

• need to legitimize what we are doing with patients in rehab care
• we have to know if what we do in rehab does more good than harm (and to what degree)
• problem of unwarranted variation present in rehab, as in other health care fields
• strong causal claims of interventions need strong study designs – first to consider: a randomized-controlled study
The turning side of the coin:

Yes, it is a special case

- characteristics of rehab that interfere with a “simple” evaluative framework
- problems of rehab embedded in legal social code framework (“right for rehab”)
- service is strongly depended on the quality of the therapists (person-, not just intervention related)
- and on the quality of interdisciplinary team work
- and the active role of the patient/person (“prosumer”)
- individual, functioning-oriented, multidimensional outcomes
- relevant outcomes are long-term, e.g. return-to-work, and are only partly in control of rehab processes
Cochrane Rehab Methodology Committee

Chair: Antti Malmivaara (Finland), Co-Chair: Thorsten Meyer (Germany)

A think tank to help solving problems of EBM in rehabilitation.

• Monthly online committee meetings
• Two surveys on ebm problems in rehabilitation
• Pros and cons of rcts in rehabilitation research

Yearly meetings working on methodology issues in rehab:
• 2-days workshop prior to ISPRM2018 in Paris, France (William Levack)
• 1-day workshop prior to ISPRM2019 in Kobe, Japan (Stefano Negrini, Thorsten Meyer, Antti Malmivaara)

Taylor WJ, Green SE (2019) Use of multi-attribute decision-making to inform prioritisation of cochrane review topics relevant to rehabilitation.

Kayes NM, Martin RA, Bright FA, Kersten P, Pollock A (2019) Optimising the real-world impact of rehabilitation reviews: increasing the relevance and usability of systematic reviews in rehabilitation.


Pollock A, van Wijck F (2019) Cochrane overviews: how can we optimise their impact on evidence-based rehabilitation?
Knowledge translation within Cochrane - building bridges
2nd CR methodology committee workshop in Kobe
8th June 2019

**Aim** Discuss topics connected with reporting for RCTs in rehab research, aligning and linking our activities with the EQUATOR network, esp. the CONSORT Extension Statement for RCT of Nonpharmacologic Treatments

**Participants**
2nd CR methodology committee workshop in Kobe

Blinding in rehabilitation research – what kind of blinding is useful and necessary in which research situation? Antti Malmivaara, Susan Armijo Olivo

Description of comparison (in addition to description of intervention), i.e. covering standard care
William Levack

Description of patient characteristics I: clinical descriptions including co-morbidities.
Thorsten Meyer, Frane Grubisic, Carlotte Kiekens

Description of patient characteristics II: inclusion of functional limitations and capacities
Gerold Stucki, William Taylor

Toward the development of the “Randomised Controlled Trials in Rehabilitation Checklist” – RCTRaCk Project
Stefano Negrini, Susan Armijo Olivo, William Levack, Chiara Arienti
RCT Rehabilitation Checklist - RCTRaCk

To produce a checklist of items to be followed

• in the reporting of RCTs in rehabilitation
  – as an add-on (not substitution) to the CONSORT Non-Pharmacological Treatment Studies checklist

• in the conduct and risk of bias evaluation of RCTs in rehabilitation
  – as an add-on (not substitution) to the Cochrane Risk of Bias tool.

To identify areas of methodological research to fill gaps in the actual relevant knowledge – toward a constant development of the RCTRaCk
Knowledge translation within Cochrane - building bridges
References

Thank you

thorsten.meyer@uni-bielefeld.de  cochrane.rehabilitation@gmail.com @CochraneRehab www.rehabilitation.cochrane.org