Quality Improvement Collaboratives used to implement clinical guidelines may save more money than they cost to implement


What is the context of this review?
- Quality Improvement Collaboratives (QICs) refer to teams from multiple healthcare facilities working together to improve performance on a given topic supported by experts who share evidence on best practices.
- Despite their potential benefits, the cost of implementing QICs has often been considered a barrier to their use.

What question is being addressed?
- What are the costs and cost-effectiveness of QICs when used to implement clinical guidelines?

How was the review done?
- The authors searched multiple databases for economic evaluations or cost studies of QICs in healthcare before screening the results for applicability.
- After reviewing 3,481 titles and abstracts, 22 studies were reviewed of which 8 studies met the criteria and were included in the systematic review.

How up to date is this review?
- The authors searched for studies published up to 20 August 2019.

What are the main results of the review?
- The findings reveal that potential cost savings for healthcare settings (for both acute and chronic conditions) may be possible by implementing QICs.
- The cost savings to healthcare settings outweighed the cost of the QIC itself.
How confident are we in the results?

- This is a recent and moderate-quality systematic review with an AMSTAR score of 6/9.
- Variations in study designs indicate that caution is needed when drawing definite conclusions.

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