

Clinical Practice Guidelines: From Inception to Practice

Diana Sherifali, RN, PhD, CDE

Evidence-Informed Decision Making Workshop

McMaster University

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Outline

- Addressing a Health Problem
- Developing Guidelines
- Appraising Guidelines
- Implementing Guidelines
- Sustaining Guidelines

Diabetes - What do we know?

- Type 1, 2, Gestational (heterogeneous)
- Progressive, chronic
- No cure
- May be prevented and managed

Developing Diabetes Guidelines

- 1992; first iteration of CPG for diabetes in Canada.
- Authored by Dr. Meng-Hee Tan – 16 pages.

Clinical practice guidelines for treatment of diabetes mellitus

Expert Committee of the Canadian Diabetes Advisory Board*

CAN MED ASSOC J 1992; 147 (5)

Developing Diabetes Guidelines

- **1998**; first indication of a methods discussion (evidence-based)
- Lead by 2 physicians – 31 pages.
- 93 recommendations.



1998 clinical practice
guidelines
for the management
of diabetes in Canada

Supplement to CMAJ 1998;159(8 Suppl)



Developing Diabetes Guidelines

- 2003 – team of authors
- Suppl in CJD
- Methods chapter
- 150 pages, 10 chapters
- ~200 recommendations

December 2003

Volume 27

Supplement 2

Canadian Journal of Diabetes

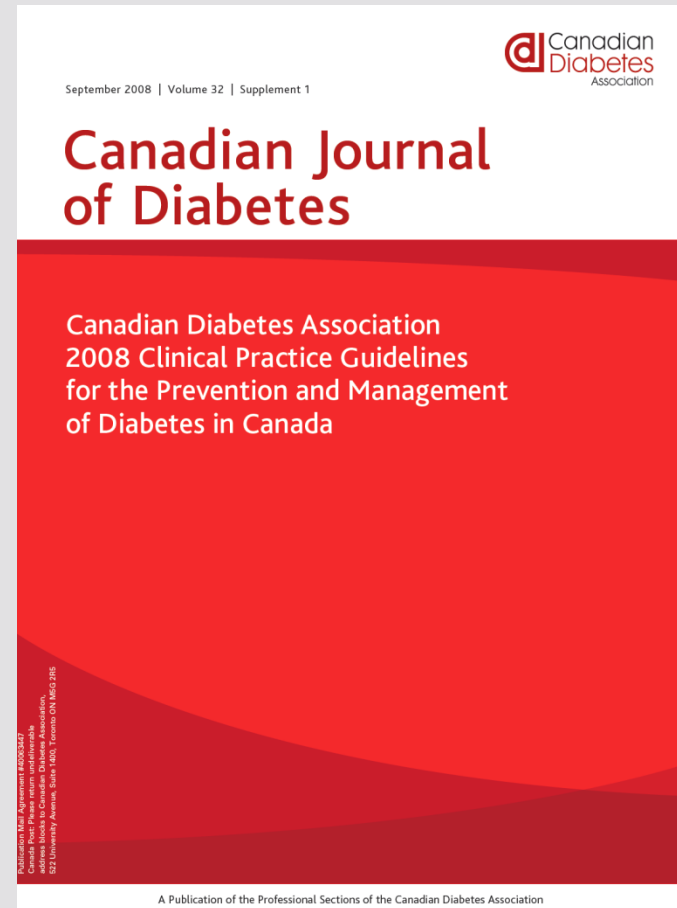
Canadian Diabetes Association
2003 Clinical Practice Guidelines
for the Prevention and Management
of Diabetes in Canada

A Publication of the
Professional Sections of the
Canadian Diabetes Association



Developing Diabetes Guidelines

- 2008; # of committees
- Methods chapter
- 201 pages, 38 chapters
- hundreds of recommendations



Developing Diabetes Guidelines

Annals of Internal Medicine

REVIEW

Evaluation of Guideline Recommendations on Oral Medications for Type 2 Diabetes Mellitus

A Systematic Review

Wendy L. Bennett, MD, MPH; Olaide A. Odelola, MD, MPH; Lisa M. Wilson, ScM; Shari Bolen, MD, MPH; Saranya Selvaraj, BS; Karen A. Robinson, PhD; Eric B. Bass, MD, MPH; and Milo A. Puhan, MD, PhD

From The Johns Hopkins University School of Medicine and The Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland; Albert Einstein Medical Center, Philadelphia, Pennsylvania; and Case Western Reserve University at MetroHealth Medical Center, Cleveland, Ohio.

Developing Diabetes Guidelines

- John Hopkins University Evidence-Based Practice Centre
- Systematic review of 11 international guidelines on oral medication for T2DM
- Assessed for consistency with the evidence
- Assessed for quality:
 - Rigor of development & editorial independence

	Collaborating Centre for Chronic Conditions, 2008 (35); NICE, 2009 (36)	Clinical Practice Guidelines Expert Committee 2008 (34)	2007 (33)	(20) and 2010 (21)	2008 (29, 30) and 2009 (25-28)	2009 (19)	et al, 2007 (15); Joslin Clinical Oversight Committee, 2009 (16)	Clinical Oversight Committee, 2007 (17)	2010 (31)	HealthCare, 2009 (18)	Diabetes Center, 2009 (22), 2010 (23), and 2011 (24)
Rigor of development											
Systematic methods were used to search for evidence.	4	4	3.5	1.5	1.5	1.5	1	1	1	1	1
The criteria for selecting the evidence are clearly described.	4	4	3.5	1	1.5	1	1	1	1	1	1
The methods used for formulating the recommendations are clearly described.	4	4	4	2.5	1	2.5	1	1	1	1	1.5
The health benefits, adverse effects, and risks have been considered in formulating the recommendations.	4	4	4	3	3.5	3	3.5	3.5	4	2.5	3
There is an explicit link between the recommendations and the supporting evidence.	4	4	4	3	2.5	1	2	1	2.5	1.5	2
The guideline has been externally reviewed by experts before its publication.	4	4	4	2	1	3	1	1.5	1	2.5	1
A procedure for updating the guideline is provided.	4	3.5	1.5	4	2	1	2.5	2.5	1	1.5	1
Summary score, %	100	97.6	83.3	47.6	28.6	28.6	23.8	21.4	21.4	19	16.7
Editorial independence											
The guideline is editorially independent from the funding body.	4	4	4	1	3	3	1.5	1.5	3	1	2
Conflicts of interest of guideline development members have been recorded.	4	4	4	4	4	4	1.5	1	3.5	3	2
Summary score, %	100	100	100	50	83.3	83.3	16.7	8.3	75	33.3	33.3

Developing 2013 Guidelines

- # of committees?
- Pages?
- Recommendations?



Developing 2013 Guidelines

- Started in fall of 2010
- Interprofessionals including: physicians, nurses, dietitians, social work, psychology, epidemiologists & health economists as experts.
- Dissemination Team: to include CPG toolkit.

Developing 2013 Guidelines

- CPG team includes: executive committee, steering committee and expert committees
- External reviewers (national and international)
- Independent methods review panel (recommendations).
- Executive editor, librarian, CDA staff and PwD.

Developing 2013 Guidelines

AGREE II Instrument

- Ensure scope, purpose;
- Stakeholder involvement;
- Rigour of development;
- Applicability; &
- Editorial independence.



Appraising Guidelines-AGREE II

23 items in 6 domains

- Domain 1: Scope and Purpose
- Domain 2: Stakeholder Involvement
- Domain 3: Rigour of Development
- Domain 4: Clarity of Presentation
- Domain 5: Applicability
- Domain 6: Editorial Independence

7-point scale: 1=strongly disagree, 7=strongly agree

Developing 2013 Guidelines

■ The Process:

1. Builds on 2008 CPG
2. Develops clinical questions
3. Centralized literature searches (updates)
4. Review of literature searches
5. Write preamble, key points and recommendations
6. Review and approve EVERY recommendation by 100% consensus of the steering committee.

Developing 2013 Guidelines

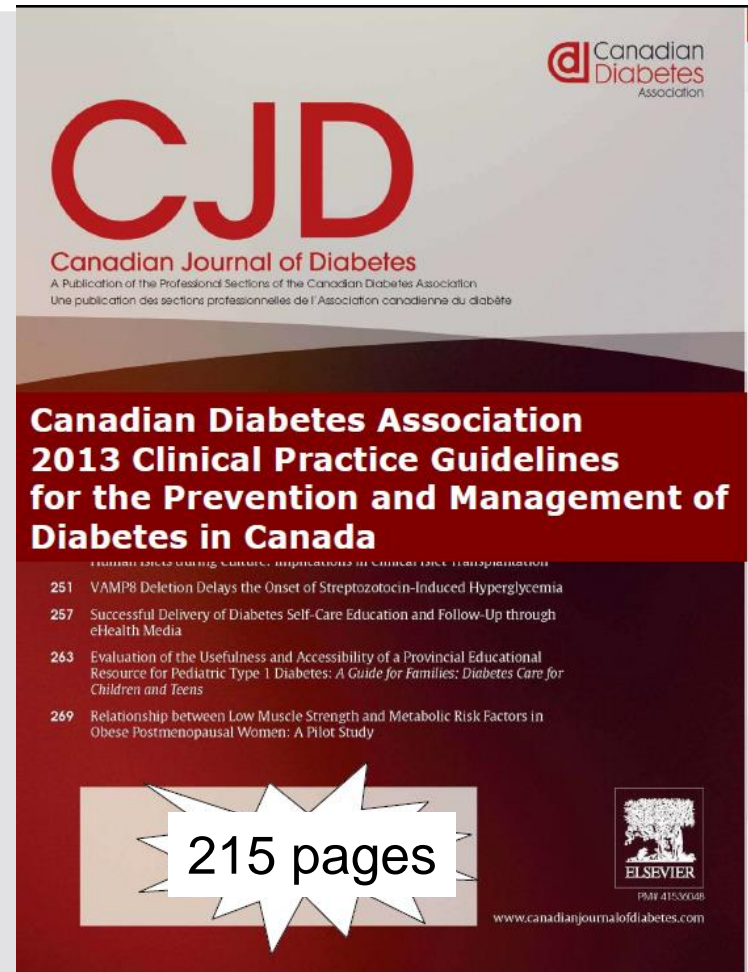
- The Process cont'd
 7. External Review (national and international)
 8. Independent Methods Review (IMR)
 9. Final approval of Steering Committee
 10. Publication (April, 2013)
 11. Dissemination and Implementation

Developing 2013 Guidelines

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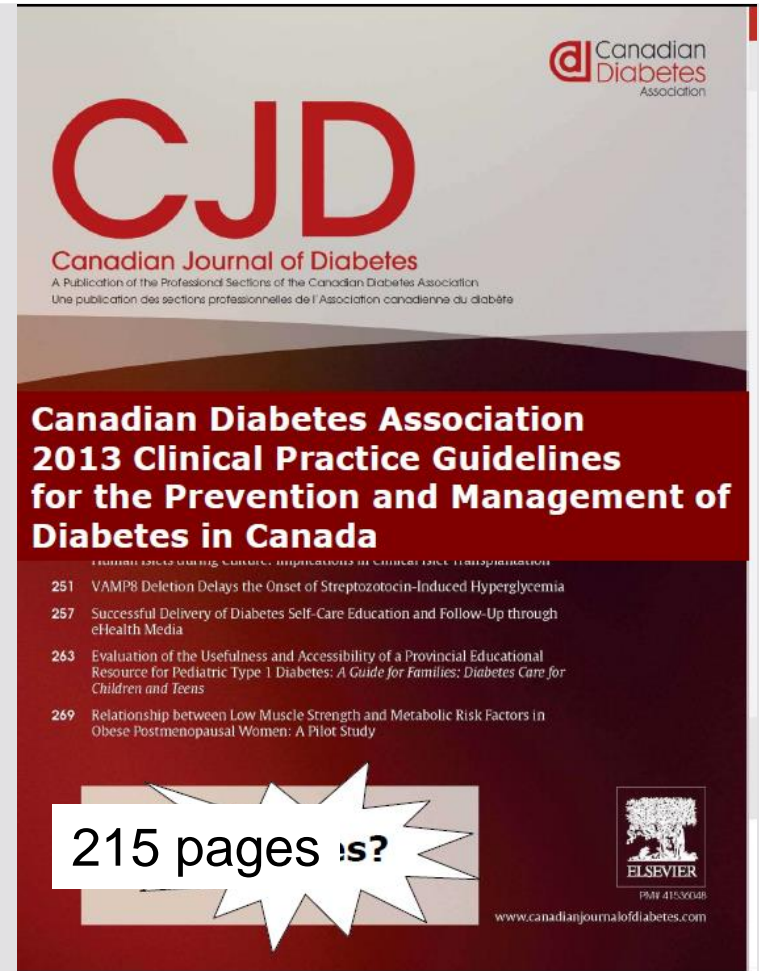
Developing 2013 Guidelines

- 2013; # of committees
- Methods chapter and IMR committee
- 212 pages, 38 chapters
- hundreds of recommendations



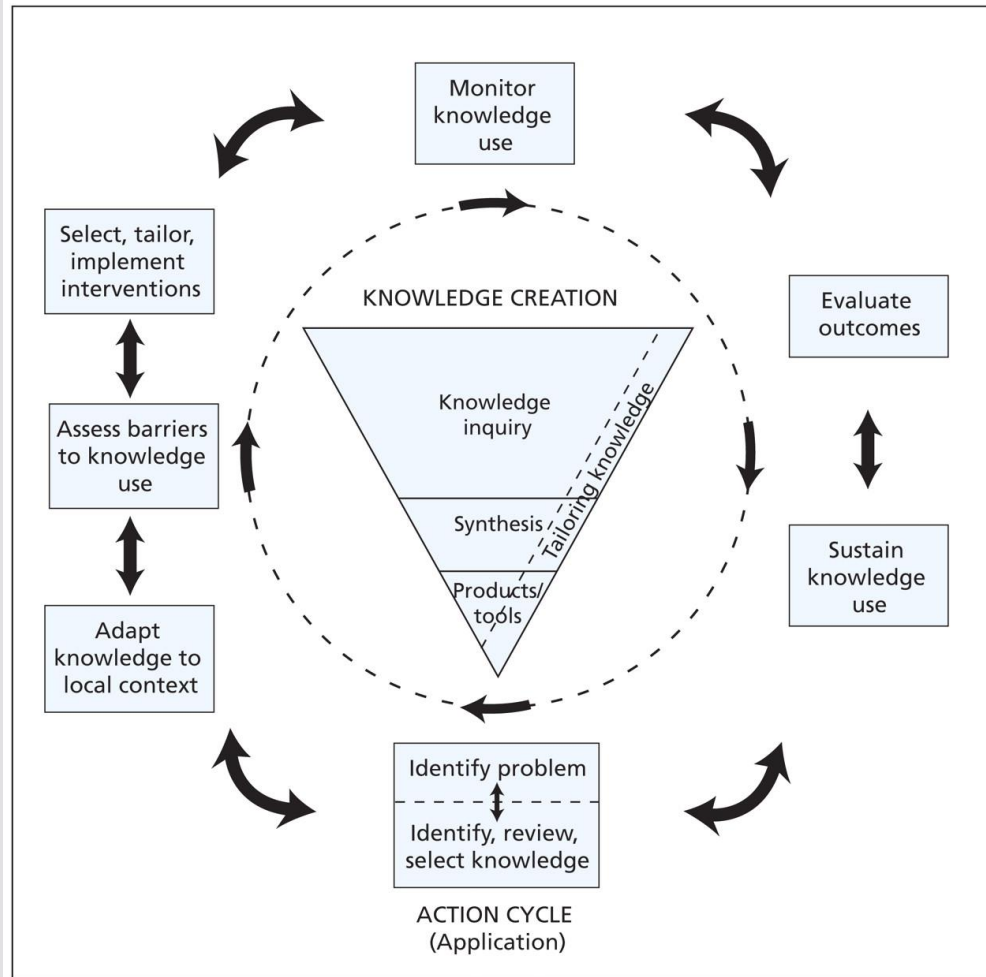
Developing 2013 Guidelines

- 2013; 3 years to build
- 2 babies born
- 115 volunteers
- > 100 hours donated/volunteer
- ~ \$3 million dollars to build
- Opportunity to improve lives...PRICELESS!



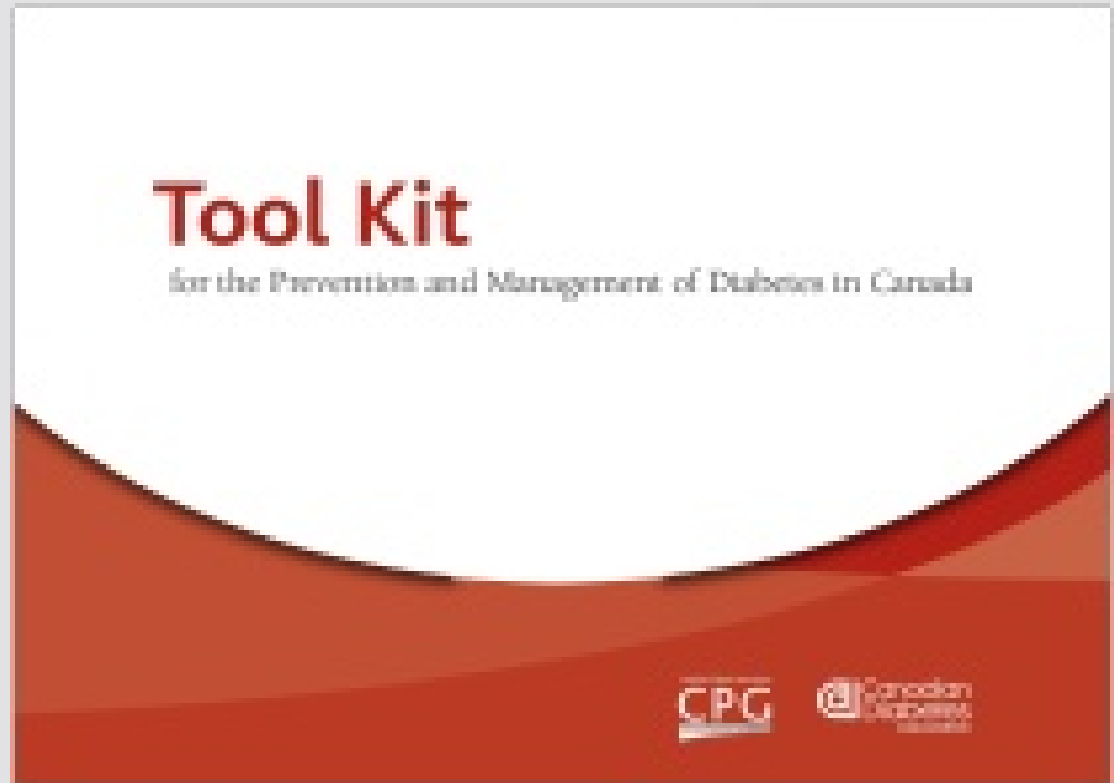
The knowledge-to-action cycle

Harrison, M. B. et al. CMAJ 2010;182:E78-E84



2008 CDA Toolkit

- 2008 CPG – Toolkit for implementation of clinical practice guidelines – 6 themes only.



2008 CDA Toolkit - content

- Cardiovascular Risk Assessment & Reduction**
- Organization of Care**
- Protecting Mothers & Children**
- Physical Activity & Exercise**
- Foot care**
- Access & Promotion of Educational Services**

2013 CDA Toolkit – 5 messages

Screening and diagnosing

Cardiovascular risk assessment & management

Blood glucose lowering

Organization of care/Team Care

Self-management education

Branding

“CDA as a leader in patient-centered diabetes care & chronic disease management”

Messaging

Dx

CV risk

BG

SME

Team/Org of care

Delivering

EMR

Medical directives

Self-mngt site

Point of care tools

Mobile browser app

Interactive Ed

Patients

Providers

Teams

Systems

Results

Improved patient access to care
Better patient outcomes

RNAO Implementation of BPG Toolkit

1. Identify CPG + Resources
2. Stakeholder Engagement
3. Environmental Readiness
4. Implementation Strategies
5. Evaluation

CDA Tool kit: Step 1

Identify CPG:

- Only 5 chapters highlighted; geared to various issues of diabetes care and care providers.

What about?

- What about the other 33 Chapters?

CDA Tool kit: Step 2

Stakeholder engagement:

- Limited stakeholder engagement from non-physicians CDA members.

What about?

- External stakeholders endorsing CPGs, professional associations, government decision makers.

CDA Tool kit: Step 3

Environmental Readiness:

- Readiness from interprofessional diabetes teams, knowledge/skills may vary.

What about?

- Health care sector, organizational structure, culture, communication, leadership, resources.

CDA Tool kit: Step 4

Implementation Strategies:

- EMR, medical directives, point of care tools, mobile browser, interactive education programs.

What about?

- chart audits/prompts, reminders, patient mediated interventions and by whom?

CDA Tool kit: Step 5

Evaluation Phase:

- “Improved patient access to care & better patient outcomes”

What about?

- Examine impact on outcomes (patient, process, structure).

Facilitators - *anecdotally*

Individual:

- Learn from others (peer support).
- Practitioner guides (tools).

Organizational:

- Champions (other physicians, educators, etc.).
- Teamwork and collaboration.

Environmental:

- Professional association support (DES, C&SS, CDA).
- Inter-organizational collaboration and networks (HDC).

Barriers - *anecdotally*

Individual:

- Time.
- Skills to interpret/implement CPGs.

Organizational:

- Leadership and decision making.
- EMRs (lack there of).

Environmental:

- In some cases, limited physician/educator collaboration across professional associations (DES/C&SS = CDA).

Opportunities

- CDA-CPGs updated every 5 years.
- Issue is not necessarily sustaining CPG...rather implementation and dissemination.
- Implementation for all diabetes care providers.
- Educators are motivated; support and EIDM practice.
- ‘Harmonizing’ guidelines? (ADA, EASD)

Final Thought...

“Neither evidence nor clinical judgement alone is sufficient. Evidence without judgement can be applied by a technician. Judgement without evidence can be applied by a friend. But the integration of evidence and judgement is what the healthcare provider does in order to dispense the best clinical care”

Hertzel Gerstein, 2012

Questions...Domanda?

References:

Rnao.org

Diabetes.ca

<http://guidelines.diabetes.ca/>