Collaborative model of CVD clinical guideline development project

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Overview

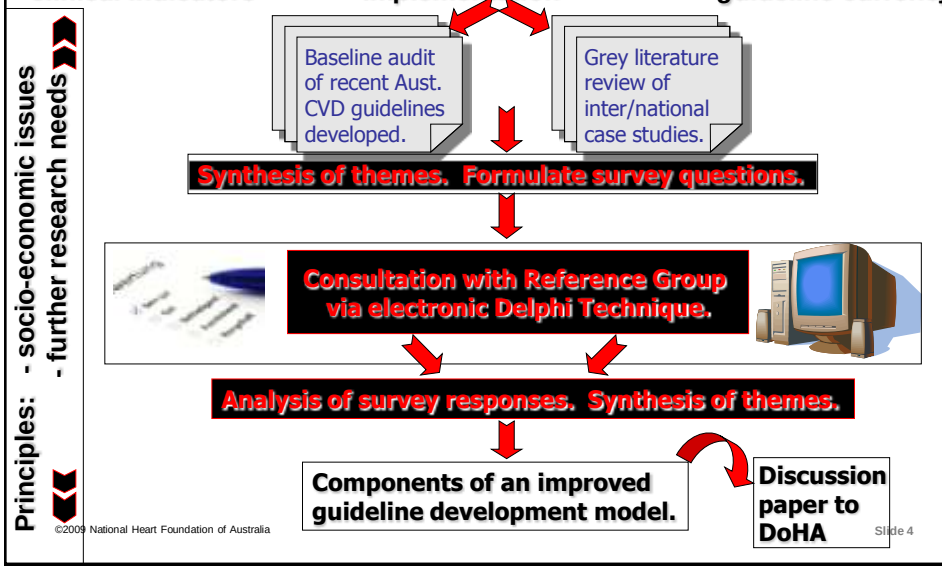
- Current process of CVD guideline development in Australia.
- Recognition of a need for a formal process of guidelines development.
- Australian Government (DoHA) funded project – 1st of 3 stage process (2009-10).
- Aligned to NHMRC standards for externally developed guidelines.
- Deliverable of Stage 1: Specification document (Discussion paper) outlining consensus on key component areas.

Key Components

- Prioritisation processes
- Formulating clinical recommendations
- Considering implementation issues during development
- Indicators of clinical effectiveness
- Maintaining guideline currency
- Socioeconomic factors, and the particular challenges facing Aboriginals and Torres Strait Islanders
- Processes to identify evidence gaps, needing further research.

Methodology

5 key project components:
- prioritisation processes - clinical recommendations
- clinical indicators - implementation - guideline currency



Literature review

- Literature search of key component areas.
- National Guidelines Clearinghouse database identified inter/national guideline developers (≥10 guidelines).

Baseline audit

- Questionnaire and telephone interview with:
  - Lead CVD prevention/management guideline developers.
  - Academic and Research institutions
  - Agencies representing rural and remote health care providers
  - Affiliate NGOs.

"I think we're all agreed that it is invaluable to have input from local people with real experience of health issues."

Consultation

- Reference group of >80 representatives established through formal invitation and nomination.
- Lines of enquiry based on themes informed by literature review and baseline audit.
- 2 Rounds of consultation (using adapted Delphi Technique)
  - On-line and faxed responses.
  - Quantitative and qualitative data.
- Response rates: Round 1 70%
  Round 2 77%
- Synthesis of themes
- Findings represent ≥⅔ consensus.

A national framework

- An explicit, nationally-coordinated and funded process for the prioritisation, development & implementation of CVD clinical guidelines.
- Collaboration-led.
- Guideline developers maintain links with relevant professional groups, including representing specific population groups.

Prioritisation

- Topic nomination for CVD guideline development open to all.
- Transparent assessment and selection processes:
  - defined and weighted selection criteria
  - application of the selection criteria by a panel
  - panel membership reflects geographic and gender issues.
- Explicit consideration of factors specific to population groups.

Recommendations

- Recommendations based on:
  - carefully formulated clinical questions
  - a structured literature review
  - assessment of the strength and quality of available evidence.
- When formulating recommendations, consider:
  - balance between potential benefit and harm
  - feasibility of implementation (by intended end users)
  - equity issues.
- Evidence of effectiveness and safety of health and disability practice for specific population groups.
- Integrated cultural values.

Recommendations

- Where evidence is lacking, consensus of wording reached by:
  - a process of considered judgement, and/or
  - open debate, and/or
  - open discussion with impartial external facilitation.
- Maximise the 'useability' of recommendations by:
  - Guideline Implementability Appraisal (GLIA) tool
  - direct involvement of end users
  - consistency of wording
  - pilot draft recommendations among end users.
- Processes to identify evidence gaps, needing further research.
- National protocol to guide management of conflicts of interest.

Implementation

- Implementation planning occurs in parallel.
- Planning involves multi-disciplinary stakeholders, to consider:
  - buy-in of key opinion leaders
  - identification of target audience and tailored messages
  - provision of system support.

- Implementation plans include an equity framework
  - integrated cultural values.
- Implementation strategies developed with end users in mind.
- CVD guidelines should be approved, accredited or endorsed.
- Peer-review publication + consumer version, electronic format.

Indicators of clinical effectiveness

- Clinical indicator development integral to development process
- Lead stakeholders responsible for indicator development:
  - relevant professional groups, societies or colleges
  - guideline developers
  - implementation agencies.
- Clinical indicator development considers:
  - the potential to improve care/outcomes
  - feasibility of data collection.

"It's important to remember that we now have *aspirations*, not targets. So that gives us all something to aim for."

Maintenance

Scheduled guideline updates occur at 1-3 yearly intervals.

Outside of a scheduled guideline update:

- a formal screening process to assess update need:
  - feedback from stakeholders
  - regular literature surveillance activity
  - independent assessment, undertaken by topic and guideline developers.
- a need for (or level of) guideline review based on:
  - changes in available evidence
  - new evidence that demonstrates potential harm or superior benefit
  - changes in available technology/interventions.

Summary

- Explicit, nationally-coordinated and funded process for the prioritisation, development and implementation of CVD clinical guidelines.
- Open, transparent process of topic prioritisation & selection.
- Evidence-based, carefully formulated recommendations.
  - Consensus around wording; maximised useability (GLIA)
- National protocol to manage conflict of interests.
- Inclusive and culturally sensitive implementation planning.
  - Peer-review published + consumer version, in electronic format.
- Relevant & feasible indicators, developed in collaboration.
- Optimal scheduled updates every 1-3 years.
- Unscheduled updates driven by change in evidence/technology
- Specific population group needs factored into all components.

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•Reference group representatives
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"With swine flu, we need to get the message across to the public that there is no need to panic."