

10th G-I-N Conference San Francisco 2013

Guideline Based Performance Measures

- towards G-I-N Standards

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for the
Performance Measures Working Group
PMWG





Disclosure of Interests (last 3 years)

Monika Nothacker

I certify that, to the best of my knowledge, no aspect of my current personal or professional situation might reasonably be expected to affect significantly my views on the subject on which I am presenting, other than the following:

I am paid as a guideline methodologist and knowledge manager by the Association of the Medical Scientific Societies in Germany.

Background

- ❖ Guideline Based Performance Measures (GBPM) are a guideline implementability tool
- ❖ Guideline Based Performance Measures are an important quality management tool in health care
- ❖ Internationally a broad variety of methods exist for the process of translating and developing guideline recommendations to performance measures

Gagliardi et al, 2011, IOM 2011, Blozik 2012, Koetter 2012



PMWG

Background

- ❖ G-I-N Performance Measures Working Group
 - Set up in Berlin 2012, ca. 30 participants from Canada, Finland, Germany, Japan, Netherlands, Scotland, Spain, Switzerland, UK, USA... open group
- ❖ Aim: cooperation and exchange, advance methodology
- ❖ First project: Setting up reporting standards



Setting up „Reporting Standards“ - Methodology

- ❖ Literature review
- ❖ Selecting and defining criteria/attributes (T. Stokes, B. Shaw NICE/Univ. Birmingham, . Nothacker, AWMF)
Focus: „**minimal**“ Reporting Standards
- ❖ Review by international experts
- ❖ Consensus based agreement on criteria
through a 2-step DELPHI process with the group
agreement on 4-point Likert Scale



Literature Review

❖ Results of Systematic Search 7/2010 (Koetter et al, 2012):

10 method papers, 32 topic papers

❖ Results of Update search:

4/13 (Medline/pubmed): 1026 hits, 22 abstracts, 1 method paper added

+ G-I-N abstracts

+ publications known by experts



Review of experts

Many thanks to

- Melissa Brouwers, McMaster/Cancer Care Ontario, **Canada**
- Ina Kopp, AWMF, **Germany**
- Robin Harbour, SIGN, **Scotland**
- Mary Nix, AHRQ, **USA**



**Review led to 1 additional attribute/criterion
and several rewordings/amendments**



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Selection of Criteria/Attributes

1. Guideline selection
2. Selection of clinical guideline recommendations
3. Selection process of PM from guideline recommendations
4. Core attributes of GBPM
5. *Specification of GBPM*
6. Practice test of GBPM
7. Intended use of performance measures
8. Review and reevaluation of performance measures
9. Composition of the panel for performance measures



Results Survey: Participants

- ❖ 29 responses /27 of the original group, 21 completed
- ❖ appr. 60% EbM/guideline methodologists
- ❖ appr. 30% performance measures methodologists
- ❖ Other: health services researchers, medical epidemiologist
- ❖ appr. 40% stated to be (also) clinicians predominantly for specialty care



Survey: Experience with GBPM

- ❖ 18 EbM/guideline methodologist
 - 7 programm officer/assistant performance measures
 - 5 technical experts
- ❖ of those:
 - 3 stated no experience with GBPM,
 - 12 stated experience as guideline group member,
 - 2 stated general expertise with GBPM



1. Criterion: guideline selection

1a. The guidelines used for guideline based performance measure development are current and meet the reporting criteria published by the Guidelines International Network (G-I-N). They are selected using a validated guideline assessment tool (preferably AGREE II).

1b. The sources used for guideline based performance measure development are explicitly stated.

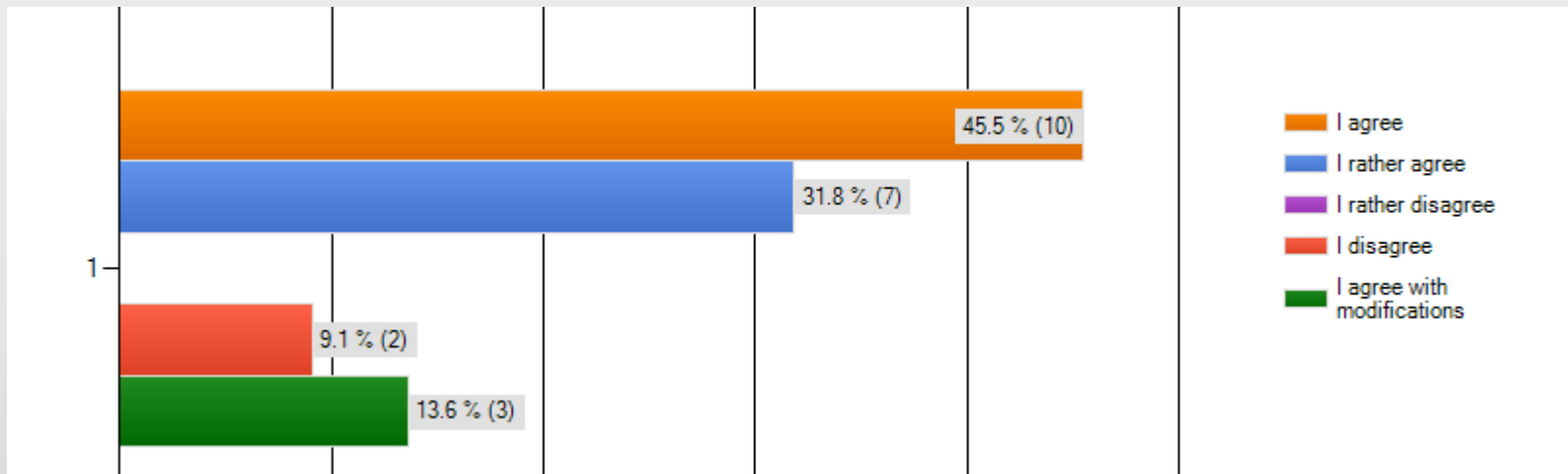


96% agreement



2. Criterion: selection of guideline recommendations

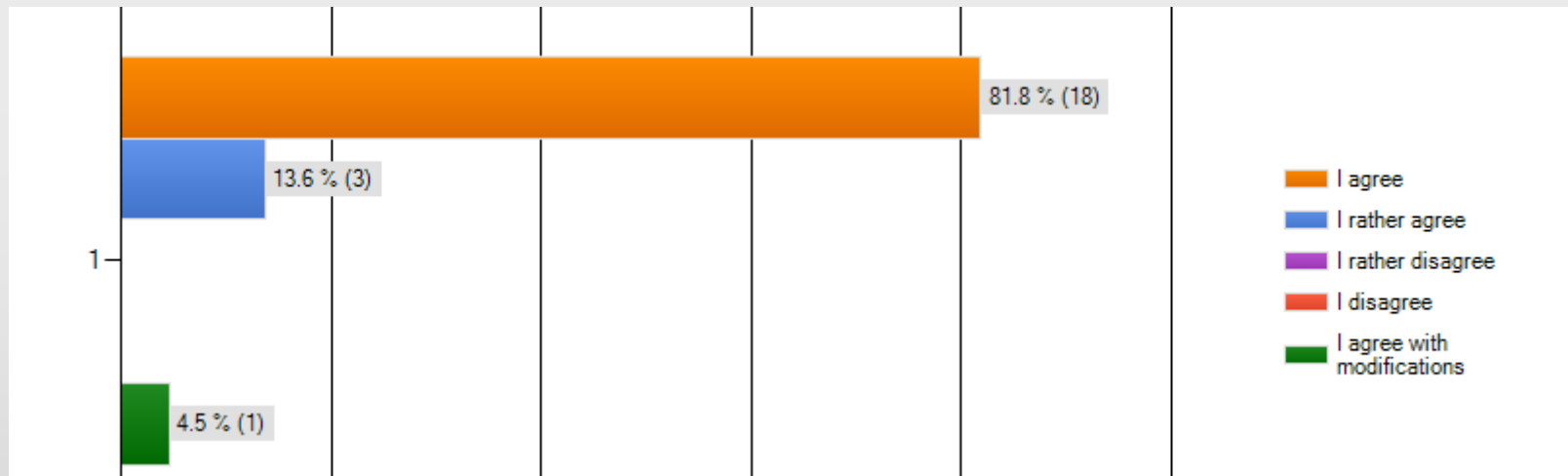
2.Guideline recommendations selected for performance measures intended to serve for quality judgement are strong recommendations.



77% agreement

3. Criterion: Selection process of GBPM

3. There is a clear and detailed description of the consensus methods used to select guideline based performance measures.

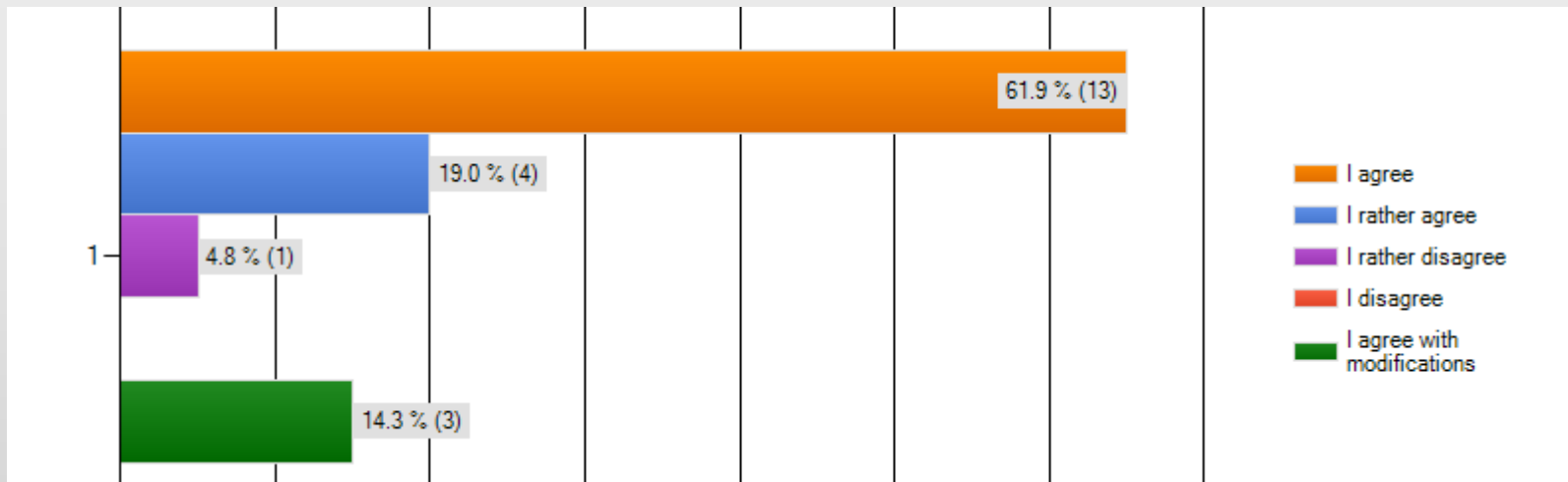


95% agreement

4. Criterion: Core attributes of GBPM

4. Developers demonstrate that they have considered the following attributes within the development process

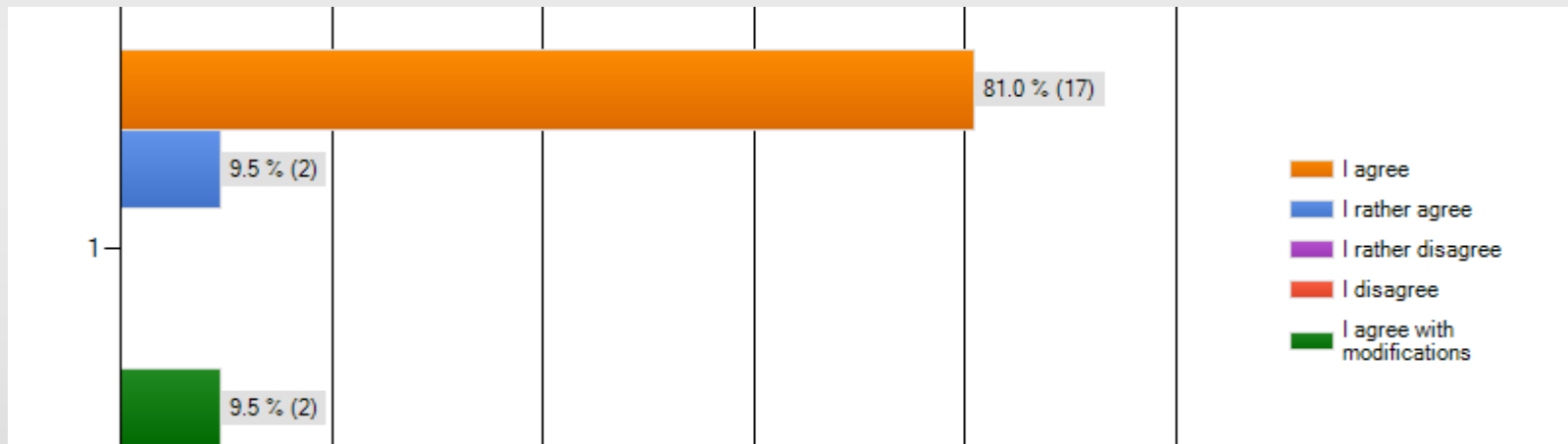
- Relevance (at least: content validity)
- Scientific Soundness (at least: the evidence supporting the measure is explicitly stated)
- Feasibility (at least: clarity of definition)



81% agreement

5. Criterion: Specification of GBPM

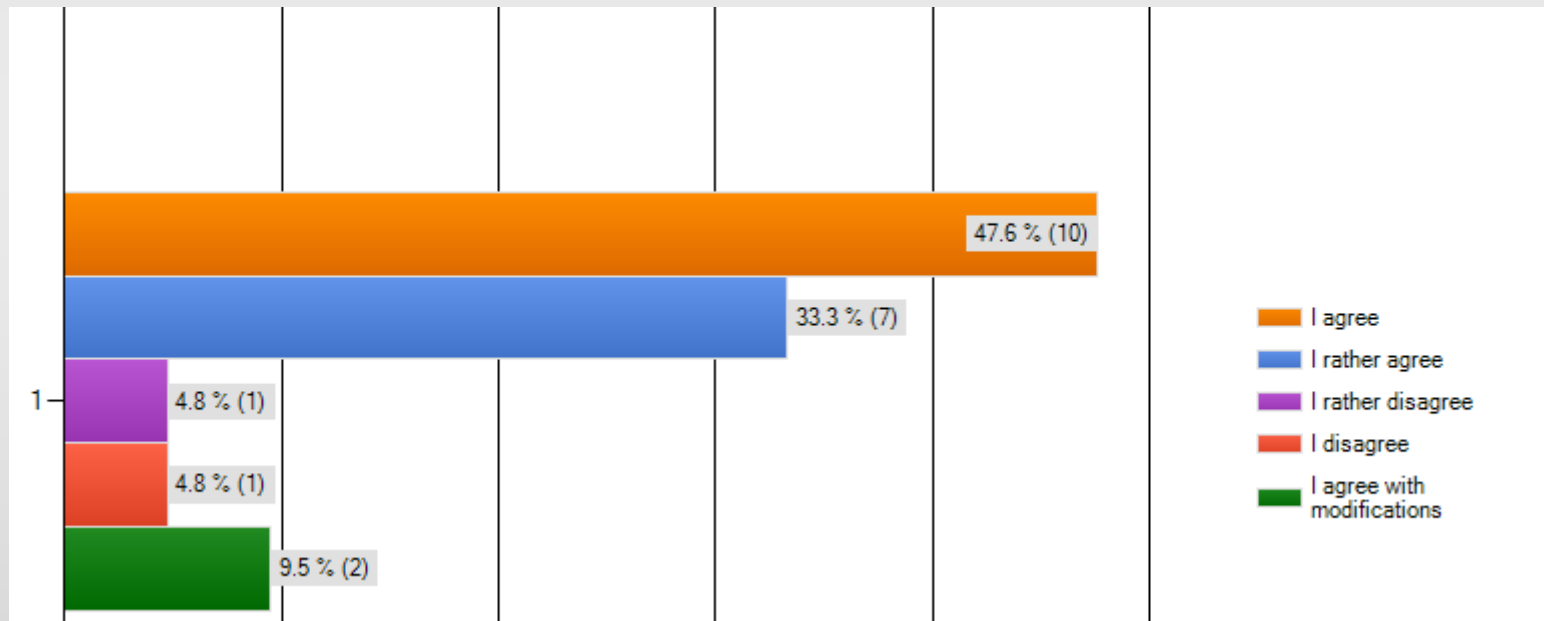
5. Numerator and Denominator of the GBPM are specified unambiguously and in detail.



90,5% agreement

6. Criterion: Practice Test

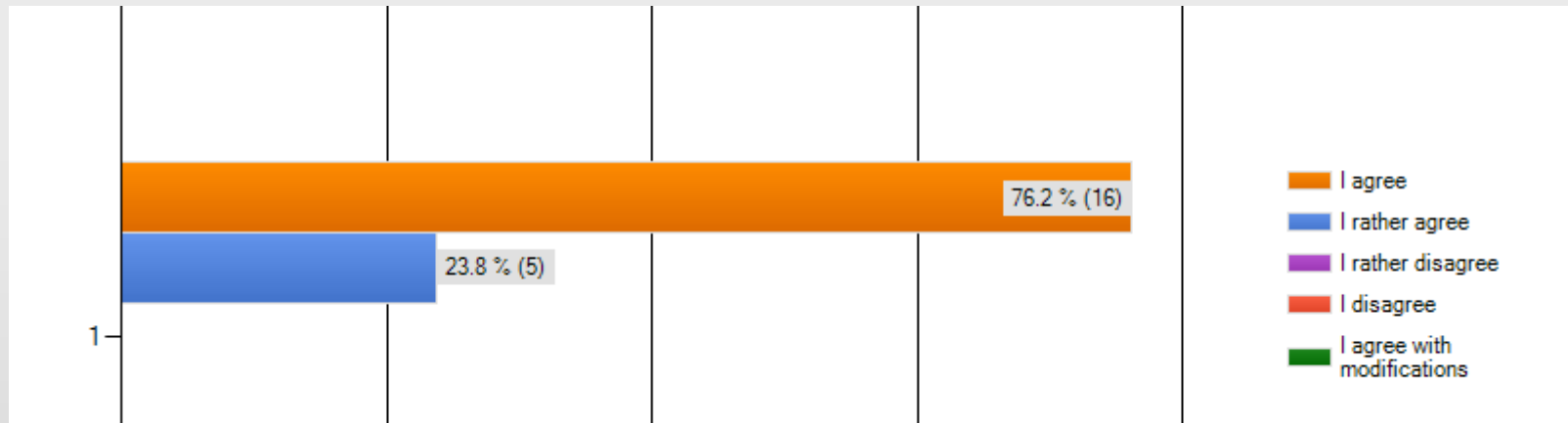
6. Indicators intended for use for regional or national reporting purposes or pay for performance are piloted prior to their recommendation for use.



81% agreement

7. Criterion: Intended use

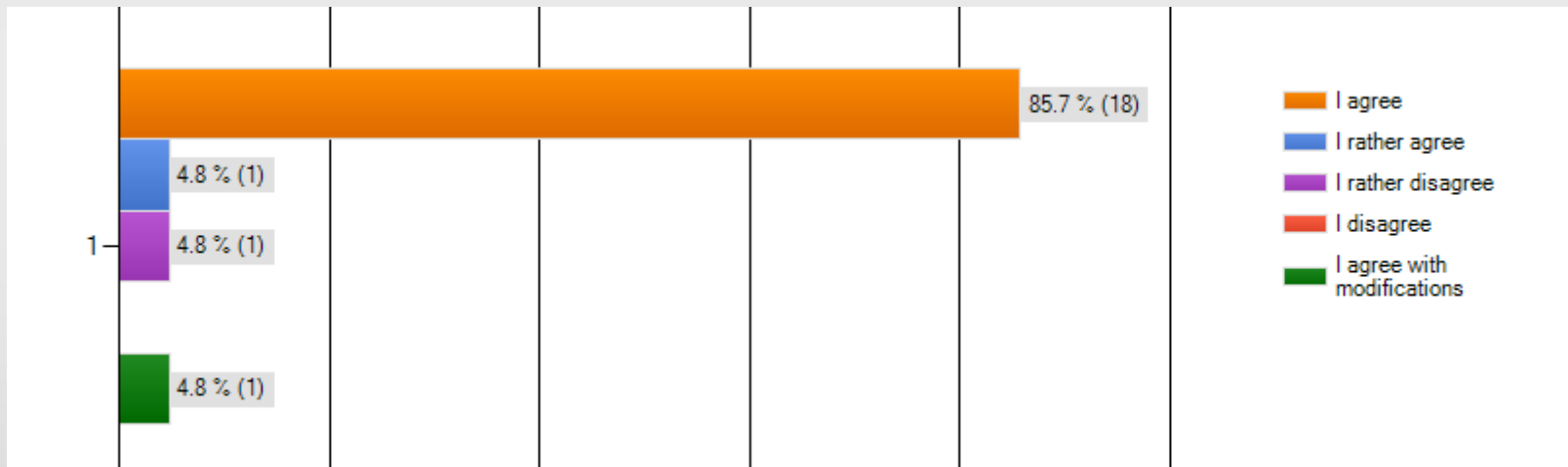
7. There is a clear description of the intended use of the performance measures (quality improvement, quality assurance with or without accountability purposes, pay for performance) and at what level (local, regional, national).



100% agreement

8. Criterion: Review and Evaluation

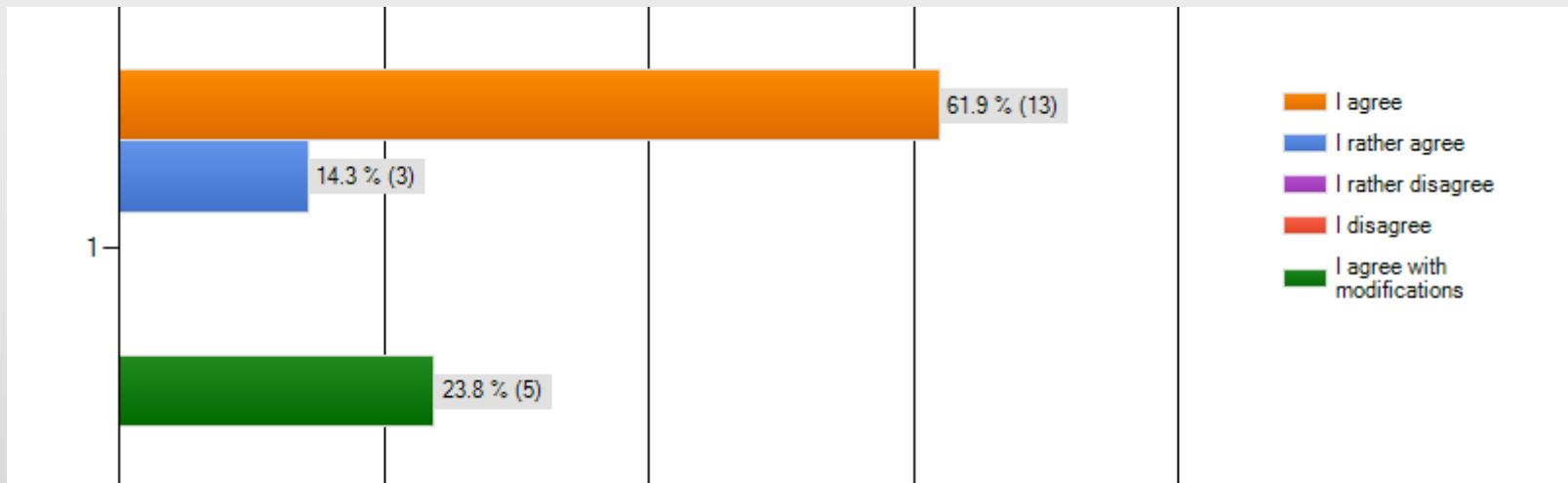
8. Performance Measures in use are regularly reviewed. Criteria for deciding to change or stop using a specific performance measure are stated.



90% agreement

9. Criterion: Panel Composition

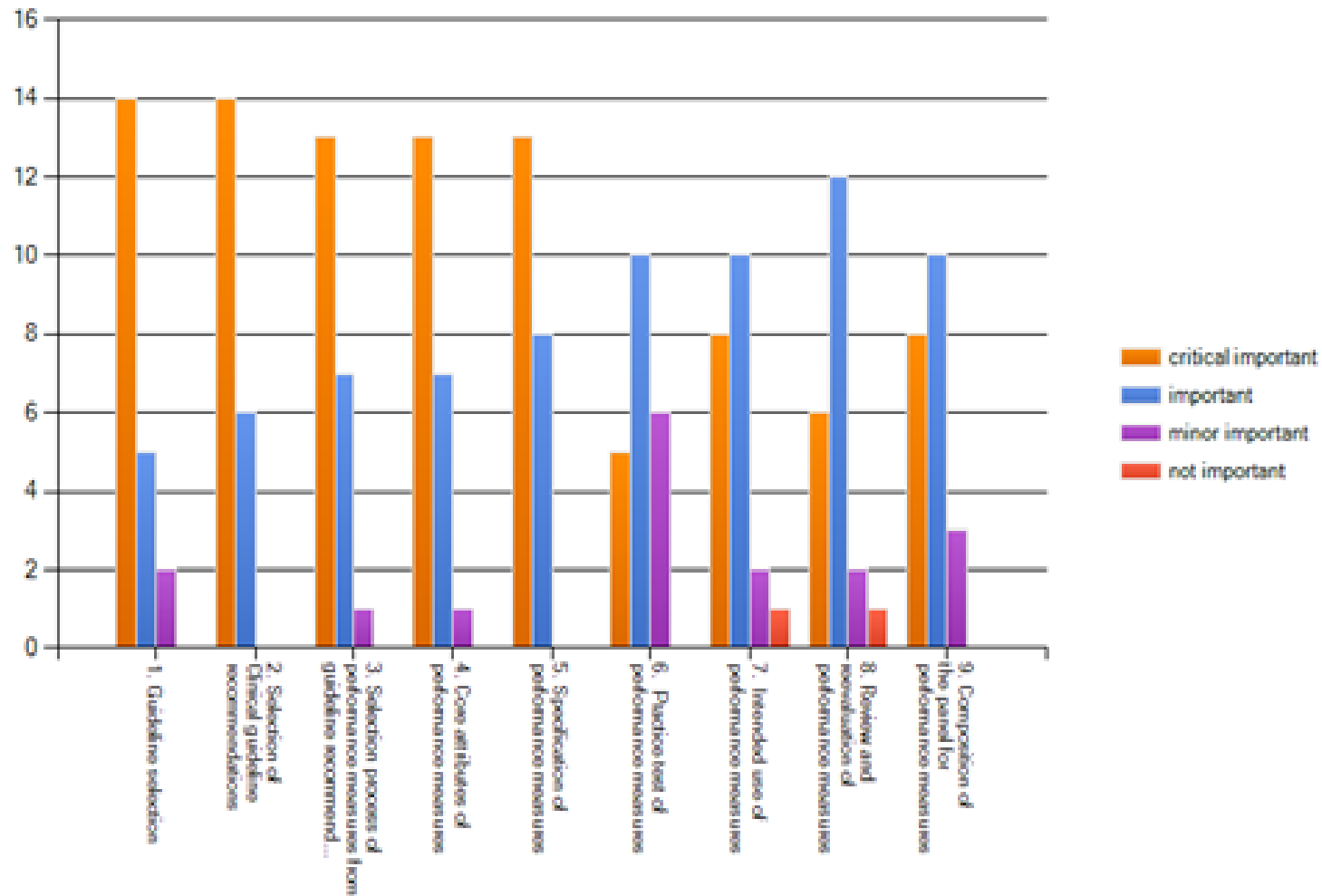
9. The composition of the panel deciding on guideline based performance measures includes relevant stakeholders in the field, experts in quality measurement and patient representatives.



90% agreement

Criteria/Attributes: Importance

Please rate how important you consider the criteria/attributes with regard to development of guideline based performance measures.



Comments/Points to discuss

- ❖ Do we need to mention sources other than guidelines?
- ❖ What means „up to date“?
- ❖ What is a strong recommendation?
- ❖ Weak recommendations - for „monitoring“ ?
- ❖ Do we need better defined/more criteria for minimal reporting of assessment ?
- ❖ How important are the criteria/attribute like practice test, specifying use, reviewing, panel composition?
- ❖ Panel composition: should there be patients at the panel?

Next steps

- ❖ Working Group Meeting
 - discuss results
 - clarify terms/definitions – find a common „language“
- ❖ Conduct the 2. DELPHI round
- ❖ Get further information about agreement to/relevance of criteria/attributes – broaden survey contacting international organizations responsible for performance measures