



The development of a conceptual guideline implementability tool (GUIDE-IT): A qualitative study of guideline developer and end-user perceptions

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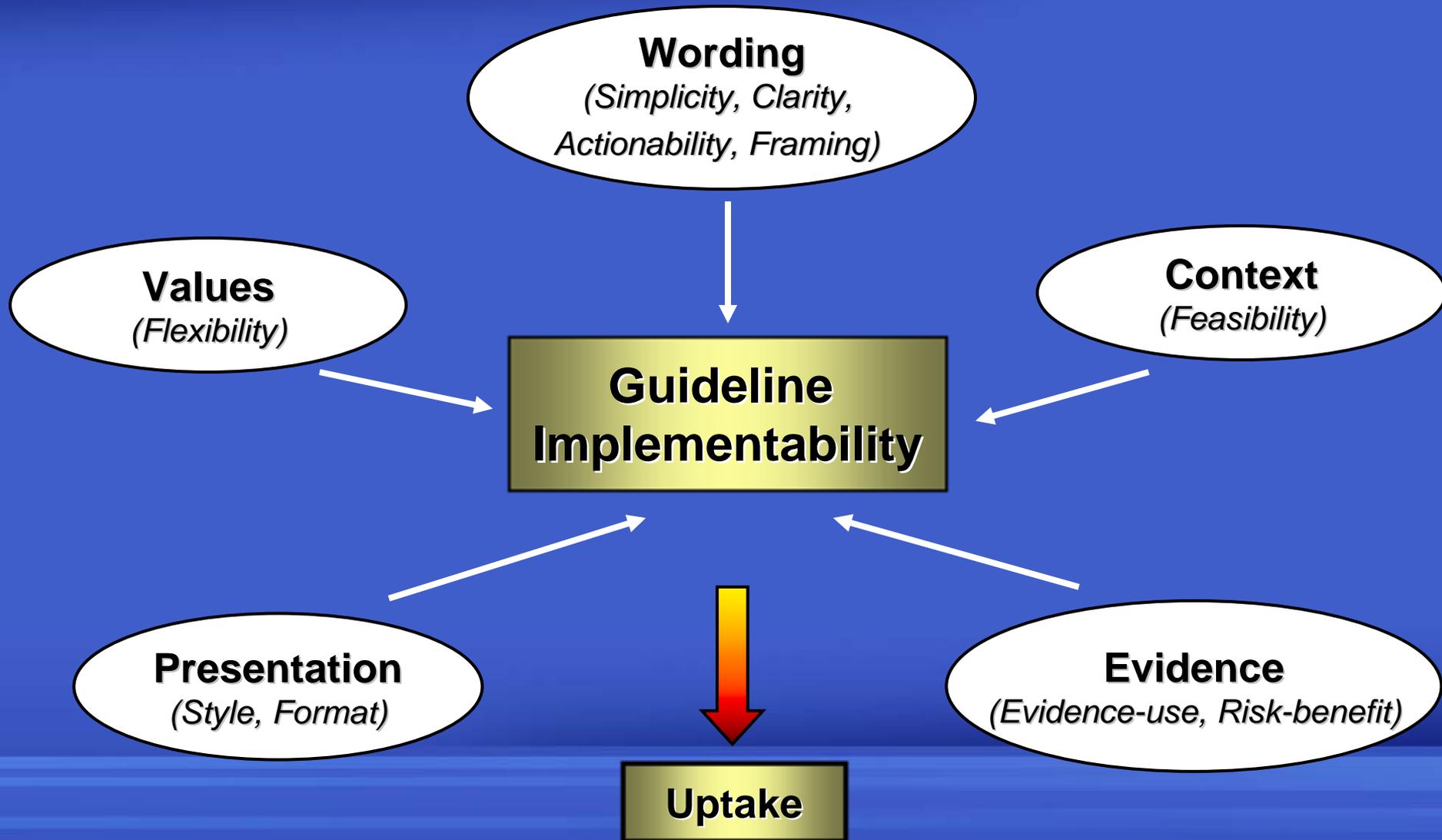
Background

- Clinical practice guidelines (CPGs) can facilitate the implementation of evidence into practice – not consistently achieved
- The relationship between the perceived characteristics of CPGs and their uptake in practice is not clearly understood
 - Lack of usability testing of guidelines may be one contributing factor to poor uptake

Background

- We conducted a realist review to determine:
 - The intrinsic attributes of guidelines that impact uptake
 - Gain a multidisciplinary perspective of the concept of “implementability”

Preliminary Framework of Implementability



Objectives

- To validate the core set of guideline attributes found in the realist review
- To better understand the difference in perceptions between guideline developers and end users about guideline implementability
- To determine what components should be included in a guideline implementability tool (GUIDE-IT)

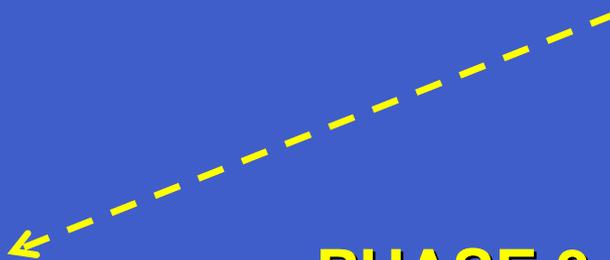
Methods: Qualitative Study Design

PHASE 1: Establish collaboration with a guideline development group

Formed a relationship with C-CHANGE group, who provided draft recommendations



PHASE 2: Interviews and Focus Groups: End users



PHASE 3: Participant observation and Focus Groups: Developers



PHASE 4: Focus Groups: Mixed group of developers and end-users



Objectives: PHASE 2

- To reveal guideline attributes perceived as facilitators and barriers to implementation
- To elicit feedback from family physicians on draft recommendations developed by C-CHANGE
- To reveal possible components of a guideline implementability tool

Methods – PHASE 2

Sampling & Population

- **Guideline developers:** Harmonized cardiovascular guidelines development group - *C-CHANGE*
- **Guideline end-users:** Academic and community family physicians

Interview & Focus Group Sessions - 3 parts:

- Semi-structured, open-ended questions
- Feedback on contentious guideline recommendations provided by C-CHANGE
- Ideas for building a guideline implementability tool

Methods – PHASE 2

Analysis

- Interviews and focus group sessions: audio-taped and transcribed verbatim
- Transcripts analyzed independently by 2 investigators using Nvivo 8, guided by grounded theory methodology

Example of a contentious recommendation

For persons with diabetes and normal urinary albumin excretion and without chronic kidney disease, with BP \geq 130/80 mm Hg, despite lifestyle interventions: Any of the following medications (listed in alphabetical order) is recommended, with special consideration to ACE inhibitors and ARBs given their additional renal benefits [Grade D, Consensus, for the special consideration to ACE inhibitors and ARBs]: ACE inhibitor [Grade A, Level 1A (19)]; ARB [Grade A, Level 1A (20); Grade B, Level 2, for non-left ventricular hypertrophy (20)]; DHP CCB [Grade B, Level 2 (22)]; Thiazide-like diuretic [Grade A, Level 1A (22)]; If the above drugs are contraindicated or cannot be tolerated, a cardioselective beta blocker [Grade B, Level 2 (21)] or non-DHP CCB [Grade B, Level 2 (23)] can be substituted; Additional antihypertensive drugs should be used if target BP levels are not achieved with standard-dose monotherapy [Grade C, Level 3 (12,22)]; Add-on drugs should be chosen from the first-line choices listed above [Grade D, Consensus].

Preliminary Results – PHASE 2

Reactions to example recommendation:

- *“Confusing, wordy, unclear...”*
- *“I need another degree to be able to understand this”*
- *“Second line and I am already stopping...”*
- *“I don’t know what they are actually suggesting...”*

Suggestions for improvement:

- Bullets for all sections
- Flow diagram
- Put into logical order
- Recommend only those that are based on strong evidence

Preliminary Results – PHASE 2

3 main themes of guideline end user perceptions:

- 1. Features that are important to include in guidelines**
- 2. Facilitators and barriers to guideline use**
- 3. Suggested components to include in a guideline implementability tool**

Theme 1: Features that are important to include in guidelines

- Clear statements on diagnosis (targets, population), and management (clear decision tree)
- Quickly accessible
- Structured approach
- Comprehensive
- “Boiled down”
- Clear-cut instructions about what to do
- Summary lines

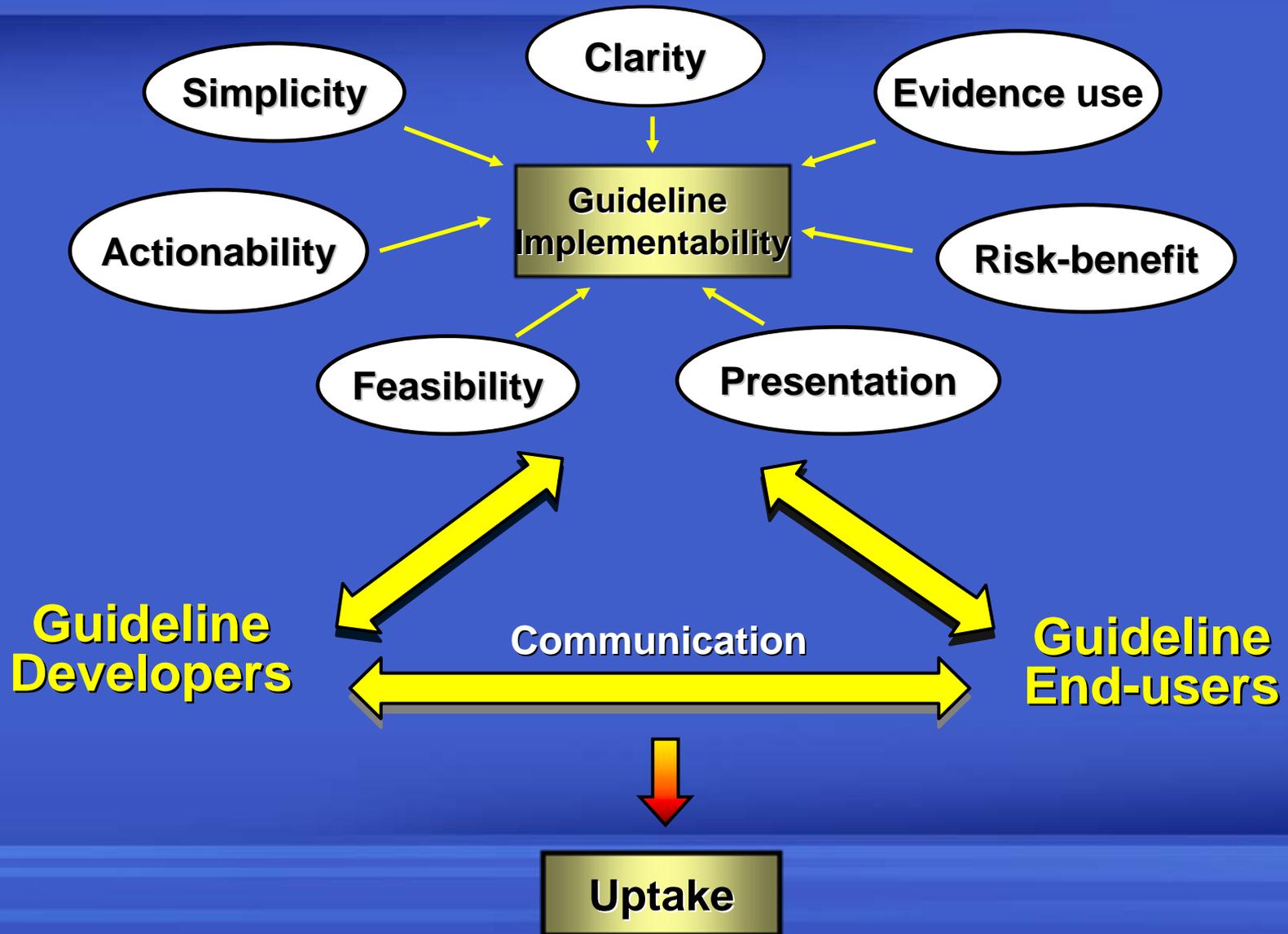
Theme 2: Facilitators & barriers to guideline use

Theme	Facilitators	Barriers
Wording	<ul style="list-style-type: none">• Simple, clear, well articulated, boiled down• In the language of physicians• Provides exceptions and how to deal with them	<ul style="list-style-type: none">• Too many clauses, too long, too much information• Open, narrative form
Evidence	<ul style="list-style-type: none">• States quality of evidence	<ul style="list-style-type: none">• If not indicated or doesn't fit in with new evidence; what to do with mid-level evidence
Format	<ul style="list-style-type: none">• Bullet-point summaries• Easy to navigate	<ul style="list-style-type: none">• User-interface
Feasibility	<ul style="list-style-type: none">• Practical and cost efficient	<ul style="list-style-type: none">• Time
Development	<ul style="list-style-type: none">• Trustworthy• Reviewed by front-liners	<ul style="list-style-type: none">• Written by people not involved in primary care
Guideline as a whole	<ul style="list-style-type: none">• Accessible, up-to-date• Flexible• Validated	<ul style="list-style-type: none">• Out of date

Theme 3: Components to include in an implementability tool

- Include end-users (i.e., family physicians) in the development process
- Provide guidance on dissecting and improving recommendations
- How should end-users be engaged in the process?
 - Convene a working group of family physicians
 - Provide an online/electronic platform to involve individual family physicians
 - Provide CME credits as incentive for involvement
 - Barrier would be time and resources of physicians

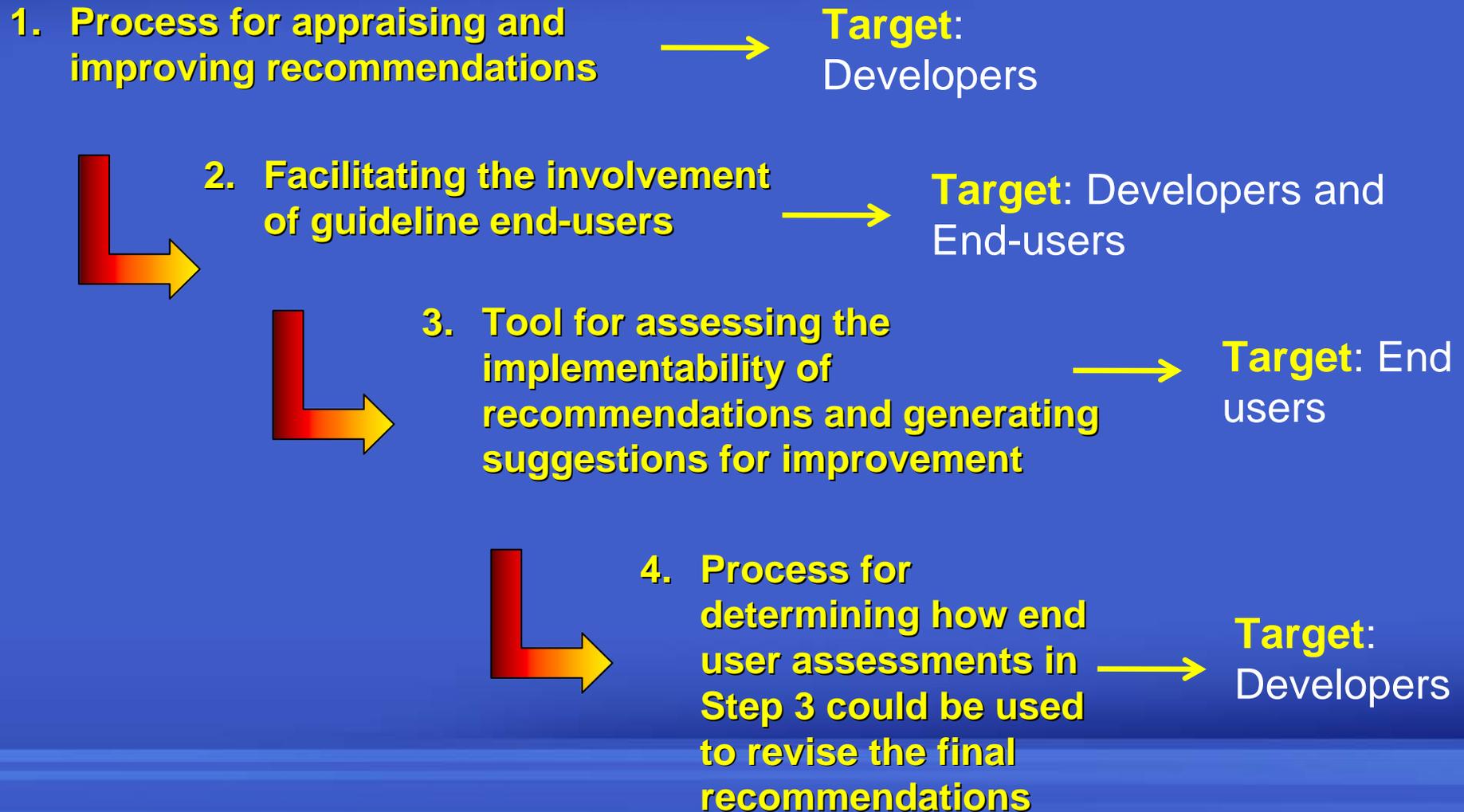
Implementability Framework



Conceptual design of the Guideline Implementability Tool (GUIDE-IT)

- Engage end-users in the guideline development process – target both developers AND providers
- Use during guideline development, at the stage where recommendations have been developed and evidence-linked but not yet finalized
- Sequential components

Conceptual design of a guideline implementability tool (GUIDE-IT)



Conclusions of PHASE 2

- Revealed perceptions of guideline end-users about attributes of guideline implementability
 - Guidelines recommendations need to be clear, quickly accessible, “boiled down” and logically structured
- Resulting attribute themes confirmed attribute clusters in our preliminary framework
 - Wording (simple, clear); Evidence (stated and linked); Format (structure), Feasibility
- Provided feedback to build a conceptual design of GUIDE-IT
 - The importance of establishing a working relationship between guideline developers and end users

Next steps

- Conducting the remaining 2 phases of the qualitative study to build the GUIDE-IT prototype
- Conduct a usability evaluation of the prototype to ensure that it meets all end user needs and to determine:
 - Which guideline attributes are the most feasible to change during the guideline development process
 - Which attributes have the greatest potential for improving recommendations



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Questions ??