

Quality indicators (QI) in German evidence based guidelines

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Guideline Assessment – General Applicability (DELBI/AGREE)

21. The guideline presents key review criteria for monitoring and / or audit purposes.

Strongly Disagree

1	2	3	4
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Strongly Agree

▪ **The Guideline**

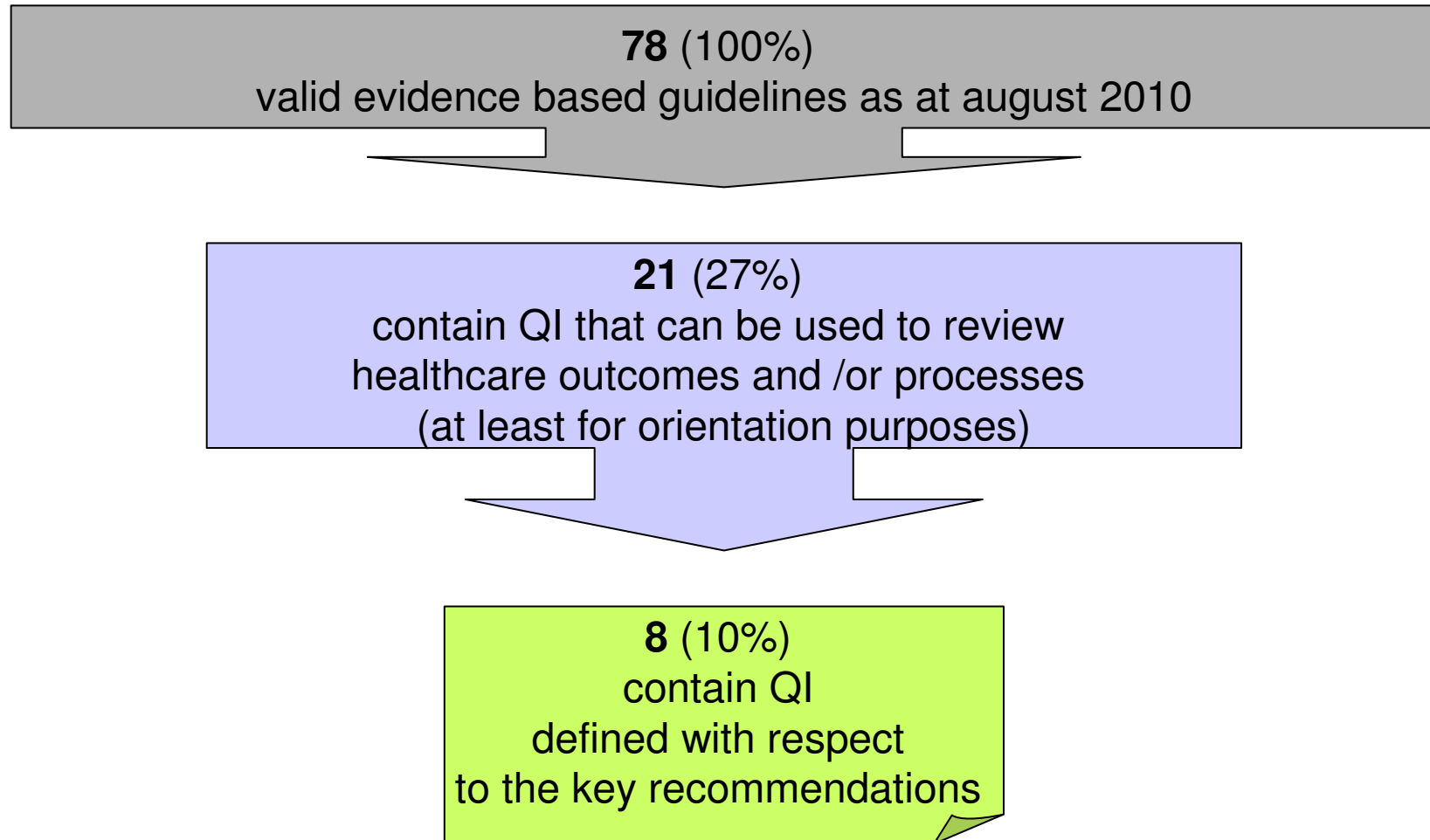
1 = does not contain any review criteria

2 = contains review criteria that can be used to review healthcare outcomes
(at least for orientation purposes).

3 = contains review criteria that have been defined with respect to the key recommendations. If possible, reference values / reference ranges have been defined so that risk patients can be identified reliably.

4 = contains methodologically well-founded (sets of) review criteria that refer to (key) recommendations and can be used for evaluating the application of the guideline and the quality of the outcomes achieved. The data that will be needed at different interfaces for the criteria should be projected. The criteria should be integrated into an overall plan for the evaluation of the guideline.

Quality Indicators in German Guidelines: Facts I



Quality Indicators in German Guidelines: Facts II

7/8 guidelines containing QI with respect to key recommendations use an explicit methodology

✓ **3 National Disease Management Guidelines (NDMG)**

9 QI Chronic Heart Failure (**Process Indicators PI**)

9 QI Asthma (1 Structure Indicator, 8 **PI**)

18 QI Depression (**PI**)

} **GoR A**

✓ **3 oncologic Guidelines**

63 QI Early detection of Breast Cancer (**PI**, 5 shortterm **OI**)

26 QI Diagnosis and Therapy of Breast Cancer (**PI**)

9 QI Diagnosis and Therapy of Lung Cancer (**PI**)

} **all R**
 } **GoR A, LoE A**

✓ **1 dermatologic Guideline**

7 QI Diagnosis and Therapy of Psoriasis (2 **PI**; 5 **OI**)

} **all R**

in preparation 2010: 3 NDMG, 1 oncologic guideline, 3 guidelines of general practitioners

Who assessed QI in which form?

▪ **National Disease Management Guidelines**

1. preselection by **methodologists**
2. written assessment by **guideline authors**
3. consensus conference for final integration with **guideline authors** and **methodologists**

▪ **dermatologic Guideline**

1. preselection by **methodologists**
2. assessment by working group with methodologist and patient representatives

▪ **Oncologic Guidelines**

Breast cancer

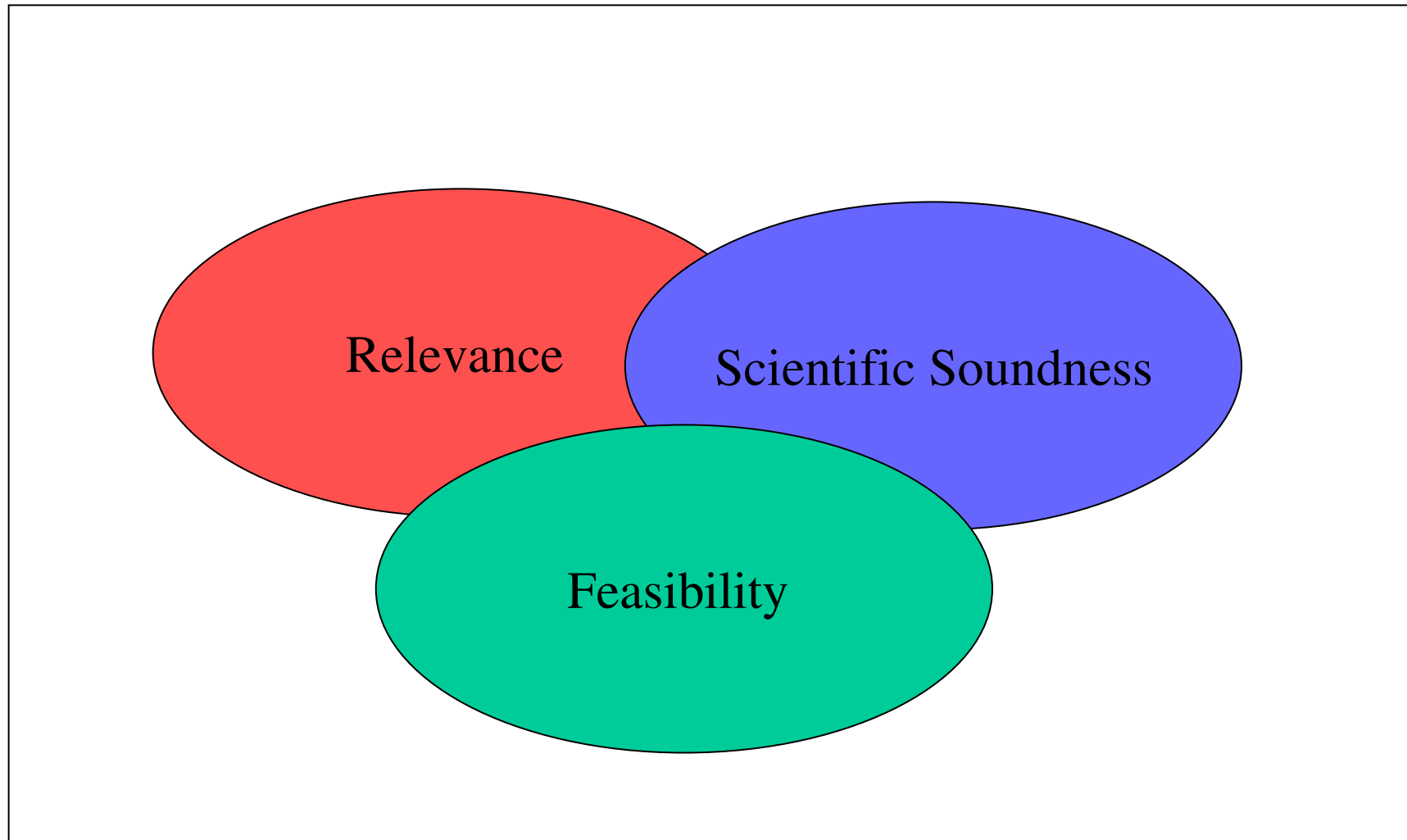
1x guideline authors (2 written rounds)

1x working group of 5 methodological experts (3 written rounds)

Lung cancer

working group of 18 guideline authors, interdisciplinary and with patient representative (1 written round, 1 conference)

Methodological Criteria-Categories of Quality Indicators



Which criteria were assessed ?

■ National Disease Management Guidelines

5 Criteria according to NDMG-Method (based on QUALIFY)

1. Importance for patients and health care system
 2. Consideration of potential risks / side effects of the indicator
 3. Clarity of definition
 4. Evidence and Consensus Basis of the Indicator (only strong recommendations)
 5. Indicator expression can be influenced by providers
- (Description of data availability)

■ Oncologic Guidelines

Breast cancer

2 Criteria according to modified RAND-UCLA method

1. Validity

- a. identifiable health benefits to patients
- b. health professionals with higher rate of adherence would be considered higher quality providers
- c. adequate scientific evidence or professional consensus
- d. majority of facts for adherence are under the control of provider

2. Feasibility

- a. Information likely to find in medical record
- b. medical record data are likely reliable and unbiased
- c. failure of information is a marker of poor quality

Reference values and Piloting

- **2 breast cancer guidelines** contain **reference values** for the respective quality indicators
 - Data is available from mammography screening and from annual audits of breast cancer centers

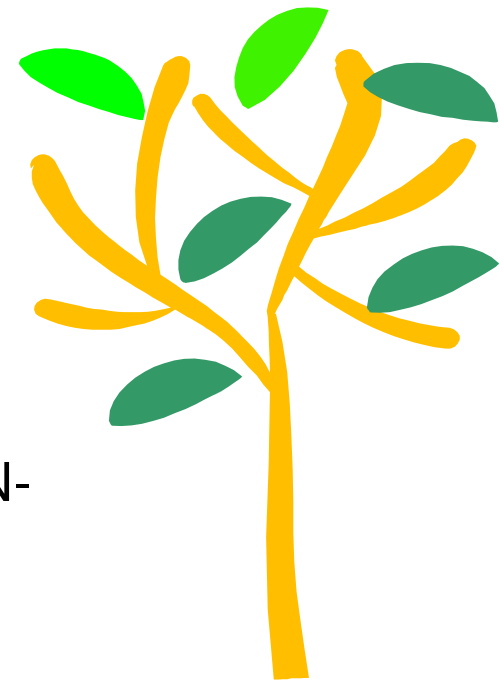
- **No** guideline group undertook **prospective „piloting“** of quality indicators itself
 - dermatologic guideline: retrospective validation with survey data
 - breast cancer guidelines: QI were considered by NIQA / cancer centers
 - lung cancer guideline: QI will be considered by cancer centers
 - NDMG chronic heart failure – data availability from existing documentation structure was verified with help of a university project (= *only 1 out of 9 indicators measurable*)

Analysis of QI development - Suggestions

- 👍 Choose strong recommendation with high level of evidence and/or strong formal consensus
- 👍 Assess QI by an interdisciplinary guideline working group with participation of patients and methodologists
- 👍 Assess a few key criteria of relevance (importance) and scientific soundness (clarity of definition/evidence-consensus base)
- 👍 Assess feasibility with respect to data if data for this condition is already collected. Otherwise describe feasibility
- 👍 Define reference values when data is available. Otherwise describe risk groups

QI development - perspectives

- Support QI development within all evidence-based guidelines
- Promote the use of a transparent standardized assessment method flexible with respect to feasibility
- Enhance collaboration with organizations/institutions responsible for documentation structures
- Collaborate internationally – developing a G-I-N-standard for QIs within Guidelines?!



Thank you for your attention!

