



Current Care

Developing quality indicators from clinical guideline recommendations - the Duodecim Current Care approach

Case study: Obesity

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No conflicts of interest





Current Care guidelines

- **Developed for 16 years in the auspices of the Finnish Medical Society Duodecim**
- **Public funding**
- **Guideline working groups:**
 - Max 10 persons
 - CC editor, a method expert
 - Multiprofessional, from different geographical areas
- **Updates every three years**
- **Open access (www.kaypahoito.fi)**
- **98 national EBM guidelines, 86 patient versions, slide series for 23 guidelines and 9 online courses**



1. Literature search

Research knowledge on each topic

- Working group with information specialist on guideline topic
- Literature review: national and international indicators on guideline topic

Obesity

- 84 evidence summaries with a statement
- Few indicators concerning bariatric surgery (*Maggard et al. 2006, Hutter et al. 2009*)
- NICE, QOF: The practice can produce a register of patients aged 16 and over with a BMI greater than or equal to 30 in the previous 15 months

Selection and operationalisation of indicators

Guideline working group and editor: What should be changed in clinical practices?

Editorial work:
Core issues of the guideline / high level recommendations



List of potential indicators

1. Description of indicators (and standard of care)
2. Planning the source of data for indicators

Selection and operationalisation of indicators

Obesity

Guideline working group and editor:

- Recognition of obesity, recording of BMI into the electronic patient record
- How and how often obesity is discussed
- What kind of treatment has been offered

Editorial work:

- 84 evidence summaries with a statement
- 7 core issues or statements which were measurable
- 12 indicators were described



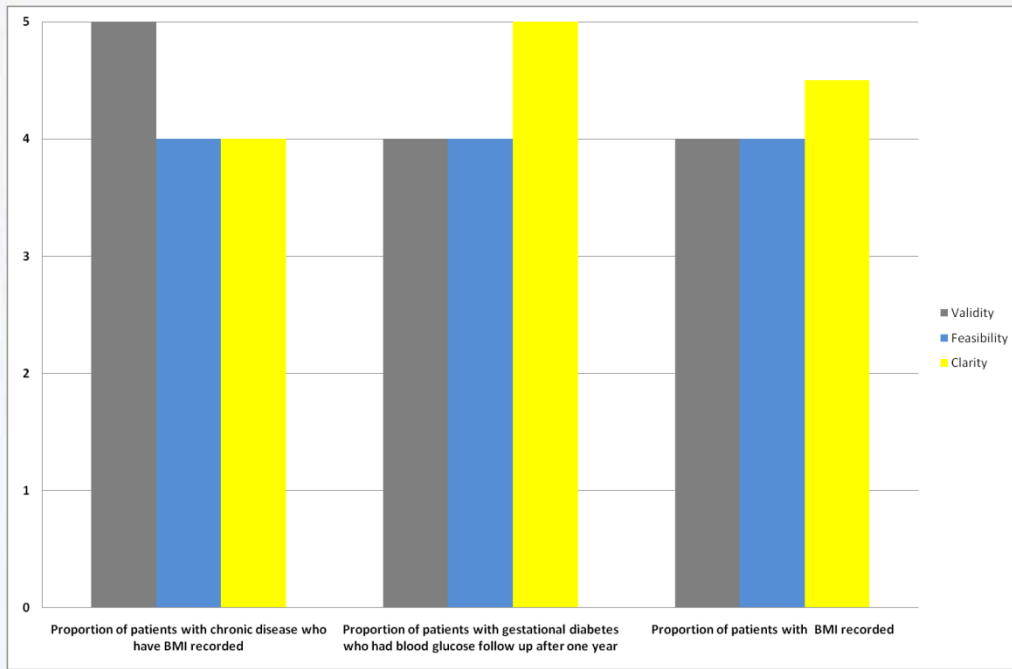
What should change in clinical practices?	Guideline recommendation (level of evidence) or core issue	Indicator concept 1. Structures 2. Process 3. Outcome	Patient group	Indicator	Possible source of data
Weight and height are not recorded systematically to electronic patient records	Weight can be categorized according to body mass index (BMI)	Process	Primary care, Adult patients who have visited a doctor or a nurse within last three years	The proportion of patients who have up-to-date BMI information in EPR	Audit Electronic patient records
Weight and height are not recorded systematically to electronic patient records for patients with chronic disease	Weight can be categorized according to body mass index (BMI) Obesity is related to risk of metabolic syndrome (A), T2 diabetes (A), coronary heart disease (A) and sleep apnea (A).	Process	Primary care, Adult patients with a chronic disease who have visited a doctor or a nurse within last two years	The proportion of patients who have up-to-date BMI information in EPR	Audit Electronic patient records, Electronic decision support



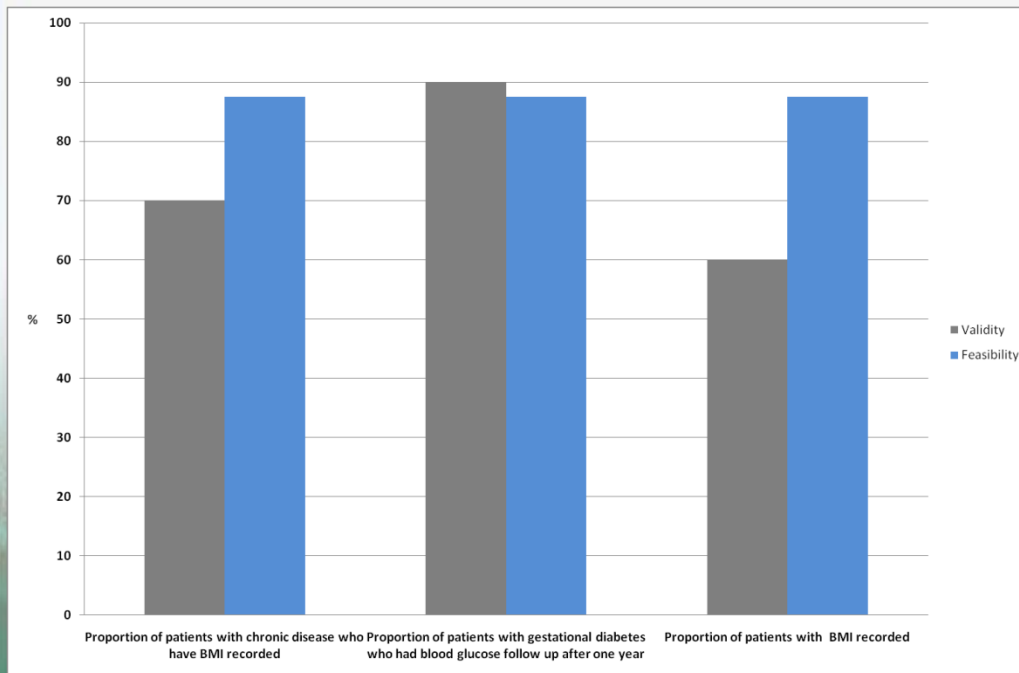
Prioritisation

An expert panel:

- Phase 1: A panel evaluates (electronic form) validity, feasibility and clarity of the potential indicators
 - literature review on national and international indicators, each indicator described, instructions and rating sheets
 - Likert scale 1-5
- Phase 2: Feedback on the results and face-to-face discussion and revision (if needed)
 - Median score calculated
 - Agreement: the proportion of panelists rating 4 or 5
- Phase 3: Selection of the best indicators (up to 5/ guideline)



Median score for validity, feasibility and clarity (Likert 1-5)



Degree of agreement = proportion of panel members scoring validity and feasibility as 4 or 5





Indicators

- **Proportion of adult patients with chronic disease who have BMI recorded (one disease group will be chosen)**
- **Proportion of patients with gestational diabetes who had blood glucose follow up after one year of giving birth**
- **Proportion of adult patients with BMI recorded**



Piloting

Piloting

- Registers: is there potential for change?
- Audit sheets tested by end users

Obesity

Audit of EPR

- 2 big, 2 medium size and 2 small health centers
- Aim: 24 GP-nurse pairs, 10 consecutive patients
- All who have had blood pressure measured:
proportion of patients having BMI recorded
- All who have had blood pressure measured: Mean BMI, distribution in different BMI categories
- All hypertensive (>140/85 mmHg) patients: proportion of patients having BMI recorded

Literature search

- Working group with information specialist on guideline topic
- Literature review: national and international indicators on guideline topic

Guideline working group and editor

What should be changed in clinical practices?

Editorial work

Core issues of the guideline / high level recommendations

Selection and operationalisation of indicators

1. List of potential indicators
2. Description of indicators (and standard of care)
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The expert panel

- **The Social Insurance Institution of Finland**
- **National Institute for Health and Welfare (representatives from 3 departments)**
- **The Association of Finnish Local and Regional Authorities**
- **FIMEA (Finnish Medicines Agency)**
- **Finnish Institute of Occupational Health**
- **Hospital districts**
- **EBMeDS (Electronic decision support)**
- **Conmedic oy (Quality network of health centers)**
- **PETTU-project**
- **Representatives from the guideline working group**