

# Living Guidelines Model

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## What is a Living Guideline?

Literature:

• *Living guidelines are documents presenting up-to-date and state-of-the-art knowledge to practitioners\**

ACCP Definition:

• *Living guidelines are systematically developed, evidence-based, and continually updated recommendations for the diagnosis and management of medical conditions. These guidelines are intended to inform both healthcare providers and patients make educated clinical decisions.*

\*Kaiser and Mikschb, *Artif Intell Med.* 2009 May ; 46(1): 55-66



## Early Global Experience

- Scottish Intercollegiate Guidelines Network (SIGN)
- New Zealand Guidelines Group (NZGG)

## ACCP Experience

- Previous process: Annual reviews of published guidelines
  - Sometimes leading to updates in whole or in part
  - Minimum of one year prior to commencement and 2-3 years of development
- July 2010 – March 2011: Living guideline process developed and approved
- 2011 – Begin living guideline development



## Sustainable Guidelines Model Task Force

### Stakeholders/Informants

*CHEST* journal editor and staff  
 Frontline clinicians/Guideline users  
 Guideline panel chairs  
 Business development staff  
 Leadership of ACCP Committees:  
     Practice Management  
     Education  
     Quality Improvement  
 2 implementation vendors  
 UpToDate



## Why we need a new model

ACCP guidelines:

- Important for clinical decision-making
- Broadly utilized within and beyond ACCP membership, internationally
- Generate prestige and awareness



## Why we need a new model

The current model for developing and disseminating guidelines is not sustainable and can be more useful for users

- Expensive to develop guidelines
- Even more expensive to print and ship them
- Historic funding sources (*eg.* industry) are evaporating
- Takes too long to update recommendations
- Users want current recommendations at the point of care in user-friendly medium



## The New Model

### Living guidelines:

- Yearly assessment for currency, prioritization for updates
- Paradigm shift: Targeted updates of PICOs or related PICOs (units for analysis rather than larger topics or chapters)
- Updates only for those recommendations that could potentially be impacted enough by new evidence to result in changes in direction or strength

Guidelines	# of Recs	# of Chapters
Larger ACCP guidelines only		
VTE (2012)	600	23
Lung Cancer (2007)	260	23
Cough (2006)	227	34

## The New Model

### Living guidelines (continued):

- Electronic publications, primarily
  - Print publications of single article-size manuscripts
  - Print publications for extensive updates or new guidelines, at the discretion of Editor-In-Chief, *CHEST*
  - Some publications will be electronic only
  - Same prestige and academic recognition as print publications
  - Discoverability will not be reduced
- Same intrinsic standards
- Same methodological rigor
- Same meticulous reviews

## The New Model

### E-Repository:

- Point-of-care access
- Highly searchable/navigable
- Most current recommendations
- Comprehensive set of clinical resources and tools
- Portal to other ACCP products and services
- Linkages to related non-ACCP content sources



### Timeline Task Responsible Parties

Timeline	Task	Responsible Parties
Month 1	Develop, revise, and finalize evidence questions	Content experts and methodologists
Months 2-3	Searches, identification of relevant articles	Both
Months 3-5	Assessment of study quality, data abstraction	Mostly methodologists with content experts consultations
Months 5-7	Evidence tables/profiles, manuscript drafts	Both
Month 8	Web conference: review recs and grading	Both
Month 9	Revisions, submission for reviews	Content experts
Months 10-11	NetWork, HSP, and Board reviews	Reviewers
Months 11-12	Revisions, round II HSP, Board, peer reviews	Content experts, reviewers
Months 13-14	Final approval, submission to journal	Board, reviewers, staff
Months 14-16	Publication prep, content development for e-repository	Journal staff, HSP staff, vendor
Month 16	Publication, updating e-repository	Journal, vendor



## Cost Comparisons

Estimated cost reductions under the living guideline model:

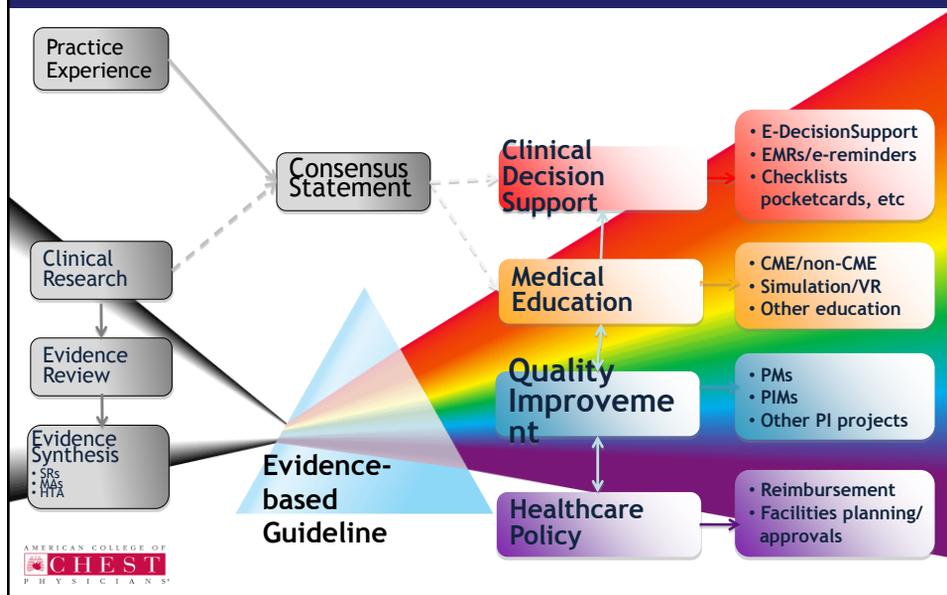
- Significantly less costs overall (reduced scope, in-house methodologists, Web meetings, less printed publications, less mailing)
- Not so much in indirect costs
- Greatest decrease for larger guidelines

Example guidelines	Savings (%) Under New Model	Cost (\$) per PICO
Antithrombotics	83	3627
Lung Cancer	55	5205
Cough	40	9715
PAH	53	11,401

To support the new model, the ACCP Board approved *a priori* funding for guideline development, maintenance, and derivative products (e-repository).



## Evidence-based Medicine Spectrum



# QUESTIONS?

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