E-GAPPS Conference: Menu of Breakout Sessions

Each of the 4 themes includes three breakout sessions related to that theme. These will be interactive sessions focused on specific skill sets pertinent to guideline development, dissemination and implementation. Plenary speakers will be encouraged to take part in these sessions.

 Please review the descriptions below and select one (and only one) breakout session for EACH of the 4 themes. The selection menu is to be found on the E-GAPPS conference registration page.

DAY ONE

THEME I From bench to trench: How evidence and guidelines shape health care policy and practice

THEME I BREAKOUT SESSIONS (10:30 am – 12:00 pm Monday, December11, 2012)

A. How can health care networks develop policy autonomy within an environment shaped by external mandates?
Marguerite Koster (Kaiser Permanente)
Joanne E. Schottinger (Southern California Permanente Medical Group)
Carla L. Cassidy (Veterans Health Affairs)
Cally Vinz (Institute for Clinical Systems Improvement)

Clinical practice and policy mandates from external government, legislative, regulatory, accreditation, performance measurement, medical specialty, and other organizations are increasingly limiting the autonomy of health care organizations to prioritize, develop and implement evidence-based clinical practice guidelines that are relevant to the needs of their patient populations. Through case examples, panel discussion and audience participation, this session will provide an insider's view of the ways in which guideline developers within large health care networks balance policy autonomy with external constraints.

B. How can professional medical associations implement best practices when developing guidelines and overcome obstacles?
Richard Rosenfeld (Guidelines-International-Network North America)
Peter Robertson (American Academy of Otolaryngology-Head and Neck Surgery)
Stephanie Jones (American Academy of Otolaryngology-Head and Neck Surgery)

This breakout session will introduce participants to methodology used by the American Academy of Otolaryngology – Head and Neck Surgery Foundation to develop multidisciplinary, evidence-based clinical practice guidelines in a time frame of 12 to 18 months from conception to publication. Emphasis is placed on best practices as outlined in the Institute of Medicine report on trustworthy guideline standards, including establishing transparency, managing conflict of interest, organizing the guideline development group, incorporating systematic reviews, articulating actionable recommendations, rating recommendation strength, and managing the external review and publication process. Ample time will be left for audience interaction, including questions and answers.

C. How are guidelines for health care policy to be reconciled with guidelines for clinical practice?
Louis Jacques (Center for Medicare and Medicaid Services)
Peter Bach (Memorial Sloan Kettering, NYC)
Patrick Conway (Center for Medicare and Medicaid Services)

This breakout session will consider the barriers to the simple crosswalking of clinical practice guidelines into implementable health care policy, including the impact of statutes and regulations. Emphasis will be placed on the potential advantages and disadvantages of precise versus flexible wording of clinical practice guidelines. Case examples will be used.

THEME II   Making clinical practice guidelines trustworthy?

THEME II BREAKOUT SESSIONS (3:00pm-4:30pm, Monday, December 11, 2012)

A. How to make guidelines actionable
Richard Rosenfeld (Guidelines-International-Network North America)
Richard Shiffman (Yale University Center for Medical Informatics)

This breakout session will introduce participants to the concepts underlying actionable guideline recommendations, as advocated in recent standards for trustworthy guidelines developed by the Institute of Medicine. Emphasis is placed on developing actionable recommendations supported by action statement (recommendation) profiles and amplifying text. Participants will create sample guideline action statements and recommendation profiles for a clinical practice guideline on upper respiratory infections using BRIDGE-WIZ, a software tool to aid guideline developers in developing clear, concise, and actionable statements.

B. How to develop pragmatic and trustworthy guidelines
Holger Schunemann (GRADE Working Group, McMaster University)
Marguerite Koster (Kaiser Permanente)

This session will describe approaches to guideline development in the face of time and/or resource constraints that meet the criteria for trustworthy guidelines. Tutors will present real life examples from guidelines and participants will conduct small group work using these examples.

C. How to incorporate consumers, including patients, in guideline development
Rebecca Burkholder (National Consumers League)
Barbara Warren (National Coalition for Lesbian, Gay, Bisexual and Transgender Health)
Terrie Cowley (TMJ Association)

This session will explore how to incorporate consumers and patients into the development of guidelines, and why it is critical to the development of trustworthy guidelines. Panelists will describe their experience as consumer and patient representatives on guideline development panels. Topics will include the importance of training consumers and patients to be effective participants in guideline panels, and the value their participation brings to the development process.

DAY TWO

THEME III   Minding the message: the senders, givers and users of guideline information

THEME III BREAKOUT SESSIONS (10:30 am – 12:00 pm Tuesday, December12, 2012)

A. How to successfully engage the press in guideline dissemination
Sharon Begley (Senior health & science correspondent, Reuters)
Shannon Brownlee (New America Foundation, Freelance Journalist)
Sandy Lewis (American College of Chest Physicians)

Through case histories of media coverage of guidelines, this session will explore how to best interact with the press to get your message across, what can go wrong, pitfalls to avoid, and tips for working with reporters. The presenters will start the session with some recent examples but attendees are encouraged to bring some of their own examples of positive and negative experiences of working with the media to promote their guidelines.

B. How to reconcile the consumer perspective with the patient advocate perspective
Kay Dickersin (US Cochrane Center, Johns Hopkins School of Public Health)
Carol Sakala (Childbirth Connection)
Otis Brawley (American Cancer Society)

The active involvement of patients in clinical practice guideline development raises questions. What is a patient? Is it a person who has the condition of interest? Does it matter how long ago? Could a patient be a person *at risk* for the condition and thus subject to screening tests and other concerns? Can "patients" include caregivers such as parents of children with a condition or caregivers of persons with disabilities. Are educated patient *advocates* the best persons to represent the patient perspective due to greater understanding of the science and breadth of perspective on patient experiences. Does a health professional who also has a health condition qualify as a patient representative? These and other questions will be addressed in this session.

C. How to close the gap between guidelines and clinical education
David Davis (Association of American Medical Colleges)
Susan Pingleton (University of Kansas Medical Center)

Recognizing that the truism 'guidelines don't implement themselves' applies almost universally in today's complex health care environment, this session will focus on the role of educational interventions in the implementation of clinical practice guidelines. It will address barriers to implementation and present a model from which a systematic intervention strategy can be developed. The model focuses on the development of a coherent set of educational strategies. A specific and successful example related to VTE prevention will be presented as a model for change.

THEME IV Making it happen: adapting, implementing, and tracking

THEME IV BREAKOUT SESSIONS (3:00pm-4:30pm, Tuesday, December 12, 2012)

A. How to plan for guideline implementation and sustainability
Eddy Lang (Alberta Health Services)
Ian Graham (University of Ottawa)
Peter Dayan (Columbia University Pediatrics)

Effectiveness of guidelines within organized healthcare settings requires active implementation strategies. This interactive workshop will provide a practical framework for the groundwork needed to achieve successful guideline implementation. Participants will contribute to the development of a guideline implementation plan. The integration of an established framework for sustained change, known as the Knowledge to Action Cycle will be introduced. Breakout groups address implementation issues including stakeholder engagement, environmental scanning, barrier identification, multifaceted targeted intervention development, impact metrics and sustainability.

B. How to facilitate effectiveness of decision support, informatics applications, use of EMR, measure development
Michael Cantor (New York University)
Wiley Chan – (Kaiser Permanente)
Peter Stetson (NewYork-Presbyterian Hospital)

This breakout will examine the role of Electronic Health Records (EHR's) and other informatics applications in facilitating the uptake of practice guidelines and the measurement of relevant outcomes . It will examine informatics-related issues in adapting guidelines for clinical decision support systems. The facilitators and participants will discuss lessons learned from implementing CDSS in practice settings. They will also discuss the technical, medical, and cultural challenges involved in adapting and implementing guidelines in EHR systems. The session will also examine the role of EHRs and related systems, such as clinical data warehouses, in measuring the effectiveness of clinical decision support via process and outcome measures. It will address "alert fatigue," preserving autonomy, and the importance of clinical decision support in the era of Meaningful Use.

C. How to overcome barriers to and maximize opportunities for collaboration between guideline developers

Amir Qaseem (American College of Physicians)
Craig Robbins (Kaiser Permanente)
Holger Schunemann (GRADE Working Group, McMaster University)

Clinicians, patients, and other stakeholders struggle with the volume and, at times, contradictory nature of clinical practice guidelines. Collaborative guideline development across organizations can address such issues. This session will describe approaches to collaborative guideline development and key components of collaboration that can be applied in your local settings. Participants will have an opportunity to share their experiences and ideas, and explore possible collaborative guideline development projects in areas of mutual interest.