Can Guidelines Protect From Overdiagnosis?

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• **Background:**
  rapid increase in publications of guidelines - perceived inflation, uncertainty about validity, duplication of efforts

• **Mission:**
  to lead, strengthen and support collaboration in guideline development, adaptation and implementation
Can Guidelines Protect From Overdiagnosis?
In Principle, Yes.
You only need to mind the steps.

- The topic chosen
- The group composed
- The methodology applied
- The health care system and target users addressed
- The factors driving and restraining implementation on the system and individual level
- The structures in place to network with in terms of implementation and evaluation
The Status Quo

- Clinical Practice Guidelines (CPGs) have been introduced to health care systems as tools to promote knowledge transfer, to assist individual decisions and thus to promote appropriate healthcare.

But

- CPGs in many areas do not achieve their intended goals, especially when it comes to the formulation and implementation of negative recommendations to prevent overdiagnosis and overtreatment.
The Status Quo

- Slow uptake of new research findings
- Specialist Bias
- Loss Aversion
- Peer Pressure
- Multiple barriers on the individual and system level
The human understanding draws everything else to be in harmony with, and to support, those things which once please it.

And, though it must be admitted that the force and the number of instances that occur to the contrary is greater, it either does not heed them or ... it distances itself from them...-and that not without great ...prejudice-

so that the authority of those previous beliefs remains inviolate.

*Francis Bacon 1645*
What we need to face

Attitudes once adopted and decisions once made are extremely resistant against change.

This applies when we address knowledge as well as attitudes and behaviour.
The Potentials

- International consensus about guideline methodology
- Implementation research is aligned with (Social) Psychology
- Opportunities for networking with other quality improvement initiatives do exist

agreetrust.org

iom.edu/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust.aspx

http://www.g-i-n.net/activities
The Potentials
Open access to methodological support:
The G-I-N McMaster Guideline Development Checklist

http://cebgrade.mcmaster.ca/guidecheck.html
The Potentials
Excursion to the German Guideline System

• ownership and responsibility lie with the profession: guidelines are developed by scientific medical societies

• support, coordination and quality assurance are provided by a national umbrella organisation: AWMF (Association of the Scientific Medical Societies currently representing 171 members)

• AWMF strives for networking with national quality initiatives to promote implementation and evaluation of guidelines

• AWMF is a founder member of G-I-N

www.awmf.org
Quality Assurance for Guidelines: the AWMF Guideline Register

Content:
≈ 700 guidelines developed by the Scientific Medical Societies

Minimal inclusion criteria, assessed by two independent reviewers:
- registration and public announcement of guideline projects under development to improve interdisciplinarity
- existence of a guideline report describing methodology to ensure transparency of the development process
- documented declaration and management of conflicts of interest
- up-to-datedness; outdated guidelines are deleted by AWMF

Online pdf in English available open access via

Yes, we can!
Some examples from the AWMF-Register

- Declaration of CoI is a fully implemented standard
- Of 753 CPGs published via the AWMF Register (as per November 2014)
  - 61% CPGs are not developed by a single society, alone (range: 2-56 societies/organisations involved)
  - >100 self-help patient/citizen organisations involved
  - 17.4% (131) CPGs meet the AGREE-criteria reg. (1) systematic review of the literature and (2) formal consensus with involvement of all relevant stakeholders,
  - 24.2% (182) CPGs meet the criteria for one of these two elements
Yes, we can!

Negative Recommendations

- Sample: 40 CPGs from the AWMF-Register
  - published 2006 - 2013, valid as per review date 11/2013
  - meeting AGREE criteria for systematic review of the literature and formal consensus with all rel. stakeholders

- Results:
  - 37 of 40 Guidelines provide negative recommendations
  - percentages range from 1,2 to 63,2 of all recommendations in a specific guideline
  - Top 2: Hormone Therapy, Unspecific Low Back Pain
  - the amount of negative recommendations is not dependent on the society/specialty but on the topic addressed

Analysis by Prof. Günter Ollenschläger, G-I-N Honorary Patron, Director Emeritus of the German Agency for Quality in Medicine, AQuMed, Personal Communication
Yes, We can!
Reducing Overuse through implementing Guideline based Performance Measures

DCIS: primary axillary dissection (definition until 2007: ...or papillary CIS)

Obligatory documentation, according to §37a Social Code Book
910 hospitals, 7,347 DCIS cases (2012)

Reference Range for DCIS since 2007: ≤ 5%

National Quality Reports, www.sqgg.de
Yes, We can!
Jointly Decide Wisely: an Initiative of AWMF and its Member Societies

- To address over-, under-, and misuse
- In areas, where CPG recommendations are not adequately implemented or missing
- To ensure trustworthiness of recommendations through the implementation of guidance and methodological criteria:
  1. clarity of the recommendation
  2. indications for under- over- or misuse
  3. quality of the evidence
  4. strength of the recommendation
  5. influencability of the topic/clinical problem addressed
  6. implementability of the recommendation (barriers/facilitators)
  7. Risk of unintended consequences associated with implementation
Concerted action to improve appropriate healthcare, driven by networking between the various quality initiatives initiated and led by the medical profession and patient/citizen representatives:
- Guidelines
- Performance Measures
- EBM/EBHC/HTA
- SDM
- Choosing Wisely / Preventing Overdiagnosis
...
Conclusion

- Justified criticism of existent guidelines should not lead us to discard the concept of CPGs
- CPG recommendations might still be the best, but not the only instrument we have to promote changes on the individual and the system level
- Any quality improvement initiative will need manuals and rules to ensure transparency and trustworthiness
- I have a dream: concerted action to improve appropriateness of healthcare as a joint effort of current initiatives