



Understanding Clinical Practice Guidelines: A Video Series Primer

November 2012



Health Council of Canada
Conseil canadien de la santé

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When designed and used properly, clinical practice guidelines (CPG) – evidence-based recommendations that help health care professionals make appropriate clinical decisions – can, and should, play an important role in the Canadian health care system. But despite the widespread existence of CPGs, there is a need for better understanding of their purpose and role in improving patient outcomes and health care system performance in Canada.

The Health Council of Canada has developed the accompanying four videos to offer an introduction to CPGs in the Canadian context through the eyes of those who design, disseminate, and use them.

These videos are meant to offer a range of audiences, including the general public, policy-makers, health care managers, and administrators, a greater insight into what CPGs are, how they are used, how they are disseminated and implemented, and what impact they can have.

Bringing attention to CPGs

The Health Council first reported on the importance and need for better integration of CPGs in clinical practice in a 2010 report (*Decisions, Decisions: Family Doctors as Gatekeepers to Prescription Drugs and Diagnostic Imaging in Canada*). In November 2011, the Health Council collaborated with the Canadian Medical Association on a national summit (*Canadian Clinical Practice Guidelines Summit – Towards a National Strategy*) to focus attention on CPGs at the policy level and develop a shared understanding of national priorities.

Governments have also been working together to bring greater attention to CPGs across Canada. The provincial and territorial premiers, through the Council of the Federation, identified CPGs as one of three priority areas of focus in health care and reported in July 2012 on the important role of CPGs in reducing variations in clinical care. A recommendation was made for the adoption of two CPGs by all jurisdictions as a starting point for more collaborative work across Canada: (i) C-CHANGE Guidelines for Cardiovascular Disease, and (ii) Registered Nurses' Association of Ontario Guidelines for the Assessment of Foot Ulcers for People with Diabetes.¹

1. The Council of the Federation. (2012). *From innovation to action: The first report of the Health Care Innovation Working Group*. Ottawa, ON: The Council of the Federation.

VIDEO 1

What are CPGs?



The first video provides an introduction to CPGs: what they are, who they are designed to help, and why patients, health care providers, and the health system as a whole should be interested in them.

In 1990, the US Institute of Medicine defined CPGs as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances.”² In 1992, Dr. Gordon Guyatt from McMaster University headed a working group on *evidence-based medicine*,

an approach to teaching and practicing medicine that emphasizes ongoing examination and evaluation of evidence from clinical research and incorporating it into practice.³ CPGs represent an evolution of this approach – they draw on the best available evidence and are supplemented with clinical expertise and patient preferences. In practice, CPGs can range from simple checklists to elaborate decision trees or diagnosis pathways, depending on the type of care, clinical condition, or patient population the guidelines are meant to support.

There are many benefits to CPGs. They enhance patient quality of care by promoting effective clinical interventions and discouraging ineffective practices. CPGs can also reduce practice variations by helping clinicians across the country to deliver the most evidence-informed care regardless of geography or clinical setting. In addition, CPGs provide standards for the appropriateness of care to which health care providers and health care systems can be held accountable. CPGs may also contribute to system efficiencies by providing clinicians with information on the most cost-effective practices available.

Helping patients make sense of CPGs

Although CPGs are intended for health care providers and are often written in language that reflects this, complementary information, such as information sheets and patient guides, is sometimes available to help patients better understand their care. Patients should expect that their health care providers will consider CPGs as part of the care they provide, but patients should also appreciate that there are many instances when providers will supplement CPG recommendations with their own clinical judgment and expertise to deliver care that is tailored to a patient’s specific needs. Patients should always be encouraged to discuss with their health care provider why certain decisions are made, what expectations they should have in managing their conditions, and what plain language support material is available to help them understand aspects of their care. In short, CPGs can offer a shared platform for both health care providers and patients to engage in discussion and understanding of care options.

2. Field, M. J., & Lohr K. N. (Eds.). (1990). *Clinical practice guidelines: Directions for a new program*. Washington, DC: National Academy Press.

3. Evidence-Based Medicine Working Group. (1992). Evidence-based medicine: A new approach to teaching the practice of medicine. *The Journal of the American Medical Association*, 268, 2420-2425. doi:10.1001/jama.1992.03490170092032

VIDEO 2**Challenges for CPGs**

In the second video, national experts and users of CPGs share their thoughts on the challenges and complexities that affect widespread usage of CPGs.

Health care providers are challenged to stay abreast of continuously emerging clinical research and, as a result, constantly evolving CPGs. Health care providers also must identify the most appropriate CPG from many that are available from a variety of sources. Some key concerns are that CPGs vary widely in terms of their design, the sophistication and rigour of their methodological development, the nature of input of experts and patients, and the influence of special interests. There needs to be repositories of high quality CPGs that clinicians can access efficiently.

It is also important to understand that **CPGs exist on a spectrum, from fairly absolute and specific guidance to more discretionary advice.** One challenge often faced by clinicians, particularly physicians, is that CPGs largely focus on a single disease, while many patients, particularly seniors, have multiple diseases. This requires clinicians to interpret how an individual patient's specific health relates to the often more general patient characteristics of the CPG, and to then decide on the care that is most appropriate for that patient. There are many instances when even well-developed guidelines are not applicable to a particular patient in a specific situation. CPGs provide a guide, but health care providers must use clinical judgment to interpret them and ensure the patient receives the best available, and most suitable, care.

In order for well-developed guidelines to be successfully disseminated and implemented, barriers that exist within the health care system or across organizations and regions need to be reduced. As a result of the chaotic and time-pressured environments in which clinicians work, many simply don't have the time to search for and synthesize current evidence and incorporate it into their clinical practice. This can limit clinician uptake of guidelines. Our health care system needs to determine the appropriate level of resources, training, and support required to improve clinicians' access to and use of CPGs. This in turn will allow clinicians to be held accountable for using CPGs to assist in clinical decision-making. There needs to be trustworthy and credible repositories for CPGs that clinicians can access efficiently to keep up-to-date.

VIDEO 3

Integration of CPGs at the System Level



An overarching challenge for health system decision-makers is how best to integrate CPGs into different aspects of the health care system. The third video profiles Canadian organizations or groups that have garnered recognition for their system-level approaches to developing and/or using CPGs to improve the quality of care in Canada.

Canadian Taskforce on Preventive Health Care *canadiantaskforce.ca*

The Canadian Taskforce on Preventive Health Care (CTFPHC) is internationally renowned for producing guidelines for primary health care providers based on rigorous, high-quality methods. The Taskforce, composed of primary care, prevention, and methodological experts uses a structured approach to evaluate evidence and develop recommendations. In an effort to improve uptake of their CPGs, an evidence-based knowledge translation strategy is included in the development process.

Canadian Stroke Strategy *strokebestpractices.ca*

The Canadian Stroke Strategy is an example of CPG implementation at the national level. In 2006, the Canadian Stroke Network and the Heart and Stroke Foundation partnered to harmonize the different guidelines being used for stroke care across the country. An important part of the Canadian Stroke Strategy is to link evidence-based guidelines with national-level performance indicators to compare the quality of stroke care across Canada. This information is made publicly available and helps to improve the uptake of guidelines, ensure accountability for their use, and drive systems change. This strategy has been successful thanks to national-level commitment, inter-professional participation, funding, and coordination, all of which have led to common guidelines and performance measures across the country.

Cancer Care Ontario *cancercare.on.ca/toolbox/qualityguidelines*

Ontario's provincial cancer agency, Cancer Care Ontario (CCO), has a system in place that integrates CPGs across the continuum of care to drive its quality improvement agenda. CCO's internationally recognized Program in Evidence-Based Care (PEBC) has a long history of guideline development and implementation across the province. It brings together a wide range of stakeholders representing clinical specialties, health care managers and administrators, methodologists, and patients. CCO integrates CPGs across key components of the cancer care system, emphasizing evidence-based guidance in its approaches to multidisciplinary

care, new and/or expensive medication approval processes, and performance measurement and management.

Registered Nurses' Association of Ontario Best Practice Guidelines *rnao.ca/bpg/guidelines*

The Registered Nurses' Association of Ontario's (RNAO) Best Practice Guidelines Program is a leading guideline development and dissemination program that has been successfully adopted throughout the country and internationally. The RNAO actively supports the integration of its guidelines into clinical practice and designates Best Practice Spotlight Organizations (BPSO) based on the organization's ability to successfully implement guidelines, sustain best practices, and evaluate the outcomes. There are now over 298 BPSO's (80% in Ontario, 15% in the rest of Canada, and 5% around the world). The RNAO supports organizations through champion programs and coaching teams to successfully implement guidelines and this serves as a model for other organizations to follow.

VIDEO 4

Opportunities and Future Considerations for CPGs



The final video looks at where efforts are needed to realize the benefits of CPGs on improving patient outcomes and health care system performance in Canada.

Multi-morbidity

There are many calls for dedicated research and a holistic approach to managing patients with more than one disease (multi-morbidity). The challenge for developing multi-morbidity guidelines is that they involve the added complexities of chronic diseases with multiple treatment and medication options that are often not supported by robust evidence. Patients with multiple chronic conditions and in particular the very elderly population, the most likely age group to have multi-morbidities, are often excluded from research studies. The lack of research and evidence for the care of older adults and/or those with multiple morbidities makes CPGs less useful for these important populations.

There is an increasing recognition of the need to support research that focuses on multi-morbidity care, but with funding often linked to specific diseases or conditions, this presents challenges.

Electronic clinical environment

Guidelines can be lengthy and detailed. To be truly useful, they must be written in a way that is easily incorporated into a clinician's natural workflow. An electronic clinical environment with point of care tools that offer reminders of guideline recommendations can facilitate clinicians' use of CPGs. These tools, which are being used more and more, adapt CPGs at the doctor's office or patient's bedside and, as a result, help improve the quality, appropriateness, and safety of patient care. For example, clinical order sets are step-by-step evidence-based checklists that are developed from guidelines for incorporation into an electronic health record or order-entry system. They help to optimize patient safety and assist physicians in navigating through an often-complicated sequence of treatment plans, options, tests, and medications.

Measuring effectiveness

Many of the successful system level approaches to using and implementing CPGs illustrate that measuring their effectiveness is important to increasing uptake. The collection of data on usage of CPGs and the resulting impact on health outcomes illustrate the value of these guidelines and provide an opportunity to identify strengths and address weaknesses. Health care managers need to understand the impact of CPGs in managing their clinics so they can provide consistent and appropriate resources, as well as measure the effect of CPGs on health outcomes and system performance indicators.

Patient engagement

Patient participation in both the development of CPGs and their use will lead to improved quality of care. The evidence that is used to inform CPGs largely does not include a strong patient participation component. Patients can provide important information on social circumstance, values, and preferences that need to be incorporated into the research on which CPG recommendations are based. Patients and patient representatives can provide important perspectives on their illnesses and their impact on daily life which can impact on the clinical decision. By involving patients systematically in CPG development, the health system, health care providers, and patients will all benefit.

National standards

In the absence of national standards on how guidelines should be developed or which ones should be used, health care providers are often tasked with selecting from many. The benefits of national leadership in making CPGs available to health care providers have been seen in countries such as the United Kingdom and New Zealand. Current government efforts in Canada, like those of the Council of the Federation, are beginning to focus attention on the need for greater coordination, collaboration and accountability. The Health Council of Canada encourages greater efforts among health care leaders and researchers to pool and share Canada's collective knowledge and expertise on CPGs and to avoid redundancies and increase standardization of practices.

CONCLUSION

This series of four videos is part of the Health Council of Canada's efforts to raise awareness of CPGs and their importance in health care in Canada. CPGs are constantly evolving and require a coordinated and collaborative effort by researchers, decision-makers and health care providers across the country. We recognize that there are many complexities and challenges to using these guidelines in clinical practice. However, CPGs hold significant promise for improving the health of Canadians. The Canadian experts featured in this video series shed light on what CPGs are and how appropriately designed, disseminated, and implemented CPGs offer the potential to positively impact quality of care.

Experts Featured in the Video Series



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Michael Moffatt
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About the Health Council of Canada

Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on innovative practices across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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