

# Guidelines: the role

- *Description*
  - Evidence-based
  - Consensus document
  - Input from relevant professional organizations
- *Use*
  - Assist physicians in clinical decision making for most patients in most circumstances
  - Provide the underpinnings for quality improvement activities
- *Audience*
  - Health care providers caring for patients with problem being addressed

# Challenging the guidelines

- Why should we produce them?
- Whom should they target?
- Who should produce them?
- When should they be updated?
- How should they be implemented?

# WHY: Do we need guidelines?

'FRIGHTENING' GAPS IN ADHERENCE

## Acute MI Mortality Is 40% Lower In Hospitals That Follow Guidelines

CHICAGO — Acute MI mortality is far lower in hospitals that excel at following treatment guidelines, Dr. Eric D. Peterson reported at the annual scientific sessions of the American Heart Association.

Researchers used National Registry of Myocardial Infarction data to analyze over 257,000 acute MIs at more than 1,200 U.S. hospitals from June 2000 to June 2002. They correlated outcomes with hospital adherence to quality of care indicators.

When the hospitals were grouped in quartiles based upon adherence to 15

presence of an on-site interventional cardiology facility, investigators determined that for every 10% higher a hospital's level of adherence to the AHA/ACC guidelines, the chances of an MI patient dying during hospitalization declined by about 12%.

"The most frightening thing was the variation in quality," noted Dr. Peterson, director of cardiovascular outcomes and quality at the Duke Clinical Research Institute. For example, 82% of MI patients in hospitals in the top quartile received a  $\beta$ -blocker with-

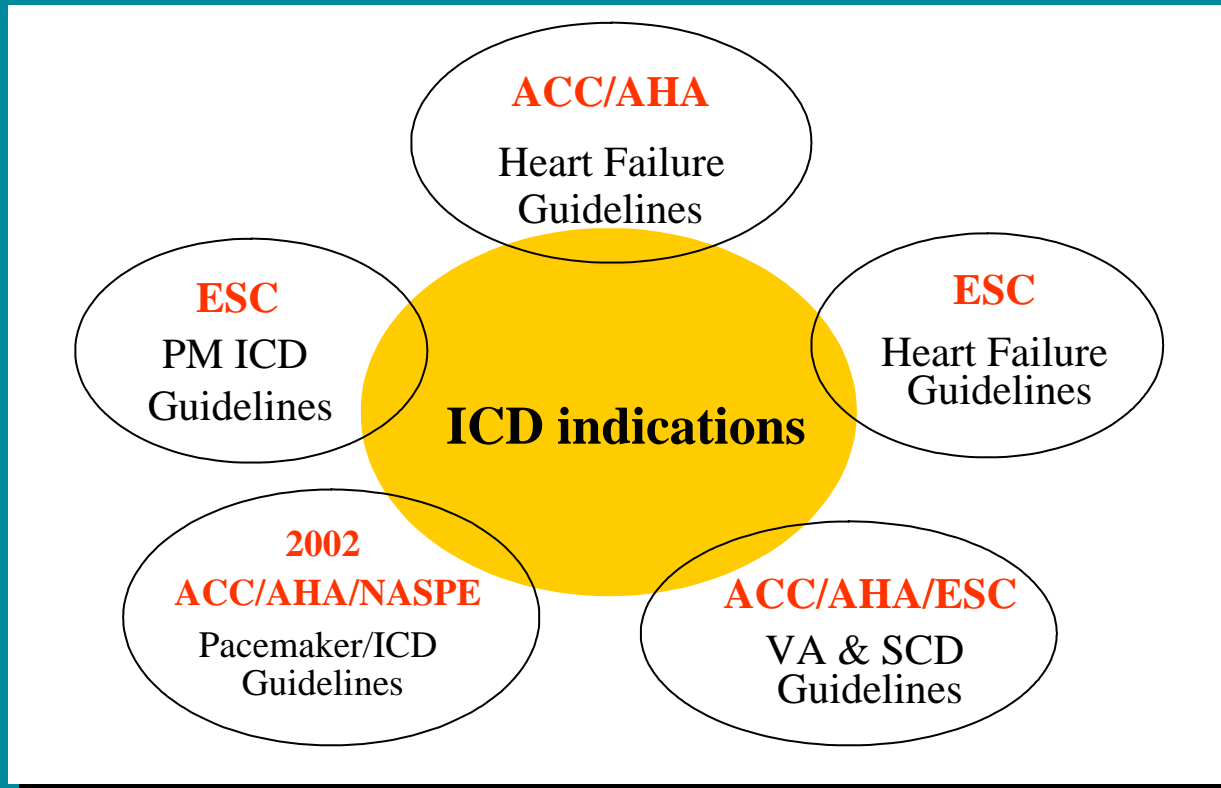


**But....**

**..too many guidelines may  
create confusion!**

**Pile of 855 guidelines in  
General practices in the  
Cambridge and Huntingdon  
Health Authority**

# So many overlapping Guidelines!



# Consistency among different guidelines

- Several organizations are involved in the production of Guidelines
- Despite they are based on “evidence” from trials, a substantial discrepancy may be present in different documents.
- Inconsistency creates a major challenge for implementation.

# Partnership of scientific societies

- Partnership of scientific organization is a good approach to reduce redundancy and inconsistency.
- For example the guidelines on prevention of CVD coordinated by ESC are developed by 9 different scientific bodies.
- Enlarging the platform of experts allows for broader consensus.

# The challenge of the moving target

- Clinical trials are continuously organized to fill gaps in our knowledge..
- The bar for optimal management is continuously raised....
- *Cost issues are pressing*
- *Practice is lagging behind*

# To Update or not to update?

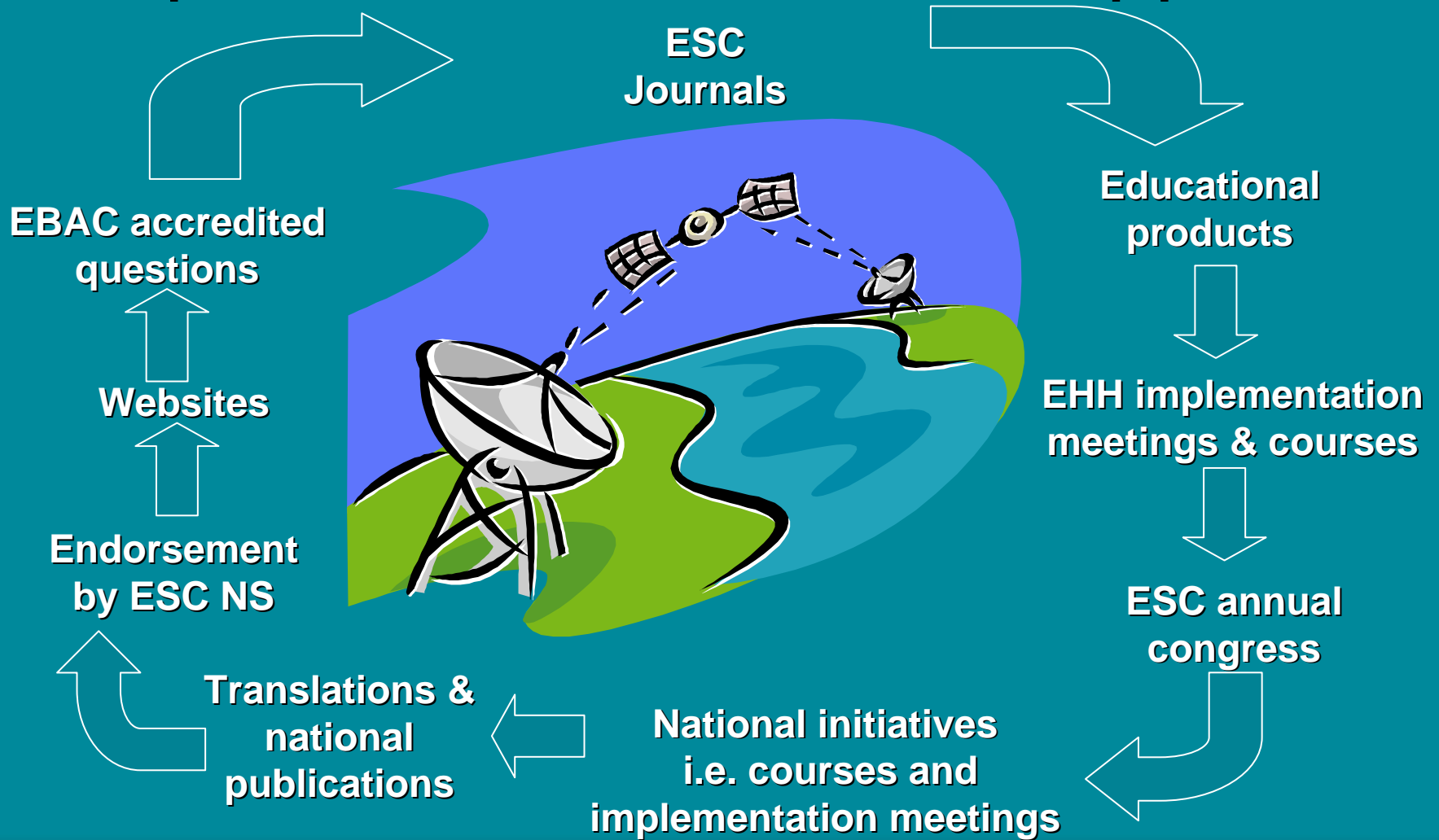


- It is challenging to decide when guidelines should be updated after publication of new trials.
- Too early may provide inconsistent messages...too often may impair changes in practice.

# The challenge of Implementation

- It is easier to produce a consensus document than to change clinical practice.
- The implementation of guidelines is a necessary but complex task that requires substantial dissemination and educational efforts within the profession.

# Implementation: the ESC approach



# Key steps in the production of ESC guidelines and derivatives



3-4 TF meetings over approximately 2 years



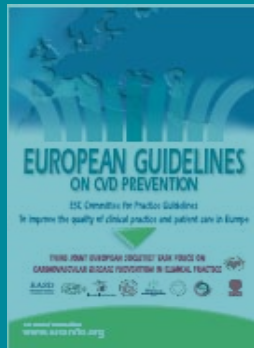
2-5 months review process



CPG approval



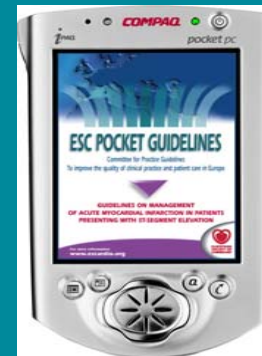
2-3 months publication phase



Full text & executive summary



Pocket guidelines



PDA version



Educational slide sets

## Άρθρο Κατευθυντήριων Οδηγιών



### Κατευθυντήριες Οδηγίες για την Αντιμετώπιση (Διάγνωση και Θεραπεία) της Συγκοπής Αναθεώρηση 2004 - Συνοπτική Έκδοση Ομάδα Εργασίας για τη Συγκοπή, Ευρωπαϊκή Καρδιολογική Εταιρεία

Μέλη Ομάδας Εργασίας: Michele Brignole, Πρόεδρος (Ιταλία), Paolo Alboni (Ιταλία), David G. Benditt (ΗΠΑ), Lennart Bergfeldt (Σουηδία), Jean-Jacques Blanc (Γαλλία), Paul Erik Bloch Thomsen (Δανία), J. Gert van Dijk (Ολλανδία), Adam Fitzpatrick (Μεγ. Βρετανία), Stefan Hohnloser (Γερμανία), Jean Janousek (Τσεχία), Wishwa Kapoor (ΗΠΑ), Rose Anne Kenny (Μεγ. Βρετανία), Piotr Kulakowski (Πολωνία), Giulio Masotti (Ιταλία), Angel Moya (Ισπανία), Antonio Raviele (Ιταλία), Richard Sutton (Μεγ. Βρετανία), Γεώργιος Θεοδωράκης (Ελλάδα), Andrea Ungar (Ιταλία), Woutr Wieling (Ολλανδία).

## Translations of ESC Guidelines

### Documento de Consenso de Expertos sobre el uso de agentes antiplaquetarios

Grupo de Trabajo sobre el uso de agentes antiplaquetarios en pacientes con enfermedad cardiovascular aterosclerótica de la Sociedad Europea de Cardiología

Carlo Patrono\* (Coordinador) (Italia), Fedor Bachmann (Suiza), Colin Baigent (Reino Unido), Christopher Bode (Alemania), Raffaele De Caterina (Italia), Bernard Charbonnier (Francia), Desmond Fitzgerald (Irlanda), Jack Hirsh (Canadá), Steen Husted (Dinamarca), Jan Kvasnicka (República Checa), Gilles Montalescot (Francia), Luis Alberto García Rodríguez (España), Freek Verheugt (Países Bajos), Jozef Vermeylen (Bélgica) y Lars Wallentin (Suecia)

Comité de la ESC para la elaboración de Guías de Práctica Clínica (GPC), Silvia G. Priori (Presidente) (Italia), María Ángeles Alonso García (España), Jean-Jacques Blanc (Francia), Andrzej Budaj (Polonia), Martin Cowie (Reino Unido), Veronica Dean (Francia), Jaap Deckers (Países Bajos), Enrique Fernández Burgos (España), John Lekakis (Grecia), Bertil Lindahl (Suecia), Gianfranco Mazzotta (Italia), João Morais (Portugal), Ali Oto (Turquía) y Otto A. Smiseth (Noruega)

Revisores del documento, João Morais (Coordinador de revisión de GPC) (Portugal), Jaap Deckers (Países Bajos), Rafael Ferreira (Portugal), Gianfranco Mazzotta (Italia), Philippe-Gabriel Steg (Francia), Frederico Teixeira (Portugal), Robert Wilcox (Reino Unido)

Con permiso de *The European Society of Cardiology (ESC)*.

Rev Esp Cardiol 2004;57(10):963-80

# Key steps for implementation

Awareness

Performance  
measurement

Partnership of  
Stakeholders

Budget to support  
adoption of guidelines

Awareness of guidelines



Continuous education

- OLs should actively promote formal endorsement of ESC Guidelines by their National Societies.
- **This step includes:**
  - Publication in the National Journal
  - Translation/Annotation of document and pocket versions (where needed)
  - Organization of events on different targets (cardiologists in training, CME for cardiologists, National Cardiology annual meeting, meetings to GPs and other specialists...)

Performance  
measurement



Establishment of  
registries

- OLs may play a key role in promoting assessment of the “level of care” in their country.
- Quantifying the lag between actual practice and recommended EB practice is a strong incentive to promote changes and provides arguments for discussion with authorities.

Partnership of Stakeholders



Permanent TFs

- Scientific Societies, Industries, allied professionals, foundations (patients) and health authorities should partner in promoting dissemination and education on guidelines.
- A “broader vision” of the concept of “target” audience should be applied.
- Communication to patients and Regulatory/health authorities should be prioritized. Industry has a trans-national organization that can be helpful in the dissemination of scientific statements.

Budget to support adoption of guidelines



Interaction with health authorities

- Implementation of guidelines requires that resources are made available to physicians willing to comply with guidelines.
- A major involvement of OLs in establishing contact with national health authorities would be pivotal.

- **How to improve implementation of Guidelines**

Awareness of guidelines



Continuous education

Performance measurement



Establishment of registries

Partnership of stakeholders



Joint Working Groups

Budget to support adoption of guidelines



Interaction with health authorities?

# Conclusions

- **Guidelines represent a very important step in the assessment of the clinical relevance of trials and improve the quality of care.**
- **Synergy among stakeholders is needed to create consistency among different guidelines.**
- **The scientific community is responsible for dissemination of guidelines to reduce the gap between “research” and “practice”.**
- **Health authorities and patients groups should be actively involved in the process.**