



ISTAHC BERLIN 2002

CPG 's GUIDELINES

ANAES - 8th June 2002

Dr Patrice Dosquet
Head of Service of Health and
Clinical Practice Recommendations

Dr Jacques Orvain
Director of the Department of Evaluation

Dr James Goldberg, MD, PhD
Director of International Relations



ISTAHC BERLIN 2002

A

N

The French National Agency
of Accreditation and Evaluation

A

E in Health

S



ISTAHC BERLIN 2002

General Policy issues of updating Clinical Practice Guidelines and HTA Reports ... publications in health and in health sciences:

- How can we best define the need to update?



- What is the appropriate time interval after which a publication (guideline, HTA Report) or assessment should be reviewed?



- How can we best determine the interim monitoring criteria or indicators for updating?



ISTAHC BERLIN 2002



- How is it determined that a guideline needs to be revised or updated; what oversight is needed?
- What process should be used to review published guidelines?
- Should supplements be issued or should the entire guideline be revised, and how should the revised guideline be promulgated?
- What communication resources should be used for example: informatics, internet and in telecommunications.



INTERVAL FOR REVIEW OF GUIDELINES

Recommendations n° 1

- All published practice guidelines and technology assessments that directly impact the health and care of patients should be reviewed on a regular schedule by a systematic process and revised or withdrawn as necessary



INTERIM MONITORING OF GUIDELINES

Recommendations n° 2

- All published practice guidelines and technology assessments should be fully reviewed for timeliness and accuracy of data, literature review and recommendations at least every five years, and withdrawn or revised as indicate.



INTERIM MONITORING OF GUIDELINES

Recommendations n° 2

(continued)

- Exceptional developments between scheduled reviews should always prompt immediate revision of the guideline.



EXPERT OVERSIGHT CAPABILITY

Recommendations n° 3

- The central organisation producing new guidelines should maintain the technical capability to conduct continuous literature review of the knowledge domains that support each of its published guidelines during the interval between formal reviews.



PROCESS FOR GUIDELINE REVIEW

Recommendations n° 4

- The central organisation should maintain ongoing access to expert opinion in the file of each of its current guidelines. Such experts would provide oversight and judgment of ongoing literature review and be knowledgeable of advances in the field.



PROCESS FOR GUIDELINE REVIEW

Recommendations n° 4

(continued)

- Such expertise might be found in full time staff, or a subcommittee of the original guideline advisory committee could be kept in place during the succeeding five years.



PROCESS FOR GUIDELINE REVIEW

Recommendations n° 5

- The formal, periodic guideline revision process, like the original process, should incorporate consultation with those social and political entities whose approval will promote acceptance and use of the recommendations in the guideline.



PROCESS FOR GUIDELINE REVIEW

Recommendations n° 6

- All practice guidelines, consensus statements and technology assessments issued by the national government, and, if possible, any private sector guidelines, should be centrally indexed.



PROCESS FOR GUIDELINE REVIEW

Recommendations n° 6

(continued)

- The index should be frequently updated and readily available to the user community (e.g., on internet) any revisions or updates to active guidelines should lead to re-publication of the guideline in its entirety.



ANDEM-ANAES STUDIES

GUIDELINES/MEDICAL REFERENCES & CONSENSUS CONFERENCES PROGRAM

Since 1990 the articles of ANDEM and then ANAES are :

- 16 Methodologic guides
- 163 Professional Recommendations Programs
- 61 Consensus Conferences organized or labelled
- 58 Technologic Evaluation Studies



ANDEM-ANAES STUDIES

GUIDELINES/MEDICAL REFERENCES & CONSENSUS CONFERENCES PROGRAM

- 24 guides of Professional practice Evaluation in Healthcare Organizations
- 1 prevention guide
- 4 accreditation guides



ISTAHC BERLIN 2002

ANDEM/ANAES Context

- Since 1990, ANDEM and then ANAES organized and produced

- 150 CPG (CPG and Medical References)



- 40 Consensus conference

- **UPDATING :**

- **1. ANAES initiative**

- **2. AFSSAPS initiative (drug prescription CGPs)**

- **30 CPG or Consensus conferences organized by academic societies and labelled by ANAES**

- **INITIATIVE FOR UPDATING : Academic societies initiative**



ISTAHC BERLIN 2002



WHY?

WHEN?

HOW?



ISTAHC BERLIN 2002

WHY?



- **New available intervention(s)**
- **New results about existing intervention**
- **New results about practice**
- **New economic context**
- **New reglementation**



ISTAHC BERLIN 2002

WHEN?

- **What is the optimal time interval?**

- ↙ → **Empirical determination: 5 years (NGC)**
- **Each 3 years (Shekelle JAMA 2001; 286 : 146-1)**

- **What precision of the review?**

- **Prescheduled review: might be inappropriate**
- **Regular assessment**



ISTAHC BERLIN 2002

WHEN?

- ANAES developed in 2000 formal methodes for updating simultaneously
 - ➔ **Prospective approach**
 - ➔ **Retrospective approach**



ISTAHC BERLIN 2002

PROSPECTIVE APPROACH - 2001

Concerns only 2 CPGs

- Involving 4 to 6 Experts of the writing or reading groups
- In charge an alert policy and a literature review policy
- The prospective approach has been suspended: the difficulties of the process experts and data bank and difficulties of experts advice without justification from literature



ISTAHC BERLIN 2002

PROSPECTIVE APPROACH - 2001

- **Suspended because of lack of involvement of experts, management of data bank**
- **Expert advice without justification from the literature**



ISTAHC BERLIN 2002

RETROSPECTIVE APPROACH

- Concern 55 CPGs (oldest 6 years)
- All the members of working group (CPGs)
- 721 healthcare professionals received a Mail Survey
- Median size of the groups : 13 members
- Median response rate : 36 %



ISTAHC BERLIN 2002

RETROSPECTIVE APPROACH

- Professional were asked to rate the guideline into 4 categories :
- I. The guideline is obsolete
- II. Some parts of the guidelines is obsolete
- III. The guideline has just to be completed
- IV. No modification requested
- Each reviewer has the possibility to add comments and give his opinion on each element of the guideline



SUMMARY OF ACTIONS: UPDATING 1999-2000-2001

→ **The retrospective updating procedure has been experienced on all the CPGs (1994-1999 n=20)**

→ **The prospective updating procedure is being evaluating on 2 CPGs (2000)**

Biology diagnosis of HIV infection in patients older than 18 months.

The monitoring of patients with type 2 diabetes, excluding the monitoring of complications



ISTAHC BERLIN 2002

RESULTS

- 1 CPG was Rated Obsolete
- 41 CPG (74%) were rated by majority of Expert Reviewers as III or IV
- CPG's rated II often were without references



ISTAHC BERLIN 2002

Conclusions

- Official Educational and Professional training Programs for Doctors, Nurses, Paramedical and Health Professionals: Local, National and International
- Human Financial Resources
- Integration with Quality Science Programs
- Communication Resources: Informatics and Telemedicine or Telehealth