

# Clinical Practice Guidelines

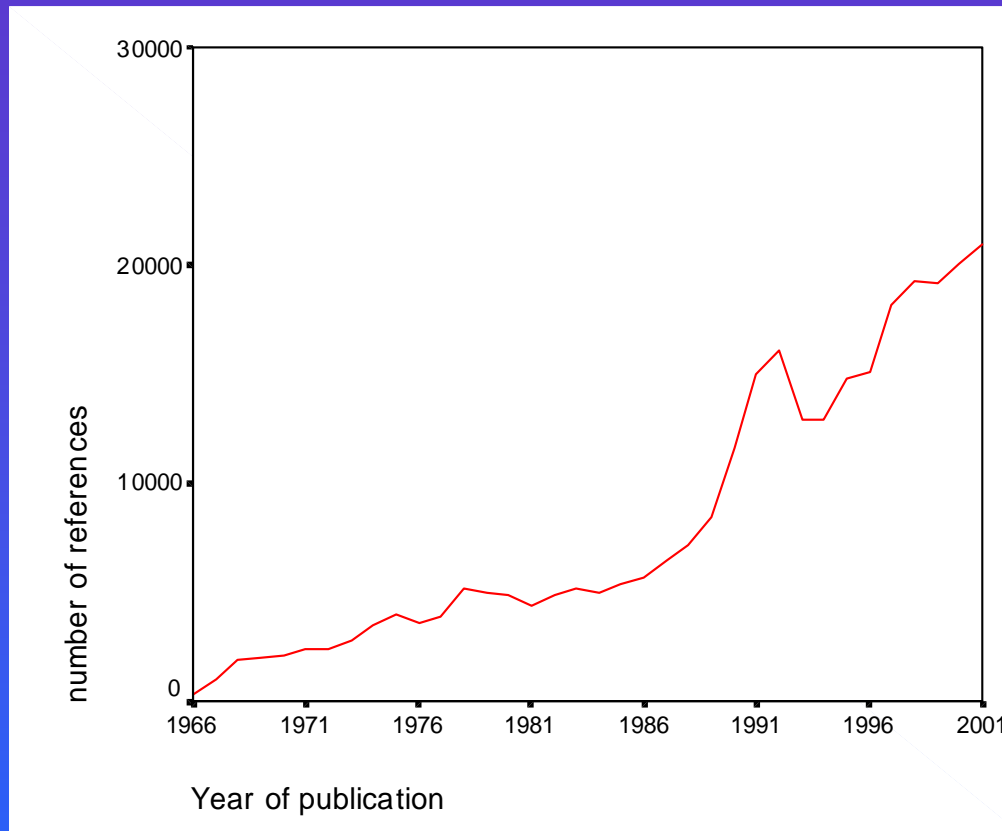
- Helpful aids of paradigm shift? -

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- What are CPG's?
- Who wants CPG's when and why?

*Systematically developed statements  
to assist practitioner and patient  
decisions about appropriate health  
care for specific clinical circumstances.*

IOM 1992



A number of references in MEDLINE according to year of publications using MESH term “guidelines or practice guidelines”

# Three generations of practice guidelines

- based on consensus conferences
- based on EBM
- based on EBM and CEA

# Reasons for CPP development

- professional (*professionalization*)
- manager (*planning and control*)
- financier (*efficiency, cost control*)
- government (*accountability, priority setting regulated markets*)
- patient / citizen (*empowerment, transparency, consumer choice*)

# The potential use of formalized EBM/CEA based statements for patient/physician decision making

- in bridging the research/practice gap (*is there a difference between efficacy and effectiveness?*)
- in clinical decision making (*personalizing the decision tree*)
- in structuring and monitoring clinical working processes (*from decision making to flow-charts and formalization of tasks and responsibilities*)
- in accountability (*do GPG's create trust?*)
- in priority setting (*can justice be done?*)

# Containing the CPG epidemic

- standardization of methodology (AGREE)
- differentiation in functions/contextualisation
- differentiation in tools (i.e. indicators)
- building guidelines in quality systems
- application of principles of knowledge management and learning systems in health care
- balancing scientization and societalization with individual values