

clinical practice guideline implementation. Key implications include the need to (1) embed guidelines in broader efforts to reorganise and redesign care delivery, including team-based multi-disciplinary care, (2) expand efforts to integrate guideline recommendations in health information technology applications targeting consumers and other stakeholders, in addition to clinicians, and (3) better coordinate and integrate guidelines within clinical policies, quality and performance monitoring schemes and technical assistance and quality improvement initiatives. Additional trends in healthcare technologies and delivery practices have implications for guideline development processes and guideline attributes, in addition to guideline implementation. These include growing interest in personalised medicine and patient-centred care, the emergence of “big data” and associated opportunities to develop new forms of evidence-based guidance for clinical decisions, and continued developments in clinical research methods such as observational designs for comparative effectiveness research, “N of 1” trials and others. The presentation will touch briefly on these developments as well, and discuss their implications for the future of clinical practice guidelines as a foundation for evidence-based clinical decision making and quality improvement.

## PANEL SESSIONS AND INTERACTIVE WORKSHOPS

### 032PS ASKING THE RIGHT QUESTIONS: EFFECTIVE PARTNERSHIPS BETWEEN GUIDELINE GROUPS AND SYSTEMATIC REVIEW GROUPS

<sup>1</sup>S Chang, <sup>2,3</sup>P Shekelle, <sup>4</sup>D Buckley, <sup>5</sup>J Melnikow. <sup>1</sup>Agency for Healthcare Research and Quality, Rockville, USA; <sup>2</sup>RAND Corporation, Los Angeles, USA; <sup>3</sup>University of California, Los Angeles, USA; <sup>4</sup>Oregon Health and Science University, Portland, USA; <sup>5</sup>Center For Healthcare Policy and Research, UC Davis Medical Center, California, USA

10:1136/bmjqs-2013-002293.15

Guideline groups increasingly are seeking to leverage the value of independent systematic reviews. Compared with less formal approaches, systematic reviews are less likely to introduce bias. Such reviews require a pre-planned and structured process, in which the key questions clearly and precisely reflect the evidence needs of the guideline. Designing and conducting systematic reviews to support guideline development requires coordination and communication between guideline committees and systematic review investigators. This panel session is geared to guideline developers interested in partnering with independent systematic review groups. Guideline groups will hear about the benefits and challenges of systematic reviews and how to be an effective partner in the systematic review process to produce useful reviews. Stephanie Chang, Director of the Agency for Healthcare Research and Quality Evidence-based Practice Center (EPC) programme will moderate the session. Paul Shekelle, Director of the RAND EPC, Chair of the American College of Physicians Clinical Guidelines Committee, and co-Chair of the National Guideline Clearinghouse Editorial Board will review challenges and suggestions for how guideline groups and systematic review investigators can complement one another for effective partnerships. David Buckley, core investigator with the Pacific Northwest EPC at Oregon Health & Science University will focus on how guideline groups can work with systematic reviewers to shape effective questions for systematic review. Joy Melikow, member of the US Preventive Services Task Force Committee will share her perspective as a guideline developer

experienced in using systematic reviews and the lessons she has learned in how to be an effective partner.

### 062PS THE ROLE OF RAPID SYSTEMATIC REVIEWS FOR DEVELOPMENT OF RAPID GUIDANCE IN HEALTH CARE AND HEALTH POLICY SETTINGS

<sup>1,5,7</sup>M Koster, <sup>2,8</sup>C Garritty, <sup>3,8</sup>C Gallagher, <sup>4,5,7</sup>H Schunemann, <sup>5,6</sup>S Norris. <sup>1</sup>Kaiser Permanente, Pasadena, CA, USA; <sup>2</sup>Ottawa Hospital Research Institute (OHRI), Ottawa, ON, Canada; <sup>3</sup>Cochrane Collaboration College for Policy; <sup>4</sup>George Mason University, Fairfax, VA, USA; <sup>5</sup>McMaster University, Hamilton, ON, Canada; <sup>6</sup>GRADE Working Group, Hamilton, ON, Canada; <sup>7</sup>World Health Organization Geneva Switzerland; <sup>8</sup>G-I-N North America Steering Group, USA, Cochrane Response

10:1136/bmjqs-2013-002293.16

**Background** Conducting systematic evidence reviews on a set of focused clinical questions has become one of the “gold standards” for development of “trustworthy” clinical guidance. Time, resource constraints, and other issues, however, may require the application of more pragmatic means for reviewing the evidence to support rapid guidance development.

**Target Group, Suggested Audience** Developers of guidance for health systems and health policy settings.

**Objectives/Goals** To actively engage panellists and session participants in a discussion of the role of rapid systematic reviews in the development of rapid guidance, the strengths and limitations of rapid vs. full/complete systematic review methods, and lessons learned from recent national and international rapid review and guidance efforts within health care and health policy settings.

**Description of Session and Speaker Topics** Chantelle Garritty will discuss OHRI’s rapid review work with the Ottawa Hospital Technology Assessment Programme, and the Cochrane Collaboration’s new “Cochrane Response” rapid review methodology; Catherine Gallagher will present results of a pilot Cochrane Response rapid review within the GMU Health System, and organisation of an international group to develop rapid review standards; Holger Schunemann will present examples of rapid systematic reviews and their value in rapid guidance development; and Susan Norris will present on the WHO’s development of rapid guidance in the setting of urgent public health needs. Marguerite Koster will moderate the discussion.

### 017PS USING COMPUTERIZED DECISION SUPPORT SYSTEMS TO IMPROVE THE UPTAKE OF GUIDELINES: PERSPECTIVES FROM DIFFERENT COUNTRIES

<sup>1</sup>M Lugtenberg, <sup>2,3</sup>L Brandt, <sup>4,5</sup>I Kunnamo, <sup>6</sup>R Shiffman, <sup>7</sup>J Burgers. <sup>1</sup>IQ Healthcare, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; <sup>2</sup>Department of Medicine, Inlandet Hospital Trust, Gjøvik, Norway; <sup>3</sup>Institute for Health and Society, Faculty of Medicine, University of Oslo, Oslo, Norway; <sup>4</sup>Duodecim Medical Publications Ltd., Helsinki, Finland; <sup>5</sup>University of Helsinki, Helsinki Finland; <sup>6</sup>Center for Medical Informatics, Yale University School of Medicine New Haven, CT; <sup>7</sup>USA Dutch College of General Practitioners (NHG), Utrecht, The Netherlands

10:1136/bmjqs-2013-002293.17

**Background** Computerised decision support systems (CDSSs) are increasingly used to improve the uptake of guidelines. However, there is large variation in types of decision support provided, types of supported guidelines and recommendations, and types of healthcare settings in which CDSSs are applied. In addition, the effectiveness varies across systems, whereas determinants for success and failure are largely unknown.