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 multidisciplinary 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

[1]S Chang, [2,3]P Shekelle, [4]D Buckley, [5]J Melnikow. *[1]Agency for Healthcare Research and Quality, Rockville, USA; [2]RAND Corporation, Los Angeles, USA; [3]University of California, Los Angeles, USA; [4]Oregon Health and Science University, Portland, USA; [5]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

[1,5,7]M Koster, [2,8]C Garritty, [3,8]C Gallagher, [4,5,7]H Schunemann, [5,6]S Norris. *[1]Kaiser Permanente, Pasadena, CA, USA; [2]Ottawa Hospital Research Institute (OHRI), Ottawa, ON, Canada; [3]Cochrane Collaboration College for Policy; [4]George Mason University, Fairfax, VA, USA; [5]McMaster University, Hamilton, ON, Canada; [6]GRADE Working Group, Hamilton, ON, Canada; [7]World Health Organization Geneva Switzerland; [8]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

[1]M Lugtenberg, [2,3]L Brandt, [4,5]I Kunnamo, [6]R Shiffman, [7]J Burgers. *[1]IQ Healthcare, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; [2]Department of Medicine, Inlandet Hospital Trust, GjØvik, Norway; [3]Institute for Health and Society, Faculty of Medicine, University of Oslo, Oslo, Norway; [4]Duodecim Medical Publications Ltd., Helsinki, Finland; [5]University of Helsinki, Helsinki Finland; [6]Center for Medical Informatics, Yale University School of Medicine New Haven, CT; [7]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.

Objectives To provide opportunities for sharing experiences and discussing lessons learned in the use of CDSSs in different countries.
Target Group Guideline developers, guideline implementers, clinicians, researchers, policy makers.
Moderator Jako Burgers, Dutch College of General Practitioners (NHG), The Netherlands **Invited speakers**: Marjolein Lugtenberg, IQ healthcare, Radboud University Nijmegen Medical Centre, The Netherlands. Linn Brandt, Inlandet Hospital Trust/University of Oslo, Norway. Ilkka Kunnamo, Duodecim Medical Publications Ltd./University of Helsinki, Finland. Richard Shiffman, Center for Medical Informatics, Yale University, USA.
Description of Session and Speaker Topics In this session initiatives on CDSSs from four different countries (The Netherlands, Norway, Finland, and the USA) will be presented, each taking a different perspective on the use of CDSSs to improve the uptake of guidelines. Issues that will be considered are how to deal with various alerts within multiple disease areas, distinguishing alerts from strong and weak guideline recommendations, and creating composite views of data and recommendations. Finally, conclusions are drawn on the strengths and weaknesses of developing, implementing, and evaluating each system and lessons learned will be discussed with the audience.

063PS CHALLENGES AND OPPORTUNITIES IN LOW-RESOURCE SETTINGS: GUIDELINE DEVELOPMENT, ADAPTATION, IMPLEMENTATION AND PERFORMANCE MEASUREMENT

[5,4]S Huckson, [1]M Beena, [2]N Opiyo, [3,4]E Lang, [6,7]M Koster. *[1]National Rural Health Mission, Kerala, India; [2]KEMRI-Wellcome Trust Research Programme, Nairobi, Kenya; [3]Alberta Health Services, University of Calgary, Calgary, Alberta, Canada; [4]G-I-N Emergency Care Community, National Health and Medical Research Council's National Institute of Clinical St. Melbourne Australia; [5]Kaiser Permanente Southern California Pasadena, CA US G-I-N North America Steering Group, US*

10:1136/bmjqs-2013-002293.18

Background Health care and health policy organisations seeking to improve medical care in low-resource settings with significant numbers of uninsured, medically underserved and/or low-income populations face significant challenges in developing, adapting, implementing and monitoring improvement with clinical practice guidelines.
Objectives/Goals To provide opportunities for panel members and conference participants to exchange experiences, challenges, lessons learned, and opportunities for collaboration related to guideline development, adaptation, implementation and performance measurement in low-resource settings.
Target Group, Suggested Audience Those involved in guideline development, adaptation, implementation and/or performance measurement activities, especially in medically underserved, low-income and low-resource settings.
Description of Session and Speaker Topics The session will include brief speaker presentations, followed by interactive, facilitated discussion between panellists and audience members. Dr. Beena will discuss development of guideline-based quality standards to decrease maternal mortality in rural settings in Kerala, India; Dr. Opiyo will discuss guideline adaptation and implementation efforts in Nairobi to improve child and newborn health; Dr. Lang will discuss the G-I-N Emergency Care Community's efforts to support collaboration across the field of international emergency care, including adaptation of sepsis guidelines for global use in low-resource settings. Sue Huckson will moderate the discussion.

083PS INCORPORATING GUIDELINES INTO LOCAL CLINICAL PRACTICE AND POLICY THROUGH THE USE OF PRACTICE-BASED HEALTH TECHNOLOGY ASSESSMENT

[1,2,3]C Umscheid, [4]M Koster, [5,6]M Marchetti, [7,8,9]M Helfand, [3,10]P Wyer. *[1]Penn Medicine Center for Evidence-based Practice, Philadelphia, PA, USA ECRI - Penn; [2]AHRQ Evidence-based Practice Center, Philadelphia, PA, USA; [3]Section of Evidence Based Health Care (SEBHC), New York Academy of Medicine, NY, USA; [4]Technology Assessment and Guidelines Unit, Kaiser Permanente, Pasadena, CA, USA; [5]HTA Unit of the Catholic University Hospital, Rome, Italy; [6]HTA International Interest Group on Hospital Based HTA Edmonton, Alberta, Canada; [7]Veterans Affairs Evidence-based Synthesis Program Portland, OR, USA; [8]Scientific Resource Center, AHRQ EPC Program Portland, OR, USA; [9]Oregon Health and Sciences University Portland, OR, USA; [10]Columbia University College of Physicians and Surgeons NY, USA*

10:1136/bmjqs-2013-002293.19

Background Practice-based health technology assessment (PB-HTA) has the potential to improve the quality, safety and value of patient care by synthesising evidence to provide timely guidance for clinical practice, policy, formulary management, operations, and purchasing decisions. Hospital-based HTA centres are active in Western Europe and Canada, but less so in the US, and some operate in conjunction with formal evidence-based guideline programmes.
Objectives/Goals To actively engage leaders of PB-HTA to discuss strengths and limitations, lessons learned, and the role of PB-HTA in the development, dissemination, and implementation of guidance within health care systems.
Target Group/Suggested Audience Senior executives/administrators, and clinical policy, quality and safety leaders in healthcare organisations and networks who develop, implement and measure performance related to clinical guidance.
Description of Aession and Speaker Topics Dr. Wyer, who leads a PB-HTA capacity building programme for health care organisations at the NYAM SEBHC, will engage the panellists in a discussion of their experiences leading PB-HTA efforts at Kaiser Permanente (Ms. Koster), the Veterans Administration (Dr. Helfand), Penn Medicine (Dr. Umscheid) and the HTA unit at the Catholic University Hospital in Rome, Italy (Dr. Marchetti). The discussion will address the potential for guidance developed by PB-HTA centres to impact the quality, safety and value of patient care, similarities and differences in national and international efforts, and future directions for the field.

167PS SETTING NEW HORIZONS IN OPTIMIZING GUIDELINE UTILITY

[1]I Scott, [2]S Norris, [3]H Schünemann, [3]G Guyatt. *[1]Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital, Brisbane, Australia; [2]Guideline Review Committee, World Health Organisation, Geneva, Switzerland; [3]Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada*

10:1136/bmjqs-2013-002293.20

Background To maximise uptake, CPG recommendations must avoid of bias and be responsive to the needs of clinicians and patients from different populations and settings.
Objectives/Goal To discuss three key challenges to CPG use: 1) building consensus and minimising conflicts of interest in formulating recommendations for specific patient populations; 2) taking account of patient multi-morbidity; 3) incorporating patient values and preferences for specific outcomes.
Target group Suggested audience Guideline developers and writing groups, clinical researchers, users of guidelines (clinicians, patients).