

**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

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**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

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**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 Session 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

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**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).

**Moderator** Prof Ian A Scott, Director of Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital, Brisbane, Australia. **Invited Speakers** Dr Susan L Norris, Department of Medical Informatics and Clinical Epidemiology, Oregon Health and Science University, Portland, USA. SLN is Technical Officer for the secretariat of the Guideline Review Committee at the World Health Association in Geneva, Switzerland and has conducted research on conflicts of interest. Professor Holger J Schünemann, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada. HJS is co-chair of the GRADE working group, member of the GIN board of trustees and has co-authored reports on guideline methodology, including multimorbidity. Professor Gordon H Guyatt, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada. GHG is co-chair of the GRADE working group and chaired the executive of 9th iteration of the American College of Chest Physicians Antithrombotic Guidelines. **Description of session and speaker topics** Session will comprise 3 presentations (15 mins), one for each challenge, with 5 mins for questions of clarification then 30 mins of panel discussion.

## INTERACTIVE WORKSHOPS

### 145WS EVIDENCE-BASED GUIDELINE DEVELOPMENT FOR DIAGNOSTIC QUESTIONS

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**Background** Developing guidelines to inform decisions regarding diagnostic tests presents unique challenges that are not encountered when addressing intervention questions. In many cases, diagnostic studies only provide test accuracy results and lack patient outcomes; outcomes that are typically sought to make recommendations.

**Objectives/Goal** Using the lessons from our guideline group, the objectives of this workshop are for participants to learn practical skills related to the development of guidelines for diagnostic questions. Specifically, the following areas will be addressed: Generating an appropriate research question. Developing relevant eligibility criteria for choosing diagnostic studies. Critically appraising diagnostic studies using existing tools and quality criteria. Determining what types of recommendations can be generated when different types of evidence and information are available and to respond when the most relevant information is not available.

**Target Group, Suggested Audience** Guideline developers or anyone interested in how to develop a guideline for diagnostic questions.

**Description of the Workshop and of the Methods used to Facilitate Interactions** Using a problem-based educational approach, the workshop will begin with a quick review of the background information and objectives, and an illustrative example will be presented. Participants will then be guided through the steps of guideline development for diagnostic questions, and given problems in each step to consider and work through in small groups. Finally, participants will develop recommendations for one or two guidelines, based on evidence from diagnostic guideline projects we have completed in our guideline group.

### 138WS THE US INSTITUTE OF MEDICINE (IOM) CRITERIA FOR TRUSTWORTHY GUIDELINES, THE NATIONAL GUIDELINE CLEARINGHOUSE (NGC) AND YOU: A WORKSHOP ON NGC'S REVISED INCLUSION CRITERIA

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**Background** The National Guideline Clearinghouse (NGC), funded by the Agency for Healthcare Research and Quality, will adopt the 2011 IOM revised definition of an evidence-based clinical practice guideline (CPG) and change its criteria for inclusion; thereby raising the bar CPGs must meet in order to be included. Systematic evidence review and benefits and harms of care options are the key changes.

**Objectives/Goal** At the end of the workshop, participants will be able to recognise the new aspects of the inclusion criteria; understand how the criteria will be applied; apply them to CPGs provided by instructors and estimate eligibility for inclusion; and apply this learning to their organisation's readiness to submit new/updated guidelines to NGC.

**Target Group, Suggested Audience** Current and future CPG developers; CPG implementers and disseminators; researchers and clinicians.

**Description of the Workshop and of the Methods used to Facilitate Interactions** This workshop will discuss the revised NGC inclusion criteria and describe specific requirements around a systematic review underpinning the CPG as well as descriptions of benefits and harms. The workshop will include a didactic portion, an interactive exercise, and a take-away checklist. There will be ample question and answer opportunities. Instructors will distribute guidelines and materials and participants will determine eligibility for inclusion in NGC. A checklist will enable participants to understand the changes needed to ensure inclusion of their CPGs in NGC.

### 144WS HOW TO MAKE JUDGEMENTS ABOUT THE QUALITY OR STRENGTH OF EVIDENCE TRANSPARENT

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**Background** When assessing the confidence in intervention effects, i.e. the quality of evidence, guideline developers should make their judgement about this confidence transparent and provide an overall assessment (or grade) of the evidence (GIN & IOM standards 2011). The GRADE approach requires these judgments to be described in comments and footnotes. In a recent review of GRADE evidence summaries, we observed important variability in how guideline developers and authors of Cochrane systematic reviews perform these tasks.

**Objectives** In this interactive workshop the participants will learn how to formulate understandable and informative reasons for down- and upgrading the quality of evidence by using a footnotes checklist.

**Target Group** Systematic reviewers and guideline developers assessing the quality or strength of evidence.