

HIV Clinical Guidelines: Development and Implementation

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This session will provide the audience with an overview of a model for a comprehensive HIV Guidelines Program. The paradigm for this program will be described, including the four components of development, dissemination, implementation and evaluation. Following a discussion of some general principles of each of these areas of guidelines programs, the presentation will focus on a description of the New York State Department of Health AIDS Institute's HIV Guidelines Program. Examples of how a comprehensive, coordinated program can be developed by a public health agency will be included.

New York State Department of Health AIDS Institute: HIV Guidelines Program

Bruce D. Agins, MD MPH
Medical Director, AIDS Institute

Clinical Practice Guidelines: Definition

“Systematically developed statements to assist practitioners’ and patient’s decisions about health care to be provided for specific clinical circumstances”

-Institute of Medicine 1990

Why Standards of Care??

- Concerns about quality of care
- Widespread differences in the way physicians practice
- Medical practice often lacks scientific underpinning
- Insufficient *value* for resources spent on health care

» Mark Chassin, *Inquiry*, 1988

Guidelines: Barriers to Acceptance

- Fear loss of autonomy
- Loss of patient choice
- Underemphasis of clinical judgment (too rigid!)
- Oversimplified = Cookbooks!

Comprehensive Guidelines Program

- Development
- Dissemination
- Implementation
- Evaluation

CLINICAL PRACTICE GUIDELINES: Development at the Local Level

- **Options**
 - Full Development
 - Adaptation of an Existing Guideline
 - Adoption of an Existing Guideline

DEVELOPMENT

What Makes Good Guidelines Good?

- Clear goals & objectives
- Address common conditions
- Multiple treatments are possible
- No source of bias/conflict of interest
- Clinically valid outcomes exist
- Buy-in has occurred
- Developers can promote guidelines

IOM Principles

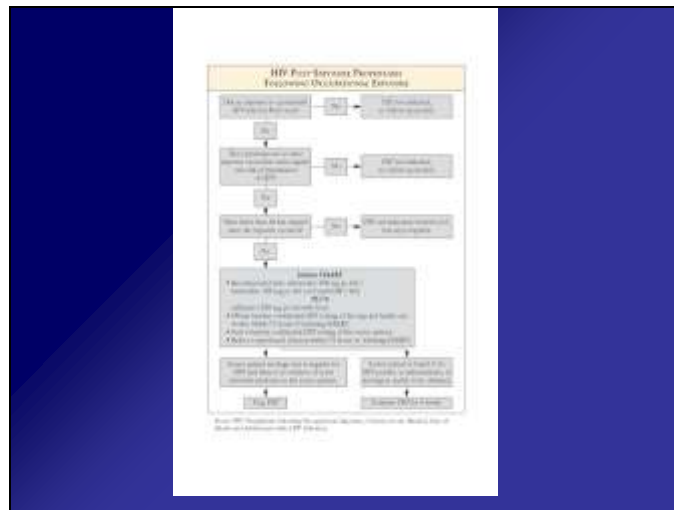
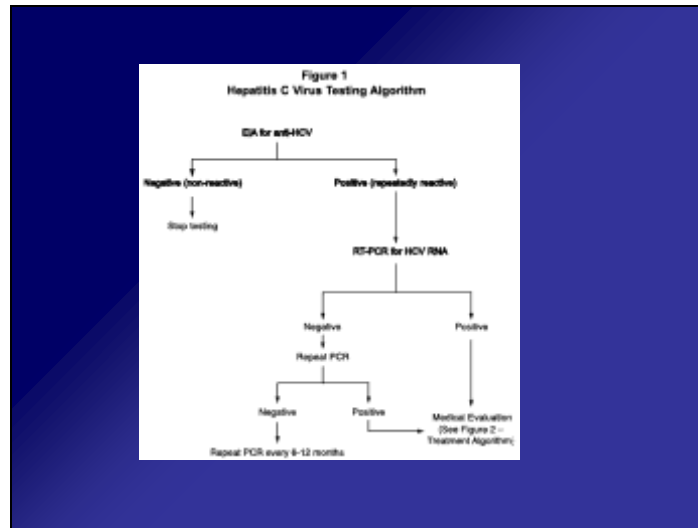
- Validity
- Reliability/Reproducibility
- Clinical applicability
- Flexibility
- Clarity
- Multidisciplinary process
- Scheduled review
- Documentation of process
- Resource/Availability issues

Quick Reference Materials

- Tables
- Charts
- Algorithms

Pathogen	Baseline laboratory study
Streptococcus pneumoniae	Non-invasive; full profile
Haemophilus influenzae	Types II and III antigen Types II and III and capsular antibody IPV is preferred; also use other systems such as latex (Ariston, latex) Haemophilus II
Haemophilus influenzae type b	Haemophilus influenzae type b antigen (Hib) DFA
Escherichia coli	STD/STI work confirmatory testing
Neisseria meningitidis	PP1 testing; latex test E test; antigen suspension Culture on selective media or DFA probe
Neisseria meningitidis (serotypes 1, 2, 4, 9, 13, 14, 23, 29, 35, 45, 46, 47, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	IPV probe

Please Refer to Appendix in the HIV-1 Testing Protocol.
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Clinical Flexibility

- Guidelines identify specifically known or generally expected exceptions to their recommendations and discuss how patient preferences are to be identified and considered

DISSEMINATION

Guidelines Dissemination

- Dissemination involves more than passive distribution and encompasses targeted distribution strategies

Guidelines Dissemination

- Coordinated dissemination plan to different audiences
 - Clinicians
 - Support service providers
 - Consumers
- Different versions of written materials
 - Language
 - Literacy

IMPLEMENTATION

“It was not enough to produce satisfactory soap, it was also necessary to induce people to wash”

-Joseph Schumpeter

What is Implementation?

- “concrete activities and interventions undertaken to turn policy objectives into desired outcomes”
- “practical activities required for users to apply guidelines in making decisions about appropriate care”

-Institute of Medicine, 1990

What is Implementation?

- “putting a guideline in place; more active than dissemination, involves effective communication strategies and identifies and overcomes barriers by using administrative and educational techniques that are effective in a practice setting”

-Canadian Medical Association

Coordinated Implementation

-Margaret van Armingen

- Engage influential assistors
- Engage consumers
- Use electronic media
- Educational support

Factors Influencing Adoption

- MOST EFFECTIVE:
 - Multifaceted & complex strategies
 - Peer feedback
 - Specific reminders
 - Educational outreach strategies (academic detailing)
 - Systems?

Guidelines Implementation: What Is Not Known

- Effect of intensity of intervention (Davis)
- Effect of organizational change and quality improvement processes on adoption of changes in systems to implement guidelines

EVALUATION

Evaluation: what works and what doesn't?

- PROCESS
 - Validity and Reliability
 - Reaching the target audience
 - Are they off the shelf?
 - Have they been implemented?
- OUTCOME
 - Is the quality of care better?
 - Are clinical outcomes attained?

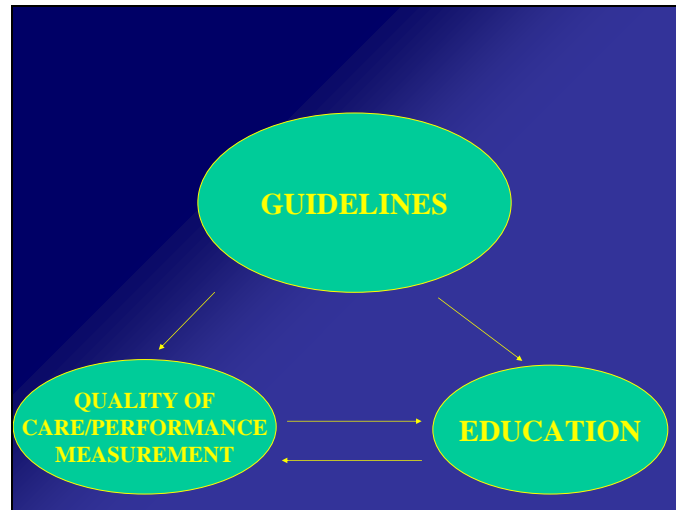
The AIDS Institute's HIV Guidelines Program

HIV Guidelines Program

- Initiated in 1985
- Standing Committees
 - Adults
 - Pediatric
 - Oral Health
 - Mental Health
 - Prevention
- Impacts over 120 HIV health care facilities

HIV Guidelines Program

- Collaboration with Johns Hopkins University Division of Infectious Disease
- New Committees:
 - Women's
 - Substance Use
 - Pharmacy



AIDS Institute Guidelines Development: Key Points

- Standing Committees
 - Rotating membership
 - Geographic & demographic diversity
- Decision-making by consensus
- When evidence is lacking, best practice experience is used
- IOM Principles

Guidelines Development: Key Components

- Clear, concise recommendations
- Supportive text with explanation as needed
- Graphics
 - Charts & tables
 - Algorithms

Implementation: Target Audience

- Clinical Providers
- Support Services Providers
- Consumers

- “unless it is coupled with follow-up programs that help translate the message into local or individual action...its impact will be limited”
-Kosecoff
- Practice guidelines... “need to be embedded into a broader program that addresses the need for translation and implementation locally”
-Lomas

Implementation Strategies

- Educational Programs
 - Clinicians
 - Support Service Providers
 - Consumers
- Materials Development
 - Consumer Empowerment
 - Literacy
 - Language

Best Practices Booklets

- Practical solutions and strategies for implementation through modifying service delivery
 - Different approaches depending on size, population and resources

Best Practices Booklets

- Concepts
 - Delivery system
 - Decision support
 - Information systems
 - Self-management support
 - Community resources
- Examples
 - Co-location of GYN services
 - Adherence: DOT; community resources

Guidelines Implementation

- HIV Quality of Care Program
 - Monitoring of care through medical record abstraction
 - Provide performance data (feedback) to providers

Guidelines Evaluation

- Current
 - Quality of care monitoring
 - Review existing databases
- Future areas for clinical research

The Good Guideline

- Buy-in from Local Practitioners
- Based on Data
- Easily Used and Accessible
- Clinically Flexible: Alternatives
- Current
- Linked To QI and Outcomes

Guidelines: The Biggest Challenge

- Routine Updating!



Website

www.hivguidelines.org

*"most interventions are effective under some
circumstances, none is effective under all
circumstances"*

UK National Health Service Center for
Reviews and Dissemination

More Information

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