

Clinical Guidelines Development: Opportunities for Family Physicians

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The burgeoning national activity in clinical guidelines development is of great interest to family physicians and provides family practice with an important leadership opportunity. The focus on practice guidelines is fueled by the ever-increasing cost of health care, a belief that cost-containment strategies of the 1980s have not worked, and mounting evidence of dramatic variations in practice between physicians in different geographic areas. The emphasis on development of practice guidelines has also created an environment of concern among physicians, who fear loss of control over their clinical decisions, and high expectation among health policymakers and third-party payers, who anticipate a panacea for the crisis of spiraling costs.

Although the terms currently in use may be new (eg, *clinical guidelines*, *practice guidelines*, etc), the concept is not new. Prescriptive information has long been at the core of medical education and practice. Guidelines have been developed and promulgated by medical organizations and public health agencies for many years, often based on expert opinion and consensus. Traditionally, practice guidelines have summarized current and accepted practices and have not been linked systematically to the evidence that supports them. The current activity, however, emphasizes an explicit process for generating guidelines, based on a careful analysis of available scientific data. As a result of making explicit the process by which credible data are used to develop guidelines—specifying the source, extent, and quality of available

information that undergird guidelines—clinical decisions are moved from the realm of subjective professional judgments to that of objective processes, which are then available for review by a wide audience. The report of the US Preventive Services Task Force, *Guide to Clinical Preventive Services*,¹ exemplifies this use of an explicit approach for clinical guideline development. Dr David Eddy also has pioneered (and has described in detail²) the use of an explicit approach that bases clinical guideline development on the systematic analysis of evidence, potential outcomes, and evaluation of costs, as well as on patient preferences. Such explicit approaches have the advantage of permitting review and modification at specific intervals as needed.

That implicit professional judgment alone is adequate for defining practice guidelines has recently been challenged by studies demonstrating dramatic variations in the practice patterns of physicians. In his classic studies, Wennberg³ has shown, for example, that:

- By the age of 70 years, women in Maine have a likelihood of hysterectomy that varies from 20% to 70%, depending on the hospital market area in which they reside
- By the age of 85 years, men in Iowa have a likelihood of prostatectomy that varies from 15% to 60% in different hospital markets
- Tonsillectomy rates in children in Vermont may range from 8% to 70% depending on their hospital catchment area.

Examining a national data set, Chassin et al⁴ have demonstrated marked variation in the use of a number of procedures for Medicare patients. Although the mere observation of variations in physician practices does not incriminate practices in either extreme, it underscores the need for better information and more widespread adoption of medical practices with known effectiveness.

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Health Care Policy and Research (AHCPR), the Institute of Medicine (IOM) of the National Academy of Sciences⁵ published a report that develops a perspective for clinical guidelines activities. This report identifies the purpose of clinical guidelines as (1) assisting practitioners and patients in making health care decision, and (2) serving as a foundation for instruments to evaluate practitioner and health system performance. The IOM report proposed definitions that distinguish between practice guidelines and the guideline derivatives that might be used in evaluation and quality assurance:

- Practice guidelines: systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances
- Medical review criteria: systematically developed statements that can be used to assess the appropriateness of specific health care decisions, services, and outcomes
- Standards of quality: authoritative statements of (1) minimum levels of acceptable performance or results, (2) excellent levels of performance or results, or (3) the range of acceptable performance or results
- Performance measures: methods or instruments to estimate or monitor the extent to which the actions of a health care practitioner or provider conform to practice guidelines, medical review criteria, or standards of quality

Additional recommendations of the report discussed desirable attributes of clinical guidelines (such as credibility and accountability), advised on implementation (urging that health care providers direct this phase), and presented broad principles to assist the AHCPR in the evaluation of guidelines.

A number of health care organizations are deeply involved in practice guidelines development. Current activities by the American Academy of Family Physicians, the American Psychiatric Association, the American College of Physicians, Blue Cross, Aetna, and the Health Insurance Association of America illustrate the range of interest. In addition to its own activities, the American Medical Association reportedly has catalogued over 1000 guidelines developed by various medical organizations. The American Academy of Family Physicians (AAFP) is actively engaged in the guideline process through its Task Force for Clinical Policies on Patient Care. In addition to pursuing the development of clinical guidelines, the Task Force is organizing training programs for Academy members, and is collaborating with other clinical associations on guideline development. Other AAFP committees and commissions are beginning to develop

clinical policies as well. (Further information describing AAFP activities in the area of clinical policies is available by writing Ms Gail Jones, AAFP, 8880 Ward Parkway, Kansas City, MO 64114-2797.)

Recognizing the importance of guideline development to enhancing medical effectiveness, Congress defined a role for the federal government. Through the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), the responsibility for facilitating the development of clinical guidelines was assigned to the Agency for Health Care Policy and Research. The legislation reserved for the private sector the lead role in the development of guidelines, emphasizing congressional intent for professional leadership in defining the boundaries of the practice of medicine.

The AHCPR has established eight panels to develop clinical guidelines for selected clinical diseases or disorders: (1) visual impairment due to cataracts in the aging eye, (2) diagnosis and treatment of benign prostatic hyperplasia, (3) management of postoperative pain, (4) diagnosis and treatment of depressed outpatients in primary care settings, (5) provision on comprehensive care in sickle cell disease, (6) prediction, prevention, and early intervention of pressure ulcers, (7) urinary incontinence in adults, and (8) HIV and AIDS. As new panels are developed, AHCPR seeks recommendations from a broad range of interested individuals and organizations to fill the 9 to 15 positions on each panel. The membership includes physicians from both general and appropriate specialty disciplines, nurses, and allied health and other health care practitioners, as well as consumers with experience or information pertinent to the guideline topic. Panels follow an approach that emphasizes an explicit process for collecting, evaluating, and synthesizing the available scientific evidence. The process, which includes meticulous documentation of the analyses and decisions of the panel during their deliberations, are detailed in Dr Stephen Woolf's *Manual for Clinical Practice Guideline Development*,* while the approach of AHCPR to guideline development is described in the AHCPR program note "Clinical Guideline Development."⁶

The national interest in practice guidelines offers an opportunity for family physicians to assume a central role in defining effective practices of medicine. No other single medical discipline can integrate the needs of pa-

*These documents and additional information on clinical guideline activities of AHCPR are available from Kathleen McCormick, RN, PhD, Director, Office of the Forum for Quality and Effectiveness in Health Care, AHCPR, 5600 Fishers Lane, Room 18-A-46, Rockville, MD 20857.

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tients and families with the realities of health care costs as effectively as the family physician. This unique perspective of the family physician should be brought to bear on the challenges of developing practice guidelines and generating strategies for their dissemination and adoption in clinical practice. The perspective of family practice can also make a contribution to research that examines how physicians and patients make decisions about health care, and how those decisions might be influenced in ways that increase the quality and affordability of care. In the words of Dr David Eddy, "It is not stretching things too far to say that whoever controls practice policies controls medicine."⁶ There is clearly a central role for family physicians.

References

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AHCPR Announces Small Grants Program in Primary Care

The Agency for Health Care Policy and Research (AHCPR) has announced a small grants program that targets several research issues in family practice and primary care. The small grants program can award up to \$50,000 in direct costs for a project period of 1 year. Proposals that are eligible for expedited review under the small grants program include those dealing with (1) practice-based research, (2) health care for individuals with HIV and AIDS, (3) health and health care of underserved populations, including topics in rural health care, (4) health and health care for uninsured and underinsured individuals and families, and (5) research on topics in medical malpractice. Proposals for conferences that deal with topics of wide general interest in health services research are also eligible for funding under the small grants program. Information on applying and application kits may be obtained from the Office of Scientific Review, Rm 18A-20, Parklawn Bldg, 5600 Fishers Lane, Rockville, MD 20857; telephone, 301-443-3091. The staff of the Division of Primary Care (301-443-2080) can provide assistance in refining research questions and in general technical assistance in the preparation of the grant proposal.