



QUALITY SERIES

How are CPGs being developed in the Philippines? A Scoping Study

Scoping of Current Practices in Clinical Practice Guidelines Development

(Silvestre, M., Dans, L., Imperial, M., Miguel, R., Robles, M., Dalapo, A.)



RECOMMENDATIONS



Develop a manual describing all the steps for standardized CPG development including roles of relevant stakeholders and management of conflicts of interests.

Build capacity of health professionals to use the CPG manual.

Maintain a clearinghouse that would assure quality and recommend CPGs that can be adopted nationally.

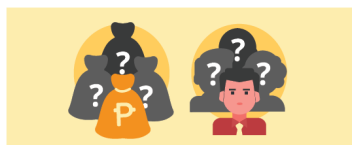
Prioritize development of CPGs for the high burden conditions, majority of which are the top programs of the DOH and top reimbursable conditions of PhilHealth.

KEY FINDINGS

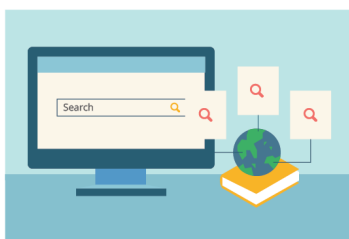
1. There was a large variation in the processes utilized for CPG development, in terms of criteria used, format of manuscripts, sufficiency of documentation.

2. Lack of funds, technical expertise, and commitment to the CPG process are recurring issues.

3. Declaration of conflicts of interest and source of funds, dissemination, and evaluation of impact are inadequately addressed.



METHODOLOGY



Systematic review on electronic databases such as PubMed, Scopus, and Google scholar to:

- identify an appraisal tool to assess the development process of CPGs
- identify all CPGs developed in the Philippines and
- recognize CPG development practices on other countries modified Knowledge Management Plus (KM+) tool to assess the validity, applicability, and equity issues of a guideline

Sampling Method: Purposive Sampling and Snowballing Method

Methodology: KII, FGDs with key stakeholders

RESULTS

A total of 104 potential CPG titles were obtained, of this 87 met the criteria and were appraised using the KM+ tool. These were from the disciplines of medicine, surgery, obstetrics, gynecology, and pediatrics.



The KIIs shared multiple problems surrounding CPG development in the country: 1) Lack of resources: technical manpower and budget, 2) Need for capacity building, 3) Weak individual commitment to the CPG development process, 4) Lack of government support, and 5) Varied adaptation processes of international CPG approach to the local setting.

Top 3 sources of CPGs:

| | | |
|---|------------------------------|-----|
| 1 | Snowballing | 40% |
| 2 | Website of medical societies | 30% |
| 3 | Other online sources | 21% |

Of those available publicly, 47% are updated while the 53% had only an initial edition.



Only about half (45) of the current CPGs in the Philippines have used the internationally accepted GRADE approach.



In terms of validity, 86/87 CPGs considered all relevant patient groups, all possible management options, and all possible benefits and harms.



In terms of local applicability, 77/87 of the CPGs stated their evidence were evaluated for local applicability.



In terms of equity, only 20/87 CPGs stated how they included all stakeholders including potentially disadvantaged populations in the health problem.



Only 11/48 of the most burdensome disease conditions in the Philippines have existing local CPGs

| Table 1. Development Process of CPGs in the Philippines | |
|---|-------------------------------------|
| Mean interval between update and previous guideline (n=38) | 6 years & 1 mo. (+ 37.82 SD months) |
| Mean duration from inception to release of CPG | 1 year (+ 5.93 SD months) |
| Competing interests are identified (n/ N= 14/87) | 16% |
| Outside funding sources are identified (n/N= 87) | 50% |
| Claims on no outside funding (n/N= 43/87) | 23% |
| No mention of funding (n/N= 23/87) | 27% |
| Presence of logo of sponsor (n/N= 11/87) | 13% |
| Outlined plans for updating, accounting for likely changes in the evidence base and/or users' needs (n/N=27/87) | 31% |