hot topic

How can the Health Sector consistently produce high quality Clinical Practice Guidelines (CPGs)?

by Janielle Kristine Go and Christelle Joy Reyes
AHEAD Fellows, Health Policy and Systems Research Track

Based on Developing Standardized Processes for CPG Appraisal and Development
by Leonila F. Dans, Maria Asuncion A. Silvestre, Beverly Lorraine C. Ho, Ma. Lourdes S. Imperial, and Red Thaddeus D. Miguel

- Clinical Practice Guidelines (CPGs) are recommendations intended to optimize patient care, which are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.
- CPGs are important for producing regulatory policies, designing public health programs, developing PhilHealth benefit packages, and supporting Health Technology Assessments (HTA).
- From an earlier study, it was found that CPG development in the Philippines is primarily constrained by inadequate human and financial resources, and suffers from unmanaged Conflicts of Interests (COIs). The study recommended that a manual/guide be developed and an oversight function be institutionalized to ensure consistent production of high quality CPGs.
- This brief summarizes the key ideas outlined in a forthcoming **DOH Manual on CPG Development**.

What are the different phases of CPG Development?

1 **TOPIC PRIORITIZATION**
Topics that are feasible and recognized as a priority are selected for CPG development. Prioritization is based on the following criteria:

i. Disease Burden
ii. Controversy
iii. Cost-effectiveness
iv. New Evidence
v. Potential Impact
vi. Public and Provider Interest
vii. Variation in Care
viii. Sufficiency of Evidence
ix. Timeliness

2 **CPG GENERATION**
The basic steps are as follows:

i. Formulating Clinical Questions
ii. Incorporating Equity
iii. Searching for Existing CPGs and Adaptation
iv. Systematic Review
v. Assessing the Evidence
vi. Arriving at Consensus
vii. Producing the Guideline

3 **EVIDENCE APPRAISAL**
A methodological review of the completed CPG draft will be carried out by a Quality Review Panel (see clearinghouse below) using the AGREE II instrument. The acceptable cut off for the AGREE score will be set at an overall mean of 75%, with no domain scoring <75%. After at least 4 favorable recommendations of the 5 QRP members, the CPG will be submitted to the DOH for final approval.

4 **DISSEMINATING APPROVED CPGS**
The following means may be utilized to disseminate newly-approved CPGs.

- DOH memo to stakeholders
- DOH newsletter and alerts to appropriate agencies
- Press release, news articles, social media
- Tri-media advertising
- Fora, conferences, trainings, and implementation workshops
- Information education and communication materials for laymen and patients
- Mobile applications

5 **MONITORING AND EVALUATION**
Assessment of CPG effectiveness are incorporated in the CPG protocol, which entails collection and synthesis of data reflecting its impact. Impact evaluation should be performed before the release of the CPG and 1-2 years thereafter.

Additionally, it is advisable to revise a CPG every 3 years to coincide with the turnover of new evidence on the topic. The National Guideline Clearinghouse (NGC) will regularly assess guidelines for review and/or update.

Who are accountable for quality CPG development?

CPG developers - "ensure continuous development"
Any person, body, organization, or institution that has technical capacity on clinical research development and research expertise. CPG developers should have at least one each of the following:
1. CPG/GRADE methodologist
2. Clinical epidemiologist or evidence-based health care

CPG appraisers - "ensure rigour"
The appraisers, or the quality review panel comprised of a DOH official, content experts, and methodologists, is convened on an ad-hoc basis to review whether a CPG has met the quality standards set in the manual and thus merit adoption as **national guidelines**, or or if further revisions are required.

What are the types of COIs?

COIs are defined as circumstances that create risks on primary interest to be unduly influenced by a secondary interest based on individual judgment or action. The 2 types of COI are **Financial COI** and **Intellectual or Academic COI.**

Financial COIs
Direct commercial COIs

- employment
- consultancies
- stock ownership
- honoraria and/or gifts
- paid expert testimony
- patents or patent applications membership
- industry sponsored research or travel for the participant or family members

Non-commercial COIs

- research grants
- support from governments, foundations, or nonprofit organizations
- economic relations with specific companies or groups
- acquisition of research funds

Intellectual COIs
Direct commercial COIs

- published paper on topic at hand
- guideline grant support
- personal beliefs
- committee position holder
- advocacy group member
- family members with the same condition/disease addressed by the CPG

How can COIs be managed in the CPG development process?

Primary COI
Individuals who are identified with Primary COI cannot be CPG developers and Clearinghouse but can only participate in discussing evidences.

i. Monetary relations with industry/company for 48 months

ii. Authorship in research study

Secondary COI
Individuals with secondary COI may be part of the CPG developing team or clearinghouse and participate in evidence discussion, indicated that COIs were declared.

i. Monetary relations with industry/company covering interventions

ii. Authorship in reviews or other related CPGs

Advancing Health through Evidence-Assisted Decisions with Health Policy and Systems Research (AHEAD-HPSR) operationalizes F1+ for Health's commitment to instill a culture of research and strengthen internal analytic capacity in the Department of Health and build health policy systems research capacity within the sector.

AHEAD is a collaboration between the Department of Health and the Philippine Council for Health Research and Development

To access the full text of this article or other research projects funded by the DOH, contact:

Research Center for Health System Development (RCHSD)
rlc.rchsd.doh@gmail.com
651-7800 loc 1326

Research Division - Health Policy Development and Planning Bureau
Department of Health
Building 3 2/F San Lazaro Compound,
Rizal Avenue, Sta. Cruz, Manila

Advisory Board
Usec. Mario Villaverde, MD, MPH, MPM, CESO I
Dir. Kenneth Ronquillo, MD, MPHM, CESO III

Editors
Beverly Lorraine Ho, MD, MPH
Barbara Michelle de Guzman, MSN, RN

Publication Manager
Juanita Valeza

Creative Director
Jake Matthew Kho

AHEAD-HPSR