

***Evidence-based Guidelines Affecting Policy, Practice and Stakeholders (E-GAPPS) II  
("Promoting Constructive Dialogue in Guideline Development, Dissemination and  
Implementation")***

**THE CHALLENGES OF IMPLEMENTATION**

**Menu of Breakout Sessions**

*Each of the 4 conference themes includes three breakout sessions related to that theme. These will be interactive sessions focused on specific skill sets pertinent to guideline development, dissemination and implementation. Plenary speakers will be encouraged to take part in these sessions.*

*Please review the descriptions below and select one (and only one) breakout session for EACH of the 4 themes. The selection menu is to be found on the E-GAPPS conference registration page.*

**DAY ONE**

***THEME I The Chicken or the Egg: What Should Drive Guideline Development: Evidence, Clinical specialty interests, Stakeholder Needs, or QI Opportunities?***

*BREAKOUT SESSIONS (10:30 am – 12:00 pm Monday, March 2, 2015)*

**1. Early stakeholder engagement, implementation planning within a specialty society context**

*Richard Rosenfeld, SUNY Downstate NY*

*Stephanie Jones, American Academy of Otolaryngology, Head and Neck Surgery*

*Barbara Warren, Lesbian, Gay, Bisexual, Transgender Services, Beth Israel Medical Center, NY*

Involvement of consumer and patient stakeholders from the outset of a guideline development process can be strategic in setting the stage for successful implementation. However, it can also be challenging for specialty society guideline committees and not all such efforts have been successful. The session will provide insights into the secrets of success in this area.

**2. Patient & public involvement: selection, engagement**

*Loes Knaapen, G-I-N Public*

*Peg Ford, Ovarian Cancer Alliance of San Diego*

*Nancy Santesso, McMaster University Health Sciences Center*

The session will address controversies and practical approaches to identifying, selecting and engaging consumers, patient advocates and other laypersons for inclusion in guideline development efforts.

**3. Meeting the new NGC Standards, updating existing guidelines to qualify for NGC inclusion**

*Vivian Coates, ECRI Institute*

*Mary Nix, AHRQ*

*Jane Jue, (ECRI Institute)*

*Lisa Haskell, (ECRI Institute),*

The National Guideline Clearinghouse, sponsored by AHRQ and administered by the ECRI Institute, constitutes the principle open source data bank for clinical guidelines. As of June of 2014, guidelines will not be accepted for posting in this repository unless they meet upgraded standards based on the 2011 report of the Institute of Medicine "Guidelines we can trust". The session will review the standards, the experience of the first 10 months of implementation of the new criteria and present tips for successful submission of new and updated guidelines.

## **THEME II Harmonizing the Message: Achieving actionable agreement across constituency-based guidelines**

*BREAKOUT SESSIONS (3:00pm-4:30pm, Monday, March 2, 2015)*

**1.** How to make collaborative efforts work. Overcoming resource issues, proprietary obstacles and the 'do it all yourself' psychology

*Holger Schunemann, McMaster University Health Sciences Center, GRADE Working Group*

*Marguerite Koster, Kaiser Permanente Southern California*

*Sandy Zelman Lewis. EBQ Consulting, Doctor Evidence*

Conflicting guidelines and recommendations constitute formidable obstacles to adoption and implementation. Meeting the new Institute of Medicine standards may furthermore be challenging for smaller societies and organizations whose constituencies expect to provide guidance in clinical policy and practice. The session will provide insights into how to achieve successful collaboration across otherwise independent guideline efforts and how to utilize external sources of expertise without compromising societal perspectives and values.

**2.** C-Change: lessons regarding collaboration between organizational developers

*Sheldon Tobe, Canadian Hypertension Education Program*

Many organizations and constituencies have stakes in major health issues such as management of hypertension. The session will provide a hands-on example of one recent successful effort to achieve harmony across organizational stakeholders on a national scale.

**3.** Reconciling guidelines with specific disease focus with a patient centered approach that acknowledges co-morbidities.

*Cynthia Boyd, Johns Hopkins University*

*Maryann Napoli, Center for Medical Consumers, NYC*

Guidelines framed in terms of patients with single, specific, health conditions may break down in the face of real-world patients who more and more have multiple chronic conditions. The session will review recent efforts to address this dilemma and provide tips on how to avoid such pitfalls in the course of guideline development efforts.

## **DAY TWO**

### **THEME III Building guidance from the point of use: Adapting guidelines to specific needs and circumstances**

*BREAKOUT SESSIONS (10:30 am – 12:00 pm Tuesday, March 3, 2015)*

**1.** The concept of adaptation—areas of overlap with primary development and the role of early stakeholder engagement, the commonalities of adaptation and implementation

*Ian Graham OHRI Ottawa*

*Melissa Brouwers, McMaster University*

*Antoine Boivin, University of Montreal*

Almost all clinical guidelines require adaptation and modification to be successfully implemented in specific health care settings. To be effective, such a process requires relevant stakeholder engagement. The session will provide tips on how to design and oversee and adaptation effort.

**2. Creating tools for development/ dissemination / implementation of PGs in partnership with patients, family, relevant community stakeholders: The neurology experience.**

*Tom Getchius, American Association of Neurology*

Dissemination of guidelines to a broad range of stakeholders is a pre-requisite to successful guideline implementation. The session will draw from a broad based dissemination and implementation effort in the US Midwest to develop tips for such efforts in different contexts.

**3. Adaptation of guidelines in diverse cultural settings: The Mexican experience**

*Jose Luis Mayorga, National Institute of Pediatrics, Mexico*

*Désirée Larenas-Linnemann, National Institute of Pediatrics, Mexico*

Adaptation and implementation of clinical guidelines across national boundaries poses challenges that are common to those of all culturally diverse settings. Culture, resources and clinical practices may be entirely different between states or provinces or even adjoining counties. The session will draw on the Mexican experience of adapting and implementing guidelines developed for use in Canada and the US. It will be of interest to guideline developers throughout North America and to those committed to the care of Hispanic and other ethnic communities north of the US-Mexican border.

#### **THEME IV Making It Work: Point-of-Care Access to guideline recommendations and implementation tools**

*BREAKOUT SESSIONS (3:00pm-4:30pm, Tuesday, March 3, 2015)*

**1. Approaches to shared decision making**

*France Légaré, Université Laval, Québec*

*Dawn Stacey, University of Ottawa*

*Sue Sheridan, Director of Patient Engagement, PCORI*

The final point of implementing guidelines takes place when recommendations are presented to individual patients. This session will explore and provide tips regarding the development and use of shared decision making tools and approaches as they pertain to the use of guidelines.

**2. Practical approaches to computerized support**

*Tom McGinn, Hofstra/Northshore University*

*Andre Kushniruk, University of Victoria, BC*

In the emerging health care environment, internet technology and the electronic health record will, and already are in many settings, determine the extent to which clinical guidelines are adopted for practice. Stakeholders, including patients and consumers, will play a greater and greater role in this process. The session will offer tips and tools for maximizing the effectiveness of IT applications in guideline implementation.

**3. Using EHRs to implement PGs with links and fidelity to source guidelines**

*Vivian Coates, ECRI Institute*

*Jeremy Michel, (ECRI Institute)*

*Rick Shiffman, Yale University*

Computerized decision support may be effective in shaping practitioner behavior and even in mediating patient perspectives and priorities. However, it may still fall short if the bridges to scientifically sound sources are severed. The session will explore ways of ensuring that links to verifiable knowledge are not lost in the process of creating user friendly systems.