

Enhancing Clarity and Transparency of Public Health Guidelines

CDC Office of the Director
Office of the Associate Director for Science (OADS)
Office of Science Quality (OSQ)

Roybal Building 19, CDC Library, Room 131
Thursday, March 28, 2013: 8:30am – 4:30pm

Live Meeting:

<https://www.livemeeting.com/cc/cdc/join?id=D8NWCG&role=attend>

Bridge line: (866) 541-9445 Participant code 2135225#



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Enhancing Clarity and Transparency of Public Health Guidelines

March 28-29, 2013

CDC Library Computer Lab

Roybal Campus, Building 19, Room 131

Instructor:

Richard Shiffman, MD, MCIS, Professor of Pediatrics and Associate Director of the Center for Medical Informatics at the Yale School of Medicine

Facilitators:

George Michel, MS, GEM Programmer

Jeremy Michel, MD, Informatics Fellow

March 28, 2013

Time	Format	Agenda	Topics	Slides & Material
8:30-8:50	ALL	Introductions: class and teachers		0.5-INTRO
8:50-9:20	L	What's wrong with current guidelines?	<ul style="list-style-type: none"> • What makes a guideline a public health guideline? • IOM-Identified Deficiencies in Guidelines (Articulation, Evidence Quality and Recommendation Strength) • Instruments for Appraising Guideline Quality 	1-WhatsWrong.ppt
9:20-9:40	D	Group Discussion		
9:40-10:10	L	Recognizing trustworthy guidelines; quality and implementability	<ul style="list-style-type: none"> • IOM Process • New Definition of Guidelines • The Standards for Trustworthy Guidelines; • Response to the New Standards • Implementability 	2-TrustworthyGLs.ppt
10:10-10:30	D	Group Discussion		
10:30-10:45		Break		

Time	Format	Agenda	Topics	Slides & Material
10:45-12:00	H	Using tools: eGLIA (individual appraisals (25) and in 5 groups of 5 with computer for	Analyze implementability of selected guidelines	2a-eGLIA_CDC.pptx eGLIAInstructions.pdf DiabetesDriving.pdf

Time	Format	Agenda	Topics	Slides & Material
		reconciliation)		
12:00-1:00		Lunch		
1:00-1:40	D	Groups Report on eGLIA		
1:40-2:10	L	Building Better Recommendations	<ul style="list-style-type: none"> •Articulation of recommendations • Action-types • Deontic terms (obligation and permission) • Introduction to BRIDGE-Wiz 	3-BuildingBetterRecs.ppt
2:10-2:30	D	Group Discussion		
2:30-2:45		Break		
2:45-4:00	H	Using BRIDGE-Wiz Demo	Create recommendations using software; group convenes as guideline development panel	
4:00-4:30	D	Discussion of BRIDGE-Wiz experience		

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Roybal Building 19, CDC Library, Room 131
Friday, March 29, 2013: 9:00am – 12:00pm

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<https://www.livemeeting.com/cc/cdc/join?id=5RSD3J&role=attend>

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Time	Format	Agenda	Topics	
9:00-9:40	L	Transforming Guideline Knowledge Into Decision Support	<ul style="list-style-type: none"> • What is GEM? • 4 Steps in Knowledge Formalization; • Clinical Decision Support Tool for Asthma • Using action-types for CDS design 	4-GLKnowledgeIntoDS.ppt
9:40-10:00	D	Group Discussion		
10:00-11:00	H	GEM Cut a guideline & design a clinical decision support system prototype (25 individuals on computers)	Introduction to GEM Cutter and markup of guideline text; EXTRACTOR reports; markup conventions	GEM_Nutshell-CDC.ppt AAOTonsillectomy.pdf GEMCutterManual.pdf
11:00-11:15		Break		
11:15-11:50	D	Report on GEM Cutting experience and CDS design		
11:50-Noon		Course Evaluation		Evaluation Forms

(L= lecture; D = class discussion; H = hands on)

eGLIA Hands-On

Diabetes and Driving. Diabetes Care 35:(Supplement 1) 2012;S81-S86.
http://care.diabetesjournals.org/content/35/Supplement_1/S81.full.pdf+html

Evaluation of drivers with diabetes must include an assessment by the treating physician or another diabetes specialist who can review recent diabetes history and provide to the licensing agency a recommendation about whether the driver has a condition that impairs his or her ability to safely operate a motor vehicle. (Page S83)

(D)ivers with type 1 diabetes and in those with type 2 diabetes who are at risk for developing hypoglycemia... should be instructed to always check blood glucose before getting behind the wheel and at regular intervals while driving for periods of 1 h or greater. (page S85)

You will divide into 5 teams each containing 5 members. One individual on each team will serve as administrator.

Each group has a Guideline Project called “Public Health Guideline-Group 1-5”.
Each group has an administrator with fake email address “cdcG_admin@test.net”
where G is the Group Number (1-5)

Each group has 4 appraisers with fake email addresses in the form “cdcG_apprG_N@test.net”
Where G is the Group Number (1-5) and N is the Appraiser Number (1-4).

GETTING STARTED

1. Point your browser to [Link to get started with eGLIA Hands-on](#)
2. Enter your assigned “email address” from the index card. Enter the password “cdc” (same for everyone).
3. Select the Project Public Health Guideline Group 1-5. The buttons will activate based on your status as an administrator or appraiser.
4. Click the “Appraise” button
5. Click on the red Global Dimension bar and individually answer the questions. Answers of “No” should be explained with a text comment.
6. For each recommendation, perform a GLIA appraisal
7. After appraisals are complete, appraisers logout. The administrator will click Home, select Public Health Guideline Group 1-5 again, and choose “Reconcile/Report”.
8. Select any areas of divergent appraisal by clicking on the red bar. Discuss the disagreement and the administrator will document the consensus.

When the reconciliation is complete (indicated by green Ys or checkmarks), view the reports of obstacles to implementation. Reports MAY be printed.

GEM Cutter Hands-On

Clinical Practice Guideline: Tonsillectomy in Children. Otolaryngology—Head and Neck Surgery 2011;144:S1-S30. Recommendation 1

[Link to Clinical Practice Guideline: Tonsillectomy in Children](#)

GETTING STARTED

1. Double-click GEMCutter.jar to open the program
2. Open a NEW Project called “Tonsils” (or other name of your choice) with no spaces permitted.
3. Import the pdf file “AAO-Tonsillectomy”.
4. Stretch the windows to fit visibly and comfortably on your screen.
5. GEM-cut the following elements from the clinical practice guideline.
 - a. Title
 - b. Release date
 - c. Definition “tonsillectomy”
 - d. Intended Audience
 - e. Inclusion Criteria
 - f. Exclusion Criteria
 - g. Purpose
6. For recommendation 1, markup:
 - a. Recommendation
 - b. Conditional(s)
 - c. Decision variable(s)
 - d. Action(s)
 - e. Evidence Quality(s)
 - f. Recommendation Strength(s)
 - g. Action Benefit(s)
 - h. Action Risk Harm(s)
 - i. Benefit-Harm Assessment
 - j. Logic
7. Save the project
8. View EXTRACTOR reports

Recommendations

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3a. Magnetic resonance imaging (MRI) is a non-invasive imaging test that produces high-quality and detailed images of the brain without the use of radiation.

3b. MRI (or other imaging modality) should be considered and neurological consultation requested for patients with new onset seizures when localizing signs are present on neurologic examination and CT scan is negative or headaches have been problematic.

...

REFERENCES

YALE Publications

1. Shiffman RN, Karras BT, Agrawal A, Chen R, Marenco L, Nath S. GEM: a proposal for a more comprehensive guideline document model using XML. *J Am Med Informatics Assoc.* 2000;7:488-98.
2. Shiffman RN, Shekelle P, Overhage JM, Slutsky J, Grimshaw J, Deshpande AM. Standardized reporting of clinical practice guidelines: a proposal from the Conference on Guideline Standardization. *Ann Intern Med.* 2003;139:493-8.
3. Shiffman RN, Michel G, Essaihi A. Bridging the guideline implementation gap: a systematic approach to document-centered guideline implementation. *J Am Med Informatics Assoc.* 2004;11(5):418-26.
4. Shiffman RN, Dixon J, Brandt C, Essaihi A, Hsiao A, Michel G, et al. The Guideline Implementability Appraisal (GLIA): development of an instrument to identify obstacles to guideline implementation. *BMC Med Inform Dec Mak.* 2005;5:23.
5. Shiffman RN, Michel G, Rosenfeld RM, Davidson C. Building better guidelines with BRIDGE-Wiz: development and evaluation of a software assistant to promote clarity, transparency, and implemetability. *J Am Med Inform Assoc.* 2011.
6. Rosenfeld R, Shiffman R, Robertson P. Clinical practice guideline development manual, third edition: a quality-driven approach for translating evidence into action. *Otolaryngology--Head and Neck Surgery.* 2013;148(1 Suppl):S1-S55.

OTHER CITATIONS

7. Cluzeau FA, Littlejohns P, Grimshaw JM, Feder G, Moran SE. Development and application of a generic methodology to assess the quality of clinical guidelines. *Int J Qual Health Care.* 1999;11(1):21-8.
8. Grilli R, Magrini N, Penna A, Mura G, Liberati A. Practice guidelines developed by specialty societies: the need for a critical appraisal. *Lancet.* 2000;355:103-6.
9. Shaneyfelt TM, Mayo-Smith MF, Rothwangl J. Are guidelines following guidelines? the methodological quality of clinical practice guidelines in the peer-reviewed medical literature. *JAMA.* 1999;281:1900-5.
10. Shaneyfelt T. In guidelines we cannot trust. *Arch Intern Med.* 2012;172:1633-4.
11. Kung J, Miller RR, Mackowiak PA. Failure of clinical practice guidelines to meet Institute of Medicine Standards two more decades of little, If any, progress. *Arch Intern Med.* 2012(172):1628-33.
12. Tricoci P, Allen JM, Kramer JM, Califf RM, Smith SC. Scientific evidence underlying the ACC/AHA clinical practice guidelines. *JAMA.* 2009;301:831-41.

GLIDES Website:

[Link to GLIDES Website](#)

GEM Website

[Link to GEM Website](#)