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***Institute of Medicine***  
**Committee on Standards for Developing**  
**Trustworthy Clinical Practice Guidelines**

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# Standards for Trustworthy Clinical Practice Guidelines

- Key objectives
  - Definition of ‘Guideline’
  - Sample set of standards
  - Consideration of patients with multiple conditions
  - Potential for convergence among guideline developers
  - Actionability

# Value of a definition

- “Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” (Institute of Medicine, 1990).
  - Significantly crowded field 20 years later
  - Is there something more to say about how they are made ?

# Patients with multiple chronic conditions

- Those to whom most guidelines could apply, yet no guidelines ‘made’ for them
- To enable stratified guidelines
  - Need to generate science
  - Ensure reporting and packaging of information
  - Perhaps, prioritize clusters of conditions
  - Encourage guideline developers to take steps in this direction

# Space for convergence

- Potential exists to decrease confusion for clinicians by reining in the proliferation of guidelines
- Guideline developers could work toward mutual understanding
  - Share systematic review
  - Provide opportunity for mutual review
- What is needed to create such a space?

# Actionability

- Clarity and specification are key to guidelines being used, period.
- Performance metrics should be built from the most strongly evidence-supported elements of guidelines that are also logical, important steps
- In addition, guidelines must
  - be able to be put into machine form
  - ‘talk’ to electronic health record systems
  - (and EHR’s must ‘talk’ to them)



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## ■ Questions?

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