Guidelines, Clinical Decision Support and Measures Interface

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Some practical definitions

- Guidelines are evidenced based statements of optimal (“best”) practices
- Clinical Decision Support is a compendium of critical information based on “optimal practices” provided to clinicians to aid decision making before or at the time of care
- Clinical performance measures are standard gauges of how close to optimal (best) the practice or system is performing –can be based on different data sources and different perspectives

Effect of the “coming” of EHRs

- Blurring borders of guidelines, CDS and measures
- Forcing more precision on all three areas (representing ill defined statements in EMR’s is NOT possible (at least now)
- Likely to substantially increase the use and utility of all three areas
- Pushing us towards much more transparency standardization, and precision (the stakes have gotten much higher)

Examples of gaps with current guidelines

- Guidelines based on less than the “best” most current evidence
- Lack of standardization of evidence and recommendation quality, strength etc
- Lack of attention to potential translation to clinicial measures
  - “screen for hypertension” (who, what interval etc)
- Imprecise statements that cannot be quantified in measures
  - If possible, if appropriate, may be done etc

Examples of gaps with current measures

- Measures based on less than the best evidence
- Lack of standardization of evidence and recommendation quality, strength etc
- Measures of the obvious (100% compliance)
- Measures based on the data that is available rather than what is optimal

Confessions of a Measure Developer

- Useful (implementable) measures usually require compromises between precision, accuracy, reliability and cost-feasibility of data collection
- All data aside from direct observation is subject to substantial recording errors and bias (EMR is NOT a cure for this)
- Not all that is important can be measured accurately (eg. foot exams)
- The translation of guidelines into measures is sometimes more of an art than a science (or perhaps politics rather than science)

Opportunities for improvement

- Better understanding of the barriers and goals of each activity
- Closer linkage of evidence generation and analysis with development of guidelines, CDS and measure development
- Creating guidelines and CDS with measurement “a forethought” (and not afterthought)
- Overlap in membership of development groups and/or staff communications DURING development (both ways)
- STANDARDIZATION (especially for EMR embedding)
- Potential disruptive technologies- personal or condition based guidelines-CDS-measures (individual cardiovascular risk profile as the basis of CDS and measurement)

Some Visions for the Future

- Close Linkage of guidelines-CDS and Measures
- Mathematical modeling as alternative (adjunct) to clinical consensus and for individualized G-DS-M's (Archimedes)
- Appropriateness ratings (clinical utility-risk benefit) as guidelines-CDS and measures (ACR-Mass General)
- Measures of risk adjusted time in control (Vogt)

Some questions and challenges

- Can guidelines, CDS and measures be tightly linked?
- If so, what entities should be involved in encouraging (requiring) linkage?
- How to we insure transparency in creation of G-D-M's without stifling discussion?
- How do we create C-D-Ms that better reflect the inherent complexity of medicine? (multiple risk factors for multiple diseases)?
- Is there sufficient funding that is not linked to special interests, for any of this?