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# **Practice Guidelines: Auditing & Evaluation**

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# The issues at stake

## “How” and “Why”.....

- ✓ to promote guidelines adoption ?
- ✓ to assess their actual utilisation ? i.e. use of performance indicators
- ✓ to assess their impact on process and outcomes of care ?



# My own perspective on the topic

- ✓ researcher on practice guidelines development and implementation (EPOC Cochrane Review Group)
- ✓ CEO of a regional health care agency



# *Where I come from.....*



# What we do

- ✓ Develop guidelines (sometimes) or use those developed by others
- ✓ Quality assessment
- ✓ Regional professional commissions (cardiology, cardiac surgery, oncology, orthopedics)



# The context



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## *Some Indicators of Regional Diversity*

Indicators	Italy	Regions	
		Low	High
Population (x 1,000)	58,462	122	9,393
% > 65 yrs	19.2	13.5	24.7
Infant mortality rate ‰	4.3	3.2	7.9
Public health care exp (000's €), per cap.	1.3	1.1	1.6
Hospital beds (x 1,000 inhab.)	4.3	3.4	5.3
% Private hosp. beds	19.7	0	39.1
Hospitalization rate (x 1,000 inhab.)	157.7	119.1	193.3

Source: Istat, 2002



## *Italian Federalism*

- ✓ **Hard Budget Constraint**
- ✓ **Huge interregional variation**
  - *Expenditure*
  - *Fiscal Capability*
  - *Health Care "Need"*
- ✓ **Weak national framework**
  - *Basic package of services*



# Main Organisational Actors

- ✓ **Central Level:**
  - ✓ Responsible for ensuring the general objectives and fundamental principles of the national health care system.
- ✓ **Regional Governments:**
  - ✓ Responsible for local planning according to health objectives specified at the national level, for organizing and managing health care services and for allocating resources to the third tier of the system (LHUs)
- ✓ **Local Health Units:**
  - ✓ Responsible for providing services through their own facilities or through contracts with private providers

# Italian troubles, so far (just some of the many...)



- ✓ Limited available information
- ✓ Several, uncoordinated, initiatives on pg development
- ✓ Auditing and evaluation rarely performed
- ✓ Mixed, and poorly defined, responsibilities (i.e. lack of an explicit accountability structure)

# The scientific context: What we know.....

- ✓ on guidelines adoption
- ✓ on performance indicators



# The history of practice guidelines



- ✓ passive diffusion of research information
  - not effective at all
- ✓ active dissemination through guidelines
  - not effective as well
- ✓ guidelines implementation
  - effective ? yes/no/maybe

# EPOC Overview of systematic reviews



<b>Generally not effective</b>	<b>Variable effect</b>	<b>Generally effective</b>
Educational materials	Audit & feedback	Reminders
Traditional educational interventions	Opinion leaders	Outreach visits
		Multifaceted interventions
		Interactive Workshops

Bero et al (1998). *BMJ*

Grimshaw et al (2002). *Medical Care*

# Effectiveness of practice guidelines implementation strategies



- ✓ Imperfect evidence base for decision makers
- ✓ Many current rigorous evaluations have methodological weaknesses
- ✓ Poor reporting of study settings, barriers to change, content and rationale of intervention
- ✓ Generalisability of study findings is frequently uncertain
- ✓ Reminders most consistently observed to be effective
- ✓ Educational outreach only led to modest effects
- ✓ Dissemination of educational materials may lead to modest but potentially important effects (similar effects to more intensive interventions)
- ✓ Multifaceted interventions not necessarily more effective than single interventions

**Grimshaw JM, *et al.* Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* 2004.**

# The scientific context: Problems with performance indicators



- ✓ Measuring the measurable, not necessarily what is really relevant
- ✓ Erosion of trust and motivation
- ✓ “Tunnel vision”
- ✓ Gaming (opportunistic behaviours)



# Additional problems with performance indicators from practice guidelines

- ✓ Failure in accounting for patients complexity
- ✓ Failure in accounting for organisational contexts



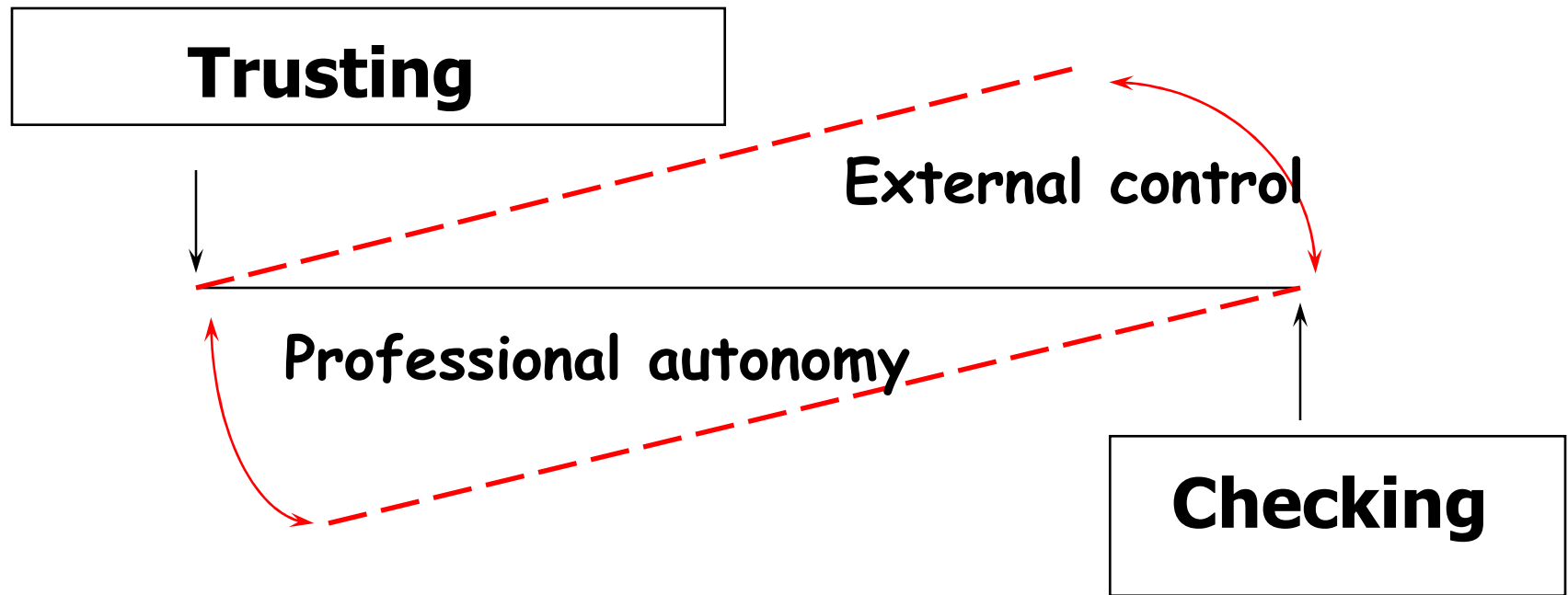
## What could be done...

- ✓ Taking into account
  - our national institutional structure
  - the limitations of the tools we are handling



# **1. A clear policy on how guidelines should be used by the Italian NHS**

# A sensible balance between...





## Guidelines as..

- ✓ Recommendations, to be tailored according to individual patients needs
- ✓ Source of process indicators, to describe the average quality of care provided
- ✓ Change management tool in the hands of the Collegio di Direzione (the clinical governance board)



## 2. An accountability structure



# Main Organisational Actors

- ✓ **Central Level:**
  - ✓ Assuring the technical resources for the development of Guidelines, on the basis of the National Health Plan (or on other priorities identified by Regions)
- ✓ **Regional Governments:**
  - ✓ Responsible for developing regional adoption plans, including auditing and compliance assessment
- ✓ **Local Health Units:**
  - ✓ Responsible for developing local adoption plans through their Collegi di Direzione

# Conclusions

✓ “If we do not know where we come from, we can hardly know where we are going”

A. Gramsci

