

Clinical Practice Guideline Evaluation Report Summary



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

Introduction

This clinical practice guideline evaluation serves as a key component of a BC Cancer Agency initiative to explore ways to improve the patient experience during transitions in cancer care. Clinical practice guidelines play an important role in quality of care and are a key resource for physicians for evidence-based information. There is now increasing international focus on evaluation of guidelines.

Objectives

The primary objectives of the evaluation were to:

- determine practitioner awareness of the Guidelines and Protocols Advisory Committee (GPAC)¹ breast and colorectal cancer guidelines,
- evaluate the utility of these guidelines as tools for practitioners, and
- assess practitioner satisfaction with the guidelines.

Secondary objectives included evaluation of the role of the guidelines:

- in clarifying practitioner roles in screening, management and follow-up care,
- as a tool for improving communications between primary care and specialty care, and
- as a means to integrate recommendations into primary care practice through the use of guideline-related continuing medical education (CME).

Methods

The GPAC guidelines on breast and colorectal cancer care were used as the subjects of this evaluation, in order to investigate to what extent these guidelines are utilized in the primary care setting in British Columbia. The evaluation tools included an online questionnaire and semi-structured practitioner interviews. Evaluation participants included primary care providers (general practitioners, family physicians, nurse practitioners), general practitioners in oncology, oncologists, and general surgeons. Participation was solicited province-wide through targeted communications through stakeholder groups including the BC Cancer Agency, the Doctors of BC, the Family Practice Oncology Network (FPON), the University of British Columbia – Faculty of Medicine, as well as general promotion at medical conferences. The evaluation period spanned 8 months from September 2014, to May 2015.

Discussion

GPAC Breast Cancer Guidelines^{2,3}

Most practitioners who participated in the evaluation indicated that they were aware of the GPAC breast cancer guidelines, and most reported following the guideline recommendations when

¹ BCGuidelines.ca

² Breast Disease and Cancer – Diagnosis – Effective Date - October 2013, available at [BC Guidelines](#)

³ Breast Cancer: Management and Follow-up – Effective Date - October 2013, available at [BC Guidelines](#)

providing care for their patients. The breast cancer guidelines were considered well organized, and most primary care providers felt they could use the guidelines in their practice. Generally, most respondents felt the guidelines reflected current clinical evidence, although some felt that more recent evidence particularly around screening, was not adequately reflected in the guidelines. Inclusion of the most current clinical evidence was found to be an important theme for gaining practitioner confidence. Use of the AGREE⁴ instrument or other standardized tool for assessing relevance, clarity, and appropriateness of the guidelines was recommended. Most practitioners felt the guidelines clarified the roles of primary care providers and specialists, however, only about half felt the guideline helped to improve communication of patient information between specialist and primary care providers. Reported barriers to communication included a lack of clearly defined roles in testing, treatment, follow-up and post-treatment surveillance, as well as ongoing communication barriers in shared care. Practitioners were generally satisfied with the guidelines, and indicated that the quality was *excellent* or *very good*. Most indicated that the GPAC breast cancer guidelines were their first choice in a clinical practice guideline. An overwhelming majority indicated they would very likely refer the GPAC breast cancer guidelines to a colleague.

GPAC Colorectal Cancer Guidelines^{5,6}

Most practitioners were aware of the GPAC colorectal cancer-care guidelines, and indicated that they follow the guideline recommendations when providing care for their patients. The colorectal guidelines were considered generally well organized and could be incorporated somewhat easily into clinical practice. Although a majority of practitioners felt the guidelines reflected current clinical evidence, some practitioners felt that some evidence was not adequately reflected, including evidence on imaging intervals, screening tests, and family history. Practitioners felt the guidelines generally clarify the roles of primary care practitioners and when to involve specialists in care. Some practitioners felt that the colorectal guidelines help to improve communication of patient information between specialist and primary care providers. Clarity of roles in follow-up (i.e. post-testing or post-treatment), information on when to refer, and information on the provincial colon cancer screening program were identified as areas that could be developed in the guidelines. Practitioners were generally satisfied with the guidelines reporting that the quality was *excellent* or *very good*. Most indicated that the GPAC colorectal guidelines are their first choice for colorectal cancer care and that they would likely refer the GPAC colorectal cancer guidelines to a colleague.

Guideline Promotion and CME

Guidelines and associated tools are made available at the provincial and national level, and are integral in CME training, outreach programs and educational webcasts, as well as general practitioners in oncology (GPO) training. Almost half of primary care practitioners in the survey had participated in some form of FPON cancer-care CME in the previous two years.

Many respondents offered suggestions on how best to provide practitioners with clinical recommendations or how to generally improve the guidelines. A guideline implementation strategy including promotion, training opportunities, and guideline-related CME when a new guideline is released was identified as a facilitator for integration of clinical recommendations into primary care practice. Practitioners recommended including point-of-care tools such as guideline summaries, as well as adding guideline recommendations to the information in standardized reports provided by the BC Cancer Agency.

⁴ AGREE II – Appraisal of Guidelines for Research and Evaluation – www.agreetrust.org

⁵ Colorectal Screening for Cancer Prevention in Asymptomatic Patients – Effective Date: March 1, 2013.

⁶ Follow-up of Colorectal Polyps or Cancer – Effective Date: January 16, 2013.

Recommendations

Based on the results of this evaluation, the following actionable recommendations were developed to share with guideline developers and stakeholders:

Recommendation 1 – Include a Statement on the Evidence Reviewed in Individual Guidelines

The results of this evaluation demonstrate that practitioner's confidence increases when they have a summary of the evidence reviewed and evaluated for individual guidelines. While not requiring the inclusion of levels of evidence, documenting the evidence review cycle on each published guideline, and incorporating regular updates into the development cycle is expected to increase practitioner confidence. The use of the AGREE Instrument or other standardized tool is recommended as a guideline development and evaluation tool.

Recommendation 2 – Include a Guideline Implementation Strategy for New or Revised Guidelines

Develop, standardize, and implement a guideline implementation strategy in order to increase awareness and utilization of guidelines by primary care practitioners. Components of this strategy could include a comprehensive and diverse notification process when guidelines are published, incorporation of guidelines into training and CME, development of guideline point-of-care tools, and cross promotion and collaboration between guideline development organizations.

Recommendation 3 – Improve Access to Clinical Practice Guidelines

Increase accessibility by providing different formats for different audiences including mobile versions (i.e. smartphone, iPad), and incorporate guideline recommendations into coordinated point-of-care tools (e.g. electronic medical records (EMR), guideline summaries, requisitions). Ensure cross-promotion of information between provincial organizations to increase awareness and utilization of information, resources and supports across provincial programs.

Recommendation 4 – Increase Collaboration Between Specialty and Primary Care to Clarify Roles and Develop Tools to Improve Communications Around Transitions in Care

Continue to create opportunities for collaboration between provincial organizations, specialists and primary care practitioners to ensure continuity in guideline recommendations, to clarify physician roles between primary and oncology care, and to develop integrated tools that link guideline recommendations with point-of-care tools (i.e. requisitions, standardized reports, EMR). Establish linkages on partner websites to increase awareness of both primary care and specialist guidelines as well as other provincial programs for related clinical conditions.

Recommendation 5 – Integrate Guideline Development with Other Provincial Programs/Committees to Address Barriers to Implementation of Clinical Recommendations

Establish communication channels to integrate guideline development with the work of other provincial programs/committees (i.e. BC Cancer Agency Screening Programs, Shared Care Committee etc.), as the guideline development process is a key opportunity to communicate and address health care system or other barriers to implementation of clinical recommendations.