

INFORMATION PAPER ON CLINICAL PRACTICE GUIDELINE PROCESS

ISSUE: The Department of Defense (DoD) identified the need to develop a program to eliminate variability in patient health outcomes, provide consistent quality of care and utilization of resources, and improve the quality of health care services delivered within the DoD.

BACKGROUND: The National Defense Authorization Act for Fiscal Year 2017 required the DoD to establish a program to develop, implement, update, and monitor clinical practice guidelines, which are evidence-based assessment and treatment recommendations to improve the consistency and quality of care delivered to military and veteran patient populations. Congress mandated that the Veterans Health Administration (VHA) and the DoD collaborate to develop Clinical Practice Guidelines (CPGs). The Defense Health Agency Clinical Quality Improvement Program is designated lead for the DoD.

DISCUSSION: The VHA/DOD Clinical Practice Guideline Program has an Evidenced-Based Practice Guideline Work Group (EBPWG) that considers topics for new CPGs and sets the schedule for fiscal year CPG development and updates. The EBPWG utilizes the VHA/DoD *Guideline for Guidelines* during the development of CPGs.

After identifying a new CPG to develop, or a current CPG to update, clinical champions are selected to form a multidisciplinary subject matter expert WG with both VHA and DOD representation. The WG defines the target patient population and audiences and establishes key questions to guide the literature search and evidence review. For updates to existing guidelines, the WG critically reviews the CPG for alignment with current recommendations. Analysis of previous key questions and evidence informs new sets of key questions during the update process. For new CPG development the WG develops key questions from the ground up. The VHA and DOD also convene patient focus groups early in the process to better understand what is important to the patients that we serve.

Key questions are developed using patient, intervention, comparison, outcome, and time (PICOT) statements. A systematic review of current literature is completed for each key question. The CPG WG reviews the evidence-based literature and makes recommendations for the guideline using the Grading of Recommendations, Assessment, Development and Evaluation system. The CPG is then drafted by the WG. There are 3 iterative drafts completed, with the third draft being sent externally for peer review. The final draft is sent to the EBPWG for approval. Once a CPG is approved, provider and patient clinical support tools (CSTs) are created. Approved CPGs and CSTs are available on DHA and VHA websites.

DHA Medical Affairs and Health Informatics have partnered to integrate the CPGs into the electronic health record. These updates consist of a workflow and decision aids for each CPG that support primary care's incorporation of CPG recommendations into the patient's care plan. Integration of ten of the current published CPGs are in progress. Metrics are being developed to monitor implementation of these integrated CPGs.