DO GUIDELINES MATTER?

Introducing the South African Guidelines Excellence Project – SAGE

Any young health care provider working in primary care will be faced with experiences ranging from humbling exchanges with vulnerable individuals, to the exhaustion of churning out incomprehensible numbers of patients; and, the disempowerment that comes from lack of experience and resources, dissatisfied co-workers and inaccessible management hierarchies.

Guidelines are reassuring tools for supporting clinical decision making and, over the past two decades, have become familiar in policy and clinical practice. Clinical decisions are influenced by guidelines which are defined by the Institute of Medicine as:

“Statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”

In this evolving field, a more recent definition suggests a modern twist: “Guidelines are a convenient way of packaging evidence and presenting recommendations to healthcare decision makers.” This definition emanates from the Developing and Evaluating Communication Strategies to support Informed Decisions and practice based on Evidence (DECIDE) group, an EU-funded project. Their work is innovating online, interactive guideline development tools, and exploring better ways of tailoring guideline recommendations to improve doctor-patient decision making.

As a newly qualified doctor, I relied heavily on government and professional society guidelines. It was only during post-graduate training that I engaged critically with their role and content. At Cochrane South Africa, based at the South African Medical Research Council (SAMRC), the staff have long been contributing to national and international guideline processes. This includes conducting systematic reviews informing the evidence-base of the World Health Organizations’ guidelines; evaluating the quality of regional and international guidelines using the Appraisal of Guidelines for Research and Evaluation (AGREE II) collaboration tool; and, participating on local and international guideline committees. I recently joined the South African Medical Journal’s Guideline Review Committee, which is using AGREE II to vet the quality of local guidelines submitted for publication. However, there is still potential for Cochrane SA to play a more fundamental role in informing national guidelines. One way we are taking a lead is through the formation of the South African Guidelines Excellence Project – SAGE, funded through the SAMRC’s Flagship programme.

SAGE aims to improve the development and use of primary care clinical practice guidelines. It is a collaboration with the SAMRC’s Health Systems Unit, the Centre for Evidence-Based Health Care (Stellenbosch University), and the International Centre for Allied Health Evidence (University of South Australia). SAGE aims to build on current guideline work to achieve high-quality, evidence-informed, cost-effective, timely, inclusive, accessible and applicable clinical guidelines for South Africa. There are five project stages: stakeholder mapping and identification of guideline implementation enablers and constraints; local guideline quality evaluation using AGREE II; systematic review of ‘gold standard’ implementation strategies; and, capacity development through online and face-to-face learning. All of this to inform a ‘guideline for guidelines’ manual, developed with and for stakeholders.

In South Africa, there is a need to improve the quality of PHC practices, to ensure good use of resources, equity of access, and best value for spend. PHC re-engineering demands a change in healthcare delivery with greater emphasis on health promotion and prevention. The plan to re-engineer PHC, and introduce National Health Insurance provides a transition window to evaluate current practices. This necessitates a collaborative approach underpinned by innovative interventions.

We have limited knowledge of the complexities of guidelines’ development; adherence by clinicians to guidelines; or factors that improve accessibility and use of guidelines in South Africa. If high-quality, evidence-informed guidelines can bridge the gap between current evidence, best-practice and actual practice in local contexts, and health provider–patient behaviours, then understanding South African guideline development and implementation, and international norms, can pave the way for interventions to improve health care. These are areas of knowledge to which Project SAGE will contribute.

As a doctor and researcher, I’ve had the fortune of caring for patients and working in academia. I share with many others, the responsibility to bridge the ivory-tower-grassroots divide, to ensure that care providers and patients have access to evidence-informed clinical guidelines to inform health decisions. Project SAGE is designing pragmatic research to inform South African primary care guideline development and implementation. This newsletter provides a platform for sharing local and international views on guidelines in the 21st century. We invite you to contribute, share and collaborate.

References

VISITING PROFESSOR
PROJECT SAGE SCIENTIFIC DIRECTOR AND MENTOR

Karen Grimmer is Professor of Allied Health, University of South Australia (UniSA), Adelaide. She is the inaugural director of the International Centre for Allied Health Evidence (ICAHE) (www.unisa.edu.au/research/sansom-institute-for-health-research/research/research-at-the-sansom/research-concentrations/allied-health-evidence/), which is an internationally respected centre for evidence synthesis, translation and implementation, particularly focusing on issues of allied health. ICAHE currently has 62 members (13 soft-funded researchers, 32 staff in the School of Health Science, UniSA and the remainder are PhD students).

Karen is a physiotherapist by primary training (University of Queensland), and has a Masters Degree in Medical Science (University of Tasmania), and a Certificate in Health Economics (Monash University). She was the first Australian allied health clinician to obtain a PhD in epidemiology and biostatistics (Menzies Institute, Hobart, supervisor Prof. Terry Dwyer, 1996). Her subsequent research career has been founded on a passion for measurement, and for demonstrating the impact that primary care, acute pain management and monitoring for glaucoma; Sports Medicine Australia hot weather playing guidelines for Australian amateur sport; guidelines for the management of uterine prolapse using pessaries; and, guidelines for palliation in residential care settings. She has been a mentor for a number of guideline development teams, for instance, the Royal Australian College of GP guidelines for osteoarthritis, rheumatoid arthritis, osteoporosis and juvenile idiopathic arthritis, and the Australian and New Zealand College of Anaesthetists in several updates of their acute pain management guidelines.

She and her team have made significant contributions to guideline development and implementation methodology is linked to her passion for making a difference at the coal face. One of the most cited papers from her team in recent years is about contextualising Western guidelines in one developing country (the Philippines). This research has been cited as international best practice by the International Society for Rehabilitation, and was the genesis of the Project SAGE concept. This project is currently in its roll-out and audit phase.

Karen was a member of the Australian National Health and Medical Research Council (NHMRC) Guidelines Assessor’s Register for 10 years. This group of dedicated methodologists developed the NHMRC FORM guide for determining the evidence base of guideline recommendations. This tool is a competitor for GRADE. Karen has led a number of guideline methodology teams, most notably on forearm pain diagnosis and management guidelines for the New Zealand Accident Compensation Commission (NZ ACC); NHMRC guidelines for diagnosis, management and monitoring for glaucoma; Sports Medicine Australia hot weather playing guidelines for Australian amateur sport; guidelines for the management of uterine prolapse using pessaries; and, guidelines for palliation in residential care settings. She has been a mentor for a number of guideline development teams, for instance, the Royal Australian College of GP guidelines for osteoarthritis, rheumatoid arthritis, osteoporosis and juvenile idiopathic arthritis, and the Australian and New Zealand College of Anaesthetists in several updates of their acute pain management guidelines.

She and her team have made significant policy impacts in the area of guideline writing, implementation and evaluation, including:

• Classifications of allied health ‘episodes of care’, which have assisted policy makers in Australia to effectively cost allied health services in public, private and compensable sectors.

• Development of instruments for consumer-centred assessment of discharge planning quality (PREPARED). The PREPARED instruments have been modified in the USA for use by physicians, and are in use in translated versions in Maltese, Norwegian, Spanish, French, German and Russian. The client and family checklist was adopted by the BOOST group in the USA as integral to their client-based care programme.

Karen has left her family, friends, students and work colleagues behind in Australia, so that she can work on the exciting SAGE project. Whilst the work colleagues and students are breathing a sigh of relief, her family and friends are missing her as much as she is missing them.

References


**PROJECT SAGE OVERVIEW**

**Project Aim**

SAGE aims to enhance the quality of primary healthcare by engaging in a stakeholder-driven process to improve the standards of local guideline development, adaptation, contextualisation and, ultimately, implementation.

**Funding**

Project SAGE has been made possible as a result of a three-year (2014 – 2017) Flagship Grant from the South African Medical Research Council (SAMRC).

**Project Focus**

The SAGE collaboration is managing five project stages: stakeholder mapping, local guideline quality evaluation, systematic review of ‘gold standard’ implementation strategies, identification of implementation enablers and constraints, as well as capacity building. These stages can be divided into three phases – mapping, development, and capacity building (Fig. 1).

**Governance**

SAGE is governed by a Strategic Advisory Group which meets twice a year, chaired by Prof. Karen Grimmer.

SAGE is engaging a broad range of stakeholders in guideline development and use around the country in varying capacities to ensure ongoing dialogue and relevance.

**Project Progress**

The project is currently completing the mapping phase (Goal 1). Thirty-five interviews have been conducted with key stakeholders actively involved with guideline development at various levels of government, public and private healthcare. These data are currently being analysed with early exploratory analysis indicating that guideline development is a complex process, informed by values and power at both the individual and group level.

The quality of South African guidelines used in primary healthcare has been assessed (Goal 2). While recognised as a leader in this field in the region, results from this evaluation show South African clinical guidelines are still missing key quality indicators when compared to global reporting standards for clinical practice guidelines.

**Project Partners**

- Cochrane South Africa and the Health Systems Research Unit (HRSU) at the South African Medical Research Council.
- Centre for Evidence-Based Health Care (CEBHC) and Department of Physiotherapy, Faculty of Medicine and Health Sciences, Stellenbosch University (SU).
- International Centre for Allied Health Evidence (iCAHE), University of South Australia (UniSA).

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*Figure 1. Project SAGE overview*
RESOURCES FOR GUIDELINES

Accessing guidelines

GIN – Guidelines International Network (http://www.g-i-n.net/)
The GIN International Network aims to lead, strengthen and support collaboration and work within the guideline development, adaptation and implementation community. The GIN library contains more than 6500 documents (http://www.g-i-n.net/library/international-guidelines-library).

NICE provides national guidance to improve health and social care. NICE aims to improve outcomes for people using the National Health Service and other public health and social care services in the United Kingdom.

SIGN – Scottish Intercollegiate Guidelines Network (http://www.sign.ac.uk/)
SIGN develops evidence-based clinical practice guidelines for the National Health Service (NHS) in Scotland.

National Guideline Clearinghouse, USA (http://www.guideline.gov/)
NGC is a public resource for evidence-based clinical practice guidelines in the United States.

Clinical Practice Guidelines Portal, Australia (https://www.clinicalguidelines.gov.au/)
This portal provides access to clinical practice guidelines for Australian clinicians and policymakers.

SAGE RESEARCH TEAM

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Prof. Quinette Louw, Project Partner, Department of Physiotherapy, SU

UPCOMING EVENTS

Clinical Guideline Contextualisation Workshop
24 July 2015, Cape Town, South Africa

Guidelines International Network (G-I-N) Conference
‘Engaging all stakeholders. Guidelines from a societal perspective’
7 – 10 October 2015, Amsterdam, The Netherlands

Evidence-Based Health Care Conference 2015
‘Evidence for Sustainability of Health Care. Increasing value, reducing waste.’
28 – 31 October 2015, Taormina, Italy

Clinical Guidelines Course
Faculty of Medicine & Health Sciences, Stellenbosch University
January – June 2016
MSc (Clinical Epidemiology) module - also offered as a shortcourse to external participants

CONTACT US

Visit the Project SAGE website (http://www.mrc.ac.za/cochrane/sage.htm)

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