*Veterans Affairs/Department of Defense*

# MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS

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## Introduction:

You have been designated the champion of a clinical practice guideline (CPG) at your institution, a role that brings both clinical and administrative responsibilities. You will find that your clinical expertise lends credibility to the evidence-based processes outlined in the guideline, an expected component of clinical practice. However, you will also find that your leadership concerning the guideline ranges beyond your clinical practice; in fact, your role as champion supports patient care, administrative leadership and the clinical practice guideline in a new and powerful manner. Your opinions, thoughts, and actions carry great weight in how patient care is accomplished. Variation in care delivery is reduced both in the population addressed by the guideline and in other evidence-based activities.

Because your leadership is vital to the successful integration of evidence practice guidelines into your local practice culture, this manual was designed as a tool to assist you in your new role. It is a companion to the larger handbook developed by the RAND Corporation, *Putting Practice Guidelines to Work in the Department of Defense Medical System*. A copy of this handbook can be found on the U. S. Army Medical Command (USAMEDCOM) Quality Management website at: https://www.QMO.amedd.army.mil/general%20documents/rand_document_4_01.pdf.

## Background:

The DoD has committed extensive resources to designing, implementing, and evaluating evidence-based CPGs as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1998, VA and DoD have worked together to both devise new guidelines and adapt nationally and internationally recognized CPGs to meet the requirements of the military and veterans health care systems. The choice of guidelines established by the VA/DoD Working Group is based on careful consideration of the readiness needs of the military as well as the high-volume, high-cost health conditions treated in medical treatment facilities (MTFs). As of May, 2011, 23 guidelines have been completed:

- Amputation (2007)
- Asthma (2009)
- Bipolar Disorder (2009)
- Chronic Kidney Disease (2008)
- Chronic Obstructive Pulmonary Disease (2007)
- Concussion/mTBI (2009)
- Diabetes Mellitus (2010)
- Dyslipidemia (2006)
- Hypertension (2004)
- Ischemic Heart Disease (IHD) (2003)

- Low Back Pain (2007)
- Major Depressive Disorder (2009)
- Management of Opioid Therapy for Chronic Pain (2010)
- Management of Pregnancy (2009)
- Medically Unexplained Symptoms (MUS), (August 2001)
- Obesity (2006)
- Pharmacologic Management of Chronic Heart Failure (2007)
- Post-Deployment Health (PDH): Screening Health Exam (2001,update in 2012)
- Post-Operative Pain (Update in progress)
- Post-Traumatic Stress Disorder (2010)
- Substance Use Disorders (SUD) (2009)
- Stroke Rehabilitation (2009)
- Tobacco Use Cessation ( 2009)

The Army Medical Department (AMEDD) has developed and tested a process for implementation of these guidelines, extensively piloted at numerous MTFs in almost every Regional Medical Command. Lessons learned from those demonstrations have been incorporated into CPG materials, including the RAND handbook. The appointment of a "champion" for a guideline is one of the first steps in implementation of a VA/DoD CPG. Other team members are chosen to help incorporate evidence-based practice and evaluation mechanisms into patient care delivery As the team leader, your efforts will focus on implementation teams, educating providers and clinic staff about the importance of evidence-based practice guidelines, and promoting local ownership of guideline implementation. Your complex mission depends on participation at all levels - from the enthusiastic support of the Commander to full understanding and guideline use on the front lines of patient care. Multiple processes in CPG implementation and evaluation depend on appropriate allocation of resources and communication of leadership expectations for improved patient care outcomes.

## Getting Started:

Putting an adopted guideline into practice is a complex process requiring cooperation, planning, resources, and commitment. While careful organization is required, the process can proceed smoothly with minimal effort. Evaluation of current practice and fitting the CPG into process improvement efforts will assist you with implementation and evaluation efforts. Data will show both improved clinical outcomes and administrative improvement.

| ***Getting Started: Steps to Guideline Implementation*** |
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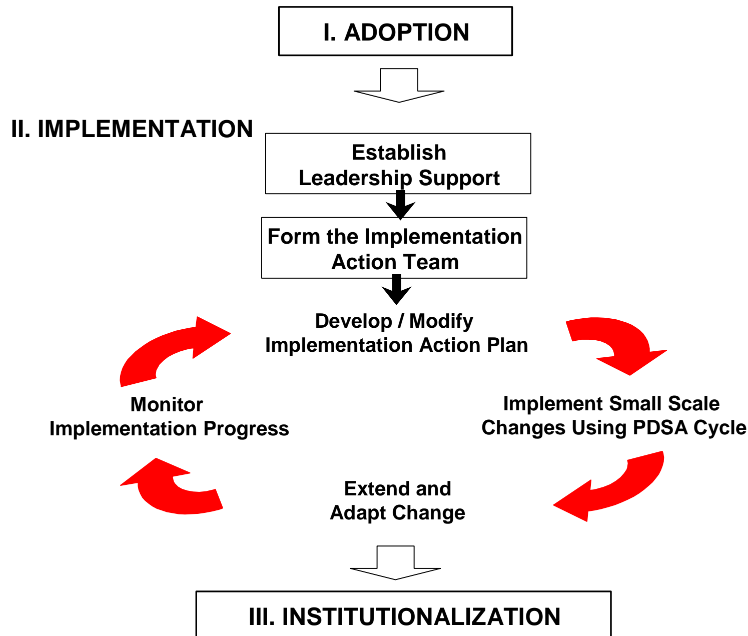
| ***1. Know the Guideline (CPG)***<br>***2. Assess Current MTF Practice Patterns***<br>***3. Compare Practice Patterns with CPG Recommendations***<br>***4. Identify "Gaps" in MTF Practice Patterns***<br>***5. Develop an "Action Plan" to Close the Gaps***<br>***6. Implement the Plan***<br>***7. Develop a System to Monitor Practice Change*** |

The first step for you and your team is to become familiar with content of the VA/DoD CPG and the evidence that supports it. That knowledge will support your efforts to coalesce as a team, as you will have common goals and information to support your implementation efforts ***(Know the Guideline)***. When you understand the care-related processes related to the CPG, data concerning those processes and care outcomes will be useful to assess your "baseline," or where your MTF is starting as you begin to modify how you deliver evidence-based care ***(Assess Current Practice).*** In addition, you will begin to appreciate how your primary care-related processes (e.g. Family Practice, Internal Medicine, Troop Medical Clinics, Pediatric Clinics, and Emergency Rooms) and data compare to those described in the VA/DoD CPG ***(Compare Practice Patterns with CPG Recommendations)***. This activity will assist caregivers and administrative staff to learn how your MTF varies from what is perceived as "best practice" ***(Identify Gaps)***. The team can then formulate a plan to address gaps between guideline recommendation and current practices within your MTF ***(Develop an Action Plan)***. This plan can form an outline for your presentation to MTF leadership concerning how resources can be allocated to fully embrace evidence-based care. The ultimate aim of every implementation plan is to incorporate CPG recommendations into routine clinical practices at each MTF ***(Implement the Plan)***. Institutionalization of the guideline indicates that evidence-based care has become the standard of care within your organization. Care outcomes can then be tracked longitudinally using the metrics or indicators ***(Monitor Practice Change)*** that have been selected by the Office of the Surgeon General (OTSG) using HEDIS or other benchmarks identified by your facility. More detailed information is available in the RAND handbook, *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 2, "Overview of Guideline Implementation and Keys to Success."




As seen in this figure, CPG implementation is an iterative, continuous process.

## Know The Guideline:

The VA/DoD Clinical Practice Guidelines are both simple and complex. They are simple in that they reflect current evidence-based patient management recommendations in logical, algorithmic steps for providers to follow. Guidelines are complex in that each step is annotated with health care literature citations, providing information concerning the level of evidence supporting each recommendation. Therfore complete guidelines are lengthy and quite detailed. ***Key Points or Key Elements*** have been developed for each guideline to assist in organizing both implementation and evaluation. All documents are available and downloadable from (https://www.QMO.amedd.army.mil , which links to the VA Office of Quality and Safety web site, (http://www.healthquality.va.gov/). The VA Office of Quality and Safety has complete guidelines, guideline summaries and downloadable pocket cards.. The web-based documents represent the most up to date information available on each guideline.

## Assess Current Practice:

Data can be gathered using the Military Health System Population Health Portal in Care Point or AHLTA to support the acquisition of baseline performance data for ongoing evaluation to your organization, The champion should also visit each primary care venue to ask all front line caregivers and administrators how care is delivered and how they would implement process changes to improve the quality and/or efficiency of care. Thus, quantitative and qualitative data, as well as information about existing processes can supplement your understanding of both the guideline and the environment in which the guideline will be implemented. Flow charts can be very helpful in understanding current practice. Refer to *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 21-25, "Planning for Action," for more detailed information.

## Compare Practice/Identify Gaps:

Identifying addressable gaps and targets for process change are a result of the synthesis of data concerning clinical processes and outcomes. For each of the key guideline points or elements, the team compares existing clinical practices to the standards specified in the guideline. An integral part of this activity is identifying organizational barriers to potential process modifications. Additional suggestions are presented in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 27-28 "Planning Step 1: Analyze Gaps Between the Guideline and Current Practice," and pages 29-30, "Planning Step 2: Identify Barriers to Successful Implementation."

## Develop an Action Plan:

Once gaps are identified, prioritization should occur; action plans can then be formulated by the team, including the development of overall strategy and tactics. A well-defined strategy reflects the populations served by the facility as well as the sizes and configurations of its clinics; effort is focused in areas in which change is most needed. A specific set of actions is outlined for each planned change, along with a time line. A critical consideration is how the changes will be introduced into each practice setting; building team spirit and commitment is perhaps more important to guideline success than knowing exactly what changes must be implemented. Your professional and personal skill as champion is critical to successful implementation and the action plan should contain detailed information on how this step is to be accomplished. Further details can be found in *Putting Practice Guidelines to Work in the*

*Department of Defense Medical System*, Section 4, pages 31-33 "Planning Step 3: Develop an Overall Strategy and Specific Actions."

## Implement the Plan:

Successfully achieving lasting improvements in clinical outcomes requires more than the enthusiasm and commitment of your guideline team, the health care practitioners and the MTF leadership. Staff resources and clinical and/or administrative systems may require reorganization. Such change can be supported using the tools of quality improvement and the ***Plan, Do, Study, Act (PDSA)*** methodology. Small-scale planned actions, followed by assessment and improvement, assist staff in understanding and embracing change. This process is covered in detail in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 5, pages 37-41, "Making Change Happen."

## Monitor Change:

The evaluation stage of process change is critical to sustaining change and being able to communicate its worth. Metrics, chosen in the initial stages of planning for change (and incorporated in the guideline) are tracked across time to demonstrate the approach to "best practice." Data should also be used to identify less than ideal performance and the need for further process change. All stakeholders in the process and process changes should be kept apprised of ongoing data collection and analysis of results. This feedback loop is a critical part of completing the change in clinical practice patterns. More detailed information about metric selection, data collection, monitoring and interpreting your results can be found in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 34-35 "Planning Step 4: Guideline Metrics and Monitoring."

## Summary:

This manual is meant as a resource and companion to the more detailed RAND handbook, *Putting Practice Guidelines to Work in the Department of Defense Medical System*. For further information, contact staff at Quality Management, Office of Evidence-Based Practice, at (210) 221-6527, DSN 471.