



# The Present and Future of Guideline Development

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# The Present and Future of Guideline Development

by Joyce Stair, M.S., R.N.

**S** spurred by managed care organizations and the quality improvement movement, the push for clinical practice guidelines has intensified in the last few years. According to one estimate, 30 different commissions are now involved in developing practice guidelines; others judge that at least 80 professional societies are working on more than 1,400 sets of guidelines.<sup>1</sup> The American Medical Association's 1992 *Directory of Practice Parameters*, for example, lists more than 1,300 active practice guidelines from more than 50 organizations, up from 700 guidelines in 1990. Of interest is the fact that the development of guidelines is not the exclusive realm of the United States; the literature is replete with discussion of guideline usage and evaluation in Great Britain.

Several national-level efforts to develop cancer treatment guidelines are underway. The American Society of Clinical Oncology (ASCO) published a guideline on the use of hematopoietic colony-stimulating factors in 1994 and is writing two others. The American College of Radiology is developing guidelines for four cancerous conditions. The National Comprehensive Cancer Network is developing treatment guidelines for 22 cancers that represent 90 percent of malignancies in the United States. Guidelines for the first seven—breast, colon, prostate, ovarian, small-cell and non-small cell lung cancers, and leukemia—should be completed in 1995.<sup>2</sup> The Association of Community Cancer Centers is working on guidelines for standard patient care in a joint effort

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with the Oncology Nursing Society, ASCO, the Association of Oncology Social Work, The National Coalition for Cancer Survivorship, and several other national groups and many state oncology societies.

Activity in the area of oncology practice guidelines has paralleled that of the national (and international) movement in general and ranks as a priority for most hospitals and health care providers. Development of guidelines is generally prioritized to those areas that are important to an organization, such as high-risk, high-volume, or high-cost diagnoses, procedures, or cases. Cancer care often meets all three criteria.

## THE FUTURE IN GUIDELINE DEVELOPMENT

Clinical guidelines have been accepted as here to stay, and the process of development is moving to new levels. To be successful, the reason for the development of guidelines, e.g., improvement in quality and decrease in cost of care, must be kept in the forefront of the process. Some general suggestions can be extrapolated for the development of guidelines as we position for the future:

1. Take a multidisciplinary approach to producing guidelines. Quality care and performance improvement initiatives require coordination of care among disciplines; this is clearly articulated in the current JCAHO *Standards of Care*.
2. Incorporate a literature search into the development process. The purpose of guideline development is to delineate a high-quality, cost-effective approach to care. The purpose is not to define how you are currently doing things. This seems basic, but is not necessarily practiced.
3. Include a method of measuring compliance with the guideline.

Although this may become more difficult than writing the guideline, it is key to the process.

4. Determine up front how you will measure outcomes. Organizations must be able to demonstrate and articulate quality and cost to their customers.
5. Think broadly when defining topic and scope. Future directions in care dictate the formation of vertically integrated health care systems that focus on the delivery of care across the continuum. Guidelines that parallel this course will have greater acceptance and usability over the long term.
6. Develop a process for reviewing and updating guidelines. It is always a major relief to complete a guideline and have all parties sign off. However, the guideline process must be viewed as dynamic and ongoing for it to be relevant.

7. Seek and offer feedback on the use and outcomes of the guidelines to its producers and those responsible for implementation. Continuous evaluation is key to the success of the process.

Although interest in clinical guidelines has never been greater, uncertainty persists about whether they are effective. The success of guidelines will depend on the ability to demonstrate the impact of guideline implementation on the cost and quality of care.

## References

- <sup>1</sup>Sandrik K. Managed care helps push clinical guidelines forward. *Hospitals*, May 5, 1993, p. 30.
- <sup>2</sup>Use of treatment guidelines surges as urge to manage care increases. *Journal of the National Cancer Institute*, Vol. 87, No.14, July 19, 1995, pp. 1044-45.