



Guidelines and Protocols Advisory Committee Handbook

**How our “Made in BC” Clinical Practice
Guidelines and Protocols are Developed**

Revised: March 2017



Ministry of
Health

**doctors
of bc**

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SECTION 1: OVERVIEW OF THE GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

1. What is the Guidelines and Protocols Advisory Committee?

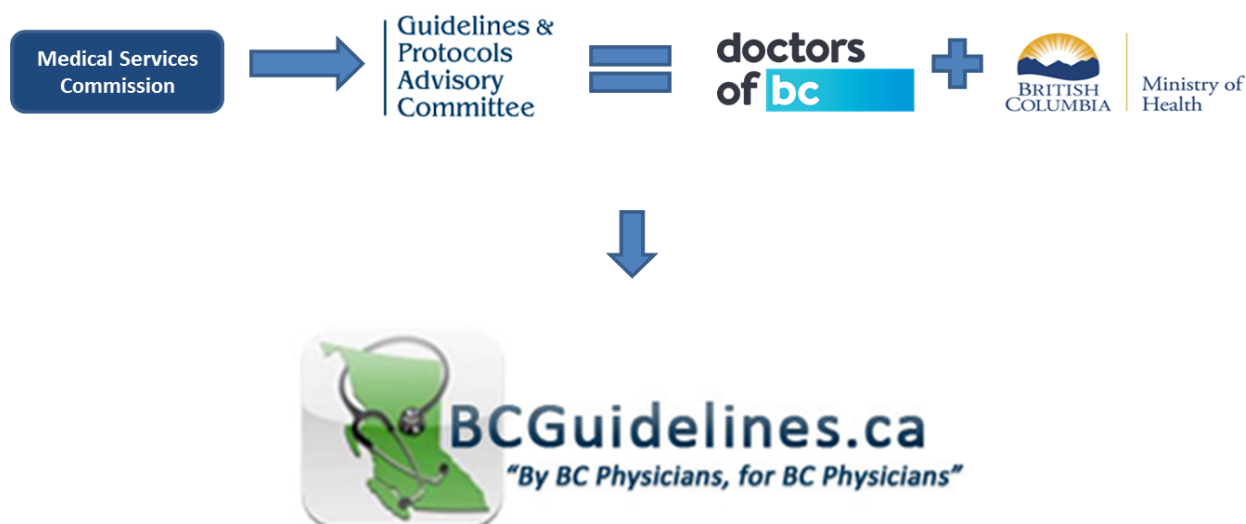
The Guidelines and Protocols Advisory Committee's (GPAC) mandate is to support both the effective utilization of medical services and high quality, appropriate patient care. This is achieved through the development, publication and promotion of clinical practice guidelines and protocols. GPAC's clinical practice guidelines are evidence-based recommendations for common medical situations with a particular focus on circumstances in British Columbia (BC). These "Made in BC" clinical practice guidelines are published in a user-friendly format under our brand name BC Guidelines on our website at www.BCGuidelines.ca.

2. What are GPAC's guiding principles?

- ▶ To encourage appropriate responses to common medical situations.
- ▶ To recommend actions that are sufficient and efficient, neither excessive nor deficient.
- ▶ To permit exceptions when justified by clinical circumstances.

3. What is the structure GPAC?

GPAC is an advisory committee of the Medical Services Commission (MSC), and is a joint collaboration between Doctors of BC (DOBC, formerly known as the British Columbia Medical Association or BCMA) and the BC Ministry of Health (the Ministry). As an advisory committee of the MSC, GPAC and its working groups are established under a Minute of the Commission from the MSC's responsibilities and powers outlined in Section 5(1)(o) of the *Medicare Protection Act* (MPA). Sections 24(1) and 37(5) of the MPA provide the authority for the MSC to prepare guidelines for practitioners. An online copy of the MPA and associated regulations may be found on the BC Laws website at www.bclaws.ca. Article 10.4 of the 2014 Physician Master Agreement (PMA) describes GPAC's structure, role and funding in relation to its position as an advisory committee to the MSC.



Medical Services Commission

The Medical Services Commission (MSC) administers the Medical Services Plan (MSP) to facilitate reasonable access throughout BC to quality medical care, health care and diagnostic facility services for residents of BC, under the *Medicare Protections Act*. The MSC is accountable to government through the Ministry of Health.

doctors of bc

Doctors of BC is a professional body of physicians in BC. Their mission is to promote a social, economic, and political climate in which physician members can provide the citizens of BC with the highest standard of health care, while achieving maximum professional satisfaction and fair economic reward.



The BC Ministry of Health has the overall responsibility for ensuring that quality, appropriate, cost-effective and timely health services are available for all citizens of BC.

4. What are the responsibilities of the MSC to GPAC?

- ▶ To guide and support GPAC, including to help preserve and promote a productive working relationship between DOBC and the Ministry.
- ▶ To provide direction to GPAC, including input and endorsement of an annual work plan.
- ▶ To appoint representatives to GPAC, including medical consultants.
- ▶ To review guidelines and protocols GPAC submits for final approval and adoption within BC.

5. What are the responsibilities of DOBC to GPAC?

- ▶ To foster a cooperative relationship between DOBC and the Ministry for the effective management of medical resources through a jointly agreed and transparent process.
- ▶ To appoint representatives to GPAC, including a DOBC co-chair.
- ▶ To host GPAC meetings, including committee and working group meetings.
- ▶ To manage GPAC finances from the funding made available to DOBC through the PMA.

6. What are the responsibilities of the Ministry to GPAC?

- ▶ To foster a cooperative relationship between the Ministry and DOBC for the effective management of medical resources through a jointly agreed and transparent process.
- ▶ To appoint representatives to GPAC, including a Ministry co-chair.
- ▶ To provide the secretariat function for GPAC.
- ▶ To provide other resources and support for the development of guidelines (e.g., staffing research officers to lead the guideline process, distributing draft guidelines for external peer review, posting guidelines on the BC Guidelines website at www.BCGuidelines.ca).

7. How is GPAC funded?

Funding for GPAC and its projects (e.g., the development of clinical practice guidelines) is made available through the 2014 Physician Master Agreement.

8. What is the composition of GPAC?

GPAC is comprised of an Executive and a General Committee. Both are co-chaired by one representative from DOBC and one from the Ministry. The membership includes practicing physicians (e.g., general practitioners, specialists), MSC medical consultants, and employees of DOBC and the Ministry. Other health care practitioners (e.g., pharmacists, nurse practitioners) may be members of GPAC, subject to approval by the co-chairs.

9. How are the GPAC Executive members selected and what do they do?

The Executive Committee has a smaller membership and selection is based on the key players from the two organizations. It acts as the steering team for GPAC and their responsibilities include:



- ▶ to provide strategic direction to the General Committee;
- ▶ to handle any issues with diplomacy and tact;
- ▶ to develop an annual work plan;
- ▶ to oversee the management of the budget;
- ▶ to nominate members to the General Committee; and
- ▶ to review and approve requests for collaboration with stakeholders.

10. How are the GPAC General members selected and what do they do?

General members are nominated by the GPAC co-chairs, and their membership is then approved by the Executive Committee. Members are chosen for expertise, extensive clinical experience and leadership ability. They are also selected to provide GPAC with a balance of clinical specialties, academic knowledge and research expertise. All members should be in good standing with DOBC and the Ministry and should be free of significant conflict of interest. Their responsibilities include:



- ▶ to provide feedback on the guidelines presented at GPAC for approval;
- ▶ to contribute to the committee process and share in the work;
- ▶ to uphold BC Guidelines' reputation of being evidence-based and free from any conflict of interest;
- ▶ to provide expertise and experience from their respective field;
- ▶ to contribute to discussions at meetings; and
- ▶ to attend all committee meetings to the best of their ability.

11. How are the GPAC co-chairs selected and what do they do?

The DOBC co-chair is selected by the DOBC Board of Directors, and a DOBC co-chair elect will serve on the GPAC Executive committee for up to one year prior to representing the DOBC as co-chair. The Ministry co-chair is appointed by the Ministry. Their responsibilities include:



- ▶ to foster a collaborative working relationship between the two organizations;
- ▶ to provide leadership and direction to GPAC and support staff;
- ▶ to work with each other on decision making and responses to circumstances;
- ▶ to report key activities of their respective organizations to GPAC;
- ▶ to report GPAC activities back to their respective organizations; and
- ▶ to alternate chairing GPAC meetings and facilitate healthy discussions at meetings.

12. Do GPAC members have terms of office?

With the exception of *ex officio* members representing MSC, DOBC, and the Ministry, GPAC members serve for a term of three years with renewal of a second term of three years (total six years). If required, membership may be renewed on an annual basis after two terms are completed. Members representing either MSC, DOBC or the Ministry will serve for the duration of tenure within their position at the represented organization.

13. Do GPAC members have to declare any conflict of interest?

GPAC relies on the good judgement, professional commitment, and moral ethics of committee members to protect themselves and GPAC from potential conflicts of interest. The definition of a conflict of interest includes a situation in which personal, occupational or financial considerations may influence a member's decisions or affect the objectivity or fairness of a member of GPAC. Before the first working group meeting, members are required to complete a Conflict of Interest Declaration to disclose any real, potential or perceived conflicts of interest. These are defined as:

- ▶ A *real* conflict of interest arises where a member of GPAC, or an immediate family members, has an existing private, personal or financial interest in a company or organization whose products or services may be recommended in the clinical practice guideline GPAC is developing.
- ▶ A *potential* conflict of interest arises when a member of GPAC, or an immediate family member, may have a private, personal or financial interest, such as an identified future commitment, in a company or organization whose products or services may be recommended in the clinical practice guideline GPAC is developing.
- ▶ A *perceived (or apparent)* conflict of interest may exist when a reasonably well-informed person has a reasonable belief that a member of GPAC participates in decisions that promote the member's private, personal or financial interest.

14. Are members paid for their time?

Members are entitled to receive payment for the hours they spend performing committee business and for expenses incurred while on committee business. If the member is a representative of DOBC, the Ministry, a health authority, or a university, they are paid by their respective organization as part of the member's regular duties. Other members (e.g., salaried physician, contract physician) are paid a sessional rate and expenses as set by DOBC and detailed in the claim forms. As of April 1, 2016, sessional rates are \$125.73 for a general practitioner or Ph.D. expert, \$148.31 for a specialist, and \$40.00 for a lay member.

16. How long has GPAC existed?

The origin of GPAC traces back to the 1993 Working Agreement. This Agreement called for the establishment of the BC Council on Clinical Practice Guidelines (the Council) and the Protocol Steering Committee (the Committee). The Council was responsible for developing clinical practice guidelines for the MSC, while the Committee was responsible for implementing payment protocols for the BC health care system.

BC Council on Clinical Practice Guidelines: The Council's mandate was to reduce expenditures on ineffective or inappropriate medical interventions, while maintaining or improving the quality of medical care and access to medically required services. It first met in June 1994, though it was not established as an advisory committee to MSC until July 7, 1995 (MOC #1118). Their first clinical practice guideline *X-Ray for Acute Ankle Injury* was approved in December 1995, and between March 1996 and January 1997, six more clinical practice guidelines and patient guides were published.

Protocol Steering Committee: The Committee's mandate was to develop protocols that maintain or improve the quality of medical care and access to medical services, while making optimal use of medical resources. It was established by the MSC on July 12, 1995 (MOC #1130) and first met in August 1995. Their first protocol *Protocol for Routine Pre-Operative Testing and the Standard Pre-Operative Outpatient Diagnostic Requisition Form* was approved in December 1996. Between December 1996 and March 1999, the Committee published 18 protocols.

However, as early as 1996, the Council had expressed concern over the lack of coordination between the Council and the Committee, potentially causing conflict and the duplication of effort. In April 1997, the MSC established the Protocols/Guidelines Steering Committee (MOC #97-027) to address continuous improvement in the process of protocol and guideline development, but challenges remained. The BCMA (now known as DOBC) Board of Directors and Executive had recommended that one organization, with added members, should be responsible for both protocols and guidelines during the same time period. By April 1999, the Council dissolved with a masse resignation of its members.

Following the resignation of the Council, the Committee became the one protocols and guidelines organization envisioned by the BCMA, and by August 2000, many of the Council's guidelines had been incorporated into a combined suite of 28 guidelines and protocols. The Committee's name was changed to the Guidelines and Protocols Advisory Committee (GPAC), effective July 12, 1999 (MOC #99-058). GPAC's first official meeting took place on September 30, 1999.

SECTION 2: OVERVIEW OF BC GUIDELINES

1. What are clinical practice guidelines?

Clinical practice guidelines are recommendations based on scientific evidence and expert clinical opinion. They assist practitioners and patients in making decisions about the appropriate health care for specific clinical circumstances. In this way, guideline recommendations reflect evidence on what constitutes best practices.

2. Why do we need clinical practice guidelines?

Clinical practice guidelines represent the best medical guidance for clinical decision-making and encourage the provision of only medically necessary services that have proven benefits to patients in specific situations. The use of guidelines is not new. What is new, however, is the drive to base practice recommendations on a critical appraisal of evidence, focusing on improved outcomes and recommendations on when certain services should and should not be offered.

3. What is the difference between a guideline and a protocol?

While guidelines and protocols both serve to provide recommendations to practitioners to assist decision-making, improve quality of care, and ensure that medical interventions are necessary and effective, there is a distinct difference between the two:

- ▶ **Guidelines** are defined as systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.
- ▶ **Protocols** are a precise outline for the study of a biomedical problem or for a regimen of therapy.

4. What are the challenges of developing clinical practice guidelines?

There are a variety of challenges involved in developing clinical practice guidelines, including:^{1,2}

- ▶ limitations in scientific evidence;
- ▶ confusion caused by conflicting guidelines;
- ▶ different stakeholders may have varying definitions of “quality care”;
- ▶ disease-specific guidelines may provide conflicting advice to patients with co-existing diseases;
- ▶ balancing evidence-based recommendations into clinical practice, especially in situations with uncertainty;
- ▶ confirming the scope of the guideline (e.g., how narrow, how broad); and
- ▶ keeping guidelines up to date, especially when it can take anywhere from six months to two years to develop a guideline.

5. What are BC Guidelines?

GPAC develops and publishes “Made in BC” clinical practice guidelines under the brand name BC Guidelines. The primary audience for BC Guidelines are BC physicians, nurse practitioners, and medical students. Although other audiences such as health educators, health authorities, allied health organizations, pharmacists, and nurses may find them useful.



BC Guidelines are published on our website, www.BCGuidelines.ca. Not all guidelines developed in BC are published on this website. However, some guidelines that are not branded as BC Guidelines may be posted on our website if they meet criteria set out in the collaboration policy (see page 21) to be considered “Partner Guidelines.”

6. How do BC Guidelines differ from other guidelines?

BC Guidelines are modified for circumstances in BC and includes BC-specific information such as: Medical Service Plan (MSP) billing rules and incentive fees, laboratory test availability, PharmaCare coverage information, referral pathways, and local resources. BC Guidelines also address concerns about the negative health and economic consequences of inappropriate and ineffective medical interventions within BC. Escalating health care costs, wide variations in physician practice patterns, research questioning the appropriate use of many services, and uncertainty about health outcomes suggest the need for evidence-based guidelines to improve the quality and consistency of care—all of which ultimately allow the guidelines to be better tailored to BC health care professionals and patients.

All BC Guidelines follow a recognizable format to ensure they are user-friendly. This includes being written in a concise and easy-to-read format (typically, no more than five to six pages in length, excluding appendices), and using plain language, whenever possible. BC Guidelines are not intended to be academic textbooks or overwhelm the reader with the amount or complexity of the information provided. All BC Guidelines have a consistent format with comparable headings so information can be easily found. When relevant, the following BC-specific information is included in BC Guidelines:

- ▶ a medication table that includes information such as the generic and trade name of drugs used to treat the specific condition, the dosage of the drug, the cost per dose of the drug, annual costs, whether the drug is covered by PharmaCare, therapeutic considerations and common adverse effects;
- ▶ a patient resource guide that outlines health system services and resources available in BC; and
- ▶ a flow sheet or action plan that aligns with the recommendations in the guideline.

BC Guidelines are developed using a rigorous guideline development process to ensure they are based on current medical evidence and provide practical advice for clinical situations that are commonly experienced within BC. The rest of this section describes the GPAC process in further detail.

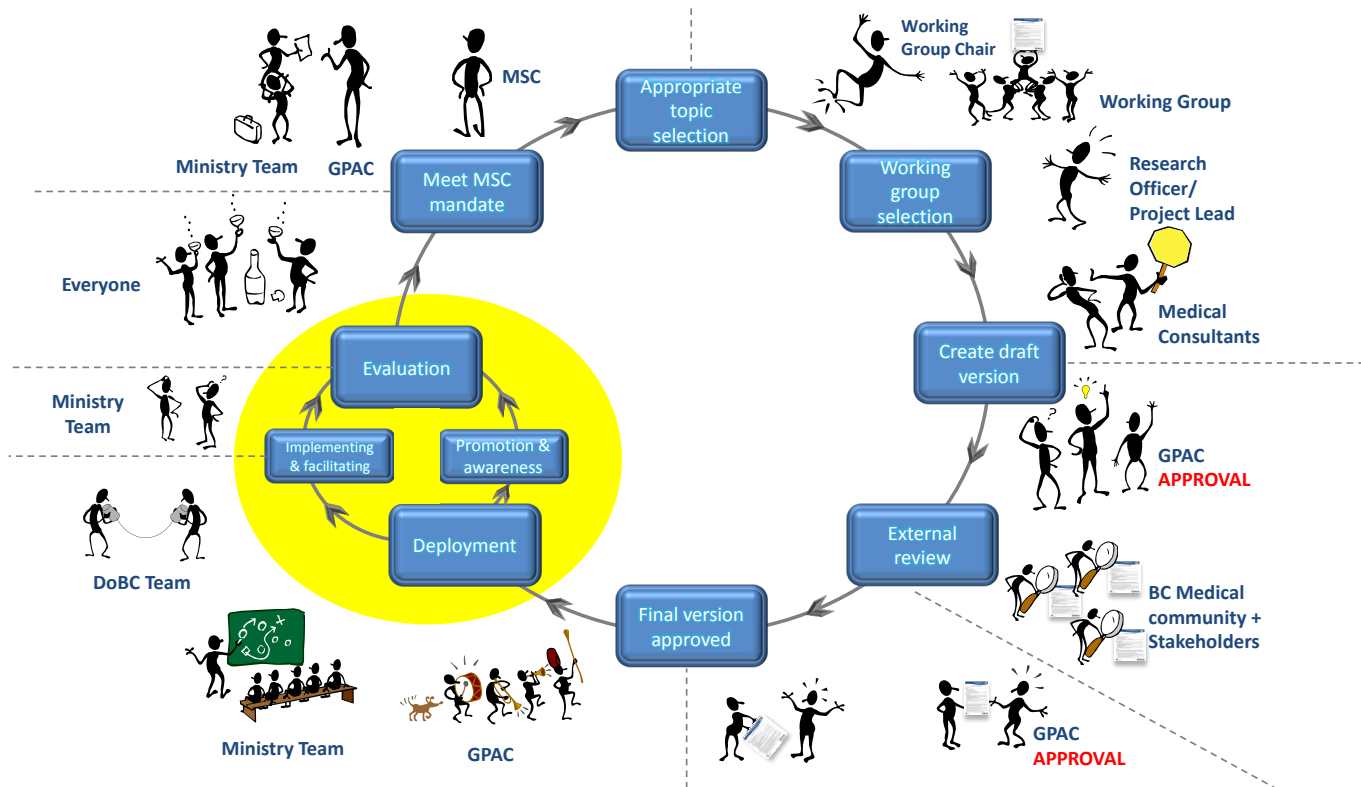
7. How long does it take GPAC to develop a guideline?

A guideline or protocol takes from six months to two years to develop depending on the complexity of the subject, the availability of working group members and the schedule of GPAC and Medical Services Commission meetings for approvals.

SECTION 3: THE GUIDELINE DEVELOPMENT PROCESS

1. What is the development process for BC Guidelines?

The below graphic outlines GPAC's guideline development process for BC Guidelines. The following pages will describe each step into further detail.



2. How are topics selected for a BC Guideline?

The following criteria are considered by GPAC in selecting and prioritizing topics for guideline or protocol development:

- ▶ areas of clinical uncertainty, as evidenced by wide variation in practice or outcomes;
- ▶ conditions where there is good evidence for effective treatment and where mortality/morbidity can be reduced;
- ▶ procedures and tests that have a high per unit cost and high volume;
- ▶ priority areas for the achievement of specific health care goals in BC;
- ▶ input from practitioners and stakeholders based on compelling evidence; and
- ▶ existing guidelines that need to be renewed (or retired) three to five years from its previous review date.

Topics may also be brought forward by potential collaborators. These topics or guidelines are put through the GPAC collaboration screening process, which is outlined on page 21 of this handbook.

WORKING GROUP SELECTION

1. What is the composition of a BC Guideline working group?

In general, each working group consists of a chair, general practitioners, a cross-section of relevant specialists, and MSC medical consultants. Each working group is facilitated by a project lead/research officer. Each working group member must be free of conflict of interest and be knowledgeable and interested in the subject matter (but not necessarily a subject matter expert). If relevant, other health care professionals are included in the working group (e.g., a pharmacist from the Ministry PharamaCare team). At times, working groups may invite additional health professionals or subject matter experts to consult on the development of the guideline. A complete list of working group members are submitted to the GPAC Executive for approval.



2. Who are the working group chairs and what do they do?

The chair of the working group facilitates discussions and decision-making. They are typically a member of GPAC, and have previous experience with clinical practice guidelines. Their specific responsibilities include:



- ▶ to provide leadership and guidance to working groups members, and to work collaboratively with the research officers and the medical consultants;
- ▶ to ensure the guideline content is based on medical evidence and is free of any conflict of interest;
- ▶ to ensure the guideline stays within scope and conforms to BC Guidelines style and format (e.g., practical, clear and concise, easy to read);
- ▶ to provide feedback and respond to correspondence in a timely manner; and
- ▶ to present drafts of the guideline to GPAC for external review and final approval.

3. Who are the working group members and what do they do?

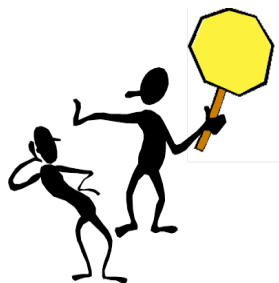
The working group members provide essential expert advice and input. Their specific responsibilities include:



- ▶ to contribute to meetings and the guideline development process;
- ▶ to review all drafts of the guideline and provide feedback;
- ▶ to provide essential clinical content, especially from a clinician's point of view;
- ▶ to review the literature and ensure the guideline is based on current medical evidence; and
- ▶ to work collaboratively to produce a product that provides clear and practical advice for clinical practice in BC.

4. Who are the medical consultants and what do they do?

The medical consultants, as *ex officio* members of all working groups, play a key role in guiding development of the guideline and providing critical direction to the research officers. Their specific responsibilities include:



- ▶ to oversee the development of the guideline and provide feedback on drafts of the guideline;
- ▶ to ensure that GPAC standards are maintained by contributing to the content and format of the guideline;
- ▶ to help resolve any issues that may arise during the guideline development process and to meet with stakeholders, as needed;
- ▶ to provide guidance to the research officer throughout the guideline development process;
- ▶ to ensure there are no conflicts with the content of the guideline (e.g., MSP billing/payment rules, laboratory requisition forms, other guidelines);
- ▶ to undertake activities to promote the guideline;
- ▶ to ensure the guideline is not only based on medical evidence, but also understandable from a clinician's perspective; and
- ▶ to present the final version of the guideline to the MSC for final approval and adoption within BC.

5. Who are the research officers and what do they do?

The research officers, also known as project leads, support the working groups and GPAC. As outlined in the PMA, they are employees of the Ministry of Health. A research officer is assigned to each guideline working group and their specific responsibilities include:



- ▶ to draft the guideline based on working group discussions and BC Guidelines standard format;
- ▶ to organize working group meetings and prepare meeting materials;
- ▶ to manage the external review process;
- ▶ to review the literature for evidence;
- ▶ to ensure guideline development stays on track, and raise any concerns with the chair and/or medical consultants, if required;
- ▶ to assist in the post-production of the guideline, including publishing on the BC Guidelines website and engaging in promotional activities;
- ▶ to assist the medical consultants in ensuring there are no conflicts with the content of the guideline (e.g., MSP billing rules, laboratory requisition forms, other guidelines);
- ▶ to prepare any briefing documents associated with the guideline; and
- ▶ to assist in the evaluation of the guideline.

6. Are the working group chairs' and members' names published?

In November 2014, GPAC decided to make the names of working groups members available for future guidelines. For guidelines published after 2014, lists of contributors may be published on the website. For guidelines published in 2014 and before, a list of contributors is kept on file, but are not publicly available.

7. Are the working group chairs and members indemnified from damages?

As stated in the *Medicare Protection Act*, participation in GPAC working groups provides indemnity from damages, as “no action for damages because of anything done or omitted to be done in good faith under this Act, (a) in the performance or intended performance of any duty, or (b) in the exercise or intended exercise of any power, may be brought against a member of the commission, a member of a special committee, an inspector appointed under Part 7, a member of an advisory committee or any employee or other person who is subject to the commission’s direction or to whom a power has been delegated under this Act.”

8. Are working group chairs and members paid for their time?

Chairs and members are entitled to receive payment for the hours they spend performing committee business and for expenses incurred while on committee business. If the member is a representative of DOBC, the Ministry, a health authority, or a university, they are paid by their respective organization as part of their regular duties. Other members (e.g., salaried physician, contract physician) are paid a sessional rate and expenses as set out by DOBC and detailed in the expense claim form. As of April 1, 2016 sessional rates are \$125.73 for a general practitioner or Ph.D. expert, \$148.31 for a specialist, and \$40.00 for a lay member.

9. Do working group chairs and members have to declare any conflict of interest?

GPAC relies on the good judgement, professional commitment, and ethics of committee members to protect themselves and GPAC from potential conflicts of interest. The definition of a conflict of interest includes a situation in which personal, occupational or financial considerations may influence a member’s decisions or affect the objectivity or fairness of a GPAC working group. As with General and Executive Committee members, working group members are required to complete a Conflict of Interest Declaration to disclose any real, potential or perceived conflicts of interest. See the Conflict of Interest discussion on page 6 for more details.

DRAFTING AND REVISING GUIDELINES

1. How are draft guidelines developed?

Once a topic has been approved for development by GPAC, a working group is formed and with the support of research officers from the Health Services and Policy Division develops a draft. Before the first working group meeting, the project lead will do the background research and create a first draft or an outline of the guideline with support from the medical consultants and the working group chair. The chair and the project lead will then facilitate working group meetings in which the guideline is discussed and revised. Once a complete first draft is created, it is presented to GPAC for approval for external review.

It is important to note that guidelines are meant to be brief and concise (typically, no more than five to six pages in length, excluding appendices). Plain language is used whenever possible so the guideline does not overwhelm the reader with the magnitude or complexity of the information provided. GPAC guidelines are not intended to be academic textbooks.

2. How is the first working group meeting typically run?

The research officer and working group chair will prepare an initial meeting package including any documents identified by members, and the results of the completed literature review. Meeting packages (cover letter, agenda, and other documents) are sent to the working group members approximately one to two weeks in advance of the meeting in order to provide enough time to review the materials prior to the meeting. Working group members must complete a conflict of interest form prior to beginning work on the guideline either before or at the first meeting. At the initial meeting, a brief presentation on working group expectations, research methodology, guideline format, and general questions is then given to all members. After the initial meeting, working groups may meet up to once a month, but this is flexible depending on the availability of working members and the amount of work the guideline requires.

3. How are guidelines kept up to date?

Guidelines are subject to review three to five years after the original effective date. The guideline's effective date is typically within six to eight weeks from the date the guideline was approved by the Medical Services Commission. Existing guidelines that undergo a substantive change to the content will be reissued with a new effective date; current guidelines that are subject to simple editorial changes or where only minor updates to the content are made will have a revised date added but will retain the original effective date.

Guidelines may require updating because of changes in:

- ▶ evidence on existing benefits and harms of interventions;
- ▶ important outcomes;
- ▶ available interventions; or
- ▶ resources available for health care.

4. How is evidence selected?

The evidence review process used in the development of GPAC guidelines is conducted with reference to the Oxford Centre for Evidence-Based Medicine (CEBM) Levels of Evidence (March 2011 - www.cebm.net). The CEBM Levels of Evidence document sets out an approach to systematizing the process for different clinical question types. Levels of evidence are not explicitly stated within the GPAC guidelines but recommendations are given and referenced.

The research approach has always been standardized. After the scope of the guideline has been determined and the main clinical questions are formulated, the process of reviewing evidence is as outlined in Figure 1. Specific focus is placed on high-quality systematic reviews. Other evidence types (depending on the question) are ordered from most desirable to least desirable.

Working groups review available systematic reviews and base recommendations on these studies. In cases where systematic reviews are not available, recommendations are based on primary evidence searches including individual randomized controlled trials reviewed by the working group. A full systematic review may not be conducted.

The evidence review process is robust, and includes searching various sources, including a minimum of two of the following resources:

- ▶ Medline
- ▶ CADTH
- ▶ CINAHL
- ▶ Therapeutics Initiative
- ▶ Cochrane reviews
- ▶ BMJ Clinical Evidence
- ▶ e-Therapeutics (CPS)
- ▶ Embase
- ▶ AHRQ
- ▶ FDA.gov

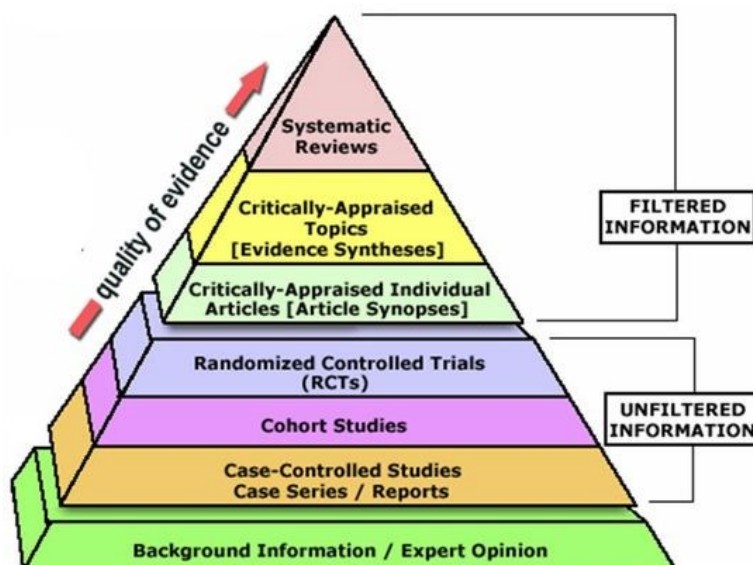


Figure 1: Evidence-Based Medicine Pyramid

This figure visualized the Oxford Centre for Evidence-based Medicine Levels of Evidence used by GPAC researchers.³

EXTERNAL REVIEW PROCESS

1. How does GPAC conduct the external review?

An external review process is critical for ensuring that new or revised guidelines are free from serious oversight or errors and are appropriate for BC. GPAC uses two distinct external review methodologies.

1. First, GPAC uses a randomized approach where an approved draft is mailed to a random sample of general practitioners (typically numbering between 500 and 800 individuals), relevant specialties (10-50% sample per speciality), UBC medical school, nurse practitioners and key stakeholders. Additional appropriate reviewers may be chosen for specific guidelines in consultation with the MSC medical consultants and research officers.
2. Second, GPAC sends every guideline to a selected and consistent group of key stakeholders through email (known as the “always list”). This list is made up of key contacts in the areas of pharmacy (e.g. Pharmaceuticals Services Division, Therapeutics Initiative), laboratory procedures (BC’s Agency for Pathology and Laboratory Medicine, BC Association of Laboratory Physicians, LifeLabs Medical Laboratory Services), health authorities, MSP billing, public health, and health professional colleges and associations.

The new or revised guideline is also reviewed with Ministry employees involved in developing standard laboratory or diagnostic requisition forms, billing rules and fee codes. After the external review process is completed (one to two months) results are recorded for the working group’s consideration. External review results are then reported to GPAC for final review before a guideline is sent to the MSC for approval.

2. Can health professionals or stakeholders who are not invited through mail or e-mail participate in the external review?

Yes! BC Guidelines is pleased to introduce a [new online external review option](#) for both accessing the draft guideline that is open to BC health professionals such as physicians, nurse practitioners, and pharmacists, as well as to other relevant stakeholders.

Whenever a new or revised BC Guideline is ready for external review, it is posted on the new [External Review of Guidelines](#) page on our website at [BCGuidelines.ca](#). This new page allows peer reviewers to download draft guidelines (Word or PDF) and the feedback questionnaire from the website. The external review questionnaire, as well as any additional comments on the guideline, may be submitted by: an online questionnaire, by fax to (250) 952-1052; or by e-mail attachment to hlth.guidelines@gov.bc.ca.

The external review process is typically open for 4-6 weeks. To receive announcements when new or revised guidelines are open for external review or ready for release, please sign up for our mailing list at: www.bcguidelines.ca/signup.html.

Physicians who act as external reviewers for BC Guidelines may be eligible to receive credit towards continuing professional development or continuing medical education. For more information, see the [Continuing Professional Development \(CPD\) Credits](#) page on our website at [BCGuidelines.ca](#).

3. Can reviewers earn credit towards continuing professional development or continuing medical education for participating in the external review?

Yes. Physicians are required to earn credits as part of their continuing medical education (CME) or continuing professional development (CPD) after graduation. Participating in CME or CPD helps physicians increase their current knowledge and skills in the medical field. Physicians can earn CME or CPD credits for working with BC Guidelines in a number of ways:

- ▶ serving on the GPAC General and Executive committees;
- ▶ serving on working groups that produce or revise BC Guidelines;
- ▶ participating as external reviewers for new or revised BC Guidelines; and
- ▶ reading and using BC Guidelines in practice.

General Practitioners

Members of [The College of Family Physicians of Canada](#) (CFPC) may claim Mainpro+® credits for working with BC Guidelines. Mainpro+® credits are self-reported through the CFPC website. Physicians may claim one non-certified credit for each **hour** that they spend in the above activities. There are no activity maximums for the self-learning or assessment credit categories.

With the launch of Mainpro+®, physicians may earn five certified credits through the expanded Linking Learning exercises, which now include: Linking Learning to Administration, Linking Learning to Research and Linking Learning to Assessment. For example, reading a BC Guideline or acting as an external reviewer for a new or revised guideline could act as an assessment activity for a Linking Learning to Assessment exercise. There is no limit on the number of Linking Learning exercises that may be completed in a cycle.

Specialists

Specialist physicians can earn continuing professional development credits through the [Royal College of Physicians and Surgeons of Canada Maintenance of Certification \(MOC\) Program](#). In particular, specialist physicians can earn credit under **Section 2: Self-learning** for identifying learning related to writing, reviewing or reading clinical practice guidelines.

For more information on earning SME or CPD credit through BC Guidelines, see the [Continuing Professional Development \(CPD\) Credits](#) page on our website at [BCGuidelines.ca](#).

FINAL APPROVAL

7. How does a guideline receive final approval from MSC?

Once GPAC approves the guideline, the research officer will prepare a Request for Decision (RFD) document that outlines all of the potential impacts of the guideline. The RFD focuses on improved patient outcomes (what recommendations will lead to better management of patients), utilization (what are the financial impacts on MSP, PharmaCare, other stakeholders, etc.). Projections of impact are generally a part of this document. The guideline package (includes guideline, RFD and the Minute of the Commission) is then submitted to the MSC for approval.

At this point, the working group is done and will be informed when the guideline goes live.



SECTION 4: GUIDELINE PUBLICATION AND PROMOTION

1. Where are BC Guidelines published?

Unless a guideline is read and implemented into clinical practice it is not effective. Therefore, the deployment of guidelines is a critical step in their development.

Once the MSC approves a guideline, the research officers begin the publication process, which includes: posting the full guideline on BCGuidelines.ca, uploading the guideline to the BC Guideline mobile app, and ensuring the latest version of the guideline is included in the Canadian Medical Association Clinical Practice Guideline Database. It is important to emphasize, however, that BCGuidelines.ca is not itself a guideline clearinghouse.

2. What does guideline promotion consist of?

Guideline promotion and awareness activities include:

- ▶ promoting the guidelines and providing information to target audiences at conferences and professional development sessions;
- ▶ distributing USB flash drives containing copies of all BC Guidelines and Partner Guidelines, as well as print versions of select guidelines, at conferences and other promotional events;
- ▶ writing excerpts for journals and newsletters;
- ▶ including information on new and revised guidelines in broadcast messages sent by the Ministry of Health and other stakeholder organizations; and
- ▶ promoting guidelines through social media platforms.

The implementation of BC Guidelines is also facilitated through:

- ▶ embedding guideline recommendations or resources into order sets or electronic medical records;
- ▶ integrating guideline recommendations into lab reports;
- ▶ linking General Practice Services Committee incentive payment or MSP billing rules to BC Guidelines;
- ▶ inviting physicians, nurse practitioners and UBC Medical School family practice residents to participate in the external review process; and
- ▶ collaborating with UBC Medical School family practice residents by creating opportunities for their second year research projects.



3. Can I access BC Guidelines through my mobile device?

Yes. BCGuidelines.ca automatically converts to a mobile version when you visit the site using the browser on your smartphone or other mobile device.

As of April 2017, we are also pleased to announce the release of the **new BC Guideline Mobile App** for both Apple and Android mobile devices. The free and re-designed mobile app works even without internet connectivity. The Mobile App can be downloaded from bcguidelinesapp.ca.

WORKS OFFLINE

All the guideline content is saved to your phone and works without WiFi or a mobile internet connection.



MODERN USER INTERFACE

The user interface has been re-designed to be extremely simple and easy to use.



REFERENCE MATERIALS

All appendices and supplemental guideline materials are included within the app for easy access.



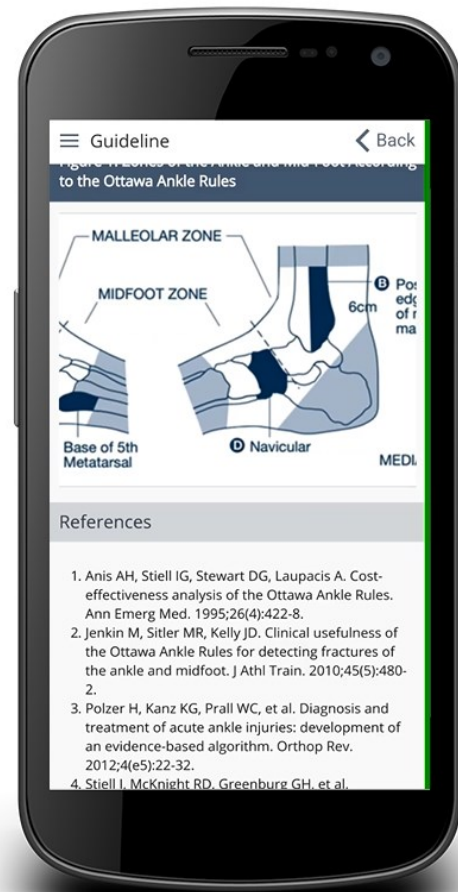
QUICK SEARCH

Finding a guideline has never been easier with the quick new browse and search functionality.



TABLE OF CONTENTS

Every guideline has a simplified table of contents which enables you to jump to any section of interest.



4. How can I find out when new or revised BC Guidelines are released?

Whenever a new or revised guideline is updated or released, there will be an announcement posted in the “What’s New” section of the BCGuidelines.ca homepage.

To receive updates when new or revised BC Guidelines are open for external review or ready for release, sign up for our mailing list at www.bcguidelines.ca/signup.html. The list is not used for any other purpose, and you may unsubscribe at any time.

SECTION 5: COLLABORATION POLICY

GPAC is seen as a leader in guideline development in BC and is increasingly approached by stakeholders seeking to collaborate. In recent years, collaborations with stakeholders have become a major part of GPAC work planning. GPAC has flexible, well-established processes for collaborating with stakeholders on guideline development. For all levels of collaboration, GPAC Executive will make the final decision based on current priorities and approved work plans. Clarification of roles and responsibilities will be specified in a Memorandum of Understanding to be signed before beginning guideline development.

What are levels of GPAC guideline development and collaboration?

- ▶ **LEVEL 1: GPAC guideline**
 - 100% GPAC developed guideline with no collaboration.
- ▶ **LEVEL 2: GPAC guideline with stakeholder involvement**
 - GPAC leads working group and guideline development.
- ▶ **LEVEL 3: GPAC/stakeholder guideline**
 - Stakeholder leads working group and guideline development.
- ▶ **LEVEL 4: "Partner Guideline"**
 - Stakeholder-developed guideline, link provided on the "Partner Guidelines" page at BCGuidelines.ca.
- ▶ **LEVEL 5: GPAC consultation**
 - GPAC medical consultants provide advice to stakeholder organization.

How do stakeholders approach GPAC with requests for collaboration?

Stakeholders contact GPAC or the GPAC Ministry team directly with request for collaboration. You can also email BC Guidelines at hlth.guidelines@gov.bc.ca to request a collaboration or more information about collaborating with GPAC.



SECTION 6: BC GUIDELINES AND THE HEALTH CARE SYSTEM

1. Will guidelines interfere with a patients' access to certain services?

Clinical practice guidelines are not designed to replace physicians' clinical judgement in deciding upon appropriate medical interventions for their patients; nor do they compromise physicians' rights and obligations to practice medicine with diligence in determining the appropriate medical care for his or her patient. Rather, guidelines present current medical evidence in a concise document that physicians and patients can refer to with confidence.

2. Will clinical practice guidelines change patients' coverage under the BC Medical Service Plan (MSP)?

No, coverage will not change as a result of clinical practice guidelines. Since being implemented, the MSP has provided coverage for all medically required services in order to meet the "comprehensiveness" requirement of the *Canada Health Act*.

The key phrase is "medically necessary", which may be defined as a service that is effective and appropriate for a specific circumstance. In the past, it has been unclear whether a service is considered medically necessary. Therefore, different practitioners tend to use different rules. Clinical practice guidelines clarify what is and is not a medically necessary service for certain clinical circumstances based on scientific evidence and expert medical opinion. So while guidelines do not change coverage under the MSP, they do assist practitioners and patients in making health care decisions and subsequently, help improve the appropriateness and effectiveness of care provided to BC patients.

3. If, according to a guideline, a patient does not require a particular service but wishes to obtain it anyways, will the service be paid by the MSP?

The MSP only pays for services that are considered benefits under the plan, which are generally confined to medically necessary services. Patients requesting services that are determined by their physician to not be medically necessary should expect to pay for these services themselves.



5. How can clinical practice guidelines save the BC health care system money?

Studies have shown a significant number of tests, treatments and procedures are unnecessary, inappropriate or ineffective. For example, we know that for ankle injury, the number of unnecessary x-rays outnumber appropriate x-rays. The BC guideline *X-ray for Acute Ankle Injury*, based on the Ottawa Ankle Rules, resulted in a reduction in the number of ankle x-rays performed annually. Apart from improving the quality and consistency of care, and reducing unnecessary patient exposure to radiation, the reduction in overall volume of x-rays will save money that can then be made available for better use elsewhere.

Alternatively, there may be instances when a guideline will result in increased costs. The overall goal of guidelines is to improve the quality of care by guaranteeing that individuals receive the most effective and appropriate medical interventions for their specific circumstances.

6. How does GPAC align with BC Pharmacare?

To ensure that guidelines correspond with BC Pharmacare, guidelines including (but not limited to) Diabetes Care, Chronic Heart Failure—Diagnosis and Management, Cognitive Impairment: Recognition, Diagnosis and Primary Care, Problem Drinking, Hypertension, and Stroke and Transient Ischemic Attack—Acute and Long Term Management include tables with Pharmacare information relevant to the condition.

These tables include information such as the generic and trade name of drugs used to treat the specific condition, the dosage of the drug, the cost per dose of the drug, annual costs, whether the drug is covered by PharmaCare, therapeutic considerations and common adverse effects.

7. How does GPAC align with the BC Lifetime Prevention Schedule (LPS)?

The LPS is a Ministry of Health initiative that seeks to identify effective clinical prevention services to be offered in a planned and systematic manner that is integrated with primary health care delivery.

GPAC supports this initiative through the publication of a number of guidelines that relate to prevention and screening, including guidelines on primary prevention of cardiovascular disease, detection of colon cancer in asymptomatic adults, interventions relating to obesity and physical inactivity, as well as a guideline on chronic obstructive pulmonary disease that includes a recommendation of smoking cessation. The LPS has also aimed to work with GPAC to develop guidelines for all the services in the LPS that do not have corresponding guidelines. Additionally, the LPS has called for an more organized effort to implement, or support the implementation, of provincial programs that are aligned with the recommendations in GPAC's guidelines.

8. How does GPAC align with the Ministry of Health's strategies and priorities?

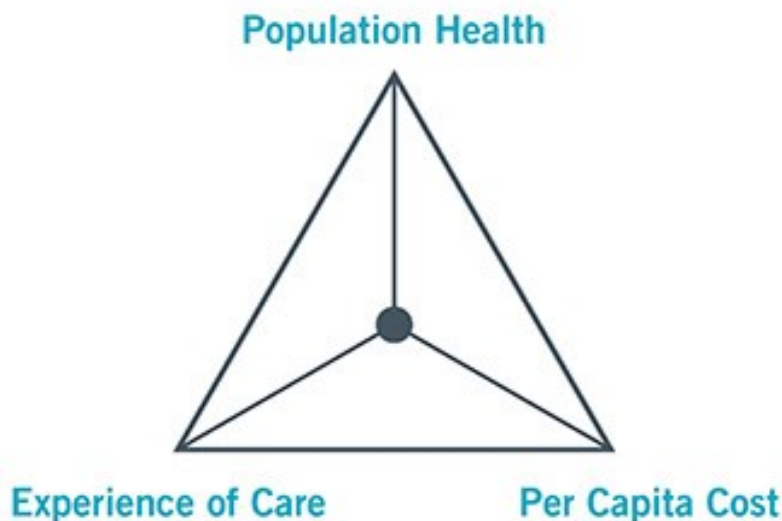
The main benefit of GPAC's guidelines is providing clinical practice recommendations that health professionals can use to aid in their decision making. This in turn can lead to patient outcomes that are aligned with the Ministry of Health's broader mandate.

The Ministry of Health has focused its efforts on improving BC's health care on three overarching goals of improving the health of the population, improving the patient experience of care, and reducing the per capita costs of health care known as the "Triple Aim". The objectives and functions of GPAC align with these goals through:

1. improving the health of the population by providing high-quality and evidence based guidelines;
2. improving the patient experience of care by developing guidelines with recommendations that include individualized care plans that are responsive to patient preferences; and
3. reducing the per capita cost of health by emphasizing quality (especially effectiveness and appropriateness) as well as efficiency of care through guidelines that recommend reducing unnecessary medical testing or procedures.

GPAC's objectives and functions also align with strategic priorities 1, 2, 3, 4, 5, 6 and 8 in *Setting Priorities for the B.C. Health System*. Additionally, GPAC's guidelines support ongoing provincial initiatives such as the *Dementia Action Plan*, *Improving Care for BC Seniors: An Action Plan*, as well as *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, as there are several published guidelines that directly relate to each of these programs.

The IHI Triple Aim



SECTION 7: OTHER FREQUENTLY ASKED QUESTIONS

1. Can I access BC Guidelines from my smartphone or mobile device?

Yes. BCGuidelines.ca automatically converts to a mobile version when you visit the site using the browser on your smartphone or other mobile device.

We are also pleased to announce the release of the **new BC Guideline Mobile App** for both Apple and Android mobile devices. The free and re-designed mobile app works even without internet connectivity. The Mobile App can be downloaded from bcguidelinesapp.ca.

2. How do you get a hard copy of a guideline or a binder with the complete guideline library?

As of 2009, BC Guidelines no longer provides hard copies of the guidelines or guideline binders. Prior to 2008 complete guideline binders were mailed to all GPs in the province. At BCGuidelines.ca, pdf versions of the guidelines are available to print. On the BCGuidelines.ca home page there is a button for downloading all of the guidelines in one file to print or to reference on the computer.

3. Will BCGuidelines.ca answer requests for medical or clinical advice?

No. The BCGuidelines.ca e-mail inbox is not staffed by healthcare professionals. We can only answer questions directly about the development of the guidelines. For specific medical services or clinical advice, please contact your GP or call 811. Online information is provided by www.healthlinkbc.ca.

4. Will BCGuidelines.ca answer questions about medical services or treatments available in BC?

No. The BCGuidelines.ca e-mail inbox is not staffed by healthcare professionals. For answers to specific questions about medical services or treatments, contact your health care provider or contact HealthLinkBC at 8-1-1, or online at www.healthlinkbc.ca.

5. Will BCGuidelines.ca answer questions about MSP coverage or the cost of treatments for a particular condition?

No. BCGuidelines.ca cannot answer specific questions about MSP coverage or the treatment of a particular condition. For questions about MSP and costs of treatment, please contact:

Telephone: Lower Mainland: 604 683-7151 | Toll-free: 1 800 663-7100

Fax: 250 405-3595

E-mail: mспенquiries@hibc.gov.bc.ca

Mailing Address: Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, B.C. V8W 9E3

Website: www.health.gov.bc.ca/msp/infoben/benefits.html

6. Can I make copies of BC Guidelines and share them with colleagues?

GPAC authorizes the use and reproduction of BC Guidelines for purposes other than commercial redistribution, provided that the GPAC is acknowledged as the creator of the work. Partner Guidelines listed on BCGuidelines.ca may be subject to different copyright provisions.

7. Can I post copies of BC Guidelines on another website?

If you would like to post one of our guidelines to an external website, please simply provide a link to the original guideline posted on BCGuidelines.ca to ensure that the most up-to-date version is accessed.

8. How do I correctly reference a BC guideline within my own publication?

A reference to a BC guideline should be written in this form:

Medical Services Commission of British Columbia, Guidelines and Protocols Advisory Committee. *insert guideline title*. C *insert guideline year* [updated *year month day*; cited *year month day*]. Available from <http://www.bcguidelines.ca/>.

9. Who do I contact if I have additional questions about [BCGuidelines.ca](http://www.bcguidelines.ca)?

Guidelines and Protocols Advisory Committee
PO Box 9642 STN PROV GOVT
Victoria, BC V8W 9P1

Fax: 250 952-1417
E-mail: hlth.guidelines@gov.bc.ca

BC Guidelines Disclaimer:

The Clinical Practice Guidelines (the guidelines) have been developed by the guidelines and Protocols Advisory Committee on behalf of the Medical Services Commission. The guidelines are intended to give an understanding of a clinical problem, and outline one or more preferred approaches to the investigation and management of the problem. The guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problem. **We cannot respond to patients or patient advocates requesting advice on issues related to medical conditions. If you need medical advice, please contact a health care professional.**

Works Cited:

1. Canadian Medical Association (CMA). (2007). Handbook on Clinical Practice Guidelines. Retrieved April 11, 2016, from <https://www.cma.ca/Assets/assets-library/document/en/clinical-resources/CPG-handbook-e.pdf>.
2. Graham, R. (2011). *Clinical practice guidelines we can trust*. Washington, DC : National Academies Press.
3. OCEBM Levels of Evidence Working Group (2011). *The Oxford Levels of Evidence 2*. Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=5653>.