- Proposed Standard 3 concerning CPG development team composition calls for representation of a wide range of interests and perspectives. This should encourage collaboration among guideline development organizations and likely result in representative members from organizations having CPGs with overlapping recommendations. Their participation in the development of a new, related CPG should help minimize conflicting recommendations.
- Proposed Standard 8 requires annual, ongoing monitoring of new, potentially relevant evidence. It also requires updating of extant CPGs when new evidence indicates a modification of guideline recommendations. Both of these activities help ensure that earlier guidelines are accounted for as future CPGs are developed.
- If the NGC adopts higher standards for clearinghouse admission, fewer CPGs will be accessible and probably somewhat fewer will require harmonization now and in the future because some CPGs that do not meet NGC standards will not be widely circulated.

Whether or not commercial guideline developers choose to follow the proposed standards, to the extent they rely on existing CPGs from reputable developers, and to the extent there would be fewer CPGs in need of harmonization, commercial guidelines would contribute to the convergence toward existing, higher quality CPGs, rather than to a proliferation of poorer quality CPGs.

If a new, separate process were proposed to encourage CPG harmonization, it would require some authority and have a significant job tackling existing, duplicative guidelines, and also an endless job if the development standards were ineffective in reducing production of duplicative guidelines. The committee recognizes that, although future need for harmonization should be reduced, conflicting recommendations in CPGs may remain. Because the committee does not assume that all remaining duplication and conflicting recommendations are necessarily bad, AHRQ and the NGC should examine the causes of remaining multiple inconsistent CPGs and prioritize them for harmonization if considered necessary. Particular attention to harmonization should be paid when the oldest CPG on a topic is due for updating.

SHOULD THERE BE A PROCESS TO IDENTIFY WHICH RECOMMENDATIONS SHOULD BE CONSIDERED FOR QUALITY MEASURES?

Clinical Practice Guidelines have had, and are expected to have, an important influence on development of physician and hospital performance measures, especially when CPGs conform to development methods such as those recommended herein. The data gathered from use of such measures have provided consumers with valuable information on the quality of different health care providers. The committee recognizes that healthcare quality measures are developed by many different organizations for various purposes and audiences. Some measure developers and users may work for proprietary interests and prefer keeping measures confidential; others submit measures to the NQF for approval and dissemination and to a web-based clearinghouse, the National Quality Measures Clearinghouse (NQMC). Although some CPG developers also develop related quality measures and promote their use, typically those actions have not been within the purview of guideline development to produce performance measures. In fact, performing both functions might create conflicting interests. For example, a CPG might recommend the latest state-of-the-art treatment, but the Guideline Development Group (GDG) might consider it unfair or inappropriate for use as a quality measure, if the measure could be used in a pay-for-performance scheme. Measures developers, however, often rely on CPG recommendations and the related scientific evidence base. Because the NQMC is closely linked to the NGC, users of either clearinghouse can readily find related measures and CPGs.

As reflected in the NQMC, quality measures can assist in evaluating aspects of the process of care, care outcomes, access to care, and the patient's care experience. The evidence base for a measure posted in the NQMC can be minimal—at least "one or more research studies published in a National Library of Medicine indexed, peer-reviewed journal, a[n] SR of the clinical literature, a CPG or other peer-reviewed synthesis of the clinical evidence, or a formal consensus procedure involving expert clinicians and clinical researchers," and evidence from patients for measures of patient experience, as well as documentation concerning use of the measure (NQMC, 2010).

Because rating the strength of recommendations will occur in the development process of all CPGs adhering to the IOM's recommended standards, the committee concludes that no additional processes are needed to identify recommendations of sufficient

strength for quality measurement. The committee urges all developers of CPG-related measures to employ only CPGs identified as trustworthy (as defined herein) when available. Only recommendations conceived in accordance with development standards, such as those proposed herein, should be transformed into quality measures.

HOW SHOULD CPG DEVELOPMENT AND IMPLEMENTATION PROCESSES AND IMPACT BE EVALUATED?

The proposed standards have not yet been evaluated by CPG developers and users. Without evaluation of the recommended guideline development process and interventions to promote CPG implementation, it will not be known whether the standards give rise to development of unbiased, scientifically valid, and trustworthy CPGs, or whether implementation of IOM standards-based CPGs gives rise to improved health outcomes. The committee believes answering questions related is important, such as,

- What are strengths and weaknesses in the current execution of standards and how might the standards be revised before broad distribution (e.g., what is the optimal model of GDG-SR relationship, what is the optimal method of involving consumers, etc.)?
- Are the IOM guideline development standards valid and reliable?
- Are the development standards being adopted?
- Is adoption increasing stakeholders' confidence in CPGs?
- Is adoption of the proposed standards enhancing the quality of the development of CPGs?
- Are CPGs developed on the basis of the proposed standards more likely to be adopted?
- Which interventions to promote adoption of CPGs are most effective, for which audiences, and for what types of clinical interventions?
- Do CPGs developed on the basis of the proposed standards for trustworthy guidelines improve healthcare and patient outcomes?
- What is the impact of the NGC?

Research to answer such questions is consistent with the mission of AHRQ. Hence, the committee believes that AHRQ should direct