

A NOVEL MULTILAYERED PRESENTATION FORMAT FOR CLINICAL PRACTICE GUIDELINES

Brainstorming & Sketching

BACKGROUND: To address current shortcomings in conveying practice recommendations and supporting evidence, WP1 is creating and testing strategies for effectively communicating clinical practice guidelines (CPGs).

METHODS: We carried out multiple cycles of brainstorming and sketching, developing a prototype presentation format, collected feedback from 27 stakeholders and performed user testing with 47 practicing physicians from six countries. Physicians participating in the user testing viewed presentation formats linked to clinical scenarios and engaged in semi-structured interviews applying a think-aloud method for exploring important aspects of user experience.

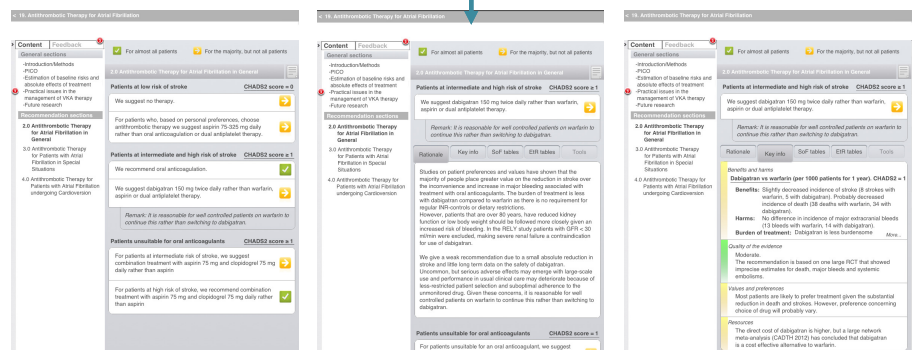
RESULTS: We developed a multilayered presentation format allowing clinicians to successively view more in depth information. Starting with the recommendations clinicians can then access a rationale and a key information section containing information on quality of the evidence, balance between desirable and undesirable consequences, values and preferences, and resource considerations.

Initial advisory group feedback and user testing revealed problems with conceptual understanding of underlying CPG methodology as well as difficulties with the complexity of the layout and content. Extensive revisions made before the second round resulted in most participants expressing overall satisfaction with the final presentation format.

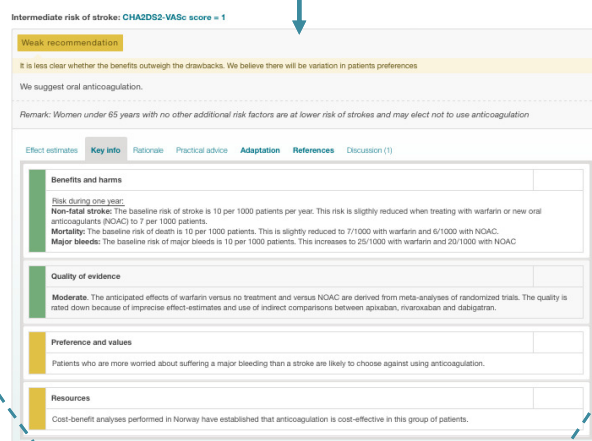
IMPLICATIONS: The multilayered CPG format is likely to enhance the utility of CPGs for front-line clinicians. We have implemented the format in electronic guideline authoring tools and are currently revising, testing and evaluating end-users perceptions of the format.



Stakeholder feedback & user testing round I



User testing round II



Surveys & trials



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 258583.

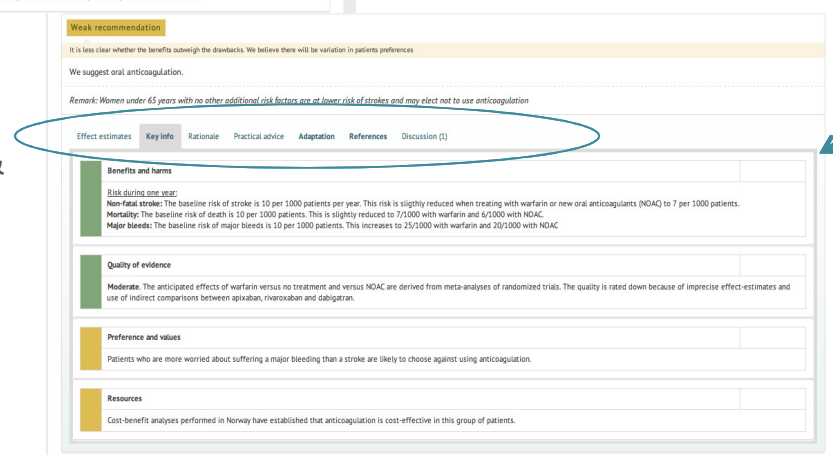
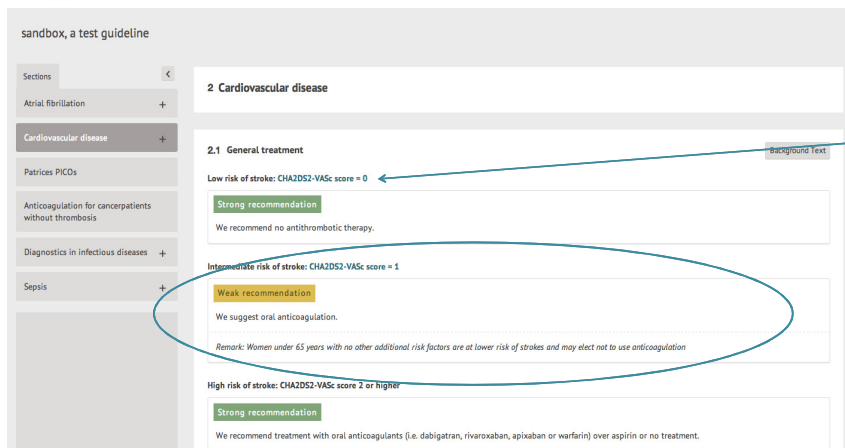


A walkthrough of the multilayered format

First an overview of the
recommendations

Hyperlink to risk score

Click on the recommendation to access
underlying layers of information
Then navigate by using the tabs



Second the background;

Key information

- ❖ The balance between benefits & harms
- ❖ The quality of the evidence
- ❖ Typical patient preferences & values
- ❖ Resource issues

Rationale

- ❖ The guideline panels reasoning underlying the recommendation

Practical information

- ❖ E.g. dosage, contraindications

Summary of findings tables

- ❖ Relevant evidence summaries per recommendation

References

- ❖ References per recommendation with hyperlinks to PubMed & journal

It is less clear whether the benefits outweigh the drawbacks. We believe there will be variation in patients preferences

We suggest oral anticoagulation.

Remark: Women under 65 years with no other additional risk factors are at lower risk of strokes and may elect not to use anticoagulation

Effect estimates	Key info	Rationale	Practical advice	Adaptation	References	Discussion (1)
Patient						
Intermediate risk of stroke				Intervention	Control	Outcome
				NOAC	Warfarin	All cause mortality, stroke, major bleeds

Evidence profile	Summary	References				
Outcomes	Confidence In Effect Estimates	Relative Effect	Warfarin	NOAC	Absolute Difference	Participants (Studies), Follow-Up
All cause mortality (1 year)	High	RR 0.88 (CI 0.82 - 0.96)	7 per 1000	6 per 1000	1 fewer per 1000 (CI 1 fewer - 0 fewer)	44,442 (3) 2 years
Stroke (1 year)	Moderate Imprecision	RR 0.89 (CI 0.78 - 1.02)	3 per 1000	3 per 1000	0 fewer per 1000 (CI 1 fewer - 0 fewer)	44,442 (3) 2 years
Major bleeds (1 year)	Moderate Heterogeneous and imprecise effect estimates	RR 0.8 (CI 0.63 - 1.02)	25 per 1000	20 per 1000	5 fewer per 1000 (CI 9 fewer - 0 fewer)	44,442 (3) 2 years

Visit www.guidelinedevelopment.org/ and www.magicapp.org/ to experience the multilayered format in real guidelines



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