Guidelines and health care decision making

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Background
Health care organizations need tools for planning health care activities, essential resources and rational allocation of tasks. Evidence on effective interventions is appraised for guidelines. The implementation of evidence is challenging and little is known of its effects on health care decision making.

Purpose
The aim was to analyze health care decision makers’ knowledge of Current Care (CC) guidelines, and their use of the evidence in decision making.

Methods
A web-based questionnaire was sent to relevant health care decision makers (n = 146). The questionnaire consisted of five structured question sections with answer scale from 1 to 5 (1 = not at all, 5 = very much).

Results
The response rate was 51%. The respondents were political (n = 8, 11%), and health care decision-makers from public sector (n = 48, 56%) and others (n = 27, 33%).

Almost 80% knew the guidelines and thought that the guidelines function in evaluation of effectiveness of health care (answers 4 or 5). But the overall use of epidemiologic data and evidence of practice performance is underused. However, the respondents reported that they use single scientific publications almost as much as guidelines as a source for effectiveness information (Figure 1).

CC guidelines are used in health care decision making especially in care pathways and when developing house rules, in both basic medical training and continuing professional education, and in effectiveness and safety assessments of treatment protocols (Figure 2). Guidelines are less used as management tools and in multidisciplinary task division.

Discussion
Guidelines are well known by health care decision makers and appreciated as a source of information. Nevertheless, they are only partly used in health care management, planning and organizing.

Implications for guideline developers
Guidelines should be user friendly and developed to a broad audience. Guideline developers could facilitate the use of guidelines in managing health care for example with different tools, such as indicators. In addition to the evidence on effective interventions, the evidence on structures should be systematically searched and critically appraised.

Figure 1. The use of Current Care (CC) guidelines and scientific publications as sources for effectiveness information (1 = never, 5 = very often).

Figure 2. The percentage of respondents who evaluated that the guidelines are used in different purposes quite a lot or a lot (answer 4 or 5).