Perspectives on Quality Assurance and Risk Reduction in Telehealth

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Guidelines Generally

Facilitate compliance with recognized professional practices

Promote compliance with regulations, statutes, and accreditation requirements (HIPAA, EMTALA, etc.)

Reduce practice variation

Standardize practices across multiple entities within a single a health system

Serve as a resource for staff

Reduce reliance on memory



Clinical Guidelines – Benefits for Practitioners

Improve the quality of clinical decisions

- Offer explicit recommendations for clinicians who are uncertain about how to proceed
- Overturn the beliefs of doctors used to outdated practices
- Improve the consistency of care
- Good guidelines based on respected authorities may reassure practitioners about the appropriateness of treatment policies

Can support quality improvement activities

- First step in designing QA tools involves how patients should be treated
- Guidelines good point of reference for prospective and retrospective audits of provider/facility practices



Clinical Guidelines – Benefits for Patients

Improve health outcomes

- Promote proven interventions discourage ineffective ones
- Improve the consistency of care (studies show great variation in care
 - Patients with identical clinical problems receive different care depending on clinician, hospital, or location
 - Guidelines make it more likely that patients will be cared for in the same manner regardless of where or by whom treated

Empower patients to make more informed healthcare choices



Potential Limitations

Scientific evidence about what to recommend may be misleading or misinterpreted Guidelines may be influenced by the opinions and clinical experience and composition of group developing the guidelines

Patient needs may not be priority (e.g., costs, interests of clinicians, risk managers)



Appraising Clinical Guidelines

- Who developed the guidelines?
- Was an explicit, sensible and impartial process used to identify, select, and combine evidence?
- Did the developers carry out a comprehensive, reproducible literature review within the past 12 months of its publication or revision?
- Were all important options and outcomes considered?
- Is each recommendation in the guideline tagged by the level or strength of evidence upon which it is based and linked with the scientific evidence?
- Have the guidelines been subjected to peer review and testing?
- Are the recommendations clinically relevant?
- Will the recommendations help providers in caring for patients?

Source: Bernadette Mazurek Melnyk



Recommendations for Good Clinical Guideline Development

Objectives specifically described

Clinical questions covered by guidelines are specifically described

Development group includes individuals from all the relevant professional groups

Patients' views and preferences have been sought

Systematic methods used to search for evidence

Criteria for selecting the evidence are clearly described

Health benefits, side effects and risks have been considered

Procedure for updating the guidelines are provided

Organizational barriers, cost implications considered

Monitoring/auditing function

