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Developing the guidelines for preventive care

Two decades of experience

Background

The Royal Australian College of General Practitioners *Guidelines for preventive activities in general practice* (the 'red book') are now more than 20 years old. Therefore it is an important juncture to reflect on their appropriateness and implementation, and how they can be improved in future editions.

Objective

This review analyses the guidelines and their development against criteria identified by the AGREE collaboration to ensure the quality and applicability for use in Australian general practice.

Discussion

The 'red book' is widely accepted as supporting the provision of preventive care and is now a key element of the quality system in Australian general practice. This independent guideline has rigor, relevance and applicability to general practice. However, its impact on practice could be improved by broader consultation and by using a wider range of means for dissemination and implementation. This needs to be informed by more rigorous evaluation of its implementation and impact on practice.

Keywords: guidelines as topic; evidence based medicine; preventive medicine; general practice



The Royal Australian College of General Practitioners (RACGP) has published the *Guidelines for preventive activities in general practice*⁹ (the 'red book' www.racgp.org.au/guidelines/redbook) since 1989. It contains evidence based strategies for the prevention of chronic disease.¹⁰ Originally a brief summary of recommendations for specific preventive activities in general practice, the 'red book' now provides a more comprehensive guide to preventive care with recommendations tailored to the individual patient's risk. The red book is designed to be used with the partner publication, *Putting prevention into general practice: guidelines for the implementation of prevention in the general practice setting* (the 'green book').¹¹ In this article we describe the processes for the red book's development and the challenges faced related to the changing needs and requirements of general practice.

AGREE framework

There is a significant risk of harm from inappropriate preventive care and cost to government and consumers.¹² The Appraisal of Guidelines Research and Evaluation (AGREE)¹³ collaboration has identified six dimensions that a guideline should address in order to demonstrate quality and improve its effectiveness (www.agreecollaboration.org):

- scope and purpose
- clarity of presentation
- rigor of development
- stakeholder involvement
- applicability
- editorial independence.

The Red Book Task Force use these dimensions as a framework to analyse the preventive guidelines and to identify risks and future directions.

General practice provides consultations to approximately 86% of Australians each year¹ across the continuum from prevention of illness to treatment and rehabilitation. Opportunistic preventive care, especially in high risk groups, is ideally located in general practice.²⁻⁵ The role of general practice in prevention has been recognised by the Council of Australian Governments⁶ and by the Australian Government's Preventative Health Task Force and Primary Health Care Strategy.⁷⁻⁸

Scope and purpose

The 'red book' aims to provide the general practice team with guidance on opportunistic and proactive preventive care. It emphasises a brief behavioural framework for approaching preventive care in general practice – the 5As approach of: Ask, Assess, Advise, Assist and Arrange.¹⁴ The authors recognise the increased workload that the guidelines may generate: it has been estimated that the average family physician would need to work a further 7.4 hours a day to implement all the recommendations of the US Preventive Services Task Force.¹⁵ It is also important to justify the possible impact of recommendations on costs to consumers and government. Therefore the recommendations are limited to those based on robust levels of evidence. This has often caused them to fall foul of particular interest groups.

The scope has also been limited to primary and secondary prevention, avoiding recommendations about disease progression and complications. The desired focus has been on preventive activities applicable to substantial portions of a general practice population rather than specific subgroups. However, there is an emphasis on equity, with information about major disadvantaged groups at higher risk of disease and/or less likely to receive preventive care.¹⁶

Clarity of presentation

The presentation of guidelines should enhance their accessibility and usefulness. The red book summary recommendation is accompanied by the level of evidence (coded I–V) and strength and importance of evidence (coded A–E).¹⁷ The authors have used plain language and tried to avoid vague statements such as 'use clinical judgment'. A lifecycle chart summarises preventive activities, identifying the optimum frequency for specific age ranges. Stratifying assessment of risk is provided in tables.

Rigor of development

The red book is developed through rigorous reviews of existing evidence based guidelines from credible sources including:

- Australian National Health and Medical Research Council (NHMRC)
- US Preventive Services Task Force
- Canadian Preventive Services Task Force
- The Heart Foundation of Australia, and
- other government and nongovernment agencies

in Australia, United Kingdom, Canada and New Zealand.

Relevant Cochrane Collaboration and other published systematic reviews are identified and considered. Additional literature reviews are conducted to clarify the application of recommendations in general practice. Conflicts are resolved by considering the rigor and independence of each guideline, their consistency across countries, their process of development, their applicability in the Australian context, and by conducting additional reviews.

Stakeholder involvement

The Red Book Task Force represents a broad range of interests and expertise from within the RACGP. Section recommendations are presented by one or more members who adopt responsibility for a particular topic (eg. cervical cancer screening). Over a 12 month period, each topic is debated by the task force. The RACGP provides support to the group by assisting with literature searches and the review of materials.

There is a broad consultation process that takes account of the views of many who might be affected by the guidelines, including patients and consumer groups, medical specialists, other health care professionals, nongovernment organisations, academia and government. These groups are usually consulted at two key stages of the drafts: when the review of the guidelines is initiated, and immediately before the final draft for publication.

Applicability

The red book has received considerable informal feedback from general practitioners and more formally through correspondence with the RACGP and its official journal, *Australian Family Physician*. The task force has also received input from government. Early on, the group was at odds with the government, especially when the recommendations were seen to impact on Medicare claims for visits to GPs. More recently, the relationship has been positive and supportive as preventive care is an important element of government policy. This is evidenced by reference to the 'red book' in materials for programs such as Lifescripts, the 45–49 Year Health Checks, and more recently, in policy documents such as the Primary Health Care Strategy and Preventative Health Task Force discussion papers.

Editorial independence

The task force has been independent of influence by funding bodies. Members volunteer their time. The RACGP has supported the development of the 'red book' by employing support staff, funding meetings, teleconferences, and through reviews conducted by the RACGP John Murtagh Library staff. The RACGP has also supported the publishing of the red book. At no time has the task force been pressured to modify recommendations from other sections of the RACGP. However the RACGP policy, position and media statements are usually consistent with red book recommendations. Any funding from private or government sources has been used to support distribution, but not the editorial or publication process.

Dissemination and implementation

Over 20 years, the red book has been made available for dissemination and implementation in a number of forms:

- free distribution to all GPs receiving *Australian Family Physician*
- in pdf form on the RACGP website
- development of several **check** Program continuing education modules on the red book
- presentation at international, national and state RACGP and local workshops
- development of an e-redbook for incorporation into practice software which provides direct hyperlinks to key references and resources, allowing users to move seamlessly from the recommendations to deeper layers of supporting material
- incorporation into the Clinical Audit Tool, and by
- development of the 'green book' (initially in 1998 with a second edition in 2006).¹¹

This still falls short of comprehensive dissemination and implementation. Three broad levels have been identified which influence change in clinical practice¹⁸:

- the individual clinician (eg. knowledge, skills, attitudes, habits)
- the social context in which the clinician works (eg. patients, colleagues, authorities), and
- the organisational context in which the practice is delivered (eg. resources, organisational climate, structures).

There is scope for more widespread promotion and

awareness within the social and organisational context, including incorporation into policy (such as the policy for health checks). There is also a need for wider promotion and tailoring of the red book for consumers and other primary health care professionals, especially practice nurses.

Discussion

Over 20 years the RACGP 'red book' has become established as a key resource for improving the quality and scope of preventive care in Australian general practice. The Red Book Task Force has strived to maintain fidelity with the principles of high quality guidelines. The red book performs well in maintaining reasonable rigor, relevance/applicability to general practice and independence, despite limited resources. Its performance could be improved with a wider range of consultation with stakeholders, and in more carefully evaluating its application in practice and its acceptability to patients and the wider community.

Neither the red book nor its companion, the green book, have been systematically implemented, nor has their uptake and effectiveness been evaluated.^{19,20} A recent systematic review of guideline dissemination and implementation strategies found that most interventions have some modest effect under specific conditions.²¹ However, little is known of the factors that influence success or failure in a particular setting, with particular professional groups, or for targeted behaviours.²² Reasons cited for failing to offer preventive care include lack of provider knowledge, skill and confidence, competing pressures on providers' and consumers' time, a lack of supportive organisational infrastructure, restricted referral options, limited specific funding to support assessment, training and counseling,^{21,23} and an unsystematic approach to preventing chronic disease.²⁴ A national partnership project exploring these issues has recently been funded by the NHMRC.

Conclusion

The 'red book' has become an established resource in general practice based on its rigour and independence. The opportunity now exists to build on the strength of this resource for enhancing quality care in clinical practice. The guidelines contained within the red book should form an important element of any quality system developed in Australian general practice.

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