Preferred Practice Pattern Guidelines Development Workshop

Beijing, China
June 24-26, 2005

Sponsors:
Chinese Ophthalmological Society (COS)
World Health Organization (WHO)
National Eye Institute (NEI)
International Council of Ophthalmology (ICO)
American Academy of Ophthalmology (AAO)

Coordinators:
American Academy of Ophthalmology
Jialiang Zhao, M.D.  Chinese Ophthalmological Society
Leon B. Ellwein, PhD  National Eye Institute
G.P. Pokharel, M.D., MPH  World Health Organization

Purpose: Create Preferred Practice Patterns and Process of Care Practice Guidelines for adoption and use by Chinese ophthalmologists.

Goals:

1. Create PPPs and Process of Care Guidelines unique to Ophthalmic practice in China that are adapted from the AAO and ICO original documents.

2. COS take ownership and publish these Guideline documents.

3. Educate and disseminate Guidelines with the goal of improving the quality of eye care in China.
Overall Process:

1. Review and edit the AAO Preferred Practice Patterns (PPPs) and ICO Process of Care Guidelines (Benchmarks) that have been translated into Chinese by the Chinese Ophthalmological Society (COS) in the major disease areas of Ophthalmology.

2. Achieve consensus of Chinese Ophthalmologist educators and opinion leaders in each of the sub-specialty areas for the Guidelines.

3. Discuss and assess how these Benchmarks of care can be accepted and incorporated into routine ophthalmic practice in China.

4. Develop strategy to introduce PPPs and Benchmarks of care into clinical practice and determine a national plan to widely disseminate these within specific regions and hospitals for use.

5. Once introduced, plan a process for evaluation of their use in education and clinical practice, and ultimately of the impact on outcomes of care delivered to patients.

Detailed Process:

1. The introduction/implementation of ICO/AAO practice guidelines in developing countries was one of the recommendations from the WHO Opportunities in Global Eye Research Consultation in Geneva (September 8-10, 2003).

2. Preliminary meetings with Chinese Ophthalmological Society (Jialiang Zhao, MD), NEI (Leon Ellwein, PhD) and WHO (R. Pararajasegram, MD) organized a guideline adaptation/implementation project in China and developed the necessary steps to proceed.

3. Shipment of AAO Preferred Practice Patterns and ICO Benchmarks of Care to COS for review and translation into Chinese.

4. Initial meeting in Wuhan, China at the National COS Congress (September, 2004) to introduce the concept of PPPs and Practice Guidelines (Benchmarks) to leading Ophthalmic educators in China. These leaders were chosen by the COS. The 2 day meeting was led by Richard L. Abbott, (ICO/AAO) and Jialiang Zhao (COS) with the participation of G.P. Pokharel (WHO) and Leon B. Ellwein (NEI).
5. The Wuhan meeting identified the need for a workshop in 2005 to conduct in-depth, detailed reviews of Guideline documents in the key ophthalmic disease areas (ie: Cataract, Glaucoma, diabetic Retinopathy, Macular Degeneration, Amblyopia, Bacterial Keratitis, etc).

6. The workshop for review and discussion of Guideline documents was held in Beijing (June 24-26, 2005). The workshop also reached consensus on several issues relating to Guideline implementation. This meeting was chaired by Jialiang Zhao, MD and Richard L. Abbott, MD. Drs Pokharel and Ellwein were also in attendance and participated actively in the meeting discussions.

7. Plans are being developed for introduction of the new Chinese PPPs and Benchmarks of Care (Guidelines) during the opening plenary session at the National COS Congress in Tianjin in September, 2005. Detailed presentation and discussion of the Guidelines within each key disease area will take place at breakout sessions during the Congress.

Beijing Meeting Details:

1. Twenty four (24) attendees from major teaching and clinical hospitals and Universities from throughout China.

2. Introductory comments and discussion by Zhao, Pokharel, and Ellwein

3. Two power point presentations by Abbott:
   A. Overview and Purpose of Clinical Practice Guidelines
   B. Practice Guidelines Development and Methodology

4. An algorithm for rating the suitability/feasibility of Benchmark process of care recommendations, with subsequent modification of content or importance ranking as appropriate, by Ellwein

5. Breakout sessions into 6 clinical work groups:
   A. Retina
   B. Cataract
   C. Glaucoma
   D. Pediatrics
   E. Cornea and External Disease
   F. Refractive Error

6. Work groups carefully reviewed the translated PPPs and Summary Process of Care Benchmark recommendations within their clinical area -- with respect to
suitability/feasibility for practices within China. Benchmark recommendations rated partially suitable were subjected to modification of content or importance ranking, as appropriate. Recommendations rated not suitable were considered as candidates for being dropped entirely, depending on their importance to care and strength of evidence.

7. Each work group (sub-specialty) chair reported back to the entire group with changes to the translated Summary Benchmark documents. The discussion of these suggested revisions was moderated by Zhao. Where differences of opinion existed within the group at large, the majority opinion was accepted.

8. The revised Chinese Summary Benchmark documents will be presented for further discussion and final approval at break-out sessions at the National COS Congress in Tianjin.

Observations and comments:

1. Translations of the original ICO/AAO documents were done by COS members, and not professional translators.

2. A specific algorithm was presented to the group on how to proceed with the review and editing process prior to beginning the work group breakout sessions. This provided a framework from which the work group could operate.

3. The groups worked from the translated documents, but frequently referred back to the original English documents for the exact wording when subtle points needed to be decided. In general, English comprehension was excellent among the participants.

4. A decision was made to target the Guidelines to the mid to upper level of eye care in China. It was recognized that many of the Benchmark recommendations would be aspirational for practitioners or regions of the country where resources were inadequate to fully satisfy the present guideline recommendations.

5. In general, changes to the guidelines were minimal. However, the thoroughness of the review process is reflected in revisions that included changes in the rankings of importance to patient care. Often the recommended revisions represented cultural and societal issues faced by ophthalmologists within China.
Summary:

A very successful meeting in Beijing produced an excellent working draft of Preferred Practice Patterns and Practice Guidelines approved by the leadership of the Chinese Ophthalmological Society. A Symposium has been planned at the opening plenary session of the National Congress in Tianjin that will introduce the concept of Practice Guidelines and showcase each of the specific Guideline documents in the sub-specialty areas. Additional break-out sessions will be used for direct feedback to the COS leadership group and will result in the final Guidelines product.

Richard L. Abbott, M.D.
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