Five years ago I was asked to participate in a collaborative group in the Milwaukee area on preventive guidelines. The goal, I was told, was to improve quality by achieving consensus among the 13 represented health care entities on a single set of preventive guidelines. Having just completed a survey among my own faculty group and discovering that we had at least as many opinions as faculty in this area, I found the whole idea quite amusing, though unrealistic, and decided I couldn’t pass up the opportunity to participate.

As I became involved, I discovered that the Preventive Guidelines Workgroup that I was invited to participate in was a subgroup of the Community Collaboration on Healthcare Quality (CCHQ), which in turn was a subgroup of the Medical Society of Milwaukee County. The purpose of CCHQ was to address issues related to health care quality in the community, specifically dealing with conditions mainly treated on an outpatient basis that have a large impact on the community. In addition to preventive guidelines, there was work being done on asthma and depression.

The vision of CCHQ was to unite Milwaukee area health care stakeholders, including integrated delivery systems, insurance entities, physicians and other providers, patients, and payers to address issues of quality. This unity was to be achieved through the use of open and agreed-upon, evidence-based processes to address quality issues.

Now I am by nature an evidence-based person and all of this sounded good, but my skepticism was not extinguished.

What occurred over the next few months was something between incredible and miraculous. This Preventive Guidelines Workgroup . . . indeed achieved consensus on a single set of preventive guidelines.

“open and agreed upon evidence-based processes.” We started with the systematic and evidence-based work of the United States Preventive Services Task Force and veered from it only when we had additional sound evidence to support additional recommendations. We stayed within the safe boundaries of high-level evidence. We could justify and support all of our recommendations, and exclude proposed recommendations that lacked such support.

Similar processes were employed by other CCHQ subgroups to develop guidelines around depression and asthma. A Prescriber’s Guide has also been developed to aid local providers in keeping track of which medications are on which area formularies.

All of CCHQ’s tools and guidelines can be accessed through the Medical Society of Milwaukee County’s Web site at www.milwaukeemedicalsociety.org.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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