CPG 2002 – Oral Presentations – Saturday, June 8th

Track 3: CPGs and Health Policies

Using CPGs to allocate health care benefits?

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How do clinical guidelines affect the behaviour of health insurers? How do hospital managers, governments or accreditation agencies utilize clinical guidelines? More generally, how should Evidence Based Health Policies be developed: "clinical practice guidelines should strengthen link between quality and the management of health care" (IOM 1990).

Insurers or health policy makers can use clinical guidelines in different ways: [1] to design benefits packages (to exclude inappropriate services for coverage, to select hospitals and physicians), [2] to measure the effectiveness and appropriateness of practices (to deny inappropriate procedures, to compare physician's practice characteristics with his/her peers), [3] to decrease or control costs, [4] to measure quality, to quantify outcomes, [5] to improve quality of care, [6] to inform patients and consumers. These different approaches are already used in many countries (i.e. in USA by managed care organizations of in France by health insurance funds).

However, several methodological questions remain:

1) Which characteristics should clinical guidelines have to be used for health policy formulation? At least, they should be precise, explicit, unambiguous and the key recommendations should be easily identifiable and evidence based. The Agree instrument provides a framework for appraising such guidelines. The development of national guideline clearinghouses will certainly stimulates the selection of good guidelines by health policy makers.
2) How to implement clinical guidelines on a routine basis? We know which professional interventions work and which interventions do not work. But, we still do not know how to apply routinely the results of research in the context of clinical guidelines implementation, Consequently, it is difficult to use clinical guidelines for health policy formulation. In addition, more research is needed on organisational and financial interventions intended to implement clinical guidelines.
3) How can we get health indicators from information systems that can be used routinely to evaluate processes of care and outcomes? (i.e. that take into account case-mix differences between providers).

Finally, how do we deal with the constant confusion health policy makers make between cost-containment and clinical guidelines implementation? Health policy makers have incentives to act on overuse of technology. However, it has been shown that underuse or misuse of technologies are critical problems which should be addressed. The improvement of quality of care should be the ultimate goal of all health care professionals.

From recommendations to clinical practice – Quality aspects

Mäkelä, Marjukka, Research professor, Finnish Office for HTA, Kaila, Minna, Chief Editor

The active distribution and implementation of the Finnish Current Care guidelines to hospital districts, health centres, health care professionals and consumers is discussed using practical examples.

Context:
The national guideline programme Käypä hoito (Current Care) has since its start in 1995 produced more than 30 evidence-based clinical practice guidelines (CPGs) published on paper, CD-ROM, and the internet (at www.duodecim.fi/kh/) in various formats. The scientific medical society Duodecim supports and co-ordinates the work, and Finnish specialist medical associations are essential partners.

Current Care guidelines are updated regularly and they are a recognised part of the national health policy.

Project:
Guidelines are implemented through incorporating them in the health providers' electronic information systems and by targeted projects. The largest active implementation project concerns six guidelines on common infectious diseases, using problem-based training methods and academic detailing in 30 primary care units (see also www.mikstra.fi). The most extensive implementation takes place by providing the guidelines in electronic format for the 20 hospital districts as the basis for their own, locally tailored care pathways which also are electronically distributed.

Results:
In a two-year follow-up of the infectious disease guidelines, some changes have occurred in the diagnostic processes and choices of drugs. The utilisation of antibacterials was high for all six indicator diseases at the start. After the publication of the guidelines, the most marked change occurred in the treatment of bronchitis. Originally 72% of patients with this diagnosis received antibiotics, but after the first year the number dropped to 57%. There was also a shift from localised diagnoses (otitis, sinusitis etc.) to unspecified (viral) respiratory tract infections.
An example of changes from a hospital district shows how active implementation of the guideline on Benign prostatic hypertrophy has decreased unnecessary early referral of patients to specialists and shortened hospital stays. An interesting feature in health policy debates are the repeated suggestions of providing a Current Care guideline when care patterns show variation. The possibilities of using guidelines to improve the quality of care are becoming apparent to the public and the politicians.

Conclusions:
As part of national health policy, evidence-based guidelines are generally well received by both professionals and patients. When implemented actively, they are associated with changes in care processes and decreasing variation of care, but changes in health outcomes are difficult to observe. There is a lack of good, validated outcome measures.

From recommendations to clinical practice – Legal aspects

Gevers, Sjef, Prof., University of Amsterdam

Objective:

Analysis of the legal status and implications of clinical practice guidelines in an international context.

Context and content:

The novel aspect of guidelines is the systematic way in which they are developed and their explicit nature. This raises the question who should be involved in elaborating guidelines, and whose insights and interests should be taken into account. Furthermore, explicitness of guidance makes doctors and other health professionals more accountable than before and makes the issue of how much room there is for patient preferences more open to discussion. Basically, guidelines do not raise completely new legal issues; rather they bring to light and expose already existing ambiguities in medical decision making.
The following issues will be briefly discussed:
- legal status of guidelines;
- the position of the health professional and the patient;
- the use of guidelines to contain the cost of care.

Results and conclusions:

When a guideline is quality related and based upon medical evidence and experience its legal significance is quite clear. When it does not meet these criteria (and therefore does not longer reflect

the professional standard) its legal significance depends on whether it is linked somehow with to other rules with a legal status (like health insurance legislation).
Guidelines are not a substitute for sound clinical judgement; this means that a health professional will not automatically be liable for non compliance, and that compliance does not exclude liability. The patient keeps his right to be informed about reasonable and realistic alternatives. His or her preferences should be taken into account unless this would be in conflict with the professional standard.

The care a patient is legally entitled to is usually defined as: adequate, reasonable or good care. This means that guidelines need not to include the maximum. However, if they go below the level of what is required in terms of good care and they are developed first of all for rationing and allocation purposes, they should be issued by agencies whose decisions are backed and controlled by democratically elected public bodies.

GLOBALISATION OF CPGs – DO WE NEED AN INTERNATIONAL CPG NETWORK?

Authors:
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Objective:
To develop proposals for the establishment of an International Guidelines Network.

Context:
Recent years have seen increasing harmonisation of guideline development methodologies, providing the opportunity to share elements of the development process between national and regional guideline programmes. Whilst the process of forming and consulting on the guideline recommendations needs to be undertaken separately by each programme – tailored to their specific population and its needs, health service priorities, values, and available resources – much of the evidence base underpinning the recommendations is common to all. There is therefore great potential to share the resource-intensive systematic review element of guideline development – the process of identifying, selecting, appraising and summarising the evidence base. Alongside this, many of the research activities underpinning the ongoing development of guideline methodology can also be shared.

The success of the AGREE Collaboration demonstrates the willingness of guideline programmes from Europe and beyond to work together. It is now proposed to extend this collaboration beyond the narrow research focus of AGREE to develop an International Guidelines Network, providing a forum for guideline developers, appraisers, users, and researchers from around the world to share information, outputs, and activities.

Methods:
In order to gauge the level of interest in and preferences for such a network, a small survey was undertaken by issuing a questionnaire to a variety of guideline programmes. The survey population was by no means complete, and the exercise was useful as much for the large list of additional contacts it generated as for the actual responses received.

Results and conclusions:
Questionnaires were returned by representatives of more than 30 guideline programmes in 18 countries, as well as from a number of individuals interested in the field. All were overwhelmingly positive, giving us significant confidence in the likely success of the proposed network and many useful suggestions for its operation and activities. The feedback received will be discussed and proposals for the establishment of an International Guidelines Network presented at CPG-2002.