

Clinical Practice Guidelines in The Netherlands

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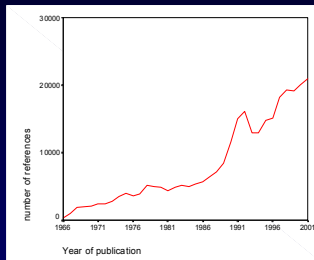
Definition

Systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances.

IOM 1992

Purpose

To make explicit recommendations with a definite intent to what clinicians should do.



A number of references in MEDLINE according to year of publications using MESH term "guidelines or practice guidelines"

Three generations of practice guidelines

- 1st generation: based on 'consensus conferences'
 - literature search / nat. conference
- 2nd generation: based on 'EBM'
 - criteria selection topic
 - key questions
 - systematic search (PICO)
 - strengths of evidence
 - national conference
- 3rd generation: based on 'EBM and CEA'

Trends over time

From	To
Sporadic guidelines from specialist groups	National programs
Informal consensus	Evidence-based
Mono-disciplinary	Multidisciplinary
Focus on development	Focus on implementation
Limited life-expectancy	'Living guidelines'
Paper version	Internet
Guidelines for clinicians	Patient versions and patient involvement

CPG development programs in the Netherlands

Dutch Institute for health Care Improvement (CBO)

- Since 1982 national guidelines for medical specialists
- Based on National Institute of Health (NIH)
- Important national 'consensus meeting'
- From 'consensus' ⇒ 'evidence-based'
- From 'mono-disciplinair' ⇒ 'multi-disciplinair'
- > 100 guidelines
- Up-dated: every 5 years

CPG development programs in the Netherlands

Dutch College for General Practitioners (NHG)

- Since 1989
- > 80 guidelines, 40 up-dated
- Developed for and by GPs
- Mono-disciplinair

Scientific societies of medical specialists
(Mono-disciplinary, based on consensus meeting, authorised by medical board)

CPG development programs in the Netherlands

College of Health Insurers

Adolescent health care organisations (since 1996)

Dutch College for Dentists (since 1995)

College of Nursing

Physiotherapy

etc...

CPG development process and timescale

AVERAGE TIMESCALE FOR GUIDELINE DEVELOPMENT



Appraisal of Guidelines for Research & Evaluation



Outcomes of AGREE project

- AGREE instrument and training manual
- Dissemination in 8 countries / 12 languages
- Adopted by all national guideline programs
- Formal recommendation by the Council of Europe
- AGREE instrument endorsed by WHO
- AGREE users: *policy makers, guideline developers, health care providers, educators and teachers*

AGREE Instrument

23 items
4-point Likert Scale

Overall assessment

User guide

Six domains

1. Scope & purpose (3)
2. Stakeholder involvement (4)
3. Rigour of development (7)
4. Clarity & presentation (4)
5. Applicability (3)
6. Editorial independence (2)

Example (1)

RIGOUR OF DEVELOPMENT					
8. Systematic methods were used to search for evidence.					
Strongly Agree	4	3	2	1	Strongly Disagree
Comments					

Example (2)

Example:
If four appraisers give the following scores for Domain 1 (Scope & purpose):

	Item 1	Item 2	Item 3	Total
Appraiser 1	2	3	3	8
Appraiser 2	3	3	4	10
Appraiser 3	2	4	3	9
Appraiser 4	2	3	4	9
Total	9	13	14	36

Maximum possible score = 4 (strongly agree) x 3 (items) x 4 (appraisers) = 48
Minimum possible score = 1 (strongly disagree) x 3 (items) x 4 (appraisers) = 12

The standardised domain score will be:

$$\frac{\text{obtained score} - \text{minimum possible score}}{\text{Maximum possible score} - \text{minimum possible score}} =$$

$$\frac{36 - 12}{48 - 12} = \frac{24}{36} = 0.67 \times 100 = 67\%$$

Evidence-based Guideline Development (EBRO)

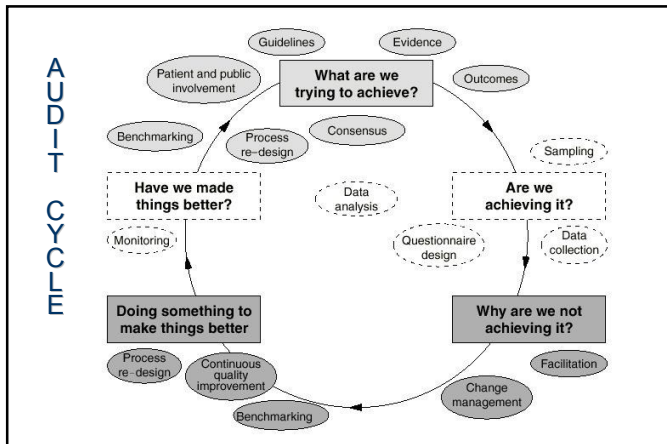
- Initiated by Medical Specialist Council
- By the Dutch Institute for health Care Improvement and Dutch Cochrane Centre
- Participants: medical specialists
- 8 modules (2.5 hrs/4 days)



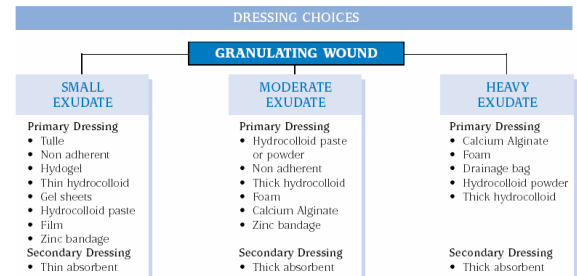
Implementation of CPG

- Dissemination & publication (*journals, internet*)
- CME packages
- Indicators (*process, structure, outcome*)
- Integrated care pathways
- Audit and feedback
- Institutional indicators
- Performance indicator frameworks (*National level*)

etc...



Care Pathways (wound management)



NB. Dressing can be left intact up to 5 days unless otherwise indicated.
Consider leaving primary dressing intact up to 5 days and changing secondary dressing as indicated.

Performance indicators hospitals 2003



Indicators related to:
-patient safety
-effectiveness

Performance indicators hospitals 2003

- Hospital level
e.g. pressure sore, medication safety, wound infection
- Emergency unit / surgery / ICU
e.g. pain after surgery, volume of high-risk interventions, laparoscopy, ICU availability
- Disease / intervention specific
e.g. DM, MI, stroke, hip-fracture, cataract surgery