

Dutch Institute for Healthcare Improvement CBO

- Founded in 1979 by the Order of Medical Specialists & Association of Hospitals
- Mission: Continuous improvement of patient care
- 5 Departments
 - TQM programme
 - Imp'act (nursing, paramedics)
 - Breakthrough (implementation)
 - Auditing
 - Guideline development



Dutch Institute for Healthcare Improvement CBO

- Funding: 40% ministry of health
60% project based (acquisition)
- +/- 85 employees



Department of guideline development

- 15 persons
- Close cooperation with the Order of Medical Specialists and the Scientific Medical Associations
- Partners: the Cochrane Collaboration, Institute for Medical Technology Assessment, Dutch board of general practitioners and patients' associations



Guideline development

- Start guideline development (1982 blood transfusion)
- Consensus-based to Evidence Based
- Multidisciplinary guideline development teams
- 100 guidelines published; 35 guidelines in progress



Guideline library

- Sleep apnoea (2001)
- Protocol for post mortal organ & tissue donation (2001)
- Stroke (2000)
- Hypertension (2000)
- Breast cancer, screening & diagnosis (2000)
- Larynx carcinoma (2000)
- Deep venous thrombosis & pulmonary embolism (1999)
- Cholesterol (1998)

For more see our website: www.cbo.nl

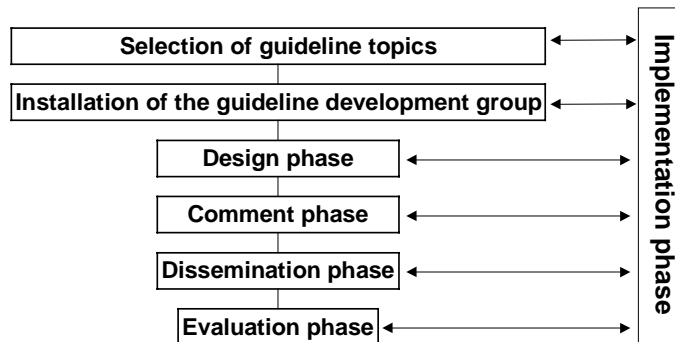


Guidelines in progress

- Low back pain
- Oropharyngeal carcinoma
- Breast cancer, therapy
- Spinal lesions
- Osteoporosis
- Heart Failure
- Schizophrenia
- Lyme disease
- And more....



Guideline development process

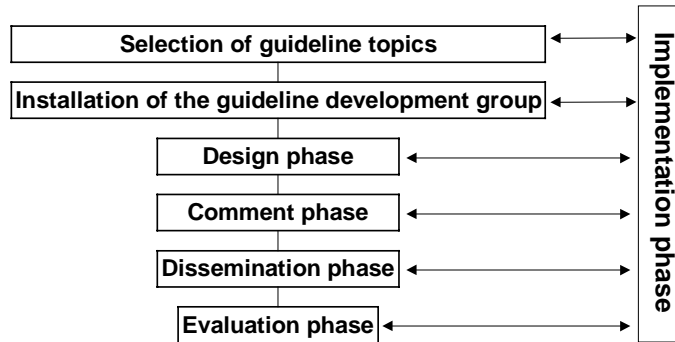


Selection of guideline topics

- Major sources of morbidity and mortality
- Burden of disease
- High health care costs
- “Gap” between research and practice
- New development in medical research
- Dilemma’s in treatment or diagnosis



Guideline development process



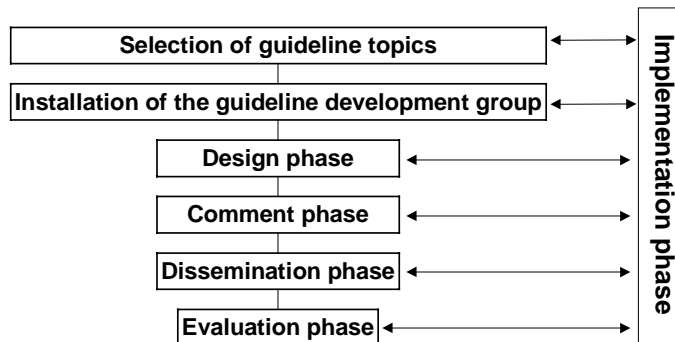
Installation of the guideline development group

- The guideline group chairman
 - Authority in the field
 - Conflict solving capacities
 - Excellent independent team-leader

- The guideline group
 - Representatives of all key disciplines
 - Patient participation should be considered
 - Open minded



Guideline development process



Design phase

- Identification of the key questions
- Literature search
- Critical appraisal and grading the evidence
- Formation of summary statements of the evidence and recommendations
- Draft version of the guideline



Identification of the key questions

- Define PICO
 - Population
 - Intervention
 - Control
 - Outcome



Literature search

- Identify all existing evidence
- Define inclusion and exclusion criteria
- Select the evidence



Grading the evidence

Prevention and Treatment

- A1 Meta-analysis of randomised trials of A2-level, with consistency between the independent studies
- A2 Double-blind randomised controlled clinical trial of good quality
- B Other comparative studies (cohort, case-control-studies)
- C Non-comparative study
- D Expert opinion



Critical appraisal

- Quality assessment of the study design
- Applicability in the Dutch Health Care System



Strength of summary statement of best evidence

1. At least 1 study of A1 or 2 studies of level A2
2. At least 2 independent studies of level B
3. Other studies than mentioned in level A or B
4. Opinion of the expert panel



Summary statement of the best evidence (format)

2 If patients with osteoarthritis are treated with NSAID's one should choose a treatment as effective as piroxicam. Meloxicam can be considered.

A₂ Linden et al. ¹



Recommendations based on:

- The best available scientific evidence
- Further considerations
 - Patient perspectives
 - Organisational aspects
 - Compliance
 - Costs



Format

Scientific foundation

Overview of all existing evidence

Summary statement of the best evidence

2 If patients with osteoarthritis are treated with NSAID's one should choose a treatment as effective as piroxicam. Meloxicam can be considered.

A₂ Linden et al. ¹

Further considerations

Recommendation

Therapeutic interventions in headache patients

Scientific justification

A meta-analysis of 22 randomised controlled trials showed a reduction in headache episodes in male headache patients using drug A.¹ The headache episodes in the treatment group were less severe and the duration of the episodes was shorter than in the control group. Two randomised controlled trials compared the effectiveness of drug A and drug B with a placebo. Both drugs reduced severity and duration of the headache episodes^{2,3}. No difference in effect was found between both drugs.

Conclusion

Drug A and drug B are both effective in reducing severity and duration of headache episodes in male patients.

Level 1

A1 Thijssen et al¹
A2 Vianden et al², Swartz et al³

Other considerations

Drug A has to be taken 3 times a day, drug B one time a day. For both drugs nausea is mentioned as adverse effect. This should be discussed with the patient.

A cost-effectiveness analysis showed that drug B is more cost-effective than drug A.⁴

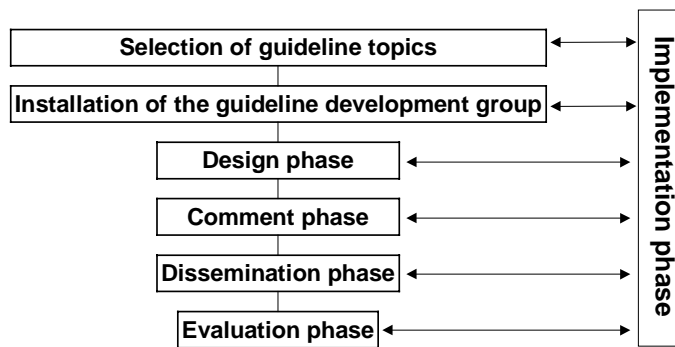
All mentioned medical literature was based on male patients. However de guideline development group thinks that the results can be extrapolated to female patients.

Recommendation

As therapy for male and female headache patients drug B is recommended. Although the side effects should be taken into account and clearly discussed with the patient.

Literature

Guideline development process

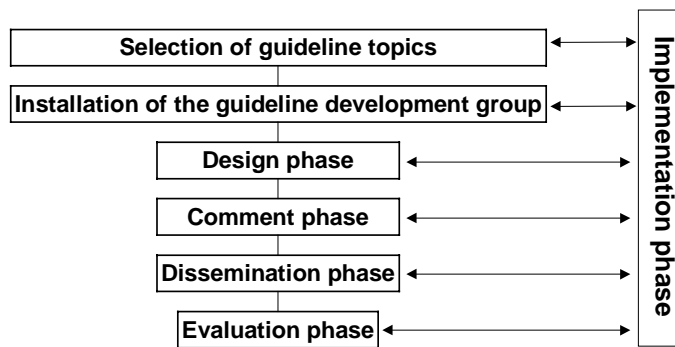


Comment Phase

- Feedback of the Medical Scientific Societies
- Draft guideline presented and discussed at national open meeting



Guideline development process



Dissemination phase

- Distribution of final guideline
- Publication of summary in Nederlands Tijdschrift voor Geneeskunde (Dutch Journal of Medicine) and other journals



Work in progress (1)

- Grading system
- Pilots during the development process
- Combination: Guideline(s) and Audit(s)
- Indicators paragraph in GL
- Implementation paragraph in GL
- Guideline 'maintenance process'
- Combination with Breakthrough



Work in progress (2)

- Gaps in evidence reported to research funding organisations
- Efficiency of guideline development Process
- More ICT applications

