Abstracts

P317 IMPLEMENTATION OF EVIDENCE BASED HEALTHCARE AND GUIDELINES IN CLINICAL PRACTICE

K Steinhausen, 6 S Stordahl. 1Furtwangen University and European Science Foundation, Strasbourg, France; 2Norwegian University of Science and Technology and European Science Foundation, Trondheim, Norway

Background Healthcare received by Europe’s citizens should be based on the best scientific evidence and with involvement of patient and public. Greater emphasis on scientific evidence for a health intervention must be thoroughly analysed, health technology assessment (HTA) must become a cornerstone of healthcare. We have discussed these issues with different interdisciplinary groups and published two strategic papers in 2011 and 2012.

Objective The aim is to present and discuss further possible implementation steps for improving implementation of evidence based healthcare and guidelines in clinical practice.

Methods In 2011 and 2012 workshops with interdisciplinary working groups (knowledge transfer, patient involvement and general practice) took place. Needs for actions and the relevant stakeholders were identified.

Results Needs for action: Establish a European Institute for Health Research where common issues in European healthcare research and policy can be debated and appropriate strategies formulated. Organise meetings between HTA/EBM leaders and policy-makers and health administrators on the European, national, regional and local level Establish at national level Healthcare Knowledge Centres for improved access to and transfer of unbiased information on patient-oriented research Set up research networks and ensure collaborative research between primary and secondary care Develop incentive systems for using and implementing evidence-based practice, guidelines and policy at medical care level through national European guidelines or even regulations and the relevant stakeholders.

Discussion It is now important to implement these needs. The involvement of different stakeholders from research, clinical practice, regulation, policy, patients and the public is urgently needed.

P319 MINDS PROJECT AS GUIDELINE CLEARINGHOUSE - EVALUATION OF CLINICAL PRACTICE GUIDELINES DEVELOPED IN JAPAN

1,2 A Okumura, 1 M Yoshida, 1 K Kiyohara, 1 N Takahashi, 1 Hatakeyama, 1 N Htun, 1 Y Sato, 1 N Kojimahara, MINDS Group, 1, 2 N Yamaguchi, 1 MINDS Center, Japan Council for Quality Health Care, Tokyo, Japan; 2Department of Social Medicine, The University of Tokyo, Tokyo, Japan; 3Department of Hemodialysis and Surgery, Chemotherapy Research Institute Inter, Tokyo, Japan; 4Department of Public Health, Tokyo, Japan; 5Women’s Medical University, Tokyo, Department of Advanced Social and International Studies, Graduate School of A, Tokyo, Japan; 6Department of Molecular Epidemiology, Tokyo Medical and Dental University, Tokyo, Japan

Background MINDS (Medical Information Network Distribution Service) is a consignment project for MHLW (Ministry of Health, Labour and Welfare) managed by Japan Council for Quality Health Care. MINDS has been disseminating evidence-based clinical practice guidelines (CPG) as guideline clearing-house in Japan.

Objective To assess the quality of evidence-based CPG developed in Japan.

Methods We searched Japanese CPG using 10 major databases from January 2007 to January 2013. After two-stage screening process with exclusion criteria, identified CPG were evaluated by 4 reviewers of the CPG evaluation group using the AGREEII (Appraisal of Guidelines for Research & Evaluation II) instrument.

Results A total of 1763 literatures were identified by the searching process. After screening process, 168 guidelines were evaluated by the AGREEII instrument from September 2011 to January 2013. The scores mean (SD) of each AGREEII domain were as follows: Scope and Purpose, 64.1 (19.2); Stakeholder Involvement, 46.0 (18.2); Rigour of Development, 39.8 (24.6); Clarity of Presentation, 58.8 (21.3); Applicability, 42.7 (16.3); Editorial Independence, 29.9 (31.4) and Overall assessment, 50.4 (21.1).

Discussion Among the AGREEII domains, Editorial Independence and Rigour of Development are important factors to improve the quality of Japanese CPG.

Implications for guideline developers/users It is necessary to cooperate with guideline development group in order to utilise the guidelines evaluation result for improving the guideline development process. MINDS is preparing to hold workshops 2013 focused on guideline methodology for guideline developers.

P321 DISSEMINATION OF THE CLINICAL PRACTICE GUIDELINES DEVELOPMENT METHODOLOGY BASED ON BODY OF EVIDENCE IN JAPAN – DEVELOPMENT OF EDUCATIONAL PACKAGE FOR CLINICAL PRACTICE GUIDELINES AND WORKSHOP PROGRAM

1, 2 M Yoshida, 1, 2 K Kiyohara, 1, 2 A Okumura, 1, 2 N Takahashi, 1, 2 N Kojimahara, 1, 2 K Kiyohara, 1, 2 Y Sato, 1, 2 N Htun, 1, 2 N Yamaguchi, 1 MINDS (Medical Information Network Distribution Service) Center, EBM Guidelines, Tokyo, Japan; 2Department of Hemodialysis and Surgery, Chemotherapy Research Institute Inter, Ichikawa, Japan; 3Department of Advanced Social and International Studies, Graduate School of A, Tokyo, Japan; 4Department of Social Medicine, The University of Tokyo, Tokyo, Japan; 5Department of Public Health, Tokyo Women Medical University, Tokyo, Japan; 6Department of Molecular Epidemiology, Tokyo Medical and Dental University, Tokyo, Japan

Background MINDS (Medical Information Network Distribution Service) is a consignment project for MHLW (Ministry of Health, Labour and Welfare) managed by Japan Council for Quality Health Care. MINDS has been disseminating evidence-based clinical practice guidelines (CPG) as guideline clearing-house in Japan.

Objective To assess the quality of evidence-based CPG developed in Japan.

Methods We searched Japanese CPG using 10 major databases from January 2007 to January 2013. After two-stage screening process with exclusion criteria, identified CPG were evaluated by 4 reviewers of the CPG evaluation group using the AGREEII (Appraisal of Guidelines for Research & Evaluation II) instrument.

Results A total of 1763 literatures were identified by the searching process. After screening process, 168 guidelines were evaluated by the AGREEII instrument from September 2011 to January 2013. The scores mean (SD) of each AGREEII domain were as follows: Scope and Purpose, 64.1 (19.2); Stakeholder Involvement, 46.0 (18.2); Rigour of Development, 39.8 (24.6); Clarity of Presentation, 58.8 (21.3); Applicability, 42.7 (16.3); Editorial Independence, 29.9 (31.4) and Overall assessment, 50.4 (21.1).

Discussion Among the AGREEII domains, Editorial Independence and Rigour of Development are important factors to improve the quality of Japanese CPG.

Implications for guideline developers/users It is necessary to cooperate with guideline development group in order to utilise the guidelines evaluation result for improving the guideline development process. MINDS is preparing to hold workshops 2013 focused on guideline methodology for guideline developers.
Objective

The dissemination and active support for clinical practice guidelines development method based on the principle of EBM, is one of the main pillars of MINDS (Medical Information Network Distribution Service) consignment project for EBM promotion implemented by Ministry of Health, Labour and Welfare Japan. In 2007, with the publication of MINDS guidance to develop Clinical practice guidelines 2007 by Fukui et al., a protocol to develop clinical practice guidelines was introduced as the most valid manual at that time in Japan. However, advanced improvements towards the global standards in the CPG development methodology have been established within these 5 years after previous publication, such as GRADE system, AGREE II, IOM etc. Accordingly, the Workshop for Clinical Practice Guidelines development methodology is planned to introduce the latest advanced methodology for medical and healthcare professionals who engaged in the clinical practice guidelines development.

Contents

This workshop comprises the lectures and group practices, assuming AGREE II as a standard for the educational package development and, using GRADE system for quality of evidence and strength of recommendation, which promote the CPG development methods for disease management. We hope to show the ‘PROGRAMME’ for the progress of the workshop. 1. Inception A detailed description of the idea, objectives and planning of the guidelines development project. 2. Planning the methodology for development of the guidelines. 3. Collaboration with system-level stakeholders has helped ensure that the trial addresses national priorities and has engendered system-level action for national implementation of the most effective intervention.

Implications for Guideline Developers/Users

Generating robust experimental evidence on an intervention’s effectiveness and collaboration with system-level stakeholders can increase the likelihood of its adoption as a policy initiative.

Discussion

Collaboration with system-level stakeholders has helped ensure that the trial addresses national priorities and has engendered system-level action for national implementation of the most effective intervention.

Background

In Japan, the official movement to develop Clinical Practice Guidelines (CPGs) began in 1999 with the financial support of the Ministry of Health, Labour and Welfare-MHLW). Since then, CPGs in various fields have been developed and development methods using the principles of evidence-based medicine are becoming popular.

Objectives

The first objective of the study is to clarify how many CPGs developed and published in Japan in 2013. The second is to make clear if patient-involvement is popular or not. The third is to make clear if patient-involvement is popular or not.

Methods

I have searched the existing CPGs comprehensively. Out of the 600 searched CPGs, well-formulated ones were selected if they met the following criteria: defining clinical questions to be addressed, reviewing evidence, determining grade of recommendation, and becoming open to the public. I have checked public involvement in developing.

Results

Nevertheless, 120 CPGs are selected, the number of CPGs, containing patient/carer member in developing process, is only 6. And the number of patient-version CPGs is only 29.

Discussion

A reason why the patient-involvement doesn’t become popular, came from MHLW decision, stopping the financial support in 2004. This decision resulted in the view that individual professional societies were required to develop CPGs applicable to those topics related to their societies. Accordingly, a given professional society, which should always be involved in the CPG development group as one of the main stakeholders, was the sole party involved in the development of CPGs.