German National Disease Management Guidelines Program (DM-CPG Program)

Guidelines for Disease Management

conflicts of interest:
Employee of ÄZQ

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Chicago, August 27, 2010
Plan

- History
- Special Features
- Topics
- Methodology
- Dissemination & Implementation
- Current developments
History

• 2002 - Set up by the German Medical Association to provide evidence based guidance for DMPs

• since September 2003 joint project of
  • German Medical Association
  • National Association of Statutory Health Insurance Physicians (120,500 Physicians)
  • Association of Scientific Medical Societies (153 Societies)

• organised by us:
  German Agency for Quality in Medicine, Berlin äzq
Topics

= development period
\( \bar{\theta} = 2,6 \) years


Asthma
Typ-2-DM Foot syndrom
Typ-2-DM Retinopathy
COPD
Coronary Heart Disease
Depression
Typ-2-DM Management
DM Neuropathy
DM Nephropathy
Heart Failure
DM Education
Low Back Pain
Dementia

Ø = 2,6 years
Special Features

Recommendations: When to refer, important issues when cooperating
2. Consider (preferably) all relevant aspects of diseases

- Prevention/screening
- Diagnosis
- General measures
- Causal therapy
- Pharmacotherapy
- Device therapy
- Transplantation/VAD
- Complementary therapies
- Monitoring
- Rehabilitation
- Palliative care
- Psychosocial aspects
- Coordination of care
- Multimorbidity/geriatric aspects
- Acute decompensation
- Comorbidities

Example: National Disease Management Guideline on Heart Failure, 2010
Methodology

Selection of guideline topics

Composition of guideline development group

Define guideline remit and key questions

Find and appraise potential source guidelines

Consider updating / adaptation required - if yes: systematic searching and reviewing of additional evidence, critical appraisal

Formation and grading of recommendations using formal consensus methods

Consultation and peer review (3 months)
Methodology - Example: Heart Failure

National and international guidelines were used as sources of evidence:

- 2 German guidelines (German Cardiac Society, German College of General Practitioners and Family Physicians)
- 2 International Guidelines (Scottish Intercollegiate Guidelines Network, Canadian Cardiovascular Society)

- Other guidelines were considered for specific questions

Additionally we performed systematic literature searches for the topics:

- Rehabilitation
- Complementary therapies
- Disease management approaches (e.g. telemedicine)
Methodology - Organization of Guideline Groups

Guideline groups in National Disease Management Guidelines

- Medical Societies
- Other nonmedical organisations (e.g. patients, nursing)

CHD, Asthma, COPD, DM-Retinopathy, DM-Foot syndrome, Depression, Low Back Pain, DM-Education, Heart Failure, DM-Nephropathy, DM-Neuropathy, Asthma 1st update, CHD 1st update, DM-Management, Dementia
Methodology - Organization of Guideline Groups

typical organization   organization of the Type-2-DM guidelines

medical societies

patient organization

Type-2-DM Management
Steering committee

Foot syndrome  Retinopathy  Neuropathy  Nephropathy  Education
Dissemination & Implementation

National Disease Management Guidelines

Free Access

Supplementary Tools (e.g. checklists)

Quality indicators

Long and short version of the guidelines

CME based on guidelines

Patient Guidelines

Contracts between payer and care provider

Improving current practice
Current Developments

- Improvement of strategies for effective implementation
- Continued updating – National Disease Management Guidelines as ‘living guidelines’
- Specific recommendations for special populations e.g. gender, migrants, Comorbidity (polypharmacy)
Thank you for your attention!
Questions and comments are welcome!

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