The Network guideline

A new model of guideline development

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Structure of this presentation

- Short history of guideline making/problems with multidisciplinary guidelines
- Explanation of the network model.
- Example: the network guideline subfertility.
- Conditions for success of the network model
Guideline making so far

- Dutch medical guidelines production since the 1990s
- Methodology of guideline production very important
- Production and revision rather chaotically
- Waste of time and money
Problems with multidisciplinary Guidelines

- Crowded working groups
- Too voluminous
- Who should deliver what care remains unclear
- Recommendations often rather vague
The network model

- Acknowledgement of differences in expertise and opportunities of divergent providers of care
- Splitting the subject around a few central actors
- Actors describe the care they are usually giving in accordance with actual evidence
- Early recognition of discrepancies
- Add recommendations about mutual information and cooperation
Subfertility

Simultaneous production/revision of:

• The GPs guideline
• The guideline unexplained subfertility
• The guideline male subfertility
• The guideline semenanalysis
Some important results

- Separation between diagnostics for GPs and diagnostics for gynaecologists
- Agreement about the use of a prognostic model regulating referrals
- Several parameters of semen appeared to be irrelevant
- Involvement of urologist only necessary in case of azoospermia
- Recommendations of patients have been added
Conditions for success of networkmodel

• Splitting of subject in a few parts/ subguidelines
• Respect each others expertise
• Discuss divergent insights
• Add recommendations about cooperation and informing each other
• Be aware of divergent guideline cultures
• Arrange professional writers