Cutting across national boundaries - using the C-section to promote guidance development

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Conflicts of interest

CW, SP, TK, IM, FC work for or are funded by NICE

SU works for the Turkish MoH
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1. An introduction to NICE International and the project with Turkey, highlighting:

- The technical, linguistic and cultural challenges, and the fresh perspectives it has brought for us.
- How different health care systems are influenced by local issues and the impact this has on guideline development [40+15 min]

2. Evidence-based textbook or evidence-based encyclopaedia?
- A discussion of how guideline development might become more focused around answering a given set of clinical questions, rather than attempting to evaluate a certain clinical condition. [20+15 min]
**LEARNING OBJECTIVES**

1. Understand the levels at which you need to intervene, and the impact of technical, linguistic and cultural challenges encountered when working across borders to produce clinical guidance.

2. Identify the different ways health systems are influenced by local issues and find solutions to help improve guideline development and implementation.

3. Examine how, in some circumstances, clinical guideline development might evolve from producing evidence-based text books to flexible evidence-based encyclopaedias.
HOW NICE INTERNATIONAL WORKS
WHAT IS NICE?

• NICE is the National Institute for Health and Clinical Excellence

• An independent organisation responsible for providing national guidance for the National Health Service in England and Wales
WHAT IS NICE INTERNATIONAL?

• A non-profit consultancy programme at NICE
• Set up in 2008 to help fellow policy makers from overseas with:
  – adapting guidelines to their own systems
  – assessing the value for money of health products
  – training clinicians, technical staff, and policy makers
  – setting up transparent, consultative, and independent resource allocation processes that can survive lobbying and other pressures. [1]

WHY WAS NICE INTERNATIONAL CREATED?

- To address increasing international demand for the expertise NICE has gained through the last decade
- Respond to national policies to accelerate progress in emerging economies and build healthy relationships with other countries
- Attract and retain high quality staff, many with global interests
- Learn from other countries
HOW DOES NICE INTERNATIONAL DELIVER THE WORK?

- Through project specific funding & core funding support from DFID (UK Department for International Development) & UK Department of Health International
- Using
  - NICE staff
  - Contracted external experts & NICE wider network
    - Collaborating Centres
    - Ex-Guideline Development Group chairs
    - Clinicians from the UK
    - Other technical and process experts mostly from the UK and US
OVER THE PAST YEAR...

- Explored possible partnerships, funding relationships, potential client base, types of product, working model, governance with:
  - NICE staff and academic groups
  - Key funding agencies (World Bank, Gates Foundation, UK Department for International Development)
  - Business schools
- Engaged with policy makers from over 20 countries
- Are in the process of negotiating/setting up projects in 7-8 of these countries
ACTIVE PROJECTS

• Georgia
• Brazil
• Colombia
• China
• Kuwait
• Kenya
NICE GOES GLOBAL

NICE decisions on NHS drug funding have attracted attention abroad, but can the international interest be turned into profit?

Nigel Hawkes reports
YOUR TURN
WHICH BEST DESCRIBES YOU?

1. From a **developing** country and interested in collaboration to produce guidelines
2. From a **developed** country and interested in collaboration to produce guidelines
3. Have already collaborated with other countries to produce guidelines
4. None of the above
What do you do?

1. Biostatistician
2. Epidemiologist
3. Health economist
4. Healthcare professional
5. Information specialist
6. Patient/carer representative
7. Policy maker
8. Project manager
9. Systematic reviewer
10. Other
Caesarean Section 1: Decisions and outcomes of a planned caesarean section in the absence of a clinical indication
As part of its National Health Transformation Programme the Turkish Ministry of Health is changing services across the country to improve coordination, quality and efficiency. A key part of this involves developing and implementing clinical practice guidelines based upon the best available evidence of clinical and cost effectiveness.
At the request of the Turkish minister of health, NICE International has been working with the Directorate of Health Education and Turkish academics, patients, and clinicians to develop a short clinical guideline on caesarean section.

The project is in collaboration with the National Collaborating Centre for Mental Health and funded by the World Bank.
The aim is to develop the expertise and build capacity within Turkey to deliver a national programme of evidence-based guidelines by working with NICE who would provide technical assistance, consultation and advice.
Before discussing the need for a guideline on C-Section in Turkey:

- Background facts: Turkey, UK, USA
- Turkey’s health service
- Antenatal care in Turkey
- Professions at delivery in Turkey
## Background Facts (1)

<table>
<thead>
<tr>
<th>Country</th>
<th>Area</th>
<th>Population</th>
<th>Ethnicity</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turkey</strong></td>
<td>800,000 sq km</td>
<td>77 million</td>
<td>70-75% Turkish, 18% Kurdish, 7-12% Other minorities</td>
<td>99.8% Muslim (mainly Sunni)</td>
</tr>
<tr>
<td><strong>UK</strong></td>
<td>243,000 sq km</td>
<td>62 million</td>
<td>92% White, 2% African-Caribbean, 4% South Asian</td>
<td>72% Christian, 23% none, 3% Muslim</td>
</tr>
<tr>
<td><strong>USA</strong></td>
<td>9.83m sq km</td>
<td>307 million</td>
<td>80% White, 12% African-American, 3.6% Asian American</td>
<td>78% Christian, 2% Judaism, 0.6% Muslim</td>
</tr>
<tr>
<td>Country</td>
<td>GDP per capita</td>
<td>Literacy rate</td>
<td>Education spend of GDP</td>
<td>De facto school leaving age</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Turkey</td>
<td>$12K</td>
<td>88%</td>
<td>4%</td>
<td>14 yrs,</td>
</tr>
<tr>
<td>UK</td>
<td>$35K</td>
<td>99%</td>
<td>5%</td>
<td>16 or 18 yrs,</td>
</tr>
<tr>
<td>USA</td>
<td>$46K</td>
<td>99%</td>
<td>6%</td>
<td>16 yrs,</td>
</tr>
<tr>
<td>Country</td>
<td>Age Structure</td>
<td>Life Expectancy at Birth</td>
<td>Population Growth Rate</td>
<td></td>
</tr>
<tr>
<td>---------</td>
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<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>6% over 65</td>
<td>73 yrs</td>
<td>About 1.3%</td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>16% over 65</td>
<td>79 yrs</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>13% over 65</td>
<td>78 yrs</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Total Fertility Rate</td>
<td>Birth Rate</td>
<td>Infant Mortality</td>
<td></td>
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<tr>
<td>---------</td>
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<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>2.2 children per woman</td>
<td>18 births per 1,000 popn.</td>
<td>17.5 per 1,000 live births</td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>1.7 children per woman</td>
<td>12 births per 1,000 popn.</td>
<td>5 per 1,000 live births</td>
<td></td>
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<tr>
<td>USA</td>
<td>2.1 children per woman</td>
<td>14 births per 1,000 popn.</td>
<td>7 per 1,000 live births</td>
<td></td>
</tr>
</tbody>
</table>
Turkey

• Public and Private (32% in 2007)
• University hospitals
• Primary care
• West versus East
• Before 2008, there was no universal health insurance scheme
### Antenatal care received from a physician or educated midwife/nurse at least once:

<table>
<thead>
<tr>
<th></th>
<th>Urban Areas</th>
<th>Rural Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>93%</td>
<td>79%</td>
</tr>
<tr>
<td>Midwife/Nurse</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Attendance by a physician or educated midwife/nurse:

<table>
<thead>
<tr>
<th></th>
<th>Urban Areas</th>
<th>Rural Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>71%</td>
<td>46%</td>
</tr>
<tr>
<td>Midwife/Nurse</td>
<td>25%</td>
<td>34%</td>
</tr>
</tbody>
</table>
• Turkey C-Section rate: 40% of all live births (public hospitals from all provinces, ‘09) > Compared to: UK 20%; USA: 29%; WHO recommends: 15%
• Rate has increased 3-fold in the past two decades
• Regional variation in Turkey 10-fold from:
  • 8% (eastern rural) to 80% (western urban)
• C-Section at second delivery following first C-Section = 100%
C-Section is associated with significant risks to the mother and baby.
These risks are acceptable when the benefits of C-Section clearly outweigh its risks when compared to the benefits and risks of vaginal delivery; for example, in the presence of life-threatening disease or foetal hypoxia.
1. For women at term with a normal first pregnancy with cephalic presentation is planned caesarean section more clinically and cost-effective than planned vaginal delivery?

1a. In what way should healthcare professionals communicate the risks and benefits of planned caesarean section and planned vaginal delivery?

2. For women at term with a normal second pregnancy, having had a previous caesarean section, with cephalic presentation is planned caesarean section more clinically and cost-effective than planned vaginal delivery?
WHAT HAVE WE LEARNT SO FAR?

• **Relationship (with client)**
  • Develop a culture of mutual understanding
  • Explore all communication channels

• **Relationship (with our consultants)**
  • Involve them from the beginning
  • Explain current situation
  • Provide necessary support

• **Leadership of the project**
  • Negotiate not abdicate
  • Compromise (but not at all costs)
  • Be clear about responsibilities and boundaries

• **Be patient!**
SOME CHALLENGES

• Generating income
  • Need some core funding
  • Obtaining contracts requires a lot of work

• Capacity
  – Small team at NICE
  – Recruiting consultants for projects

• Steep learning curve
  – Develop new skills: consulting, negotiating and business
  – Understanding the cultural context of different countries
  – Overcoming language barrier
YOUR TURN
• Imagine you were helping to develop a guideline in a different country, with a different language and culture
BEFORE BEGINNING DEVELOPMENT:
Would you insist on simultaneous translation throughout the project?

1. Yes
2. No
Would you begin the project without a fully trained systematic reviewer?

1. Yes
2. No
Would you want to see in person the health system and talk to patients and healthcare professionals?

1. Yes
2. No
Would you want to see the available data resources in the country?

1. Yes
2. No
DURING DEVELOPMENT:
Would you want to be involved in selecting the group of experts that help develop the guideline?

1. Yes
2. No
Would you want service users to be guideline group members?

1. Yes
2. No
LOCAL ISSUES:
Should cultural or religious factors influence the development of guidelines?

1. Yes
2. No
Should patient choice be considered when making recommendations?

1. Yes
2. No
EVIDENCE-BASED TEXTBOOK OR EVIDENCE-BASED ENCYCLOPAEDIA?
Currently, many clinical guidelines have more in common with a textbook than an encyclopaedia.

Guidelines generally cover a clinical condition or disease, sometimes focusing on key issues relating to that condition.
EVIDENCE-BASED TEXTBOOK OR EVIDENCE-BASED ENCYCLOPAEDIA?

- A textbook is a manual of instruction in any branch of study. [wikipedia]
- An encyclopaedia is a type of reference work, a compendium holding a summary of information from either all branches of knowledge or a particular branch of knowledge. [wikipedia]
EVIDENCE-BASED ENCYCLOPAEDIA (1)

• The EB encyclopaedia could be developed as an online database for:
  • clinical questions
  • the associated evidence
  • recommendations for clinical practice

• It would be underpinned by the work done by G-I-N Working Groups (for example):
  • Evidence Tables WG
  • Adaption WG
• Each country could download the appropriate information, and adopt, adapt, or update and add to the recommendations
• New clinical questions and evidence would be uploaded by participating groups.
• Thus, development might become more focused around answering a given set of clinical questions, rather than attempting to evaluate a certain clinical condition.
AN EXAMPLE (1)

- Imagine you were asked to collaborate with the Turkish MoH to develop the guideline on C-Section.
- Imagine also, that the EB encyclopaedia existed and the relevant clinical questions had already been answered.
The main tasks would then be:
• Confirm whether or not there is new evidence
• Present the evidence to your guideline development group
• Go through a process of deciding whether to adopt, adapt or update
• Add and/or modify recommendations.
YOUR TURN
Is the term ‘evidence-based encyclopaedia’ appropriate for the database as described?

1. Yes
2. No
What do you see as the key difficulty implementing this approach?

1. Agreeing common methodology
2. Quality control
3. Utilising data & recommendations efficiently
4. Deciding whether to adopt, adapt or update
5. Another issue not listed
Do you need a high order clinical pathway to organise the clinical questions?

1. Yes
2. No