Updating National Disease Management Guidelines: experiences with two approaches

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Background: German National Disease Management Guidelines Programme

- NDMGs are: Multidisciplinary, evidence-based CPGs for highly prevalent chronic illnesses with a special focus on coordination of care

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

- Since September 2003 a joint project of:
  - German Medical Association
  - National Association of Statutory Health Insurance Physicians (120,500 Physicians)
  - Association of Scientific Medical Societies (163 Societies)

- Organised by us:
  - German Agency for Quality in Medicine, Berlin
13 National Disease Management Guidelines

= development period
Ø = ca. 3.5 years

* = CHD pharmacotherapy chapter

Hypertension
DM Therapy
DM Neuropathy
Low Back Pain
DM Nephropathy
Heart Failure
DM Education
Depression
DM Foot syndrom
DM Retinopathy
COPD
Coronary Heart Disease
CHD 1st update*

Asthma
Asthma 1st update

Asthma update: characteristics

- Key recommendations outdated – paradigm shift
- Guideline methodology had evolved
- New topics/chapters to be added (e.g. occupational asthma)
Asthma update: methods

- Full revision of guideline
- Source guidelines main sources of evidence

1. Determination of source guidelines
2. Identification of new or outdated topics
3. Synopsis of source guidelines for selected topics
4. Systematic search, review and appraisal of additional evidence for some topics
5. Revision of background texts
6. Formation and grading of recommendations using formal consensus methods
7. Consultation and peer review (3 months)

Experts' feedback in TC/conference
Coronary Heart Disease (CHD) update: characteristics

- Modular update approach to provide faster updates to the public
- We began with the chapter „Pharmacotherapy“ because here the greatest need for updating was expected
CHD pharmacotherapy update: methods

- Determination of source guideline
- Identification of new or outdated subtopics
- Comparison with updated source guideline
- Systematic search, review and appraisal of additional evidence for some topics
- Revision of background texts
- Formation and grading of recommendations using formal consensus methods
- Consultation and peer review (3 months)

Literature monitoring (standardised search strategy)

Experts’ feedback in survey/conference
CHD pharmacotherapy literature monitoring strategy: methods

• Developed in context of dissertation thesis*
• Search performed on quarterly basis
• Modified search in MEDLINE/ PubMed:
  • Methodological filter: RCTs/SRs
  • 12 Core Journals for RCT search: NEJM, Lancet, Annals of Internal Medicine, BMJ, JAMA, Heart, Circulation etc.
• Regulatory authorities websites searched for adverse events alerts
• Relevant studies classified in 4 categories:
  1) Updating signal: new recommendation necessary OR contradiction to existing recommendation
  2) Suggestion for next regular update
  3) Confirmation of existing recommendation
  4) Information (relevance to be assessed by experts)

CHD pharmacotherapy literature monitoring strategy: results

• Literature search results for 8 quarters were assessed:
  • 1551 abstracts sighted
  • 26 articles fulfilled inclusion criteria:
    0 x updating signals; 8 x suggestion; 7 x confirmation; 11 x information
    → recommendations/GoR refined
    → evidence summaries updated

• Substances and therapy regimens which were not part of the 1st edition of the guideline are not captured

• Further (systematic) literature searches for selected topics deemed necessary to investigate further aspects / improve evidence summaries

• Staff resources for monitoring estimated at 40 hrs/quarter
Results of both guideline updates

Both updates much more extensive than originally anticipated…

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<td>32 months</td>
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| Page numbers***            | 98 vs. 270 pages     | 21 vs. 94 pages   |
|                            | + 175 %              | + 348 %           |

| New recommendations ***    | 67 vs. 92 rec        | 15 vs. 34 rec     |
|                            | + 37 %               | + 127 %           |

| Changed recommendations ***| 59/67 rec            | 7/15 rec          |
|                            | 88 %                 | 47 %              |

* full revision; ** pharmacotherapy chapter; *** 1st edition compared to 2nd edition
Lessons learned

• Both guidelines: Due to the evolving of our methodology, updating the guidelines also served to improve them generally
  → These are extra resources which need to be taken into account in the planning of updates
  → Targeted (=fast) updates are only meaningful and realistic in sufficiently robust guidelines

• CHD: Literature monitoring was a helpful complementary procedure

• CHD: For the chapters following pharmacotherapy, modular serial updates are difficult to achieve
  → Many links between various chapter topics
  → Have reverted to parallel updating of chapters
Disclosure of Interests (last 3 years)

Liat Fishman

I certify that, to the best of my knowledge, no aspect of my current personal or professional situation might reasonably be expected to affect significantly my views on the subject on which I am presenting.

Thank you for your attention!

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