

EBMeDS in Belgium. Discordances between Finnish and Belgian guidelines and consequences related to implementation

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Background

EBMeDS

- Finnish electronic decision support system
- evidence based information at the point of care
- based on the structured content of the electronic patient record
- actually implemented in Belgium
- support to general practitioners
 - tailored reminders
 - therapeutic suggestions
 - links to guidelines and “scripts”

How to deal with discordances between Belgian guidelines for general practice and the Finnish EBMeDs scripts

Aspirine **RR** **Chol. tot.** **Glyc.** **BMI** **CrCl**

Consultatie

Datum	RR	Nr	Reden bezoek	Handelingen	Diagnose	Planning	Episode	Aanpak
20-08-12	-/-	73642			K86; hypertensie		1	
20-08-12	-/-	73642		ICPC2 -coded	T90; type ii diabetes		2	
	-/-	73642			T90; type ii diabetes		2	

therapeutic suggestion

tailored reminder

EBMeds : EXAMPLE Gin

Verwittiging
Overweeg aspirine 100 mg/dag ter preventie van cardiovasculaire insulden, voornamelijk bij oudere patiënten, in acht geneesmiddelen verdraagt (geen bloedingsneiging of extreme uitputting).

Verwittiging
Deze patiënt heeft diabetes, maar er is geen waarde voor LDL-cholesterol beschikbaar. -> [Script](#)

Verwittiging
Deze patiënt heeft diabetes. Er is meer dan 13 maand verstreken sinds laatste glycemie en cholesterol bepaling. Tijd voor jaarlijks opvolging? -> [Script](#)

Zie ook
[Diabetes: definition, differential diagnosis and classification](#)
[Newly diagnosed type 2 diabetes](#)
[Treatment and follow-up in type 2 diabetes](#)
[Oral antidiabetic drugs in the treatment of type 2 diabetes](#)
[Lifestyle education in type 2 diabetes](#)
[Insulin therapy in type 2 diabetes](#)

A	Episodenaam
<input checked="" type="checkbox"/>	2 type ii diabetes
<input checked="" type="checkbox"/>	1 hypertensie

Script : example: 'Aspirin for patients with type 2 diabetes'

Script Description

If a patient aged over 30 years has type 2 diabetes, is not on aspirin, clopidogrel or warfarin, is not allergic to aspirin, and has no history of peptic ulcer or asthma, reminder 1 is shown. If the patient has asthma, reminder 2 is shown.

Decision Support Messages for Professionals

1. Consider aspirin 100 mg/day for the prevention of cardiovascular events, particularly in elderly patients, provided that the patient tolerates aspirin (no bleeding tendency or excessive bruising).
2. Consider aspirin 100 mg/day for the prevention of cardiovascular events, particularly in elderly patients, provided that the patient tolerates aspirin (no bleeding tendency or excessive bruising). Because this patient has asthma, check before prescribing whether aspirin or other NSAIDs worsen its symptoms.

Evidence and Guidelines

Graded Evidence

- Primary prevention with low-dose aspirin appears to be less (and only marginally) effective in patients with type 2 diabetes than primary prevention in patients with other cardiovascular risk factors or secondary prevention in patients with cardiovascular disease. The effect may be confined to elderly individuals.

EBM Guidelines

- Treatment and follow-up in type 2 diabetes

Background

SYSTEM

EHR (coded diagnose) \leftrightarrow EBMeDS \leftrightarrow tailored EBM information

CONTENT EBM information: need for harmonization?

EBM GUIDELINES
(Finland)

► Founding members (Belgium)

BCFI	FARMAKA	SSMG
CEBAM	FOD DG 1,2	VIRTUAL LIBRARY
DOMUS MEDICA	KCE	WVVK
E-Health	MINERVA	WVVV

Objectives

To compare the EBMeDS-scripts with the locally developed Domus Medica guidelines in order to define the topic coverage and to identify and resolve discordances.

Methods

- assessment by 2 Domus Medica guideline developers
- early 2011
- 187 publicly available EBMeDS-scripts
- for each script
 - local guideline available?
 - accordance?
 - minor (easy to adapt)
 - major (contradiction)
 - discordances?
 - comparing evidence base



Results

- coverage: 39 Domus Medica guidelines/187 EBMeDS scripts (21%)
- accordance: 16/39 (41%)
- discordance: 23/39 (59%)
 - minor: 18/39 (46%)
 - major: 5/39 (13%)reasons for discordance:
 - different (time frame of) literature (search)
 - different interpretation of identical references

Discussion

How to deal with disparities?

- priorities?
- reject non concordant guidelines?
- showing all with/without validation label?
- showing selection with/without validation label?
- Adapte (all) Finnish guidelines?
- 'Mini-adapte' for selection of Finnish guidelines?

Discussion

Actual strategy

GUIDELINES

- preference locally validated guidelines
- Finnish guidelines: label: adapted/ not adapted for use in the Belgian context
- Adapte procedure for 50 high priority guidelines
- Other: progressive adaptation

SCRIPTS: strategy to be developed

Conclusions

- Local implementation of a well appreciated system as EBMeDS requires a keen strategy that deals with content and context disparities between recommendations from multiple guideline producers
- In spite of strict methodological adherence to EBM principles, guidelines recommendations prove to be sometimes divergent. Protocols in how to deal with these disparities are crucial.