Adapting NICE guidance for a developing country: pilot hypertension project with NICE International in Jordan

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The NCGC is a governance collaboration, hosted by the RCP and funded by NICE
Outline

- Background
  - NCGC
  - NICE International
  - Jordan, healthcare system and need for guidance

- NICE / Jordan pilot project
  - Purpose and methods
  - Results
  - Discussion - future
About NCGC

- NCGC (National Clinical Guidelines Centre); UK
- Guideline development centre in UK
  - Merger in 2009 of 4 smaller guideline centres (acute conditions, chronic conditions, primary care, nursing and supportive care)
- Commissioned by NICE: produce guidelines on acute and chronic conditions
- Senior RF at NCGC
  - systematic reviews of clinical evidence for NICE guidelines
- Project in Jordan working with NICE international
NICE International

- http://www.nice.org.uk/aboutnice/niceinternational/
- set up by NICE (not-for-profit)
- advice, support and training
- countries seeking to improve evidence-based healthcare provision (clinical and policy decisions)
NICE International: Jordan project

- NICE international asked by MeTA to work with Jordan
- MeTA (Medicines Transparency Alliance) aims:
  - promote transparency in supply of medicines
  - equitable access for low income populations
  - Jordan = MeTA pilot country
  - Project: to support Jordanian health policy workers with reform efforts
  - Funding: NICE, DFID (UK) and World Bank
Jordan:  
- Middle East  
- Developing country  
- Pop: 6.3 mil  
  (UK 63 mil)

Famous for:  
- Petra the ‘rose city’  
- Indiana Jones and the last crusade
Jordan – healthcare

- Jordanian healthcare system
  - Public (MoH, military – RMS, university) and private institutions
  - 80% insured: public, private and refugees’ mission
  - Uneven distribution: cities (eg. Amman) more services / access than rural areas

- Jordan (with MeTA) attempting to reform areas of health policy including:
  - Rational use of medicines
  - Using medical evidence as criteria for adding or removing medicines to the rational drugs list
Purpose

- Need for guidance on hypertension
  - Hypertension chosen *(high disease burden and low physician awareness)*

- Aim / Purpose
  - Develop *evidence-based guidance*
  - 1\textsuperscript{st}-line pharmacological treatment of essential hypertension *(primary care)*
  - *Adapt NICE guidance* (2006) to Jordanian setting
Methods

- 6 months work in 2009
- Two teams of technical experts (UK and Jordanian)
- Updated NICE guideline: pharmacological treatment of hypertension
  - **New literature searches** run (UK)
  - **New studies** included for clinical evidence (UK)
  - **Health economic model rerun**: Jordanian healthcare data, costs and QoL estimates (UK and Jordan)
  - **Two 3-day workshops** in Amman: teaching and GDG meetings, discussing evidence and health economics
Project team

- Team for Jordan project:
  - **Project leaders / sponsors**: NICE International, MeTA, Jordan MoH, World Bank
  - **UK technical team**: clinician (HT), health economist, NICE guideline systematic reviewer
  - **Jordanian technical team**: experts in pharmacy, health outcomes, health economics (public and private sector)
  - **GDG (Jordanian)** – chair, 18 Jordanian clinicians (public and private), patient representative
The team
Technical teams presented new clinical and health economic evidence

- **Drug Tx cost-effective** (CE): savings on Tx of CVD
- **BBs less CE** vs. other a-HT drug classes
- **As for UK**: CCBs best (closely followed by ACEi/ARB and TDs)
- **Use of more expensive branded drugs** - increase costs with **little / no benefit** to patients
Results – part 2

- Developed:
  - **Recommendations** - evidence-based and clinical opinion (Jordanian GDG)
  - Drug treatment **algorithm**
  - **Implementation** strategy
  - **Report** - recommendations for system and structural improvements (*NICE International website*)
**Algorithm**

**NICE (CG34), 2006**

- **Step 1**: A*
- **Step 2**: A* + C or A* + D
- **Step 3**: A* + C + D
- **Step 4**: Add:
  - further diuretic therapy or
  - alpha-blocker or
  - beta-blocker.
  Consider seeking specialist advice.

*CCB is preferable for patients aged over 60

- or ARB if ACEi-intolerant; back = those of African or Caribbean descent;

**Jordan, 2009**

- **Stage 1**: ACEi or CCB* or TZD
  - Review after one month
- **Stage 2**: Half dose ACEi + CCB
  - Full dose ACEi + CCB
  - Review after one month
- **Stage 3**: ACEi + CCB + TZD
  - Review after one month and consider specialist referral
- **Stage 4**: Consider adding α-blocker, β-blocker or spironolactone

* or ARB if ACEi-intolerant; back = those of African or Caribbean descent;
Since the pilot….

- Workshops / educational seminars – guideline development
  - HT pilot showed why EBM and equitable provision is needed in clinical practice
  - Audience related better to it as was attuned to Jordan

- Still not in implementation phase
  - Report only recently translated
  - People working on developing implementation plan
  - Meeting with senior clinicians to endorse guidance
  - to be circulated for comments / buy-in (major medical committees); then implementation plan can proceed
Since the pilot....

- Presentations at conferences (UK and Jordan teams)
- Paper to be published about the project:
  - *International Journal of Technology Assessment in Healthcare*
Conclusions

- Development of evidence-based algorithm
- Constructive development towards change in Jordan’s healthcare system
- Buy-in needed from clinicians and major medical committees
- Implementation and dissemination are next steps
- Success of this will increase weight of evidence-informed policy-making in Jordan
- Should result in change in clinical practice – more equitable healthcare across country and rational drug prescribing / use
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