





# The current status of Evidence Based Guidelines in China

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The 8th GIN Conference  
Aug 29, 2011



# Overview

- ◆ **Background**
- ◆ **Objective**
- ◆ **Methods**
- ◆ **Results**
- ◆ **Summary**

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# Background – what we have done

- **Evidence production**
  - CSR and EBM introduced in 1996
  - Efforts training to develop CSR
  - Clinical research, etc.
- **Promote evidence use**
  - Training policy-makers and editors
  - Established MOE EBM network
  - Explored bed side practice
  - Outcome research & cost control, etc.

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# CSR training in recent 10 years



The 5th Sino-Australian workshop on CSR in 2001



The latest national workshop on SR in 2011

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## The Distribution of MOE research centres on EBM



## Background –

### Why we need guidelines



- With the increasing costs
- Diversity of healthcare
- Improper clinical practice  
eg. available technology coexistence at overuse , misuse & underuse, etc.



## Background - continued

- **Clinical guideline is thought as the Bridge from Evidence to Practice**
- **Types of guideline development :**
  - Informal consensus development
  - Formal consensus development
  - Explicit guideline development
  - **Evidence based guideline development (EBG)**

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## Background - continued

**EBG defined as**

- **Grade recommendation**
- **Level of evidence**
- **More and more clinical guidelines developed based evidence in China**
- **What are the current status of them?**

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## Objective

- **To identify the current status of EBG in China**
- **To improve the quality of healthcare**

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## Methods

- **Guidelines search**
  - **Major Chinese database & web etc.**
  - **Search words: OR guideline, standard, rules, consensus AND evidence in keywords and title**
  - **Search date: first issue till December 30, 2010**
- **Included** refer to grade of recommendations & development based on level of evidence
- **Excluded** translation, news, etc.

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# Results



- **45 met criteria, mainly issued after 2000**
- **Most of them were developed Chinese medical association, an inter-disciplinary group**
- **20% (9/45) mentioned to update with new evidence**

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# Results - continued



- **Guidelines mainly related to diseases on diabetes, lung cancer, chronic hepatitis, critical care, hypertension, stroke, etc.**
- **Clinical pathways and pre-payment for some selected diseases pilot tested to regulate clinical behaviors and control costs in some hospitals**  
**(eg. patients only pay about 20% costs of his total single disease, the extra or less limited will be responsible for the hospital)**

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## Limitations

- **This is a preliminary description study**
- **Difficulty in locating all forms of the same guideline**
- **Few patients involve in the guideline development**
- **A few described the relevant harm, cited reference**
- **The challenge was guideline implementation, keep updating, etc.**

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## Summary

- **The number of EBG is increasingly in last 10 years**
- **A national guideline need to help the EBG development**
- **The guideline implementation need innovation promotion strategies**
- **Experts' consensus usually to guide practice when short of EBG**

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