Health Services Research - Bern, 1.11.12

Adaptation des directives de pratique clinique: exemple des directives concernant le diabète dans un programme de management des maladies chroniques

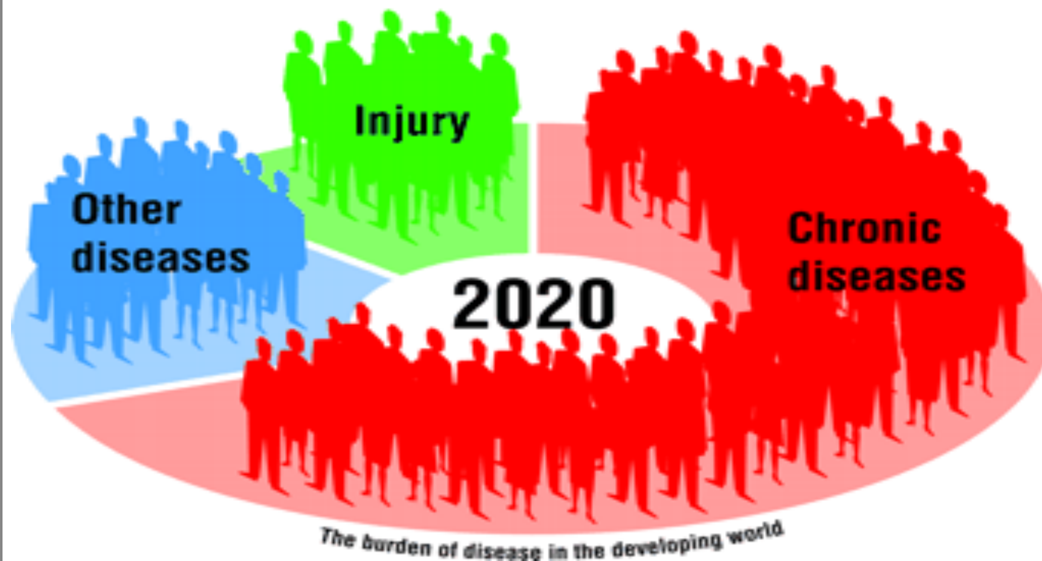
Bernard Burnand / IUMSP

Presentation pathway

- *Context*
  Chronic diseases prevention and management programmes
- *Context*
  Knowledge transfer and uptake
- Adaptation of clinical practice guidelines for diabetes management
- Implementation of clinical practice guidelines
- Monitoring of clinical practice guidelines implementation and healthcare delivery

European region: Non-communicable diseases responsible of

- 86% of deaths
- 77% of disease burden



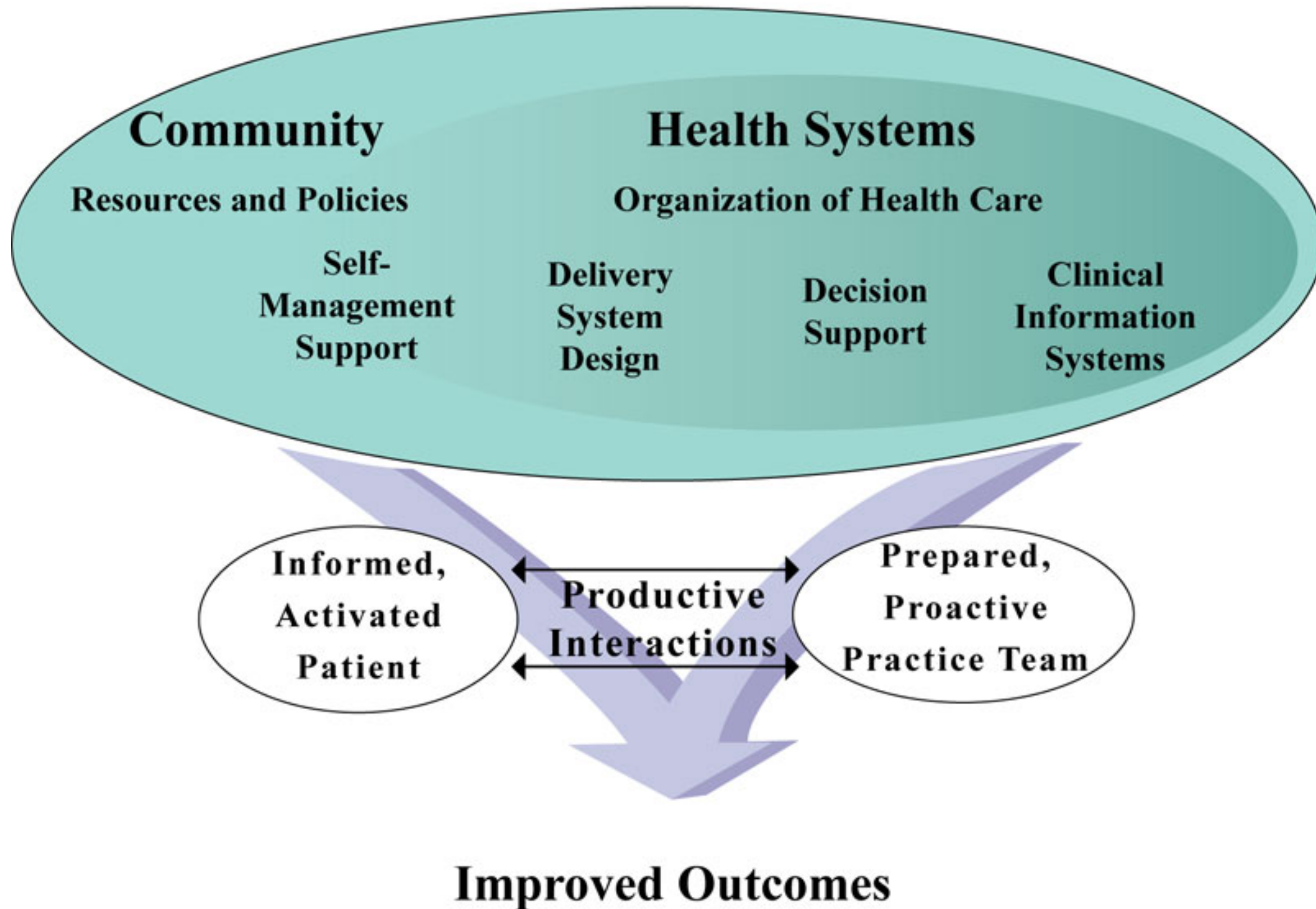
BMJ (cover) 2002;325(7370)

Similar expected trends in Switzerland - canton of Vaud

Prevalence of chronic diseases: Projections 2005-2030	
Chronic obstructive pulmonary disease (COPD)	**+ 50%**
Depression	**+ 70%**
Diabetes	**+ 50%**
Heart Failure	**+ 60-70%**

Based on epidemiological data and population estimations for 2030 (considering the phenomenon of population ageing only)

F. Paccaud 2006. Vieillissement: éléments pour une politique de santé publique


The Chronic Care Model
Community
Resources and Policies
Self-
Management
Support
Health Systems
Organization of Health Care
Delivery
System
Design
Decision
Support
Clinical
Information
Systems
Informed,
Activated
Patient
Productive
Interactions
Prepared,
Proactive
Practice Team
Improved Outcomes
Developed by The MacColl Institute
® ACP-ASIM Journals and Books

Chronic disease prevention and management – *main components*

- Patient focused intervention
  - Self-management, training
- Evidence-based and planned interventions
  - Practice guidelines, clinical pathways
  - Objectives, action plan
- Multidisciplinarity
  - Nurses, physicians (primary care, specialists), dieticians, pharmacists, physiotherapists, psychologists, case managers, …
- Continuity, coordination, communication
  - Time and place
  - Teamwork, caregivers and providers
- Monitoring, measures and feedback

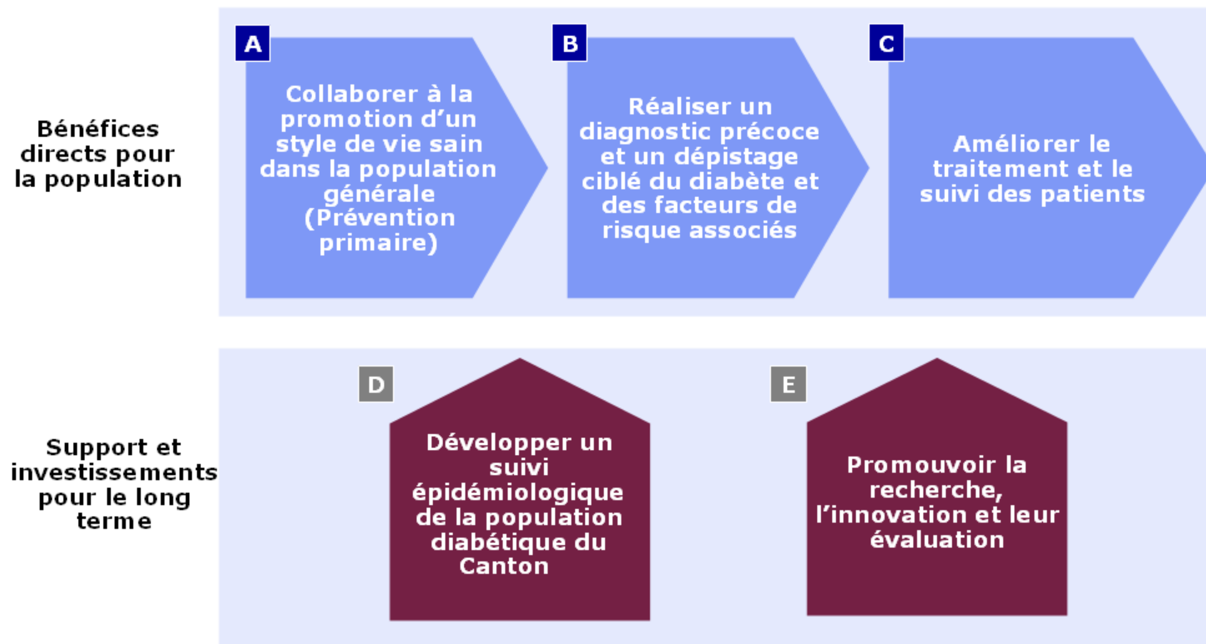
Effectiveness of chronic disease management (CDM) Review of evidence (systematic reviews)

Disease	Results	References
Heart failure	↓ hospitalization ↓ mortality	Gohler, (2006), Roccaforte (2005), Gonseth (2004), McAlister (2001)
Diabetes	↑ glycemic control (HbA1c) ↑ diabetes-specific screenings	Pimouguet (2010), Norris (2005), Knight (2005)
Depression	↓ symptoms of depression ↑ compliance and satisfaction	Neumeyer-Gromen (2004), Badamgarav (2003)
COPD	↓ hospitalization ↑ walking distance, quality of lifre	Peytremann-Bridevaux (2008), Niesink (2007)

COPD: Chronic obstructive pulmonary disease

Programme cantonal Diabète - Vaud (PcD)

- Service de la santé publique
- Multidisciplinary, numerous healthcare professionals involved
- 5 strategic axes, > 50 projects



canton de vaud

diabète programme cantonal

CDM - Exploratory work in Switzerland

- **Opinions of various Swiss healthcare stakeholders**:
- Little divergence of opinions between groups of professionals
- Favorable to CDM development
- Main barriers: federalist political organization of care / CDM financing / motivation to participate

- **Opinions of practicing healthcare professionals and diabetic patients (canton of Vaud):**
- Insufficient information, lack of collaboration, difficulties with self-management, financial concerns
- Favorable to « Programme cantonal Diabète » if adapted to needs and using existing structures

Peytremann-Bridevaux, Int J Integrated Care, 2009 ; Peytremann-Bridevaux Diab Res Clin Practice 2012 ; Lauvergeon, BMC Health Services Res 2012 ; Lauvergeon Health Expectations 2012

Table 3. Adherence to Quality Indicators, Overall and According to Type of Care and Function.

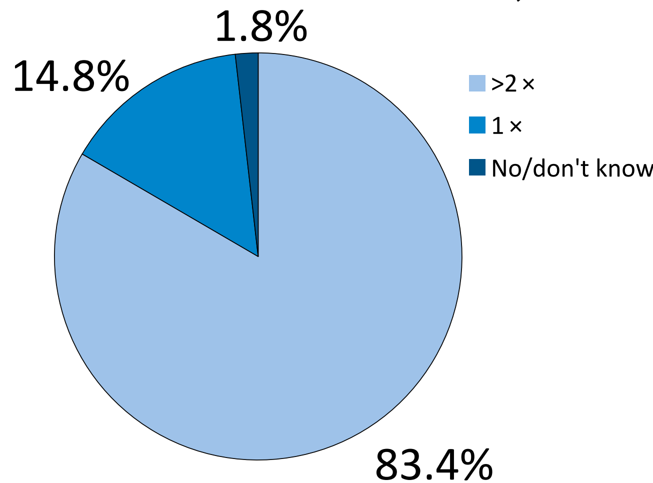
Variable	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI)*
Overall care	439	6712	98,649	54.9 (54.3–55.5)
Type of care				
Preventive	38	6711	55,268	54.9 (54.2–55.6)
Acute	153	2318	19,815	53.5 (52.0–55.0)
Chronic	248	3387	23,566	56.1 (55.0–57.3)
Function				
Screening	41	6711	39,486	52.2 (51.3–53.2)
Diagnosis	178	6217	29,679	55.7 (54.5–56.8)
Treatment	173	6707	23,019	57.5 (56.5–58.4)
Follow-up	47	2413	6,465	58.5 (56.6–60.4)

Care gap

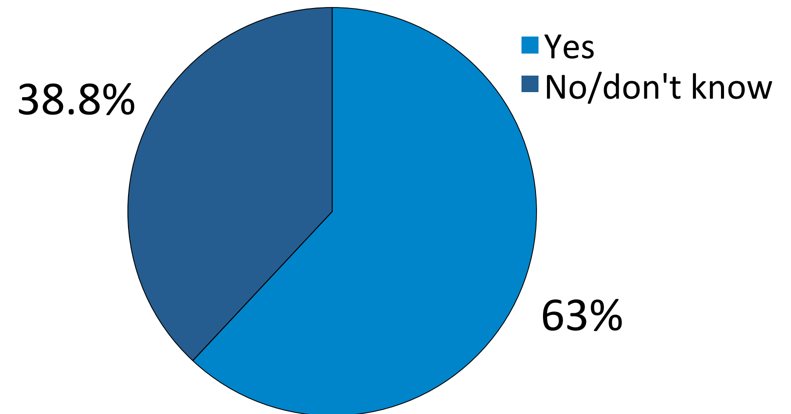
McGlynn EA NEJM, 2003

PcD Vaud

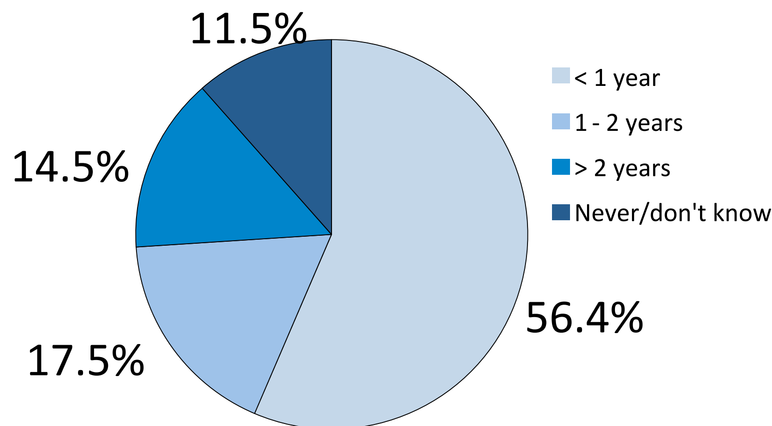
HbA1C check
(among those who know HbA1C, n=218)



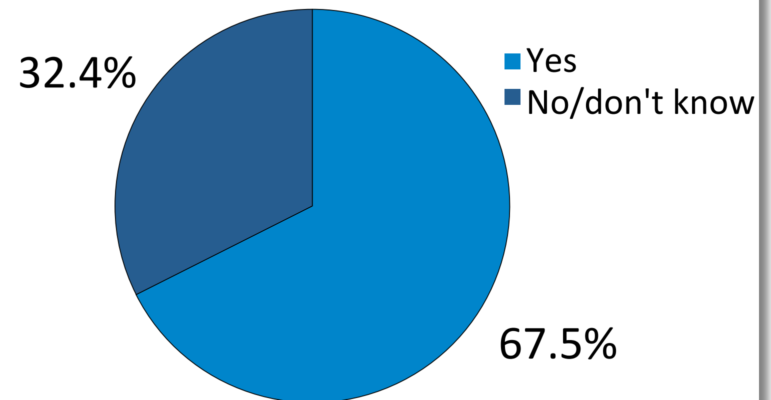
Urine check
(microalbuminuria, n=399)



Eye check
(by ophtalmologist, n=399)



Feet control
(n=397)

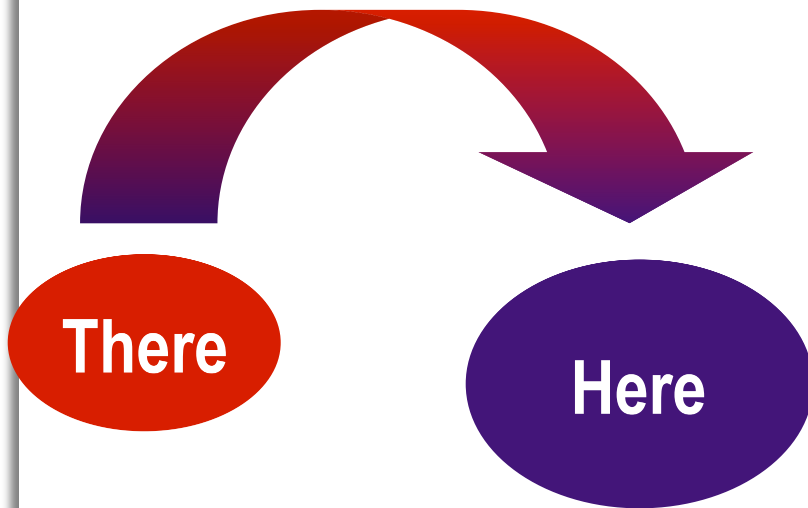


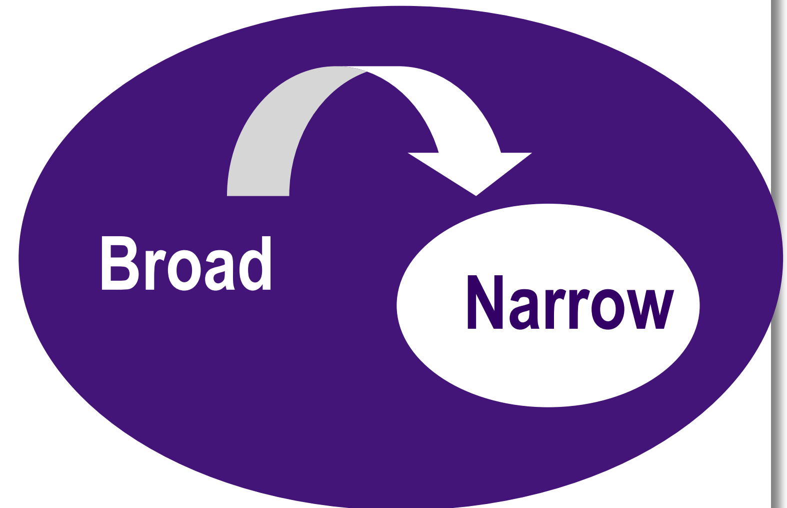
Knowledge transfer and uptake

Clinical practice guidelines (CPG)

- No systematic, comprehensive, updated diabetes CPG adapted to Switzerland
- No "guidelines agency" in Switzerland (NICE, HAS, SIGN, ...)
- Adaptation of existing high quality, evidence-based CPG
  - Tailored for Switzerland and PcD

Purposes of Guideline Adaptation ADAPTE





- Alternative to de novo guideline development
- Take advantage of existing guidelines to reduce duplication of effort

- Implementation
- Tailoring of a national guideline to the local context

ADAPTE Framework Manual and Tools

PHASES	TASKS	ASSOCIATED MODULES
Set Up phase	PREPARE FOR ADAPTE FRAMEWORK	Preparation
Adaptation Phase	DEFINE HEALTH QUESTIONS	Scope and purpose
	SEARCH AND SCREEN GUIDELINES	Search and Screen
	ASSESS GUIDELINES	Assessment
	DECIDE AND SELECT	Decision and Selection
	DRAFT GUIDELINE REPORT	Customization
Finalisation Phase	EXTERNAL REVIEW	External Review
	PLAN FOR FUTURE REVIEW AND UPDATE	Aftercare planning
	PRODUCE FINAL GUIDELINE	Final Production

©Copyright ADAPTE 2007

Int J Qual Health Care 2006;18:167
Qual Saf Health Care 2011;12:2

Adaptation of CPG for PcD

Adapting ADAPTE

- Search of diabetes CPG in dedicated databases (www.guidelines.gov, G-I-N, diabetes associations, Medline, ...)
- Evaluation of CPG quality (AGREE-2)
- Matrix of recommendations
- Working group / methodologists / experts
- Multidisciplinary revision and endorsement group

AGREE – Int J Technol Health Care 2000;12:18

Implementation of CPG for PcD

- Adaptation of CPG
- Multidisciplinary
- Short forms
- Easy to find recommendations (AGREE)
- Diffusion, media, website (www.recodiab.ch)
- Presentation and contextualisation in workshops (*Forum diabète*)
- Support letter from Canton's Physician
- Audit and feedback (gaps)
- CPG adapted for patients (with patients)

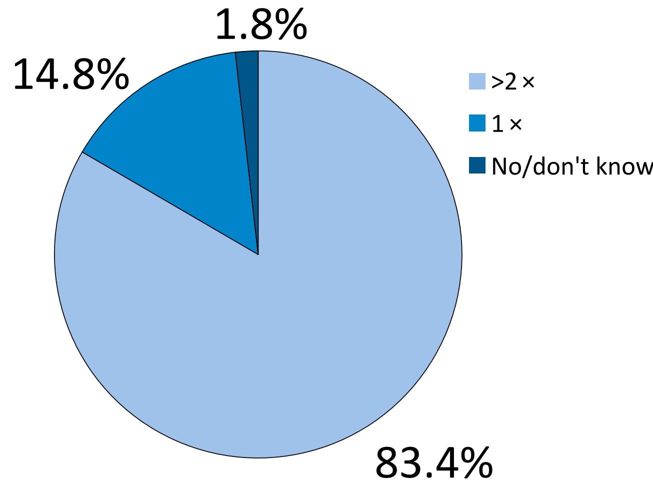
Diabetes Care in the Canton of Vaud: a cohort study

- Cross-sectional baseline analysis
- 406 non-institutionalized adult diabetic patients visiting a pharmacy with a prescription for
  - oral anti-diabetic drugs
  - Insulin
  - glycemic strips
  - glucose meter

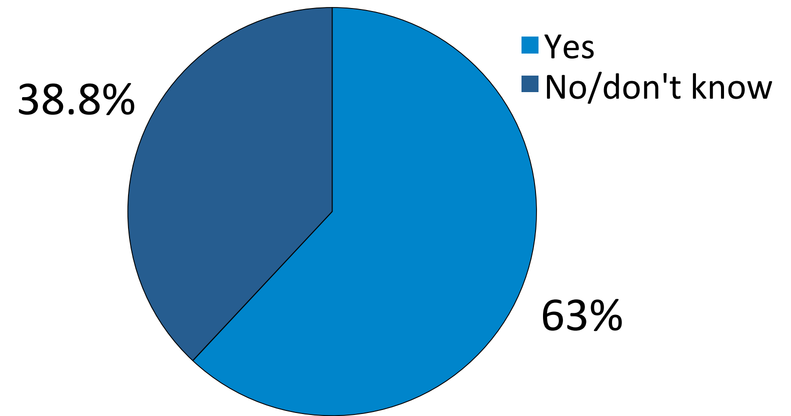
Diabetes Care in the Canton of Vaud: a cohort study

- Mean age 64.4 years
- 41% women
- Diabetes type 1: 13%
- Diabetes type 2: 69%
- Diabetes type unknown: 19%
- OAD: 50%
- Insulin: 23%
- OAD + insulin: 27%

HbA1C check
(among those who know HbA1C, n=218)

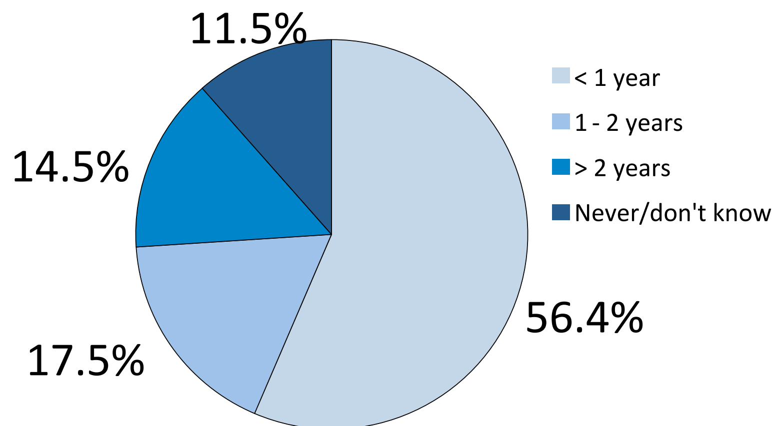


Urine check
(microalbuminuria, n=399)

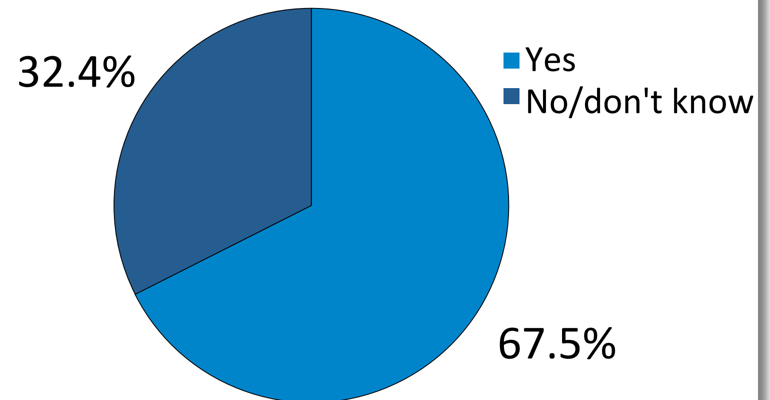


PcD Vaud

Eye check
(by ophtalmologist, n=399)



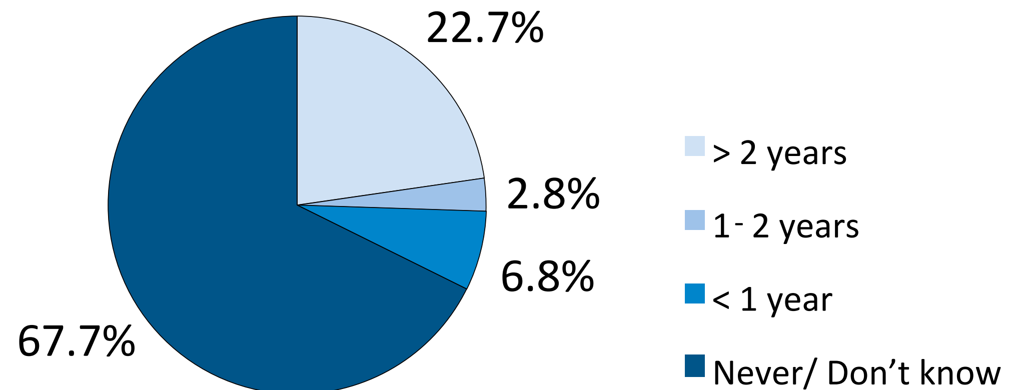
Feet control
(n=397)



Diabetes Care in the Canton of Vaud: a cohort study

- Influenza immunization: 62%
- Little evidence for multidisciplinary care

Participation to « education » classes (n=396)



Summary - Discussion

- High prevalence of chronic diseases in Switzerland
- Need to adapt our healthcare system to chronic diseases
- Chronic diseases prevention and management programmes
- Knowledge gap
- Knowledge transfer and uptake programmes
- One component of chronic diseases management is evidence based health care – CPG
- Adaptation and Implementation of high quality and updated CPG
- Monitoring of CPG implementation and healthcare delivery

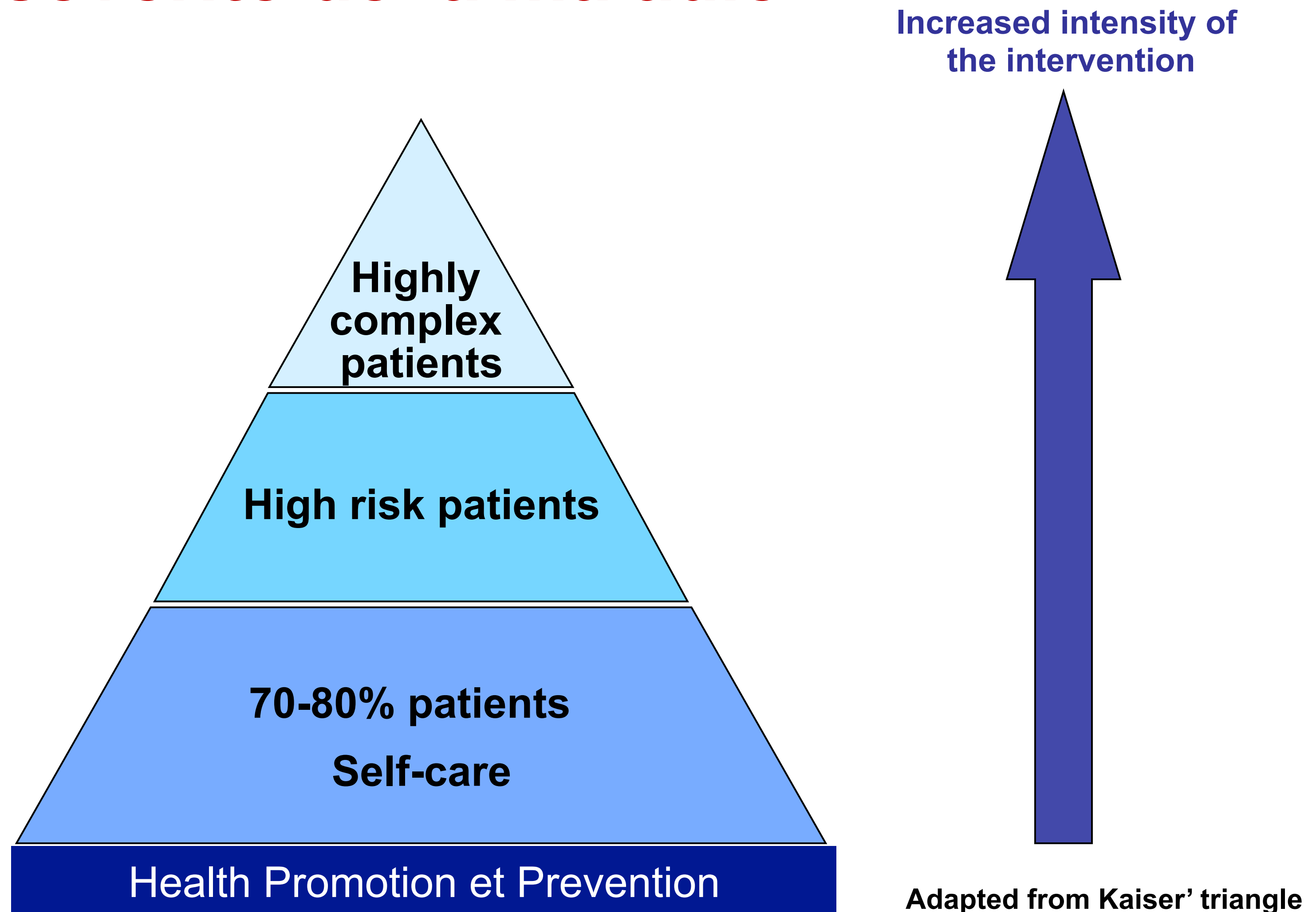
Summary - Discussion

- High prevalence of chronic diseases in Switzerland
- Need to adapt our healthcare system to chronic diseases
- Chronic diseases prevention and management programmes
- Knowledge gap
- Knowledge transfer and uptake programmes
- One component of chronic diseases management is evidence based health care – CPG
- Adaptation and Implementation of high quality and updated CPG
- Monitoring of CPG implementation and healthcare delivery

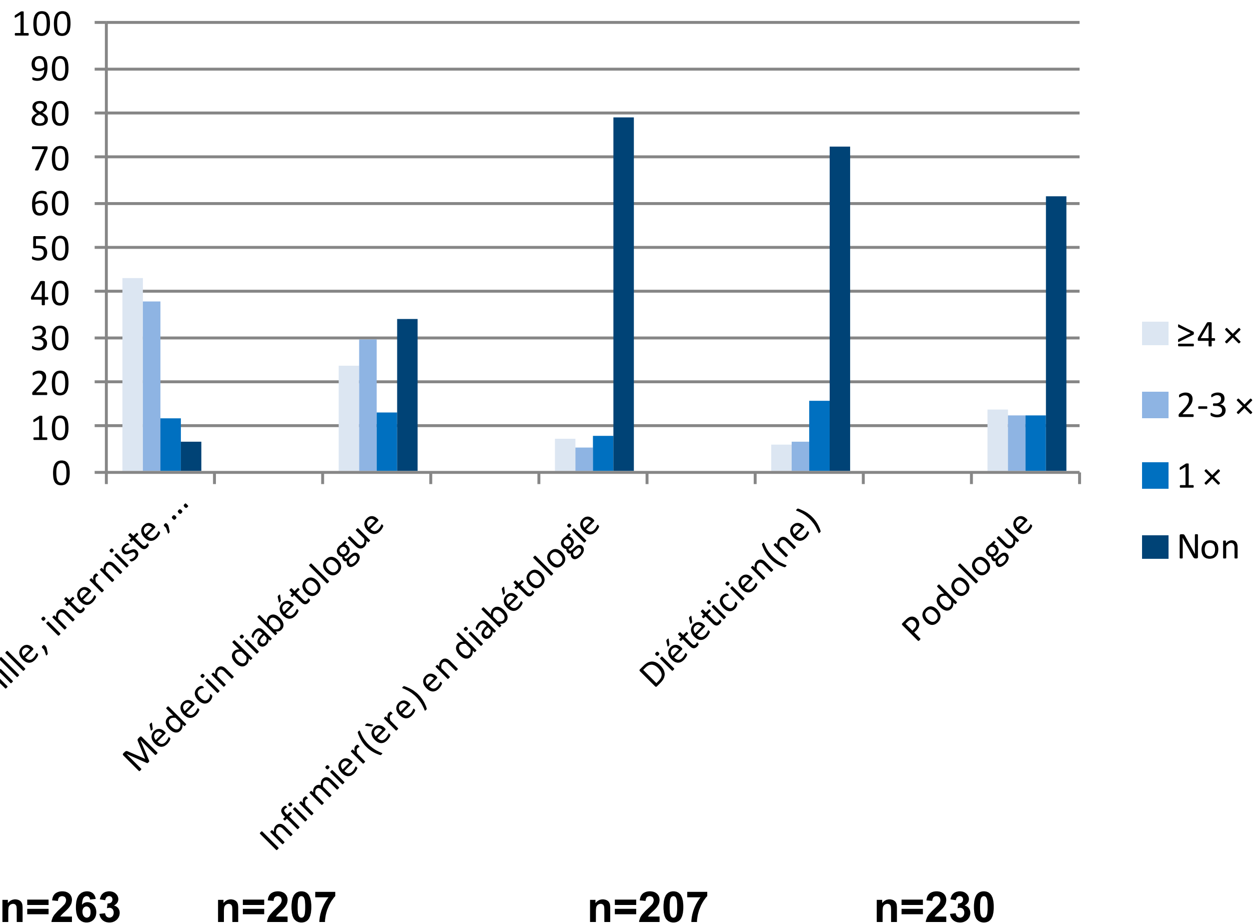
- **Health services R&D projects imbedded in actual activities, development and evaluation of the healthcare system**

Bernard.Burnand@chuv.ch
www.iumsp.ch

Stratification de l'intervention en fonction de la sévérité de la maladie



Ambulatory care visits to (12m) …



n=365 **n=263** **n=207** **n=207** **n=230**

canton de vaud
diabète programme cantonal
IUMSP
Unil
UNIL | Université de Lausanne
CHUV