



Resource planning for guideline development

Lessons learned in the German Guideline Program in Oncology

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German Guideline Program
in Oncology (GGPO)

Disclosure of Interests (last 3 years)

Markus Follmann

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.

Background:



Rationale

- need for quality improvement in cancer care
 - need for better knowledge transfer
 - need for a common basis to improve networking of quality initiatives
 - German National Cancer Plan
- GGPO was launched 2008, setting the goal to develop and implement clinical practice guidelines (CPGs) in oncology by:

Nationaler Krebsplan

Aktueller Stand und Perspektiven

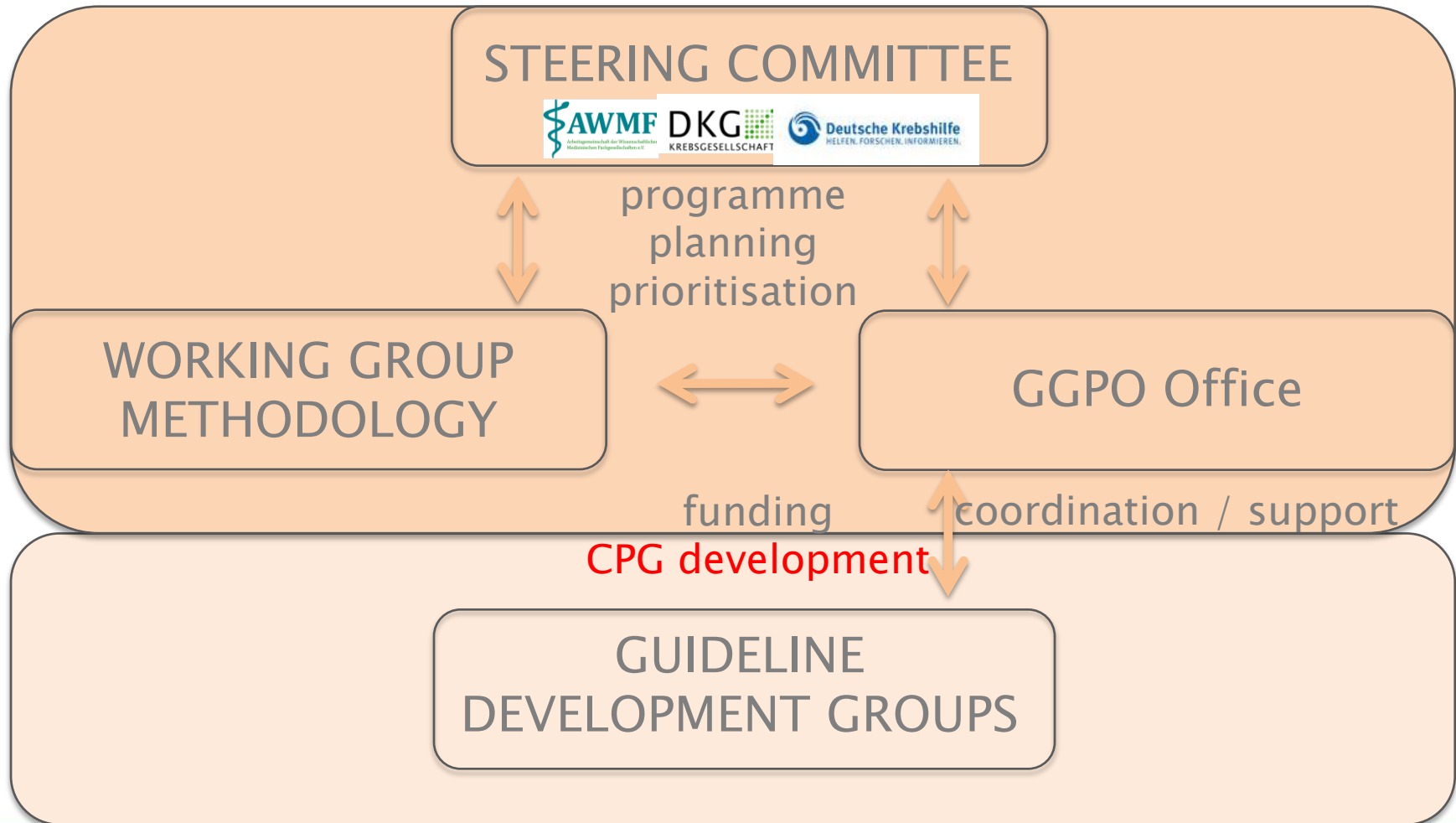
www.bmg.bund.de

Background:

GGPO OBJECTIVES

- supporting CPG development by scientific medical societies
 - providing **independent funding** for CPG development
 - improving methodological quality of CPGs
 - improving implementation and evaluation by
 - patient guidelines
 - short / long / pocket versions of CPGs
 - performance measures / quality indicators
 - consolidating the network of quality initiatives
-

Organizational structure:



Resource planning

GGPO 2008: to be created

- Application process
 - Ressource planing Matrix
- Can we learn from other insitutions?



Resource planning

Any published data?

Sporadic data from German Guideline Projects

A. Nast, JDDG 2008 (Therapy of Psoriasis vulgaris)

Some G-I-N conference abstracts

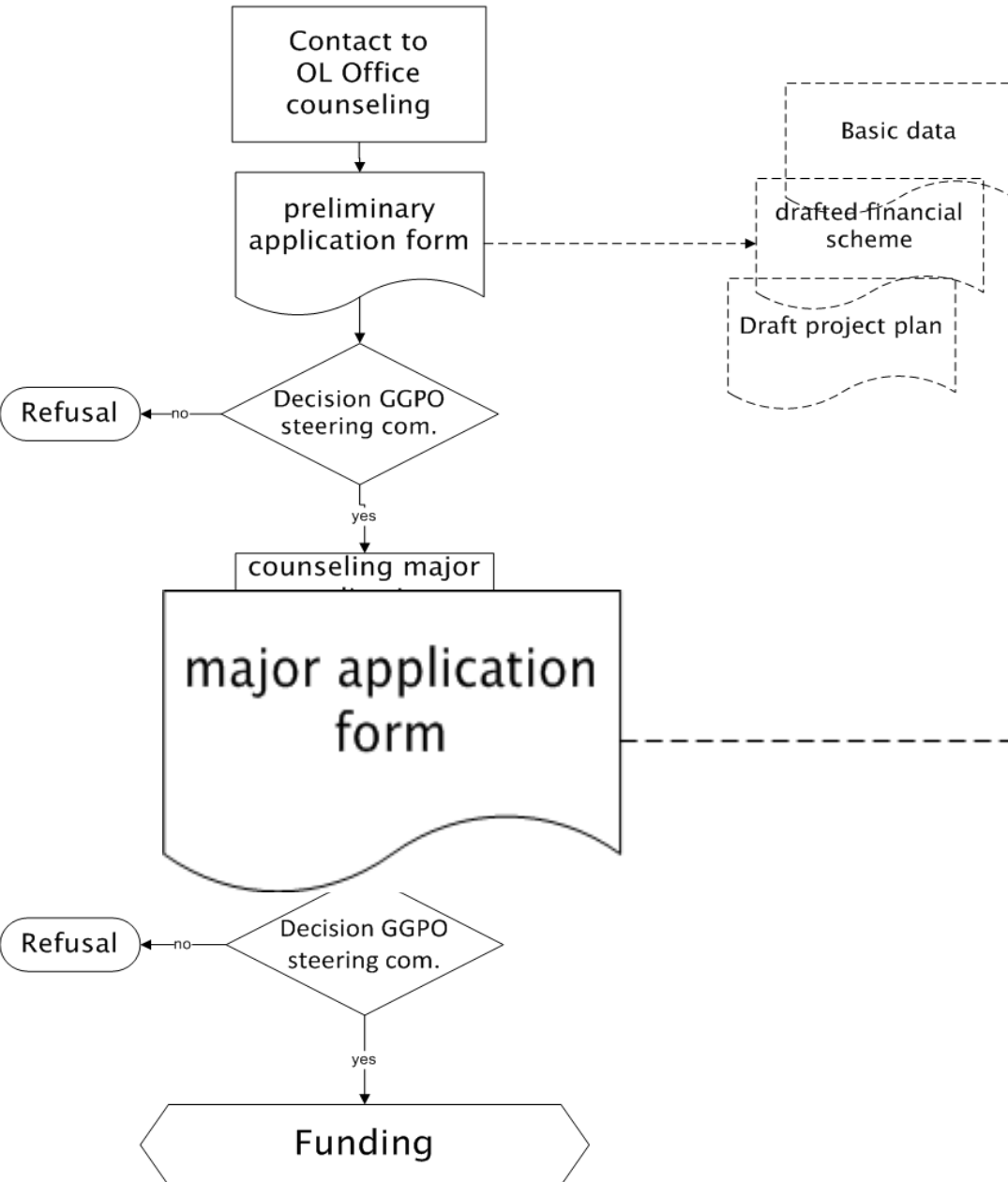
J. Vlayen, Poster GIN Conference 2008

at this years conference: s. Poster P055

Julia Koepp et al.: Financing of Clinical Practice Guidelines (CPG) –
what do we really know?

→No helpful articles via PubMed

Application process



Requested duration of funding: x years

Staff appropriations:

- Name of the position, extent of the position in %, compensation group, duration, (description of work profile)
- Ex: Research assistant, 50% position, TV-L E 13, for 3 years (system search, selection and appraisal of evidence....)

Investment funds (non-recurring):

- Device	€
- Device	€
	€SUM

Funds for consumables:

- For	p. a.	€
- For	p. a.	€
	p. a.	€SUM

Travel expenses:

- For	p. a.	€
- For	p. a.	€
	p. a.	€SUM

Expenses for Consensus Conferences (room rental, accommodation, moderation, TED voting system, etc):

- For	p. a.	€
- For	p. a.	€
	p. a.	€SUM

Funds for external assignments (cost estimate required):

- e.g. providing evidence reports for defined KQ	p. a.	€
- e.g. development of patient guidelines /quality indicators	p. a.	€
	p. a.	€SUM

GGPO Matrix for estimating costs

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Funds for external assignments (cost estimate required):

- e.g. providing evidence reports for defined KQ p. a. €
 - e.g. development of patient guidelines /quality indicators p. a. € _____
- p. a. €SUM

GGPO Matrix for estimating costs

Labor	Meeting / Travel	Ext. Evidence reports	Other
Scientist (physician statistician)	Travel expenses	<i>For selected key questions; subcontracting external agencies</i>	Costs for searches, literature..
Information specialist	Accommodation		Translations
Secretary	Technical stuff		Software
Students	Moderation		Conference calls
.....	Room rental		QI, Patient guidelines*

* approx. 5.000 € QI, 17.000 € Patientguidelines

GGPO guideline development costs

CPG topic	duration (y)	labor	Travel Accom Meetings	Ext Evidence	other + QI + PLL	Sum
Hodgkin	2	121.800	79.620	0	3.000	204.420
Ovar	1,5	37.000	46.650	40.000	11.500	135.150
oral cavity	2	36.000	56.650	60.000	18.000	170.650
palliative						
cervix dg th						
esophagus						
cervix preventi						
renal cell ca						
psychooncology	2	70.800	37.000	35.000	5.000	147.800
gastric cancer	2	75.750	94.500	32.332	11.000	213.582
skin cancer prev	2	132.400	72.400	0	17.525	222.325
melanoma	3	169.900	94.000	0	11.000	274.900
HCC	2	92.400	83.700	0	6.500	182.600
		1.414.540	925.220	417.988	211.785	2.969.533

N = 13
Range: 135.150 – 370.100 €
Mean: 228.462 €

→ ex ante calculations!

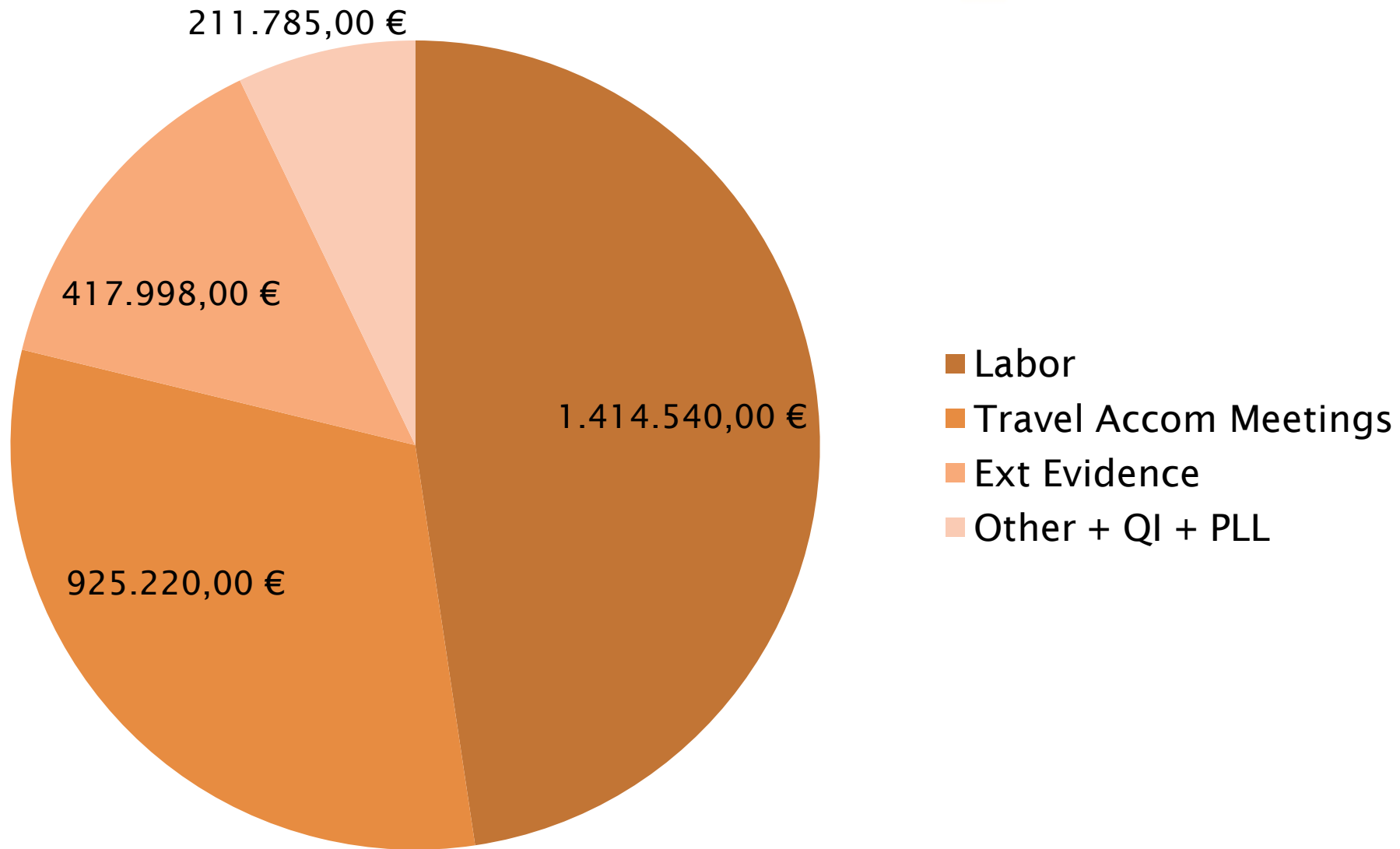
GGPO guideline development costs

Amendments	labor	Travel Accom Meetings	Ext Evidence	other + QI + PLL	Sum
gastric cancer	<div style="background-color: #f4a460; padding: 10px; border: 2px solid #a020f0;"> <p style="text-align: center; margin: 0;">Post hoc → amendements!</p> <p style="text-align: center; margin: 0;">‘ex ante‘ Mean: 228.462 €</p> <p style="text-align: center; margin: 0;">‘adjusted‘ Mean: 256.643 €</p> </div>				
HCC					
colorectal					
psychooncology	35.400	59.500	16.600	22.335	133.835
skin cancer prev	0	0	54.051	19.081	73.132
	50.750	59.500	170.651	85.931	366.832

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Resource planning

Conclusions:

GGPO is still learning !

Standardized financial schemes for GD are helpful for funder and GDG

The better the concrete project planning the more realistic the finance plan

Main part are labor costs and travel / acc. expenses

The correlation between Invested money and reached guideline quality should be considered (the more the better?)

Cost saving aspects should be kept in mind

Resource planning

Options for cost savings:

Keep the stuff working in the GDG

Develop a reasonable update strategy

Consider cost sparing like international cooperation

Foster national networks

Resource planning

Points to discuss within GIN:

Are costs of guideline development a relevant topic for GIN members?

Should we report that in a standardized way to allow comparisons? (units like e.g. costs per PICO question)

Can we discuss cost saving aspects together?

Thank you!



