

Guidelines and Cost Effectiveness; a Happy Marriage?

A Study of Cost Effectiveness in Dutch CPGs and Developments of Cost Effectiveness in Guidelines

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Outline

- Dutch context guideline development
- Council for the Quality of Healthcare
- Research assignment
- Study design
- Results
- Follow up

Dutch Context to Clinical Practice Guidelines

- No national institute, no national policy and no national funding.
- Each professional organisation is responsible for their own quality policy and instruments.
- Diverse means of funding: own funding (e.g. contributions), research funding through programmes or projects.
- Domains of public health, cure and (long term) care operate fairly separately.
- The different domains and professional organisations have different levels of guideline sufficiency and proficiency.
- Sometimes several CPGs exist for one disease/diagnosis, sometimes contradicting each other.
- Lack of cooperation between professional organisations/domains.

So Dutch Council for Quality of Healthcare was installed by Minister of Health

With the task to:

- Highlight problems associated with guideline development and implementation for the provision of healthcare;
- Facilitate professional organisations with guidance and by developing procedures for resolving the problems mentioned above;
- Encourage professional organisations to resolve these problems.

Whilst paying special attention to:

- Patient involvement
- Safety
- Cost effectiveness

Assess Current Status of CPGs

Erasmus University was asked to analyse 62 guidelines, covering the top 25 diagnoses, for the topics:

- Patient involvement
- User involvement
- Evidence and knowledge gaps
- Safety*
- Organisation of care and cooperation
- Cost effectiveness
- Medical technology

Study Design

Mixed methods design

- Quantitative research:
 - AGREE items
 - 17 extra questions added concerning afore mentioned topics
 - Each guideline assessed by 4 people; 2 with a MTA (Medical Technology Assessment) background and 2 with an HcG (Healthcare Governance) background
 - If scores between assessors > 1 then discussion to reach consensus
- Qualitative research:
 - Interviews with 6 experts
 - Interviews with 13 guideline developers
 - Semi-structured with topics list;
 - how did they deal with the 7 afore mentioned topics while developing guidelines
 - which bottlenecks/issues did they encounter
 - how was the acceptance of/compliance with the guideline

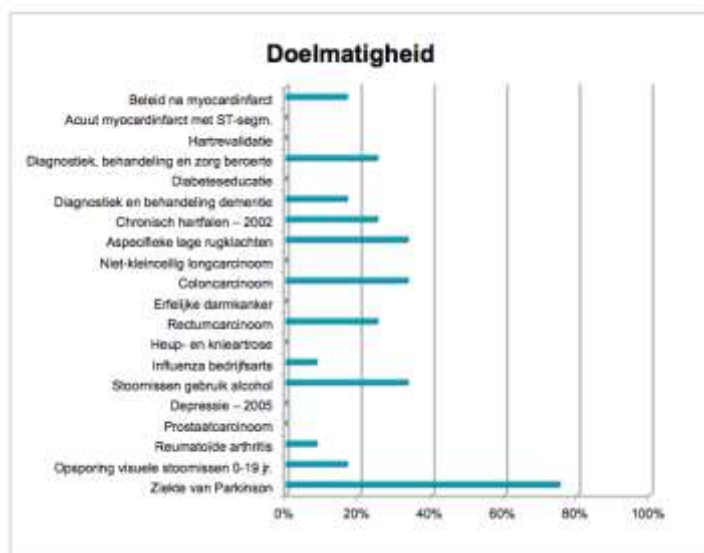
AGREE & Cost Effectiveness

“The potential cost implications of applying the recommendations have been considered.”

The original question on cost effectiveness in AGREE was supplemented with 4 extra questions:

- The question about cost effectiveness was clearly defined.
- The outcome measurements were adequately identified, measured and valued.
- All relevant costs for the alternatives were measured.
- There is explicit attention for financial implications of the use of medical technology.

Results (1)



Results (2)

- One third of the analysed guidelines considered explicitly cost effectiveness.
- However the average score is not high.
- Parkinson is an exception due to being developed within a programme stimulating cost effectiveness/MTA considerations.
- This does not mean that costs are not considered in the other 2/3; but this is done in a more informal manner.
- Sometimes the considerations are not taken into account on purpose, financial feasibility being questionable, as means e.g. of empowering a certain group of healthcare professionals.

Results (3)

- Even though costs are not considered explicitly the recommendations appear to be mostly sane and viable, cost wise i.e.
- Reasons for not considering cost (effectiveness):
 - No or limited evidence available
 - Not considering costs when defining starting questions (no or lesser priority)
- Especially studies on cost effectiveness regarding organisation of care and delegation of tasks are lacking.

In the meantime ...

- Guideline on Guidelines (2010);
 - developed by a working group of experts
 - to formulate criteria for national guidelines
 - the criteria are grouped according to the phases of guideline development: preparation (seven criteria), development (seven criteria) and finalisation (four criteria).
- Cost effectiveness addendum; although pleased with the Guideline on Guidelines (GoG), the council thought the aspect of cost effectiveness was not covered sufficiently. So the council prepared an addendum to the Guideline on Guidelines; stating what do we mean by it, why is it important, what kinds of cost effectiveness (methods) a/o economic evaluations are available, what's the link with CPGs, etc.
- Guideline on Guidelines revised (2011).

Effects of Study and Other Endeavours

- Increasing attention for and acceptance of cost effectiveness studies in guidelines.
- Uptake by professional organisations of need of cost effectiveness as part of guideline development, e.g. medical specialists.
- Efforts to align cost effectiveness research and guideline development.
- Broadening of cost effectiveness study subjects is being considered.

Remaining Issues & Follow Up

- Does every guideline need to consider cost effectiveness.
- How to finance cost effectiveness studies.
- With regard to a lot of topics it is not to be expected that cost effectiveness studies will become available (however this knowledge could be obtained from quality improvement areas, but the question is how).
- Identifying knowledge gaps with regard to cost effectiveness in general.
- Identifying knowledge gaps specific, e.g. organisation of care, processes, task delegation.

So, in summary, work in progress.

- How do other countries tackle these issues?
- More need for cost effectiveness studies concerning organisation of care, care processes, ...?
- Is international cooperation a possibility/solution?
- How about the proposed collaboration with the international HTA community at the end of 7th G-I-N conference 2010?
- Pursuing comparative effectiveness studies?

GAMSA HAMNIDA!

Reminder: safety topic will be presented in oral session 14 this afternoon

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