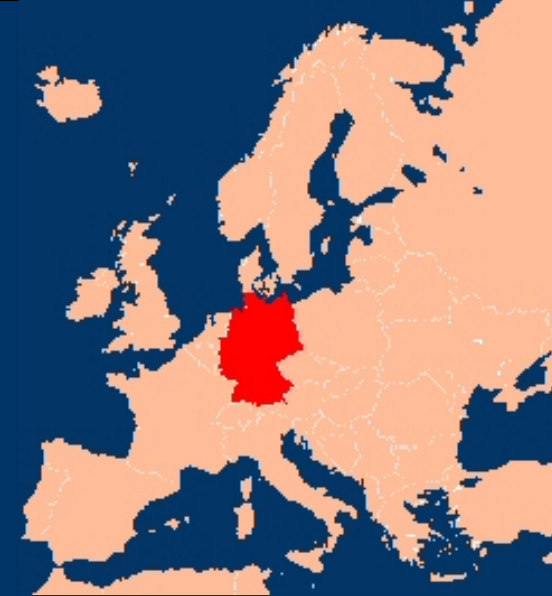


# Successful Regional Guideline Programmes in Germany



G-I-N Annual Congress - Toronto 2007



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# Barriers for Eb-HC CPG Implem. in DE

1. Cultural and Health Care Diversity

2. Specialist based Med. Care (150 Scient. Med. Soc.)

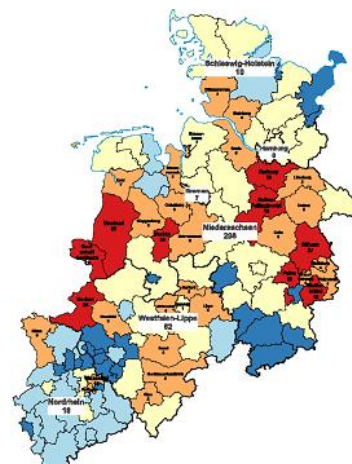


**72 Mill. Insured**

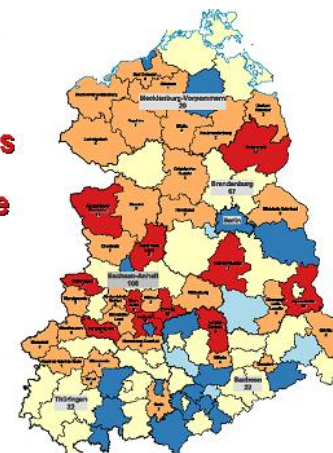
**310,000 MDs**

(260,000 specialists)

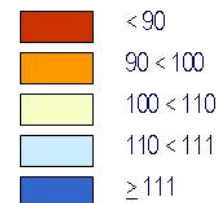
ronto



Healthcare in  
Germany  
Unequal Access  
to Primary Care



Availability of Family Doctors, 2005  
(% of planned quota)



# Barriers for CPG Implement. in Germany

## 3. Cultural & Political Environment

- Little empirical culture in German medicine
- Scepticism against EbM as „foreign invention“ aiming at regulating HC & undermining therapeutical freedom
- Unfavourable starting point of EbM (context: cost control)
- Obstruction against transparency in HC from interested parties

# Facilitators for CPG Implement. in DE

## 1. National consensus on Methods & Use of Evidence based Guidelines / Indicators

between Physicians Organ. (**German G-I-N Members**) & Statutory Health Insurance Funds

CPG Standards

1997

CPG Clearing

2000

Nat. Guidelines

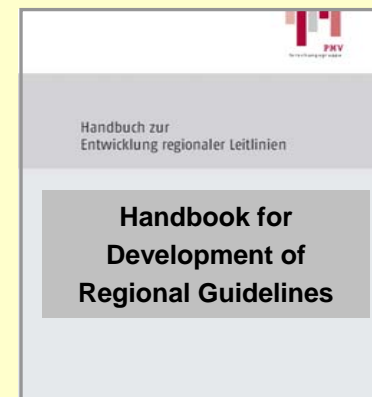
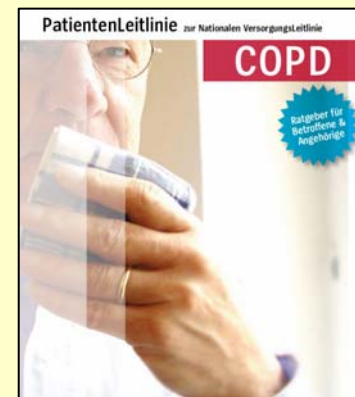
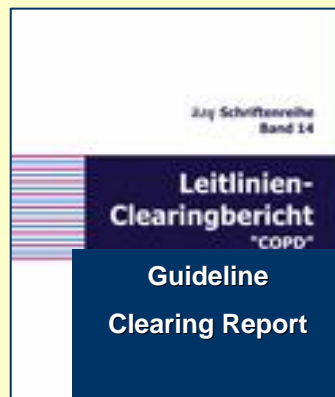
2005

Nat. Patient GL

2005

CPG Implem.

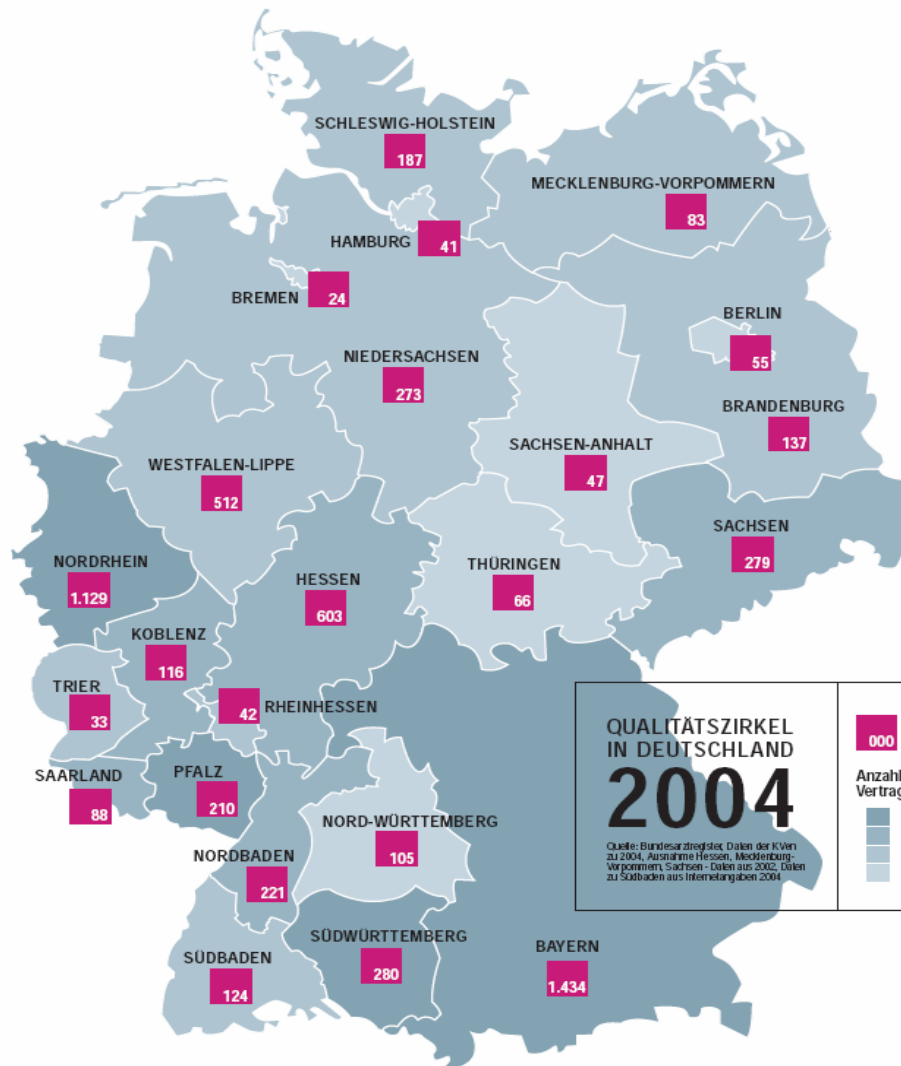
2007



# Facilitators for CPG Implement. in Germany

## 2. Ambulatory Quality Circles

## 3. Disease Management Programmes



Backbone  
of regional CPG  
implement.:

Outpatient Care Physicians'  
Quality Circles  
approx. 6,000 CME groups  
/ 140,000 MDs

# 3 Examples



## Successful Regional Guideline Programmes in Germany

# Example 1

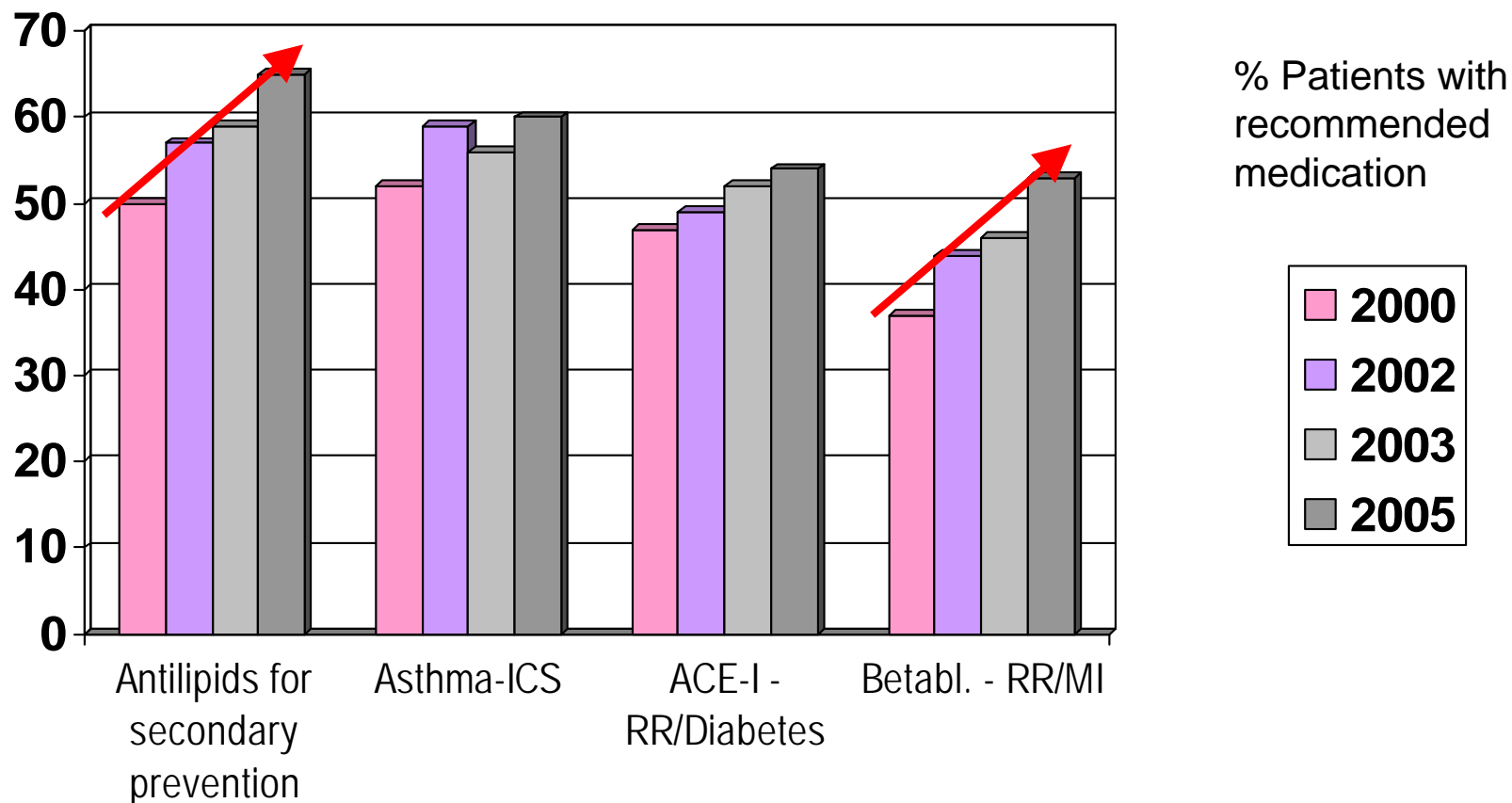
## Quality Program for GP Prescription Behaviour



- Peer group quality circles obligatory for 2/3 of all GPs in Hesse (2007) (covering 420,000 patients)
- Prescription feed back and evaluation
- ~200 quality circles in Hesse
- **Standardized CPG adaptation**

# CPG Implem. in Outpatient Practices (Hesse)

## Outcomes: Prescription of recommended medication



$p < 0.001$  (2000-2005)  
 n = 120 MDs (2000-2002)  
 n = 187 MDs (2003-2005)

Schubert et al 2003/2007 – [www.leitlinien.de](http://www.leitlinien.de)



## Example 2:

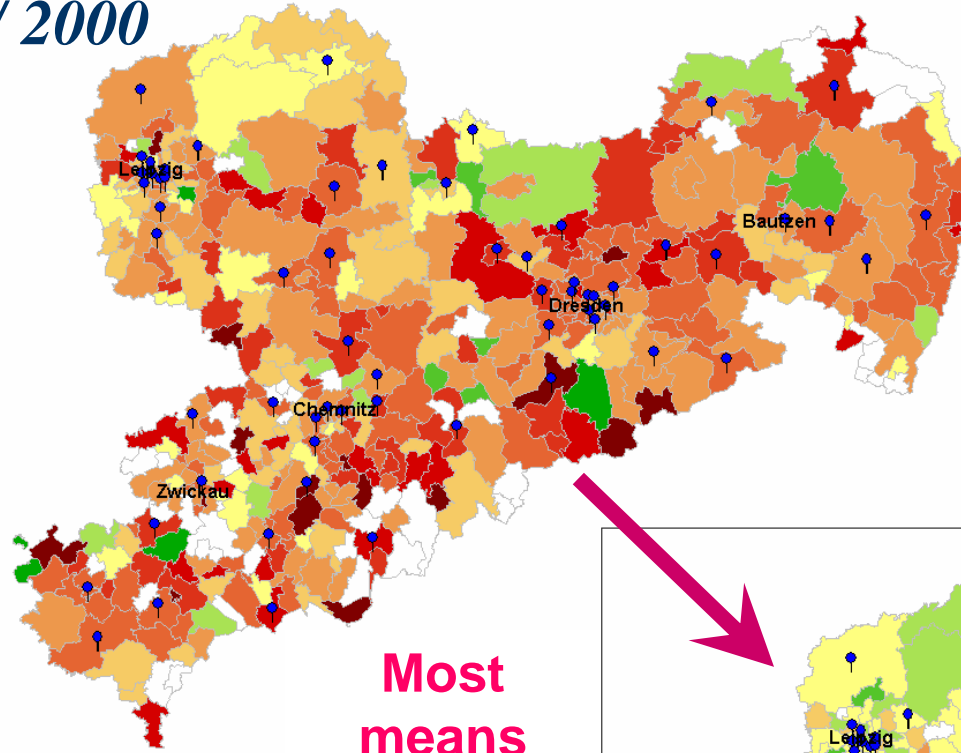
### Outpatient Disease Management Diabetes in Saxony (Dresden Region), 2000-2001



- Dis. Manag. contracts for GPs & diabetologists
- 2,000 GPs/internists / 250,000 patients
- CME based on regional CPGs

*1 / 2000*

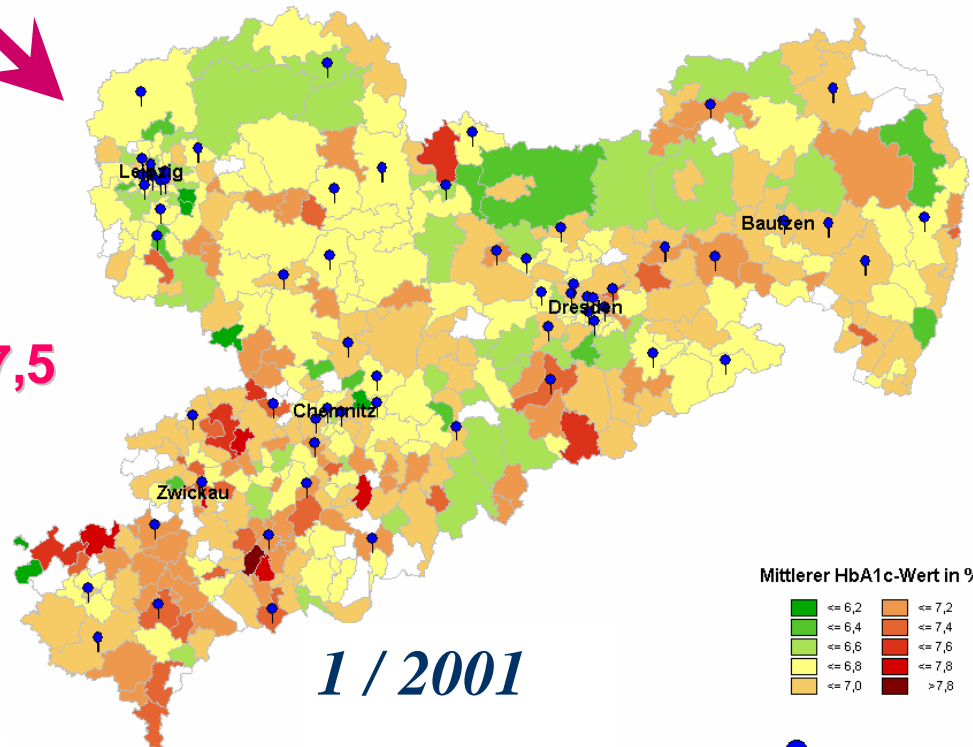
**Improvement** of blood sugar levels in diabetic patients after CPG implementation



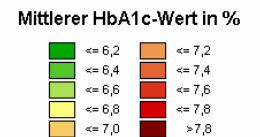
**Most means > 7,5**

Median HbA1c-Level Type 2 Diabetes 2000-2001 (Saxony)

**< 7,5**



*1 / 2001*



Schwerpunktpraxis

## Example 3:

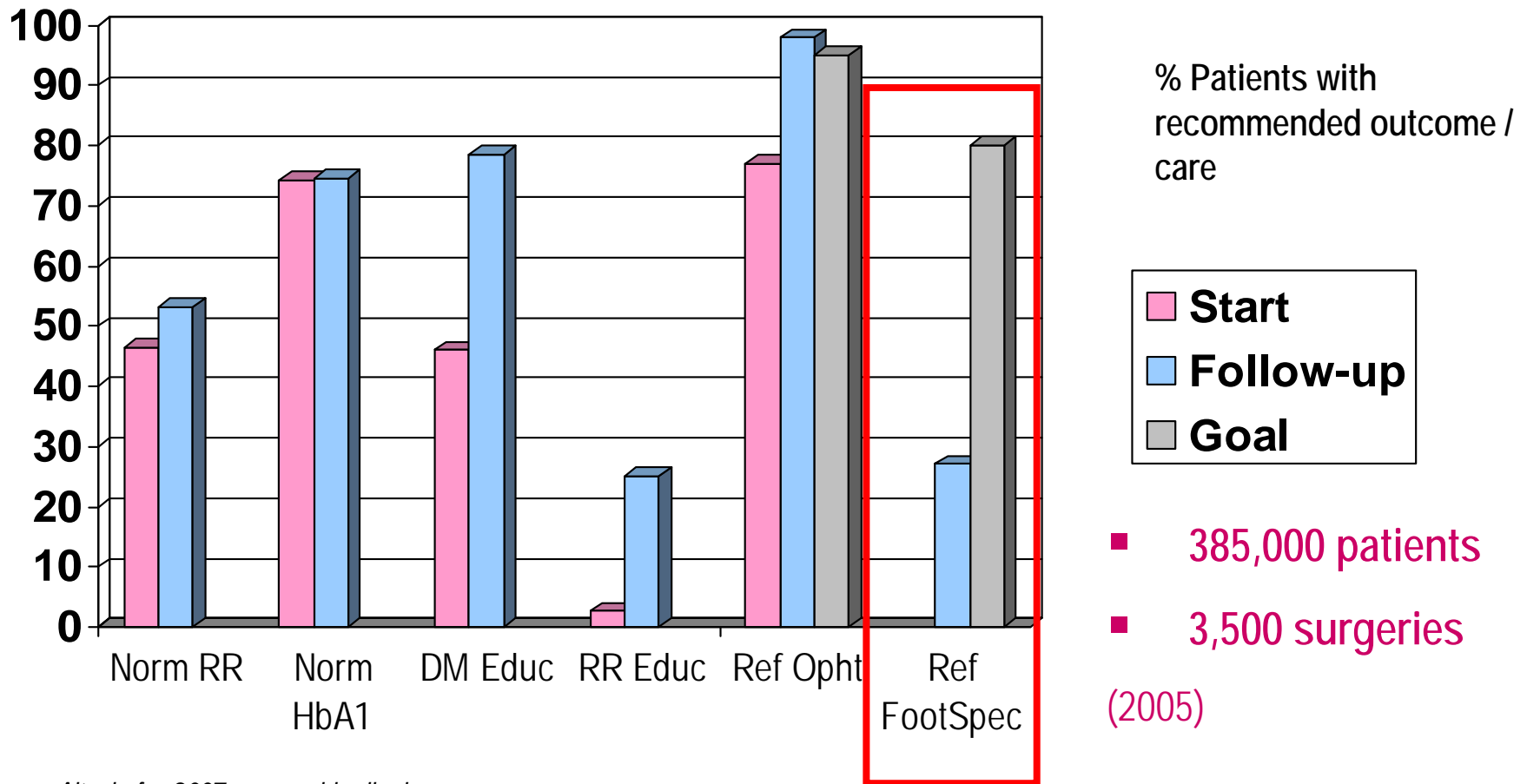
### Disease Management Programme for Out- and In-patient Care in North-Rhine (Cologne Region)



- DMPs for diabetes, CHD, breast cancer
- 485,000 patients
- Use of national guidelines & quality indicators
- Standardized CME & feedbacks

# CPG Implem. via Disease Management Programmes (North-Rhine)

**Outcomes:** Normal ranges RR / HbA1; pat. education; referrals



Altenhofen 2007 – [www.zi-berlin.de](http://www.zi-berlin.de)

# Diabetes CPG Implementation through Disease Management Programmes Possible Success Factors

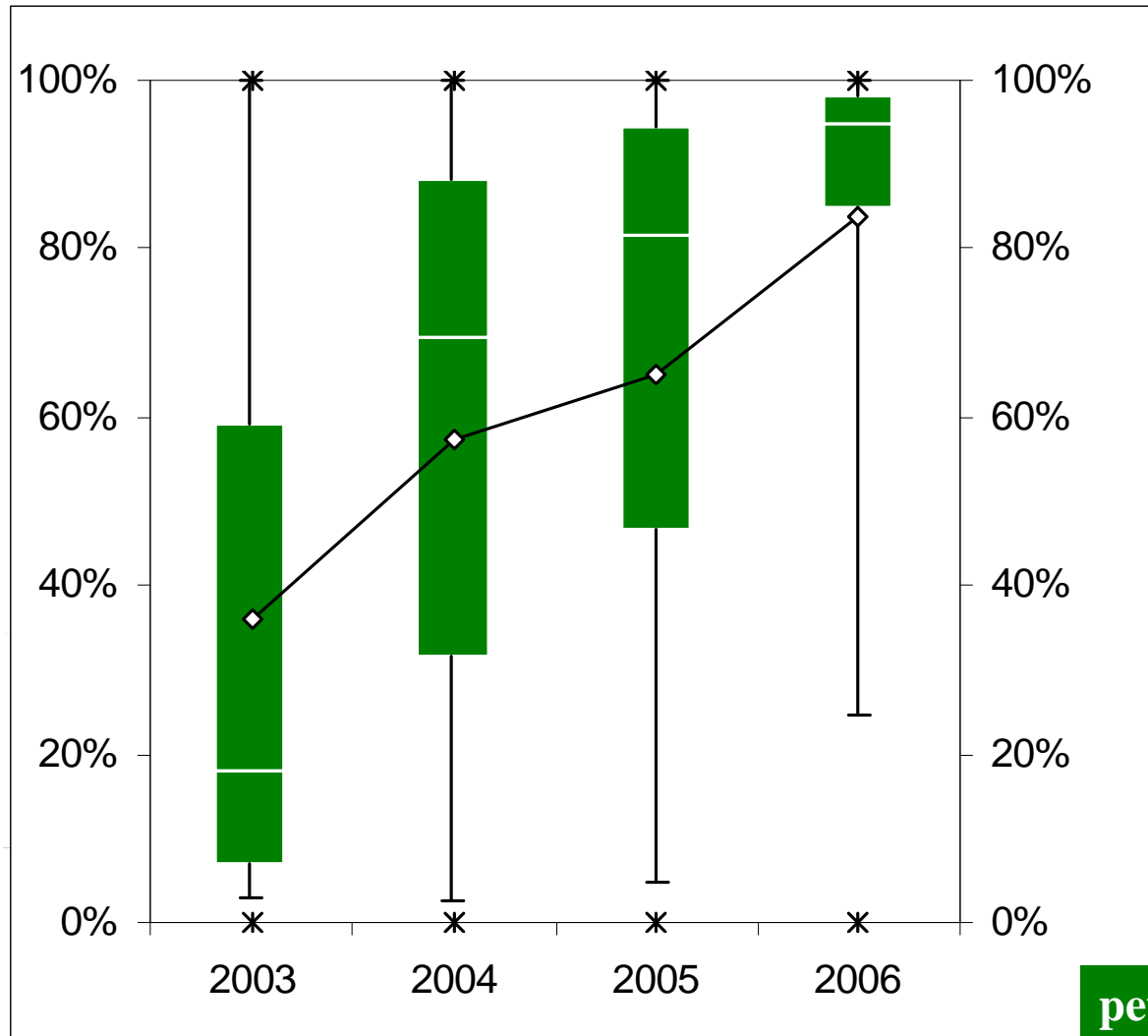
## Participation:

1.7 Mill. Patients with Typ-2- Diabetes

= approx. 50 % of all diabetics

- CPG adaptation / dissemination
- Networking through MDs' peer groups
- Mandatory CME
- Consumer information
- Promotion (Insurance Funds / Ministry of Health)
- **Financ. incentives (special budget / no paym. for perf.)**
- **Mandat. document. & feedback of CPG bas. measures**

# Quality Improvement in German Hospitals using Eb CPG and QI



G. Ollenschläger, G-I-N, Annual Congress – Toronto 2007



**German Institute  
for Quality Measurement  
in Healthcare**

n = 51,000 pat.

1,100 hosp.

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[www.bqs-online.de](http://www.bqs-online.de)

# Conclusion

- **Development & dissemination of national & regional **Eb-CPG & Measure** programmes were main driving forces for expansion and institutionalisation of EBHC in Germany.**
- **Follow-up studies show trends toward CPG recommended patient care.**
- **More outcome research is needed measuring effectiveness of CPG implementation programmes.**



We thank all our partners  
who helped AEZQ  
disseminate the philosophy  
of CPG-linked EbHC  
during the last decade in Germany -  
**especially our G-I-N friends !**

**And YOU for your kind attention!**



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