

Building the bridge between evidence based medicine and daily practice

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Gap between EBM and daily practice



EBM

(Group)



PCM

(Individual)

EBM and PCM are the two sides of the same “quality of care” medal



What am I going to present to you?

- Evidence Based Medicine
- Patient Centered Medicine
- Quality of care
- Clinical guidelines
- Quality indicators
- Implementation
- The role of paramedicals



Evidence based medicine

- EBM is the careful, explicit, and judicious use of current best evidence in making decisions about the care of patients
- EBM offers patients high quality care
- RCT's, systematic reviews (Cochrane)



Limitations of EBM

- EBM considers medicine merely as a cognitive-rational enterprise
- EBM is disease-oriented and not patient-oriented
- The uniqueness of patients, their individual needs and preferences, and their emotional status are easily neglected as relevant factors in decision-making



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Matrix analysis by patients (2001)

	POLICY	ORGANIZATION	PEOPLE
TECHNIQUE	Goals	Tasks	Expertness
	<i>More attention patients needs</i>	<i>Shorter lines</i>	<i>More social skills</i>
POLITICS	Influence	Decisions	Autonomy
	<i>Better tuning</i>	<i>More clearness</i>	<i>Empowerment patient</i>
CULTURE	Climate	Collaboration	Attitude
	<i>Safer atmosphere</i>	<i>Better collaboration</i>	<i>More compassion</i>

What is patient centered medicine?

- More than just being nice to patients



- Patient centeredness \neq patient satisfaction

What is patient based medicine?

- Focus on patient's experiences and needs
- Patient centeredness

Being respectful of (and responsive to) individual patient preferences, needs and values; and ensuring that patient values guide all clinical decisions.



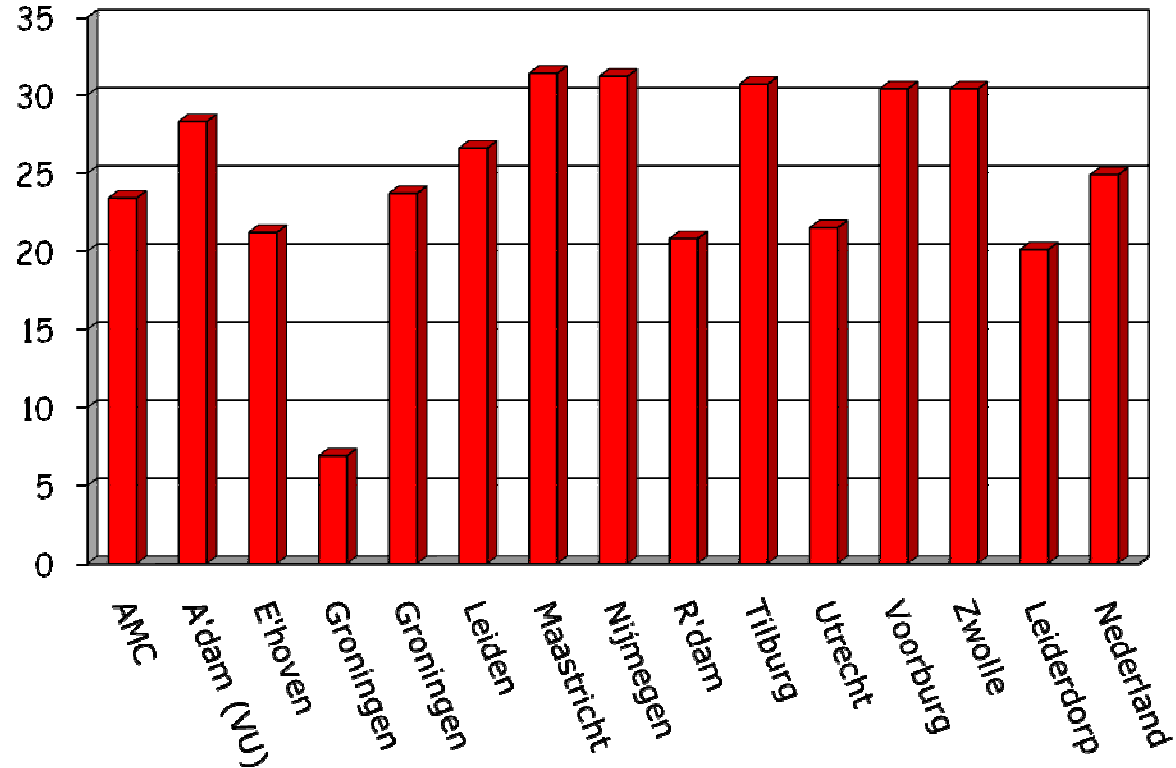
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What is Quality of Care?

Ongoing pregnancies / cycle (NL, 2007)



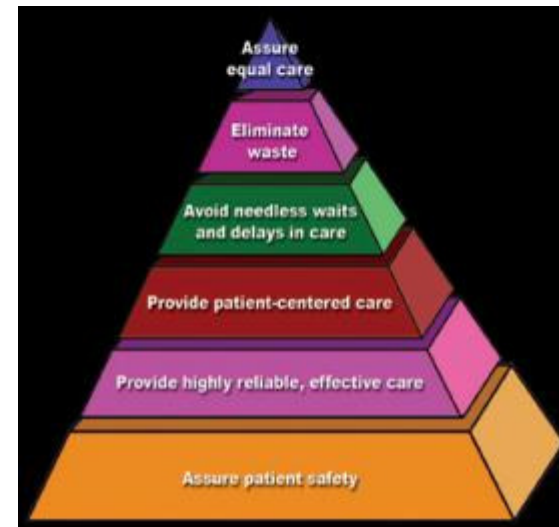
What is Quality of Care?



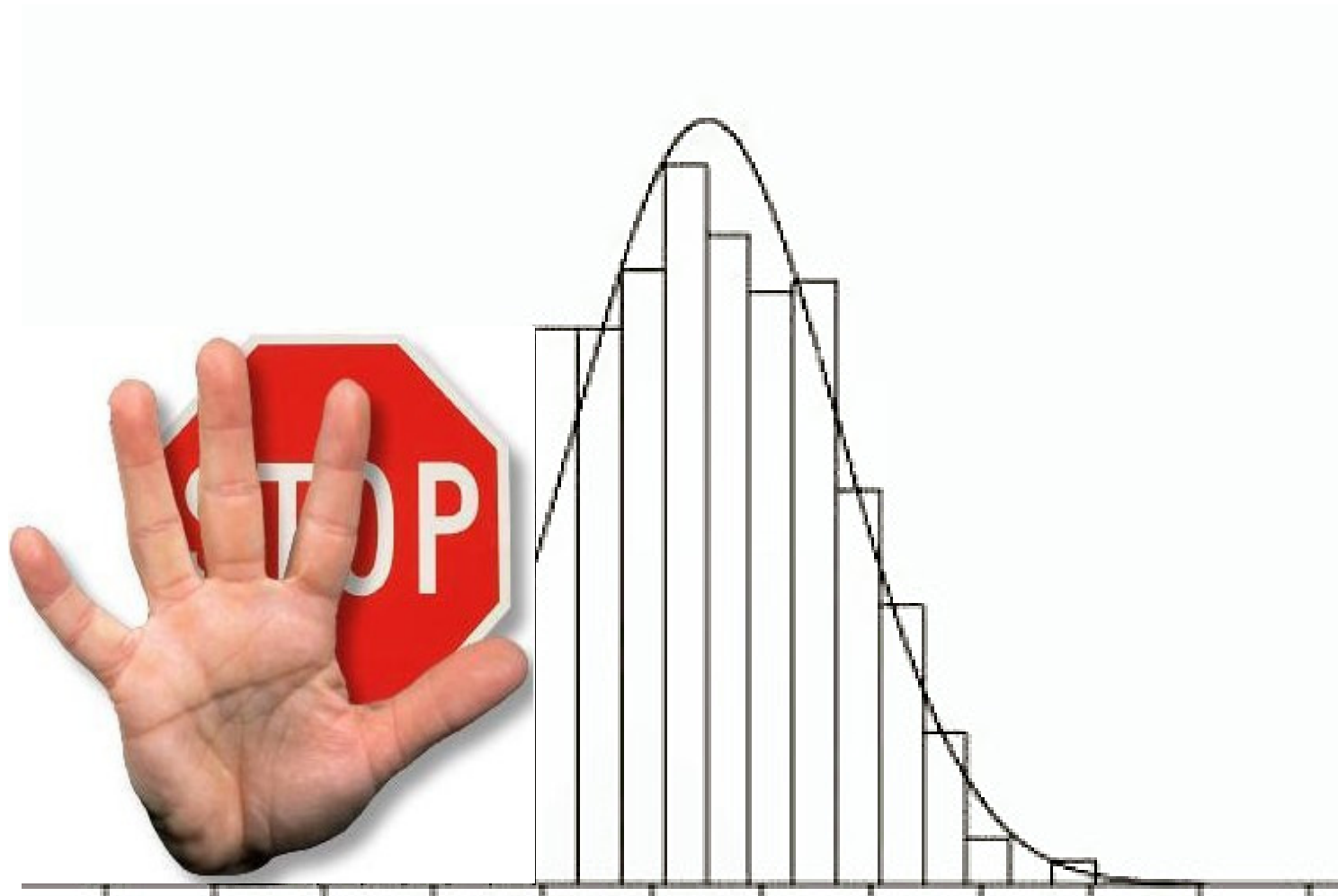
- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Six dimensions of quality of care (IOM)

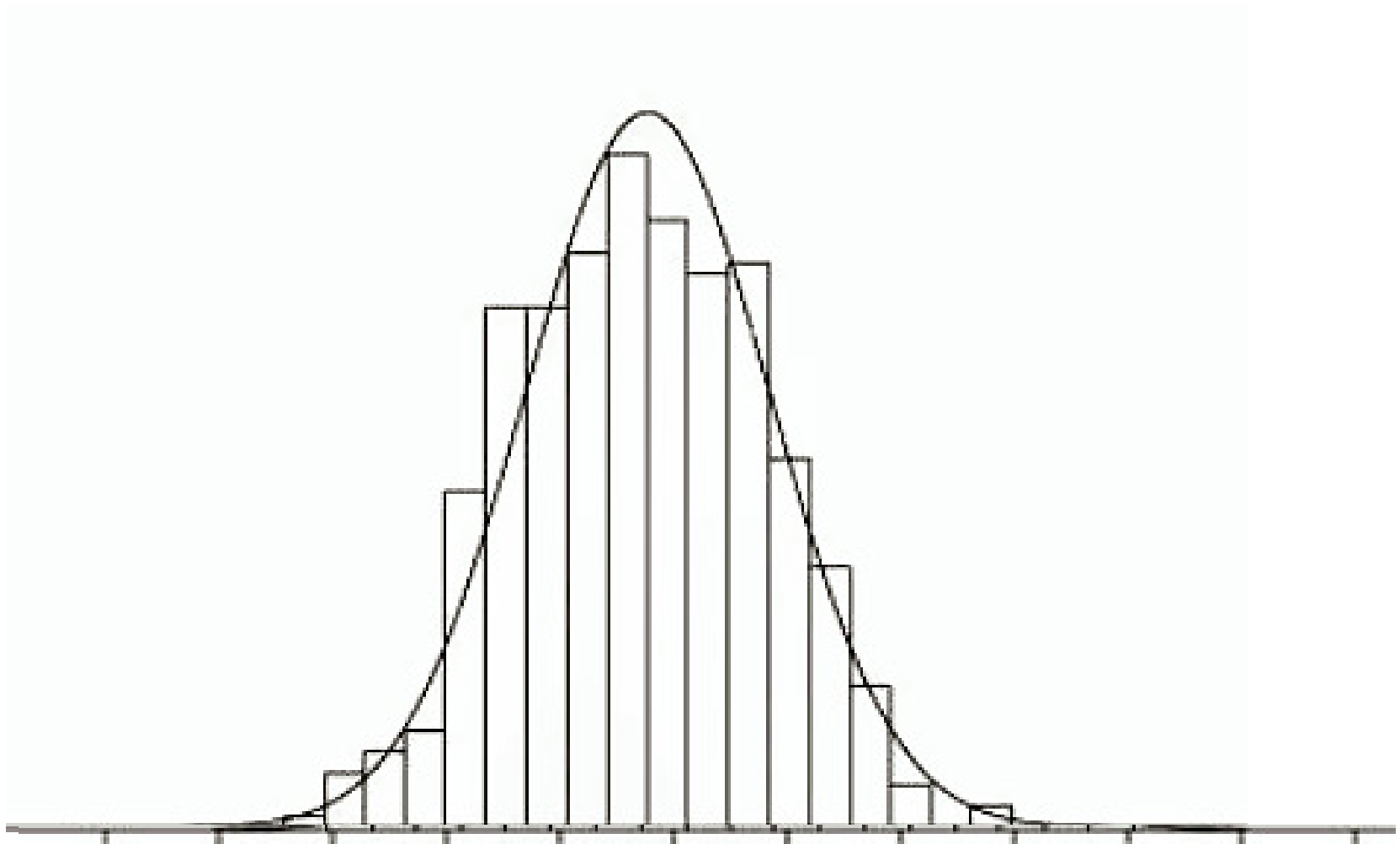
1. Safe
2. Effective
3. Patient-centered
4. Timely
5. Efficient
6. Equitable



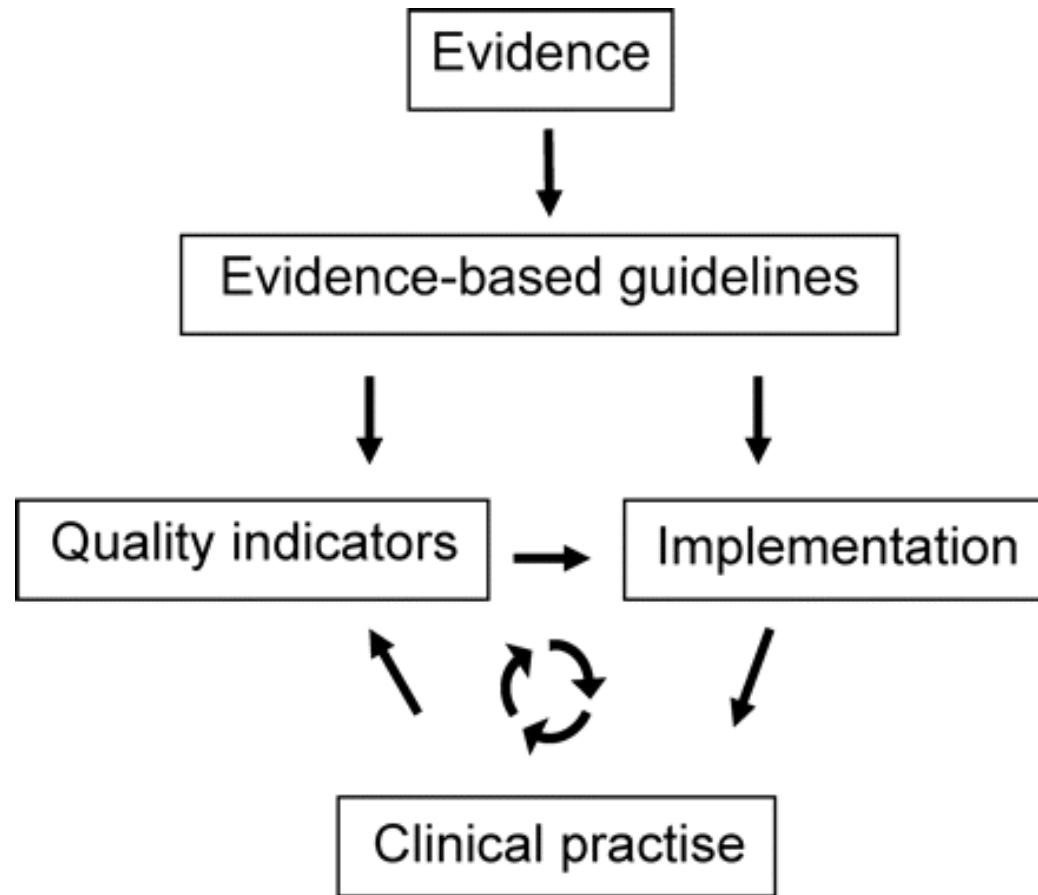
Quality improvement: option 1



Quality improvement: option 2



Quality improvement



W.L.D.M. Nelen et al. Hum. Reprod.2007; 22: 916

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Clinical guidelines

- Goal
 - Increase the quality of care
 - Decrease practice variance
- Definition (Field & Lohr (1990))
 - Systematically developed statements, based on scientific evidence, to assist practitioner and patient decisions, about appropriate health care for specific clinical circumstances.

Clinical guidelines

NVOG

*Nederlandse Vereniging voor
Obstetrie en Gynaecologie*

NVOG

RICHTLIJN

Indicaties voor IVF

1. OMSCHRIJVING VAN HET PROBLEEM
In het Framingdocument van 1999 wordt 'vervroeden van het aanpakmoment' beschouwd als de indicatie voor IVF. Daarnaast wordt verduidelijkt de afwijking op het tijdstip van de indicatiebestelling met respectievelijk, onderwerpen aangegeven en de mate van de noodzaak, in het jaarcijfer 1991 van de Gezondheidsraad wordt geadviseerd dat deze afwijking wordt geïdentificeerd, maar dat nog onduidelijkheid bestaat over de afwijking van de verschuldigde indicatie (1). In 1990 heeft de Werkgroep IVF van de NVOG een indicatierichtlijn gepubliceerd die ook door de Nederlandse IVF-centra is goedgekeurd (2).

2. ANALYSE VAN DE BESCHRIJFING

2.1. Beroeps
Ook bij evaluatie voor welke indicatie IVF gebruikt wordt, zijn men volgens de principes van evidence-based medicine voor welke indicatie een interventie van IVF wordt toegepast (3). Het IVF moet tot een zwangerschap met een significant voordeel leiden op zwaarteit van de zwangerschap of tot een zwangerschap na conventionele behandeling.



No 08
september 1999

NVOG-Afdeling nr. 09 september 1999
Indicaties voor IVF Pagina 1

ESHRE

ESHRE - European Society for Human Reproduction & Embryology

Bestand Beelden Deel Exoten Extra Help

 European Society of Human Reproduction & Embryology

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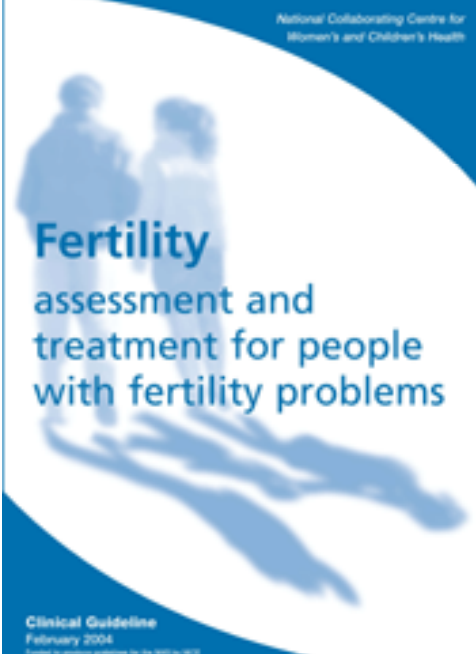
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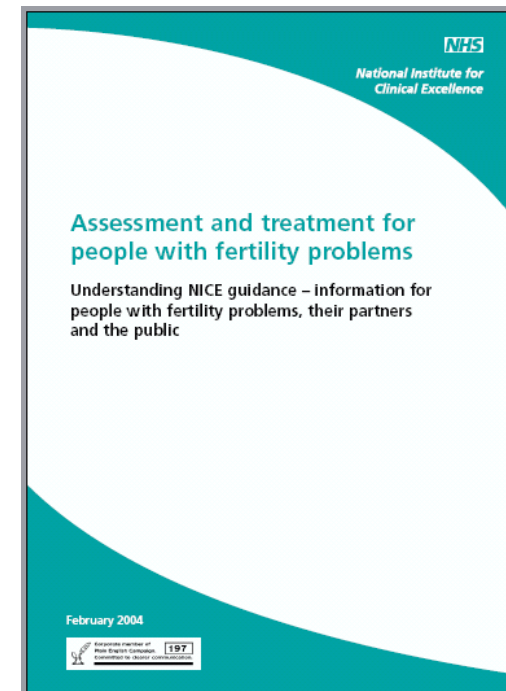
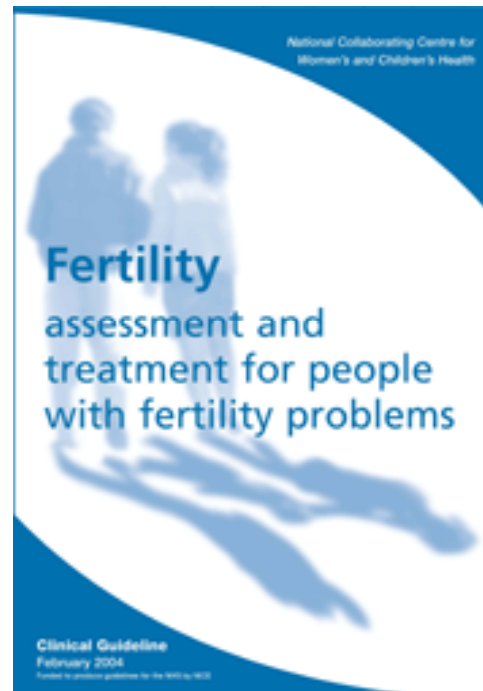
National Collaborating Centre for Women's and Children's Health



Fertility
assessment and
treatment for people
with fertility problems

Clinical Guideline
February 2004
Updated in 2005, published for the 3rd time in 2010

NICE National Institute of Clinical Excellence



<http://www.nice.org.uk/guidance/>

Dutch subfertility guidelines (10)

- Initial Assessment of Fertility
 - Initial Assessment of Fertility
- Identifying Causes
 - Anovulation and Childwish
 - Male Subfertility
 - Tubal pathology
 - Premature Ovarian Failure
 - Endometriosis
- Treatment
 - Intra Uterine Insemination
 - Indications for IVF
 - IVF-protocol
- Complications
 - Ovarian Hyper Stimulation Syndrome





National guidelines in Europe

Subfertility guidelines in Europe: the quantity and quality of intrauterine insemination guidelines

E.C.Haagen^{1,2}, R.P.M.G.Hermens², W.L.D.M.Nelen^{1,2}, D.D.M.Braat¹, R.P.T.M.Grol²
and J.A.M.Kremer^{1,3}

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BACKGROUND: International collaboration could facilitate systematic development of guidelines to regulate and improve clinical practice. To promote European collaboration in guideline development in reproductive medicine, insight into existing subfertility guidelines in Europe is essential. The study aim was to explore the number and quality of clinical practice guidelines on homologous intrauterine insemination (IUI) in Europe. **METHODS:** To identify IUI guidelines in Europe, electronic databases and Internet were systematically searched and key experts on assisted reproduction in 25 European countries were questioned. The quality of IUI guidelines was systematically assessed with the internationally validated Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument. Qualitative methods were used to appraise IUI guideline recommendations and references. **RESULTS:** National guidelines on IUI are available in four of 25 European countries. The quality of IUI guidelines in Europe is moderate to

How to assess the quality of guidelines?



AGREE
INSTRUMENT

www.agreecollaboration.org

23 key-items in 6 domains:

- Scope and Purpose (3)
- Stakeholder involvement (4)
- Rigour of development (7)
- Clarity and presentation (4)
- Applicability (3)
- Editorial independence (2)



The quality of ESHRE guidelines

RIGOUR OF DEVELOPMENT

8. Systematic methods were used to search for evidence.					
Strongly Agree	4	3	2	1	Strongly Disagree
9. The criteria for selecting the evidence are clearly described.					
Strongly Agree	4	3	2	1	Strongly Disagree
10. The methods used for formulating the recommendations are clearly described.					
Strongly Agree	4	3	2	1	Strongly Disagree

- Systematic search for ESHRE guidelines (17)
- Systematic appraisal of the quality by 6 experts using the AGREE-instrument in 2 rounds

	ESHRE guidelines ^a																
	Special Interest Groups						Capri workshop groups						others				
AGREE instrument domains	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Scope and purpose	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Stakeholder involvement			■	■		■	■										
Rigour of development							■										
Clarity and presentation	■		■	■	■	■	■	■		■	■			■	■	■	■
Applicability											■						
Editorial independence							■									■	
Overall judgement ^c	NR	NR	R	R	NR	R	SR	NR	NR	NR	R	NR	NR	NR	NR	R	NR
	score < 30%						30% < score < 60%						score > 60%				

Possible disadvantages guidelines

- Lack of evidence for many clinical problems
- Evidence (groups) vs. clinical practice (individuals)
- Cookery book medicine (*Jamie Oliver Medicine*)
- Fear for legal consequences
- Fear for loss of professional autonomy (& authority?)
- Fear for wrong use by third parties

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Quality indicators

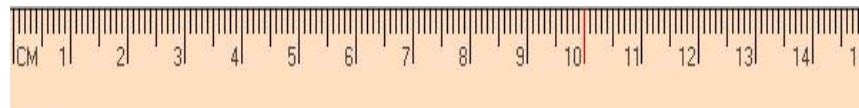
Measurable element of practice performance for which there is evidence or consensus that it can be used to assess the quality (and hence the change in quality) of care provided” Lawrence et al (1997)



Quality indicators

- Internal indicators
- External indicators

- Structure indicators
- Process indicators
- Outcome indicators



How to develop quality indicators?

Guideline-based development of quality indicators for subfertility care

S.M. Mourad^{1,2}, R.P.M.G. Hermens², W.L.D.M. Nelen¹, D.D.M. Braat¹,
R.P.T.M. Grol² and J.A.M. Kremer^{1,*}

¹Department of Obstetrics and Gynaecology, Radboud University Nijmegen Medical Centre, PO Box 9101, 6500 HB Nijmegen, The Netherlands; ²Centre for Quality of Care Research (WOK), Radboud University Nijmegen Medical Centre, PO Box 9101, 6500 HB Nijmegen, The Netherlands

- Guidelines → Recommendations → Indicators

Six-step RAND –modified Delphi procedure

1. Extraction recommendations from guidelines
2. Literature search existing indicators **(n=303)**
3. Questionnaire round expert-panel
4. Consensus meeting expert-panel
5. Critical evaluation
6. Feedback with guideline developers **(n=39)**

Results



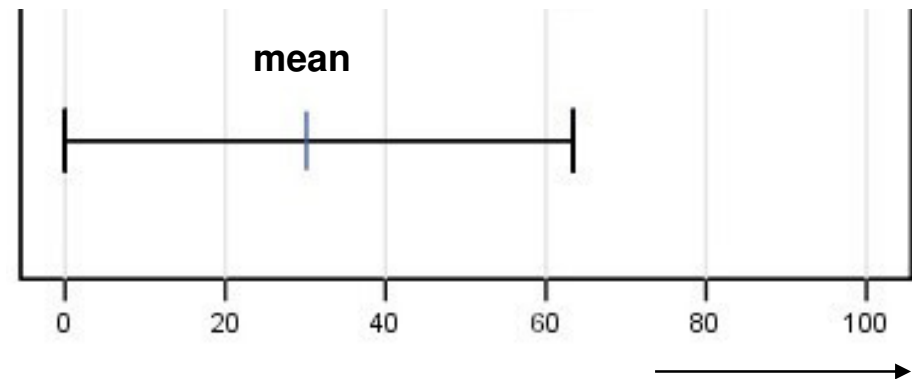
SPRING

- Structure indicators (2)

- Process indicators (37)
 - Indications for treatment (7)
 - Diagnostic procedures (6)
 - Treatment procedures (20)
 - Patient information (4)

Practice test (measuring actual care)

- *Lifestyle-advice concerning bodyweight and tobacco, alcohol and drug abuse should be part of counseling regarding pregnancy chances*
- Indicator adherence (1499 couples in 16 clinics)



Adherence to indicator (%)

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Implementation in the daily practice

- Guidelines are not self-implementing (Grol 2000)
- Just publication and dissemination is not enough
- **Barriers** & **facilitators** on different levels:
 - patients (e.g. SET)
 - doctors (e.g. Sinatra effect, “I did it my way”)
 - hospital (e.g. no IUI facilities)
 - society (e.g. bad reimbursement of IVF)



Barriers to physician adherence to a subfertility guideline

E.C.Haagen^{1,2}, W.L.D.M.Nelen^{1,2}, R.P.M.G.Hermens², D.D.M.Braat¹, R.P.T.M.Grol²
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KING

- External barriers:
 - doctor's age; low number of consultations
 - patient characteristics
- Internal barriers:
 - poor outcome expectancy
 - lack of doctors' self-efficacy regarding communication

How to implement guidelines?

1. Measure the actual care by EB quality indicators
2. Investigate potential barriers & facilitators
3. Develop a strategy, based on actual care and barriers
4. Evaluate this strategy (RCT; cost-effectiveness)

Implementation strategies

Proven strategies:

- Feedback about actual care
- Regional guideline discussions
- Patient information sheets
- Removing financial barriers

Experimental strategies:

- Nijmegen SPRING study
- Nijmegen PITS study



SPRING



PITS

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- **The role of nurses**



The role of nurses will increase!

- Nurses stand close to the patient
- Nurses are highly motivated
- Nurses follow protocols better than doctors
- Nurses earn less money than doctors



Nurses will play a key-role in bridging the gap



EBM



PCM