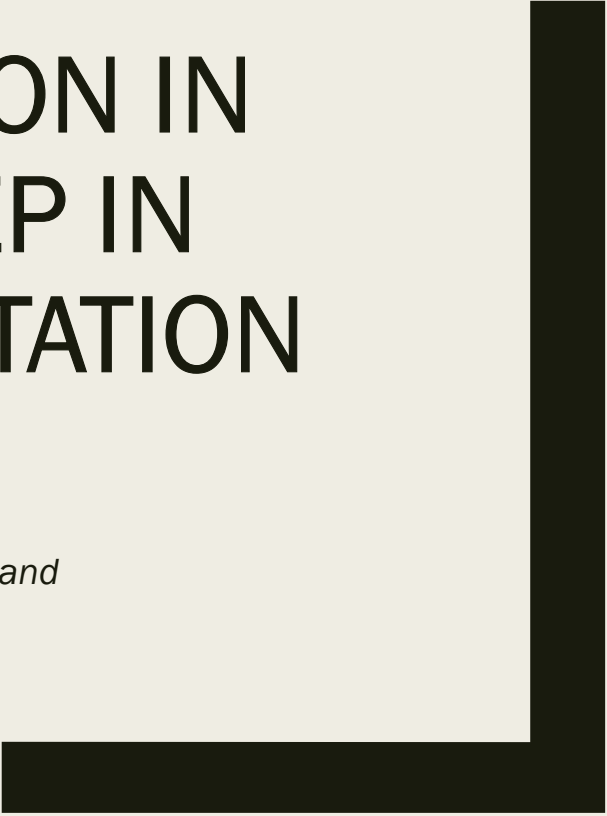




GUIDELINE ADAPTATION IN POLAND - FIRST STEP IN EVIDENCE IMPLEMENTATION

Malgorzata Bala, MD, PhD
*Chair of Epidemiology and Preventive Medicine,
Department of Hygiene and Dietetics
Jagiellonian University Medical College, Krakow, Poland*



Institute of Medicine 2011

Clinical Practice Guidelines we can trust

Standards:

„Transparency (details on development and funding publicly accessible)

Management of COI

Multidisciplinary panel composition

Systematic reviews for guideline questions

Rating strength of recommendations

Clear articulation of recommendations

External review by a full spectrum of stakeholders

Updating“

<https://www.ncbi.nlm.nih.gov/books/NBK209539/>

Where we were in 2016 and before

National Chamber of Physicians

2016 - report on current process of guideline development in Poland

When report was prepared

- no legal basis
- no coordination of guideline development processes
- no public institution responsible for development, adaptation, assessment or implementation of practice guidelines
- standards for some aspects of medical care issued by the MoH (perinatal, pregnancy, anesthesiology)

<https://www.nil.org.pl/dzialalnosc/osrodki-naczelnej-izby-lekarskiej/osrodek-ds.-wytucznych-postepowania-w-praktyce-medycznej>
[Przeegl Epidemiol.](#) 2017;71(4):647-659.

Guidelines in Poland

- No universally accepted list of rules/standards/guidelines for guidelines for the development or adaptation of guidelines
- Well known tools for development or adaptation of guidelines not commonly used
- Use of clinical practice guidelines in Poland
 - *not mandatory, no financial incentives to encourage their use*
 - *according to the law - physicians should care for their patients according to the current medical knowledge*

<https://www.nil.org.pl/dzialalnosc/osrodki-naczelnej-izby-lekarskiej/osrodek-ds.-wytycznych-postepowania-w-praktyce-medycznej>
[Przeegl Epidemiol.](#) 2017;71(4):647-659.

Guidelines in Poland

- CPG development - medical societies, private publishers, interational collaboration/societies
- About 30 societies issue recommendations
 - *some of the societies adopt guidelines prepared on the European level, where Polish members actively participate*
 - *translations of foreign guidelines*
 - *statements*
- No organisation or procedure to regularly assess the quality of the guidelines produced by the societies using widely accepted instruments, such as Appraisal of Guidelines for Research and Evaluation (AGREE II)

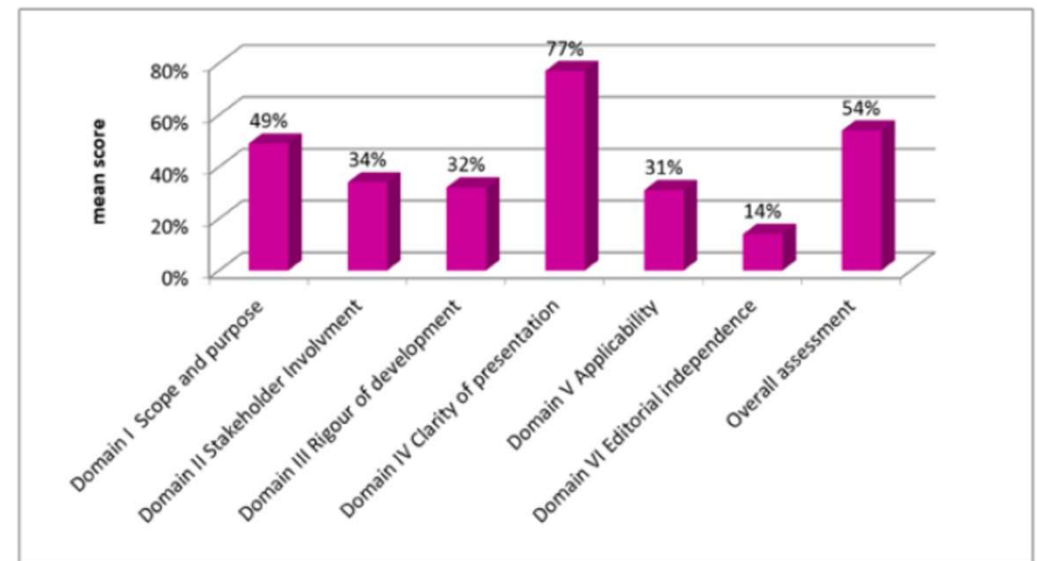
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Polish CPG in AGREE II

- Polish CPG published in 2015 (15 documents) in different fields
- The average quality score of an overall assessment was 54% (0-100)
- Score for all questions between 23 and 161 - average 70 (range 40 to 99.5)
- Only 3 cited Cochrane reviews

Koperny et al. Abstracts of the 24th Cochrane Colloquium, 23–27 October 2016, Seoul, South Korea.

The mean score of all guidelines for each domain



Guideline quality

Quality of Polish guidelines

- consistent with the assessment done previously for the all guidelines published between 1980 and 2007
- AGREE Instrument
- 42 reviews of 626 guidelines 1980-2007

Guideline quality – mean scores

Acceptable

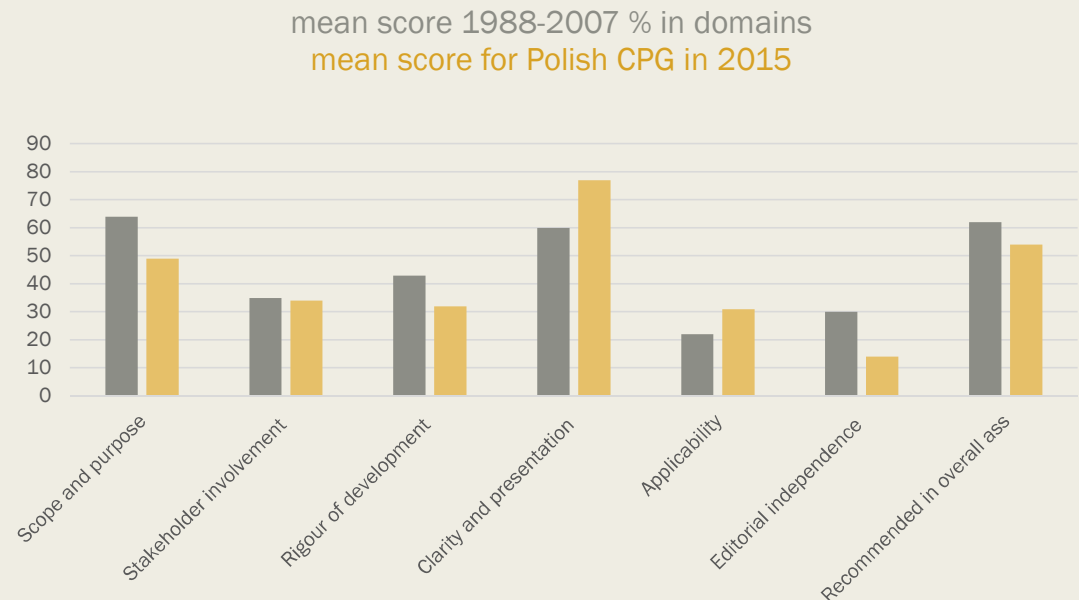
- Scope and purpose 64% (95% CI 61.9-66.4)
- Clarity and presentation 60% (95% CI 57.9-61.9)

Moderate

- Rigour of development 43% (95% CI 41.0-45.2)

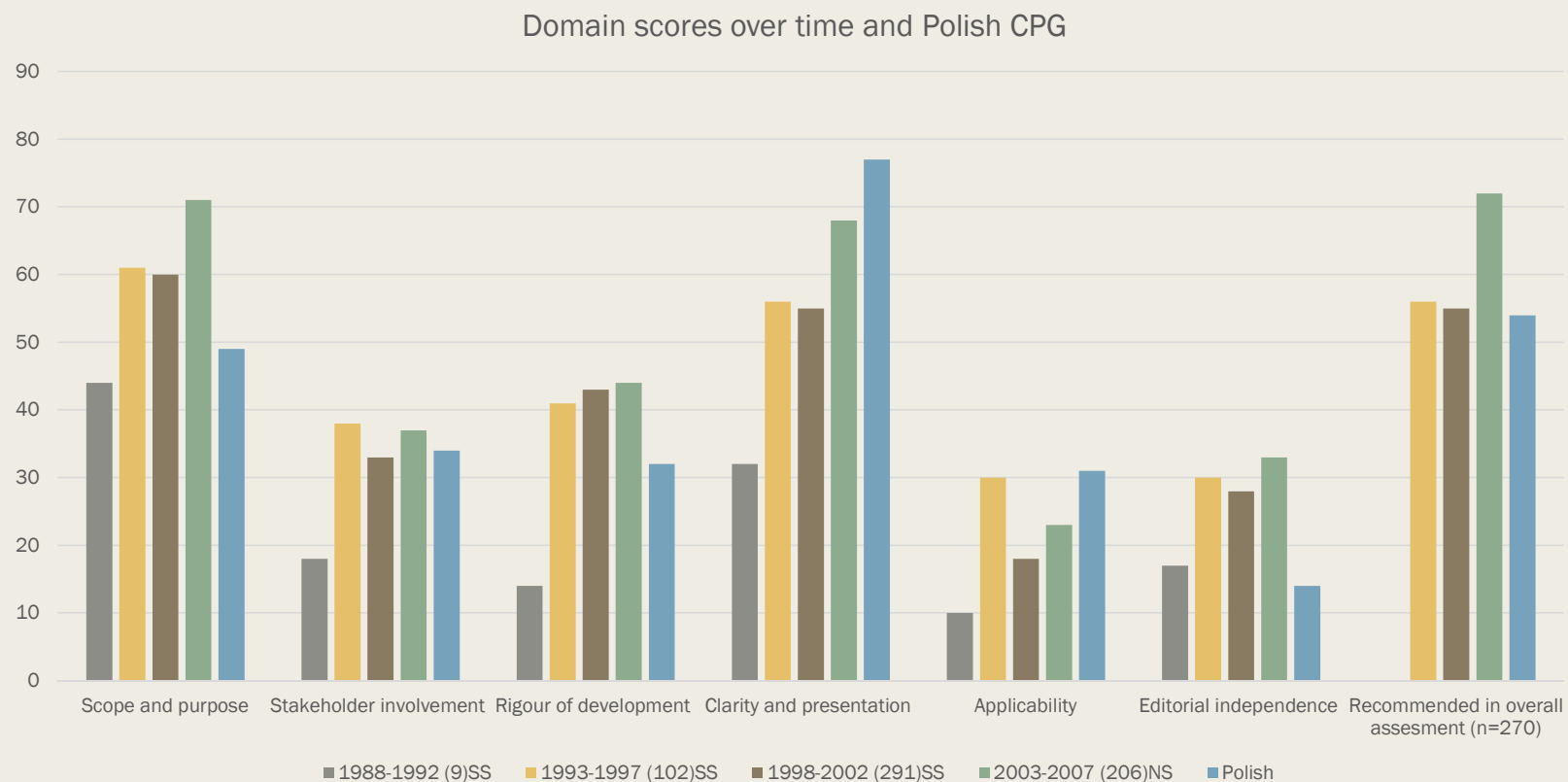
Low

- Stakeholder involvement 35% (95% CI 33.9-37.5)
- Editorial independence 30% (95% CI 27.9-32.3)
- Applicability 22% (95% CI 20.4-23.9)



62% (168/270) were recommended or recommended with modifications

Guideline quality over time



significant improvement over time for all domains, except for Editorial independence

Slajd 9

BM1 a significant improvement over time for all domains, except for 'Editorial independence

Bała Małgorzata; 20.11.2018

BM2 Bała Małgorzata; 20.11.2018

2018 where we are

- 2017 – the Parliament issued amendment of law (Bill from 27th Aug 2004)
- existing Polish Agency of Health Technology Assessment and Tariffs responsible for issuing opinions on recommendations developed by medical societies on diagnosis and treatment within the framework of public coverage
- recommendations to be published by the MoH
- AGREEl Instrument available in Polish (official translation)
- handbook for guidelines development – under development
- Pilot on the example of diagnostic and therapeutic recommendations - breast cancer (BCU)
- National Chamber of Physicians – 5 guideline adaptations

Guidelines adaptation in Poland

Good quality guidelines - means to translate evidence into practice

Adaptation of good quality guidelines – possible improvement of quality of the guidelines available

First step in translating evidence into practice - making physicians aware of the evidence

Guideline adaptation in Poland

- National Chamber of Physicians
- Project to develop 5 adaptations of practice guidelines
- Systematic approach – followed approach developed by ADAPTE Collaboration, three phases
 - *Preparation*
 - *Adaptation*
 - *Finalisation*

Guideline adaptation in Poland

Preparation

- multidisciplinary stakeholders groups: methodologist, clinical experts, specialists, primary care physician and patient representative
- medical societies involved
- COI declaration
- decision on the topic and scope of the guidelines

Guideline adaptation in Poland

The adaptation phase

- defining clinical questions and inclusion /exclusion criteria for the guidelines
- search of several databases and websites (CPG in English or Polish and in electronic form)
- assessment of guidelines quality by the members of the team using AGREE II Instrument
- assessments of the guideline currency

Guideline adaptation in Poland

The adaptation phase

- summarising the content of the guidelines
- building a map of clinical questions and recommendations
- assessment of acceptability and applicability of each source recommendations
- decision of guidelines to be included
- development of draft document

Guideline adaptation in Poland

Finalisation

- external peer review
- public consultations
- the document accepted by medical societies of primary care and psychiatry
- final document

Guideline adaptation in Poland

One of the topics - management of depression in primary care, management of gout in primary care

Lessons learned:

- clinical questions - cooperation of different stakeholders, differences in the point of views
- inclusion and exclusion criteria - a minimal set of methodological criteria, currency
- need for modifications due to differences in practice and to reflect Polish healthcare model and treatment availability
- Tools provided by ADAPTE Toolkit - reviewed and refined for the use by the guideline development team, applied in the self-archiving electronic form

Additional resources for implementation

- Questionnaires for depression
 - *PHQ 2 – to give as a screening tool to each patients at each visit*
 - *PHQ9 – for diagnosis and monitoring in primary care*
- Leaflet with information for patients
 - *prepared by specialists to use in primary care (why two questions, what are symptoms fo depression etc.)*
- Planned extensive educational activities to disseminate CPG

Conclusions

Well prepared process involving all important stakeholders, well specified inclusion criteria with minimal methodological requirements, systematic use of available methods for the assessment of guideline quality and tools provided by the ADAPTE Toolkit refined to the needs of the guideline development groups facilitated the process of guideline adaptation in Poland as a first step in evidence implementation.

The information on guideline adaption comes from the project WND-POWER.05.04.00-00-0088/16 pn. „Podnoszenie kwalifikacji lekarzy poprzez przeprowadzenie ogólnopolskich standaryzowanych szkoleń w zakresie postępowania diagnostycznego, terapii oraz profilaktyki”