

# Plan of action for guideline development in Nordic countries

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WCPT Invitational Conference on Clinical Practice Guidelines

Amsterdam 10th November, 2006



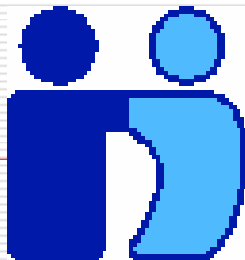
*On behalf of the Nordic group:*

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researcher, FinOHTA, STAKES, Finland

# Nordic Collaboration, delegates

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- ❑ **Denmark:** Annette Winkel
- ❑ **Finland:** Camilla Wikström-Grotell, Heli Kangas
- ❑ **Iceland:** Halldóra Eyjólfsdóttir, Sigrún Knútsdóttir
- ❑ **Norway:** Malene Haneborg, Eilin Ekeland
- ❑ **Sweden:** Birgit Rösblad



# Why Nordic collaboration?

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- ❑ Similar culture
  - ❑ Shared need to bridge the gap between research and practice
  - ❑ Guideline production is time consuming and expensive, scarce resources
  - ❑ Agreement that guidelines on core PT topics could enhance quality and reduce variability in practice
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# Current status of Guideline development in Nordic countries

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## Issues:

- Main guideline developer in each country
  - Multiprofessionality, methods?
  - How many guidelines? Costs?
  - How PTs are involved?
  - Nordic PT associations' strategies in guideline development
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# Denmark

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## **The National Board of Health: Guideline Program**

- ❑ Since 2004, planned reorganization in 2007.
  - ❑ ~10 multiprofessional guidelines, produced in groups of relevant professional experts.
  - ❑ 2 guidelines relevant for PT (stroke and knee arthrosis).
  - ❑ The PT's contributed in review of evidence and recommendations for physiotherapy practice
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# Denmark continued

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## **The Danish Association of physiotherapists: Guideline Program**

- ❑ Mars 2006: establishment of a unit for development, updating and implementation of PT guidelines
  - ❑ The first Danish guideline in PT concerning COPD-patients will be published in beginning of 2007.
  - ❑ Topics for the next guidelines are currently discussed at board meetings of the unit.
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# Finland

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## **The Finnish Medical Society Duodecim**

- ❑ Since 1994, now 72 guidelines.
  - ❑ Methods according to EBM Working Group
  - ❑ Funding: Finland's Slot Machine Association (RAY) under the auspices of the Ministry of Social Affairs and Health
  - ❑ Yearly costs: 1,5 million € (6-8 new guidelines + 10 updates)
  - ❑ Mostly voluntary work, 6-8 scholarships/group.
  - ❑ The groups consists of GPs and allied health professionals when appropriate.
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# Finland continued

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- Physiotherapy issues in 23/72 guidelines, sufficient details only in 2 (rheumatoid arthritis, spinal cord injury)
  - Now PTs involved in the production of 4 new guidelines:
    - Hip and knee arthritis (on referee round)
    - Physical activity
    - Incontinence
    - Low back pain (update)
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# Finnish Association of Physiotherapists

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- Since 2004: Good Physiotherapy practise (project, steering group)
    - Handbook
    - EBM method course for PTs (with Finnohta)
    - Guideline development started (First topic: knee and hip arthritis)
  - Autumn 2006: Strengthened Co-operation with Current Care Guidelines
    - Courses on critical appraisal and evidence summary writing
    - Scheduled meetings to discuss co-operation
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# Sweden

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## The National Board of Health and Welfare

- Government funding, costs?
  - 4 guidelines available, PTs involved in all
    - **Trombosis:** 1 PT as reference person. Physiotherapy is mentioned twice in the the guideline
    - **Heartdisease:** 1 PT as author and scientific reviewer. The effect of PT is highlighted in all phases.
    - **Stroke:** 3 PTs: author, scientific reviewer or reference persons. PT mentioned throughout the guideline, but not sufficiently.
    - **Astma and chronicl ostructive lung disease:** 1 PT as author and scientific reviewer. PT mentioned throughout the document.
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# Swedish Physiotherapy Association

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- ❑ A Swedish document "Guideline for physiotherapy guideline" has been developed. Extension and adaptation of the ER- WCPT document: Framework for development of clinical guidelines in PT.
  - ❑ Methodological support to local initiatives of PT guideline development.
  - ❑ A pilot project in collaboration with Sahlgrenska University Hospital to support a guideline program.
  - ❑ The guidelines will be assessed with AGREE and if the quality is good enough, the guidelines will be denoted as national PT guidelines.
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# Norway

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## **The Directorate for Health and Social Affairs**

- ❑ Intersectional and interdisciplinary
  - ❑ Methods according to high international standards: "Guidelines for guidelines" and evaluation by AGREE instrument
  - ❑ 5 national guidelines, costs: 1 million Nkr/guideline
  - ❑ Many more guidelines under production
  - ❑ PTs were involved in the working groups
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# Norwegian PT association

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- ❑ Pinpoint the need of PT specific guidelines composed by central authorities with involvement of the professional bodies.
  - ❑ Seek for systematic reviews on PT topics, communicate them to the PTs.
  - ❑ Courses in Evidence Based Physiotherapy
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# Iceland

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## **The Icelandic Directorate of Health**

- ❑ The Guideline Program started 2000
  - ❑ Icelandic PTs are involved in a few multidisciplinary groups.
  - ❑ 46 Clinical Guidelines have been produced, PTs are involved in 6.
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# Multidisciplinary Guidelines where PTs are involved:

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- Low back pain
  - Osteoporosis
  - Pelvic fractures
  - Urinary incontinence
  - Stroke
  - Whiplash (in progress)
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# What Nordic co-operation?

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## Meeting in Helsingör 2005

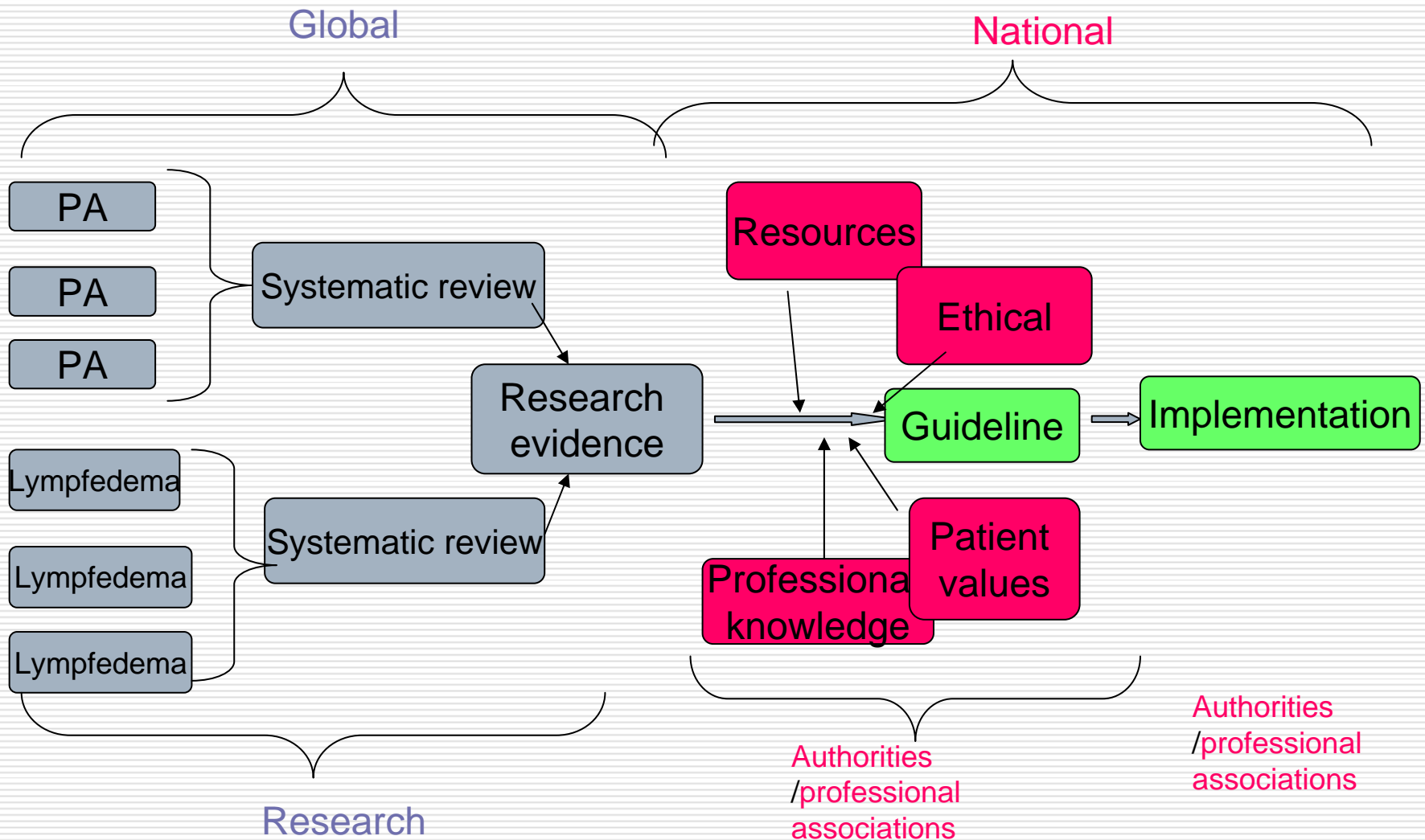
- To learn and discuss the Nordic countries current status in the guideline development

## First Nordic symposium (with KNFG), Oslo 2006:

- Proposal to the Nordic Boards of Health and Welfare
    - To strengthen the production of multiprofessional systematic reviews and guidelines
    - To address and evaluate adapted physical activity and movement therapy in such guidelines
    - Topics: Osteoarthritis, Neck pain, COPD
  - Exchange of research summaries, SRs
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# Stages in guideline development



# 2nd Nordic meeting Amsterdam

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- Preparation for seeking funding from the Nordic Culture Foundation
  - Exchange and comparison of the method guidelines that are used in the Nordic countries
  - Exchange of implementation experiences
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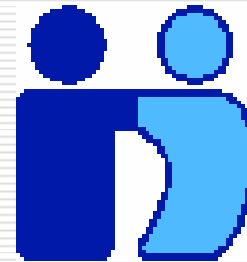
# Current and future strategies

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- ❑ Strong support for multidisciplinary approach
  - ❑ Continuous lobbying of PTs into national guideline groups
  - ❑ Division of the topics of systematic reviews between the countries
  - ❑ Exchange of systematic reviews
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# Thank you!

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