PROVIDING A PLATFORM TO DISCUSS GUIDELINES DEVELOPMENT AND IMPLEMENTATION IN SOUTH AFRICA

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Over 60 local and international participants from sectors spanning the government, researchers, medical aids and private health care gathered at the South African Medical Research Council (SAMRC) on 24 February for the SAGE Guidelines Summit. The event was opened by Dr Shaidah Asmall, representing the National Department of Health, Primary Health Care Directorate. The Summit aimed to provide a platform to discuss both the development and implementation of guidelines in South Africa and did so via multi-sectoral panels that discussed experiences and best practices in guidelines development and implementation in our setting.

The objectives of the Summit included providing an opportunity for dialogue between role players; facilitating sharing of current guideline activities; providing a networking opportunity; and, exploring perspectives on working together on guidelines initiatives.

GLOBAL STANDARDS

The keynote speaker was Prof. Holger J. Schünemann, chair of the Department of Clinical Epidemiology and Biostatistics at McMaster University and recently appointed Director of Cochrane Canada. Dr Schünemann is also co-chair of the GRADE working group, co-director of the World Health Organization collaborating centre for evidence informed policy-making, a member of the Board of Trustees of the Guidelines International Network and the Cochrane Collaboration Steering Group. He presented on Global standards for trustworthy development and implementation of health care recommendations.

In addition, a plenary talk was given by Dr Patrick Okwen of the Guidelines International Network (G-I-N) on the Clinical Guidance Landscape in Africa. This provided a glimpse of the work of the G-I-N Africa community. He also made an open invitation for all present to be part of the growing network in Africa.

The involvement of multiple stakeholders – both in terms of discipline and sector – was an important highlight of the Summit. The fruitful and valuable discussions gave a clear impetus for conceptualising a national co-ordinating unit for guidelines development along the lines of the National Institute for Health and Care Excellence (NICE) in the UK.

GRADE WORKSHOP

The Summit was preceded by a GRADE Workshop presented by Prof. Schünemann, co-facilitated by Nandi Siegfried and attended by 30 participants from both private and public health sectors. The workshop outlined systematic steps for moving from evidence to recommendations to inform guideline development. The importance of various factors that inform decision making were discussed such as evidence, feasibility, patient values, cost and equity. The workshop provided a framework for receiving input from multiple stakeholders within guideline development panels and for ensuring a transparent process.

Detailed reports on both the summit and workshop can be found at:

Information on the Summit has also been published in the G-I-N Newsletter and in Africa Health News http://africahealthnews.com/valuable-discussions-guidelines-development-implementation/
NEWS UPDATE

The fourth edition of the Adult Hospital-level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) was published on the National Department of Health website on 31 March 2016. This edition marks an evolving journey from 1994 when the WHO essential medicines concept of satisfying priority medicine needs was introduced in South Africa. The STGs and EMLs together with the National Drug Policy (1996) were instruments intended to assist with transformation to a more equitable health care system.

JOURNEY

In 1994 more than 2600 pharmaceuticals were being procured by the public sector. The current 4th edition of the Adult Hospital-level STGs and EML (2015) contains 349 EML medicines (and 406 EML formulations). This was achieved by limiting duplication and rationalising prescribing guidelines without compromising therapeutic options for the majority of common conditions.

SELECTION

The WHO Essential Medicine Principles ensure that essential medicines are available within the context of functioning health systems at all times and are provided in the appropriate dosage forms, with assured quality and adequate information, and at a price both the individual and community can afford.

In South Africa, public sector medicine selection is based on the National Drug Policy that provides for a Committee appointed by the Minister of Health to select essential medicines for the various levels of care. Technical sub-committees for primary health care, secondary hospital level of care (one for adult care and one for paediatrics) and a fourth tertiary and quaternary level sub-committee make recommendations to the National Essential Medicines List Committee where decisions are debated and ratified. Selection criteria are based on disease prevalence, evidence of efficacy, effectiveness, safety and comparative cost-effectiveness.

TECHNICAL PROCESS

Requests to amend the EML or STGs by adding, deleting or replacing a medicine or adding a new indication must be supported by scientific evidence and relevant information on prevalence. The safety, efficacy and cost-advantages are then compared to the currently available standard of care. Evidence is reviewed using the Strength of Recommendation Taxonomy (SORT) which is a patient-centered approach to grading evidence in the medical literature.

Technical medicine reviews are compiled to answer specific PICO questions, whilst tools such as AGREE-II may assist in assessing reviewed guidelines. Lastly, budget impact analysis and comparative health economic analyses are performed when needed to determine placement of clinically effective medicines where local affordability is in question. The 2015 review of the Adult Hospital-level STGs and EMLs involved review and appraisal of 1175 full-text articles, development of 29 technical medicine reviews and 13 costing analyses.

PEER REVIEW PROCESS

A review showed that successful implementation of guidelines requires effective communication to end-users and extensive stakeholder involvement during guideline development. The current review of the Adult Hospital-level STGs and EML involved a collaborative peer-review process with external stakeholders and robust debate amongst committee members.

It is noted that the mapping of stakeholders is incomplete, and that the stakeholder database is continuously being updated. Many more comments are anticipated going forward. Figure 3 shows the geographic location of people who gave external comments.
GOVERNANCE

Although, stakeholder involvement is imperative for the uptake of guidelines and policy, the credibility of the guidelines needs to be maintained. This is addressed by ensuring the appropriate composition of the ministerially appointed committee and technical sub-committees as well as the contribution of unbiased expertise to the process. The committees therefore operate according to specified terms of reference. Conflict of interest may arise in circumstances where a stakeholder’s private interests can influence or are perceived to influence decision making. These may be inevitable and, where they exist, should be disclosed. Conflict of interest is declared at every meeting and assessed by the chairperson to determine the significance as per the terms of reference. The chairperson then decides whether a member needs to be excluded from participating in a particular decision. Likewise, interaction with other guideline-producing groups requires these experts to declare conflicts of interest. Currently, declared conflicts of interests are not published in the editions of the STGs and EMLs, but this will be considered in future.

HEALTH TECHNOLOGY ASSESSMENT (HTA)

Evidence-based medicine is the foundation of the EMLs and STGs. HTA encompasses a systematic evaluation of a wide number of factors for the introduction of a new medicine onto the formulary (EML). These include not only evidence-based medicine principles, but also other medical factors, economic considerations, as well as sociological and ethical effects (e.g. the impact of decision making on a sub-set of patients). These evaluation criteria are depicted graphically in Figure 4.

As South Africa moves towards National Health Insurance, formulary development needs to follow a rigorous and encompassing process. Developing individual, high-quality guidelines is expensive and time consuming. The implementation of guidelines also requires effective timeous communication, with the provision of adequate information and implementation tools; as well as monitoring and evaluation to ensure that effective decisions are translated into better health outcomes. The rational medicine use component of the Essential Drugs Programme is currently under development with the imminent launch of the Adult Hospital STGs and EML, 2015 on a mobile phone platform, and thereafter a web-based platform. The aim is to foster interactive communication, explain the rationale behind decisions, encourage rational prescribing, and, ultimately, improve patient care.

Figure 4: Evaluation criteria for health technology assessment

REFERENCES

MOBILE CLINICAL GUIDELINE DISSEMINATION – LESSONS FROM THE OPEN MEDICINE PROJECT

Dr Yaseen Khan, Open Medicine Project

An effective strategy for guideline dissemination is integral to a successful guideline development programme. Along with ever-faster global shifts in technology, human information access behaviour is complex and changing. A telling statistic is that, in certain settings, over 65% of primary care practitioners access a Google search for a clinical query once a day. Mobile apps like the local Primary Health Care Clinical Guide, a mobile tool that was developed by the Open Medicine Project to disseminate the National Standard Treatment Guidelines and Essential Medicines List, have proved vastly popular. Within four months of its launch, the app was downloaded by over 15 000 local health care workers, with about 3000 accessing the guidelines on a weekly basis, and 500 on a daily basis.

Interesting trend data on commonly accessed guidelines yield important insights for medical education, and also potentially for public health and disease surveillance. Notably, the management of Hypertension in adults is by far the most accessed guideline. Although there are no current data on resulting guideline adherence and implementation, it is clear from the degree and pace of activity, that there is a strong predilection for mobile health information among health care workers. There is also potential for ‘viral’ dissemination of mobile health information tools. These aspects should be leveraged for effective guideline development and dissemination.

FOCUSBING ON THE END USER

Extracting key learnings is a good start. An important design aspect for the Open Medicine Project apps is that the information is formatted and designed primarily for mobile phone screens, not large websites or documents. Additionally, the content is fully available offline to ensure efficient access even in areas of poor connectivity (for example, large, concrete hospital buildings).

Understanding that the ‘use-case scenario’ for a quick point-of-care reference to make a treatment decision is fundamentally different from reading a full guideline document (if this even occurs commonly) is a critical distinction to make when creating a guideline or information tool. This ‘user-centric approach’, which is common in software design, is important for an effective guideline development and dissemination strategy. Maintaining a focus on the most current end-user needs, circumstances and behaviours, and designing the strategy accordingly is an important take-home message.

ABOUT THE OPEN MEDICINE PROJECT

The Open Medicine Project is a group of health care workers, mobile technology designers and developers based in Cape Town, South Africa who work on projects to tackle specific health system problems, with the aim of creating innovative applications that improve patient care. The development process is one of ‘open innovation’ and engagement with experts in health care and technology is actively sought to create high-impact solutions. Design sessions are undertaken with health workers to map out information needs, and partnerships are formed with academic bodies to disseminate critical information and create support tools.

Projects include: the primary health care clinical guide app, an emergency medicine guidance app, a mobile triage app, a Doctors without Borders guidance app, an HIV clinical guidance app, and the GeneXpert Support app.

The Open Medicine Project is soon to launch a new mobile clinical guideline platform - Essential Medical Guidance. The GPS location-based system allows health care workers to access institution- or region-specific guidelines.


For more information see: www.openmedicineproject.org

UPCOMING EVENTS

Teaching Evidence Assimilation for Collaborative Health Care
Sponsored by the Section on Evidence Based Health Care (SEBHC), New York Academy of Medicine
3 – 5 August 2016
New York Academy of Medicine, New York
http://www.ebmny.org/

Evidence 2016 - Africa Evidence Network
20 – 22 September 2016
Pretoria, South Africa
http://www.evidenceconference.org.za/Home/

13th G-I-N Conference
27 – 30 September 2016
Philadelphia, USA
http://www.g-i-n.net/conference/13th-conference

Cochrane Colloquium 2016
23 – 27 October 2016
Seoul, South Korea

8th EDCTP Forum
6 – 9 November 2016
Lusaka, Zambia

CONTACT US: Visit the Project SAGE website: www.mrc.ac.za/cochrane/sage  •  Principal Investigator: sage@mrc.ac.za or call 021 938 0508

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