Prof. Dr. Abe Fingerhut - France - Poissy:

Clinical practice guidelines and evidence-based medicine: French Position

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**Slide 1**

The French Clinical Guidelines and Medical References program
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**Slide 2**

OBJECTIVES OF THE MEDICAL REFERENCES PROGRAMME
- Improve the quality of care
- Cost effectiveness of health care in the ambulatory sector

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**Slide 3**

ACTORS OF THE MEDICAL REFERENCES
- Academic societies
- Experts
- Evidence based medicine
- ANES = CPGs
- Médiical agreement = RMOs
- Medical unions
- Insurance organisations

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**Slide 4**

CLINICAL PRACTICE GUIDELINES 1994 - 1998
- 69 medical topics
  - General Medicine
  - Surgery
  - Specialties

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**Slide 5**

METHODOLOGY FOR GUIDELINES
- Working groups of 12-16 experts
- Chairman and coordinator
- Peer review groups of 40 experts (mailing)
- Review of the literature
- Level of evidence - experts opinions

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**Slide 6**

METHODOLOGY AND AGENDAS
- Evidence based medicine and experts opinions
- Production time: 7 to 9 months
- 2 one day meeting of working groups
- 3rd meeting after the peer review
- Management of the groups?

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**Slide 7**

CHOICE OF EXPERTS
- Experts names proposed by academic societies
- Group, balance: geographical origin
- academic and non academic
- hospital and ambulatory practice
- small and large hospitals
- GPs representation
- Conflicts of interests

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**Slide 8**

RESULTS
- Group involvements:
  - about 1000 experts in 69 working groups
  - about 3000 experts in 69 peer reviews groups
- Scientific council: 5 texts never published for poor outcomes, non explicit methodology, expert opinions rather than systematic review, conflicts of interests.
**BEHAVIOR OF WORKING GROUPS**
Language bias in article selection
Acceptance of evidence?
Widespread professional agreement

**DISSEMINATION**
- In-house publication
- Full texts in medical journals
  - GPs (55,000)
  - Specialists
- Executive summaries mailed to French doctors

**ROLE OF SCIENTIFIC SOCIETIES**
- Experts' names proposals
- Dissemination of CPGs
- How to optimize implementation?

**BEHAVIOR OF EXPERTS**
Does a satisfactory method to select experts exist?
Conflicts of interest: a concept not well understood
Group chairman must not be a specialist of the topic
Fee for service indispensable in liberal medicine

**REFERENCES MEDICALES OPPOSABLES**
REGULATORY MEDICAL REFERENCES
Recognised scientific criteria that make it possible to define inappropriate care and prescription, and the frequency at which such care of prescriptions is used by the patient.

**THE FRENCH PROGRAMME IN 1998**
ANAES 69 CPGs based on scientific evidence
Medical Agreement extruded 243 RMOs from GPCs on 60 topics
National Sickness funds controls by medical inspectors

**THE TREATMENT OF PROSTATIC ADENOMA**
1. It is inappropriate in a male patient with non-urological history and presenting with non-symptoms other than uncomplicated benign prostatic hypertrophy, to perform primary IV urography X-rays.
2. It is inappropriate to prescribe the association of two or more drugs to treat micturition disorders associated with benign prostatic hypertrophy.
3. It is inappropriate to resort to non-surgical instrumental therapeutic techniques (hyperthermia, thermotherapy, focused ultrasounds, laser photocoagulation, balloon dilatation) in the treatment of benign prostatic hypertrophy.
4. It is inappropriate to perform surgery for the prevention of prostatic adenoma complications in the asymptomatic subject.

**ELECTROMYOGRAPHIC EXAMINATION (EMG)**
1. It is inappropriate to perform an EMG in typical cervico-brachial neuralgia before medical treatment is attempted, in the absence of neurological abnormalities evocative of severe radicular involvement and in the absence of diagnostic doubt.
2. It is inappropriate to perform an EMG in cases of common sciatica before medical treatments is attempted in the absence of neurological abnormalities evocative of severe radicular involvement and in the absence of diagnostic doubt.
3. It is inappropriate to perform an EMG in the case of spasmophilia.

**BEHAVIOR OF MEDICAL PROFESSION**
CPGs address aspects of good practice and were well received
4. It is inappropriate to measure chronaxies.

RMOs are focusing on inappropriate practices, and can generate aggressive behaviors.

Incentives or repression: impact?

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KEY FACTORS TO SUCCESS
- To question one's own professional practice: Fact or Opinion?
- Multidisciplinarity
- Involvement of academic societies
- Promote quality of care
- Need for clinical epidemiology and evaluation science training

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We would like to thank all the participants to this programme:
- the 4000 experts,
- the funding organisations:
  - the ANAES collaborators and especially Hélène CORDIER (documentation)
  - Camille COCHET (dissemination)
  - James GOLDBERG (international relations)

Slide 1

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