

International Conference on Clinical Practice Guidelines

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Prof. Dr. Abe Fingerhut - France - Poissy:

 Clinical practice guidelines and evidence-based medicine:
 French Position

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

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**OBJECTIVES OF THE MEDICAL REFERENCES
 PROGRAMME**

 Improve the quality of care
 Cost effectiveness of health care in the ambulatory sector

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ACTORS OF THE MEDICAL REFERENCES

Academic societies	Experts	Evidence based medicine
ANES = CPGs		
Médical agreement = RMOs		
Medical unions	Insurance organisations	

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**CLINICAL PRACTICE GUIDELINES
 1994 - 1998**

 69 medical topics
 General Medicine
 Surgery
 Specialties

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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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METHODOLOGY AND AGENDAS

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

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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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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.

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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

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ROLE OF SCIENTIFIC SOCIETIES

- Experts names proposals
 - Dissemination of CPGs
- How to optimize implementation ?

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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

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« 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.

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THE FRENCH PROGRAMME IN 1998

ANAES	69 CPGs based on scientific evidence
Medical Agreement	extraded 243 RMOs from GPCs on 60 topics
National Sickness funds	controls by medical inspectors

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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.

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THE TREATMENT OF PROSTATIC ADENOMA

3. It is inappropriate to resorts 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.

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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.

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ELECTROMYOGRAPHIC EXAMINATION (EMG)

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.

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ELECTROMYOGRAPHIC EXAMINATION (EMG)

3. It is inappropriate to perform an EMG in the case of spasmophilia.

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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 ones 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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