



CURRENT CARE GUIDELINES IN THE NORDIC COUNTRIES: A PEAK INTO ORGANIZATIONS AND PROCESSES

Kristiina Patja,^{1,6} Elina Heikkilä¹ and Tanja Laukkala^{1,7} and

Nordic Guideline Group: Eeva Ketola¹, Oystein Eiring², Sigurd Rotnes³, Lena Weilandt⁴, Lisbeth Hoeg-Jensen⁵

¹Current Care Guidelines, Medical Society Duodecim, Finland, ²Norwegian Electronic Health Library, Norway, ³Norwegian Directorate for Health, Norway, ⁴National Board of Health and Welfare, Sweden, ⁵National Board of Health Denmark, ⁶The Association for Continuous Professional Medical Development in Finland (Pro Medico), ⁷Centre for Military Medicine, Finland



Introduction

Evidence based medicine (EBM) and systematic reviews, like Cochrane reviews, have changed the ethos of the medical decision-making both among individuals and at the organisational level. When previous guidelines were a colloquial compromise of recognised authorities, the current ones represent a systematic and transparent approach with constant updating. Nordic countries have been active in developing and implementing EBM and guidelines within their health care systems. There are obvious similarities in the social and health care structures in Scandinavian welfare states and perhaps identical mission in building EBM-based health care. However, there seems to be different approaches in enforcement of EBM. Here we describe the main features of guideline work in Finland, Denmark, Norway and Sweden to highlight the different working processes under the EBM umbrella.

Material and methods

Material was collected in May 2009. An internet-based webropol questionnaire was developed using NICE guideline protocol as a benchmarking document. Items included protocols of guideline work, practices of evidence searching, methods for evaluating and presenting evidence, core details (funding, working groups, member selection, participating organizations) and implementation methods. National guideline organizations in the Finland, Denmark, Norway and Sweden were contacted in order to obtain a leading person to fill in the questionnaire. Results were compacted into tables and sent to the guideline organizations for check up and received in June 2009.

Guideline organizations

	Finland	Norway	Denmark	Sweden
Starting year	1994	2001	2003-2007	in its recent form 1999
First guideline	1997	2000	2003	2000
Host organization	Finnish Medical Society Duodecim	Directorate of health and Landspítali university hospital	National Secretariat for Clinical Guidelines	The National Board of Health and Welfare
Funding	Temporary (state through Finland's for Machine Association (MAM), Duodecim, Dentis Society, academics, voluntary work by group members)	Permanent (state through the Ministry as a goal of national health plans)	Permanent (state through the Ministry, medical and nursing organizations, voluntary work by physicians)	Both permanent through the Ministry and temporary for special projects
Conflict of interest guidelines along with the guideline Guidelines member	Yes	No	Yes (declaration of economic interests)	No
Assessing the implementation of guideline	Yes (benchmarking, Google hits, some staff studies)	Yes (benchmarking, Google hits, some staff studies)	No	No (benchmarking)

Running guideline work

	Finland	Norway	Denmark	Sweden
Who can propose a topic?	Medical or patient organization, state or municipal organization (e.g. ministry of a hospital district), commercial organization, any individual	Medical or patient organization, state or municipal organization (e.g. ministry of a hospital district), commercial organization, any individual	Medical organization, state or municipal organization (e.g. ministry of a hospital)	The National Board of Health and Welfare or the ministry. In the future the county councils might be involved in.
Are priorities publicly available?	Yes	No	No (F)	
Recommended number of members?	10	4	Missing	15-25
Recommendations of representativeness for members?	Yes	No	No	Yes
Timeframe for work?	2 years	6 months	Missing	3 years
A round for comments for stakeholders?	Yes	No		Yes
Is there a recommended structure for the guideline (in format)?	Yes	No	No	Yes
Use of AGREE instrument?	Yes	No, but translated from guidelines using it	No	-
Use of evidence tables and/or evidence summaries?	Yes	Yes	No	
Who is writing evidence?	Guideline group members with the assistance by trained editors	translated from NICE or SIGN		Guideline group members

Who are we targeting at?



Question: How do you see the target groups of guidelines in your country with 10-scale, where 10= very important and 0= not important



Question: How do you consider the importance of following organizations or communities as actors in implementing the guidelines in your country (10= very important, 0= not important)

Take home messages

1. Different guideline working protocols are used in Nordic countries
2. Working protocols rely on EBM but assessment of implementation and applicability varies
3. Target groups of guidelines should be defined more carefully to ensure their applicability

