

COPD: DMP is largely consistent with guidelines

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On 3 January 2014 the German Institute for Quality and Efficiency in Health Care (IQWiG) published the results of a literature search for evidence-based clinical practice guidelines on the treatment of people with chronic obstructive pulmonary disease (COPD). The aim of the report is to identify those recommendations from current guidelines of high methodological quality that may be relevant for the planned revision of the disease management programme (DMP). According to the results of the report, there is no compelling need for revision of any part of the DMP. However, IQWiG identified some aspects that could be supplemented and specified.

DMPs are revised regularly

After being commissioned by the Federal Joint Committee (G-BA), IQWiG systematically searched for new guidelines, assessed their [methodological quality](#), and extracted relevant recommendations from these guidelines. In a next step these recommendations were compared with the specifications for the German DMP.

A need for revision may arise if new studies provide new evidence on a disease and its treatment. It is therefore legally specified that a DMP must be revised at regular intervals. It is the Institute's responsibility to firstly identify differences between the guideline recommendations and the DMP. It is then the G-BA's responsibility to examine whether these differences should actually lead to a revision of the DMP.

13 relevant guidelines identified

IQWiG was able to include a total of 13 guidelines in its investigation. Four of these guidelines comprehensively address the care of patients with COPD. The others address specific aspects such as smoking cessation or refer to subgroups such as patients with alpha-1 antitrypsin deficiency, a congenital metabolic disorder.

Only few discrepancies

As IQWiG determined, the recommendations of the current guidelines are largely consistent with the requirements of the DMP; only few discrepancies were found. However, compared with the wording in the DMP directive, most recommendations are more detailed. For instance, the DMP directive states that patients should have access to a structured training programme. Several [guidelines](#) go one step further and also provide [recommendations](#) on what specific content should be conveyed in these programmes.

Procedure of report production

IQWiG published the preliminary results in the form of the preliminary report in May 2013 and interested parties were invited to submit comments. When the commenting procedure ended, the preliminary report was revised and sent as a final report to the commissioning agency, the Federal Joint Committee, in November 2013. The written comments submitted are published in a separate document at the same time as the final report. The report was produced in collaboration with external experts.

Provided by Institute for Quality and Efficiency in Health Care

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