

Guideline implementation: Best practice model for Germany still lacking

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Clinical practice guidelines can improve the quality of health care. However, the prerequisite for this is their dissemination and application. Although no best practice model for Germany is available, several requirements and measures exist that could promote implementation. For instance, guidelines should be supported by evidence and be locally applicable. In addition, training and reminder systems for users could be helpful. This is the result of the final report published by the German Institute for Quality and Efficiency in Health Care (IQWiG) on 5 July 2016.

Literature analysis commissioned by the German Federal Ministry of Health

For the analysis commissioned by the German Federal Ministry of Health (BMG), the IQWiG researchers analysed national and international studies and systematic reviews of studies investigating measures for guideline dissemination and implementation, as well as the beneficial and obstructive factors in this context.

IQWiG identified several such studies and reviews; however, both their content and methods were very diverse. In addition, it was not always comprehensible how the authors arrived at their respective conclusions. None of the measures were supported by sufficient data to be able to reliably assess their effectiveness. A best practice model for Germany can thus not be inferred from the findings of the IQWiG analysis, the

more so as it shows that success or failure can be influenced by numerous factors.

Quality and strength of the evidence are essential

However, it is quite possible to name some factors that can also increase the chances of success for guideline implementation in Germany. In this context, at first the main prerequisite is that the evidence supporting the recommendations is clearly designated and the guideline is also applicable locally, that is, fits the healthcare context.

In addition, training for healthcare professionals involved in guideline implementation could have a positive impact. This also applies to computer-based reminder systems, which remind users about recommendations during the specific work process. Feedback reports can also provide support; they indicate to what extent the respective action complies with guidelines - in part also in comparison with other users. Finally, guidelines are apparently more likely to be implemented by medical staff if this is financially compensated by payers.

Develop quality indicators for guideline implementation

As determined by the authors of the report, the current evidence is still generally insufficient. They therefore recommend systematically investigating in studies how guideline implementation affects daily clinical practice and the quality of [health care](#). For this purpose, quality indicators should already be defined during guideline development. The success of guideline implementation can then be assessed by means of these indicators.

Procedure of report production

The BMG awarded the commission in October 2012 as a rapid report; no hearing procedure takes place for this type of report. In order to give the professional public the option to submit comments, the type of report was changed and the preliminary results were published in the form of a preliminary report in November 2015 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 body, the BMG, in May 2016. 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.

More information: [www.iqwig.de/download/V12-04_A ... g-von-Leitlinien.pdf](http://www.iqwig.de/download/V12-04_A...g-von-Leitlinien.pdf)

Provided by Institute for Quality and Efficiency in Health Care

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