

How to Prepare and Share Current Care: Guidelines for Clinicians in Finland

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Since 1994 the Finnish Medical Society Duodecim has produced a large number of Current Care guidelines. The Finnish Dermatological Society has actively participated in the preparation of some guidelines on dermatological disorders and some are in preparation. In this article Elina Heikkilä describes how the guidelines are prepared; a process based on rigorous evaluation of the literature.

The ever-increasing volume of medical publications has created a need for reliable and easy-to-access clinical guidelines. For private clinicians, for years it has been impossible to adapt all the published literature into clinical practice and, furthermore, the awareness of heterogeneity of the published studies has made the task even more obscure. Therefore, so-called evidence-based guidelines are expected to be of use in helping ordinary clinicians to make reasonable local decisions about individual patients. The guidelines also help with decision-making at the national level. To be useful, the guidelines must be based on the most recent qualified research data, updated regularly, and adapted for local circumstances.

In Finland, the organized development of clinical guidelines has been managed by Finnish Medical Society Duodecim since 1994 under the name Current Care (*Käypä hoito* in Finnish). The first Current Care guideline was published in 1997, and by September 2008, 89 guidelines were available. Approximately 10 more are currently in preparation. All fields of medicine are represented in the guidelines, which deal mainly with diagnostics and treatment. The Dermatological Society in Finland has participated actively in this work, being involved in published guidelines, such as Bacterial infections of skin, Skin melanoma, Psoriasis and psoriatic arthritis, Chronic leg ulcers, Diagnostics of mycoses of skin, scalp and nails, Food allergy in children, and others that are still in preparation, such as Atopy, Diabetic foot and Sexually transmitted diseases.

Topics for the Current Care guidelines are mainly suggested by societies of specialists. The board of Current Care selects appropriate topics for further preparation using a systematic PRIO-tool (1), evaluating among others the prevalence of the disease, its costs and other impacts for society, variability of treatment options, etc. The chairperson of the working group is appointed by the society suggesting the topic, and the members of the group are invited by the chairperson. A guideline working group should consist of clinical experts in all the relevant fields, always including a general practitioner, as well as allied health professionals whenever appropriate. The work is voluntary; group members get no salaries or other

compensation, only small grants can be given when needed. To date, more than 700 professional volunteers (mostly doctors) have participated in Current Care guideline work in Finland, thereby not only providing their expertise to medical society, but also gaining valuable experience of the process of critical appraisal of medical literature and updating their own knowledge of the latest research.

From the beginning it was clear that the guidelines should follow the principles of evidence-based medicine: a systematic literature search performed by a professional librarian followed by critical appraisal of the literature, based on criteria originally outlined by the Evidence-based Medicine Working Group (for more information see, for example, www.cche.net). All main statements dealing with diagnostics or treatment should be supported by an evidence summary, a short literature review citing the best available scientific literature, and the level of evidence for each of the statements should be graded according to the internationally acknowledged grading system using A–D, level A referring to strong and D to no research evidence. The draft guideline is written based on these evidence statements as well as consensus comments, in order to produce a workable tool for the needs of clinicians in the Finnish healthcare system. Regular updating every 2–3 years is of vital importance.

Prior to publication, the draft guideline is widely circulated for comments to identified stakeholders, such as chief physicians of respective University and Central hospital clinics and primary healthcare centres, medical specialist associations, Finnish Association of Industrial Medicine, Finnish Nurses' Association, National Agency for Medicines, National Social Insurance Institution and The National Advisory Board on Health Care Ethics, etc. The guideline development group usually adds other stakeholders and even individual specialists to the list.

Wide circulation of the draft guideline to stakeholders for comments also serves its dissemination. Moreover, implementation of guidelines includes a wide variety of publications directed at specific audiences. In addition to multichannel publication directed mainly at doctors (i.e. a "paper version" in Medical

Journal Duodecim, available at www.kaypahoito.fi, and as a CD-ROM), the guidelines are also presented from specific professional angles in other journals, for example from the angle of nurses, pharmacists, dentists and opticians. Information about new guidelines is supplied to hospital chiefs at their annual meetings, and presentations at meetings of medical societies are encouraged. The Center for Rational Drug Treatment uses Current Care guidelines in their implementation projects on the use of medications, and co-operates in the development of electronic patient records and automatic reminders with the Ministry of Social Affairs and Health.

Easy access favours the use of guidelines, and all Current Care guidelines and evidence summaries in Finnish are freely accessible via the Internet. The electronic version also allows guidelines to be linked with locally developed implementation programmes or shared care models. Various types of study and teaching materials based on the guidelines are produced and published in electronic format for healthcare professionals and students. For the general public, short, easily understandable versions of the guidelines are published in electronic format, usually in both Finnish and Swedish (available at www.kaypahoito.fi and www.terveyskirjasto.fi). Abstracts of many of the guidelines are available in English. In the near future,

some of the guidelines will also be translated into English and Swedish.

It is clear that international co-operation is needed and is of great value in guideline development. Current Care and The Finnish Medical Society Duodecim are founding members of Guidelines-International-Network (G-I-N), an international initiative to improve quality in healthcare by promoting systematic development of clinical guidelines. The annual meeting of G-I-N in October 2008 in Helsinki is focusing on the theme "Implementation in practice" (for details, see www.gin2008.org). In connection with this worldwide international meeting, a special Nordic meeting will bring together authorities and clinicians from Norway, Denmark, Sweden and Finland. As the organizers of this Nordic gathering from Current Care, we hope that one day we might share not only similar problems in healthcare but also common clinical experience and expertise, in the form of qualified guidelines serving patients' welfare – in particular that of dermatological patients.

Reference

1. Ketola E, Toropainen E, Kaila M, Luoto R and Makela M. Prioritizing guideline topics: development and evaluation of a practical tool. *J Eval Clin Pract* 2007; 13: 627–631.

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The new LEO Pharma Research Foundation awards totalling DKK 1,500,000 go this year to Lars Norlén and William Agace for their excellent research in the fields of dermatology (skin diseases) and immunology, respectively.

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