

The Saudi Center for EBHC Newsletter

Message from the Deputy Minister



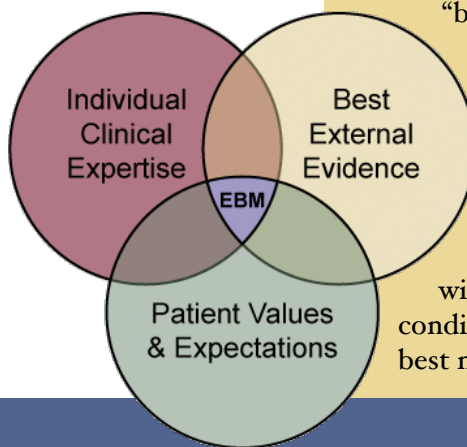
guidelines. The Center seeks to convey a message that adopts the principle of raising awareness of evidence-based medicine and supports its practice all over the Kingdom of Saudi Arabia; which is achieved by launching awareness campaigns and training workshops in order to build a solid national dependence on clinical practice guidelines.

*Dr. Mohammed R. AlYemeni
Deputy Minister of Health for
Planning and Health
Economics*

The Saudi Center for EBHC is based upon a clear vision seeking to be the leading institution in terms of cooperation and reference; in order to promote clinical quality among service providers in the Ministry of Health. Moreover, EBHC endeavors to support all health practitioners for the purpose of improving healthcare quality by adapting locally and globally endorsed and agreed upon evidence based clinical practice

Evidence Based Healthcare

In 2000 Sackett et al. wrote that “Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values... When these three elements are integrated, clinicians and patients form a diagnostic and therapeutic alliance which optimizes clinical outcomes and quality of life.”¹ Since then, evidence based healthcare has become the cornerstone of modern medicine, targeting unwarranted clinical practice variation, improving health outcomes and lowering cost by diagnosing and treating patients in accordance with best practice while avoiding duplication or performing tests and procedures that add little value. The process of evidence based medicine is an ongoing journey of continuous improvement focused on raising the quality of care. At the heart of the process is the documentation of “best practice” which distills the latest research into actionable clinical practice guidelines (CPGs). Once established, CPGs are regarded as ‘standard’ for how a patient with a particular condition should be best managed.



Advancing Health Care...



Through Evidence Based

INSIDE

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Message from the Director

The Saudi Center for Evidence Based Health Care (EBHC) was established with the mission to realize contemporary healthcare services and to deliver guidance to specialists and practitioners allowing them to provide the best health care in the Kingdom. We, at EBHC, envision such goal by developing and adapting clinical practice guidelines for preventive, diagnostic and treatment services and by collaborating with different stakeholders to address the current barriers to guidelines implementation and empower evidence uptake towards a higher quality of our healthcare.

Therefore, we remain committed to...

Advancing health care in Saudi Arabia through evidence based practice

*Dr. Zulfa Ahmad Al Rayess
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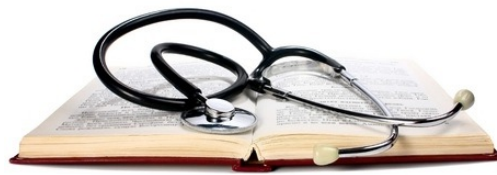
Highlights from the Editor

Welcome to the First edition of the Saudi Center for Evidence Based Health Care (EBHC) newsletter!

The Institute of Medicine (IOM)² in 2011 redefined the definition of Clinical Practice Guidelines as: **“statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options”**.

When treating patients, doctors and other healthcare providers often are faced with difficult decisions and considerable uncertainty. They rely on the scientific literature, in addition to their knowledge, experience and patient preferences, to inform their decisions. Clinical practice guidelines are therefore intended to optimize patient care.

If a CPG recommends a drug, a device or an investigation that is not available, then the recommendation of the guideline must be changed to fit the local



According to IOM, a trustworthy CPG should abide to the following criteria:

- Be based on a **systematic review** of the evidence
- Be developed by a **multidisciplinary panel** of experts
- Consider **patient preferences**
- Be based on an explicit and **transparent process** that minimizes biases and conflicts of interest
- Provide a clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the **quality of evidence and the strength** of the recommendations
- Be **updated** when important new evidence warrants modifications of recommendations.

circumstances. This process is called **guideline adaptation**³ and can be defined as a systematic approach to the endorsement and/or modification of a guideline produced in one cultural and organizational setting for application in a different context.

Our goal is to deliver CPGs that would be integrated into practice. Achieving this goal requires setting the priorities clearly, setting attainable objectives, collaborating early with stakeholders, identifying and targeting barriers to change, choosing the most appropriate implementation strategy that resources will allow and ensuring a rigorous project management approach.

We are committed to update our readers with the new developments as they happen, and would very much welcome your feedback, suggestions, comments and queries about the activities of the Center for EBHC.

*Dr. Yaser Adi,
Scientific Advisor to the Saudi Center
for EBHC*

The Center's Achievements...

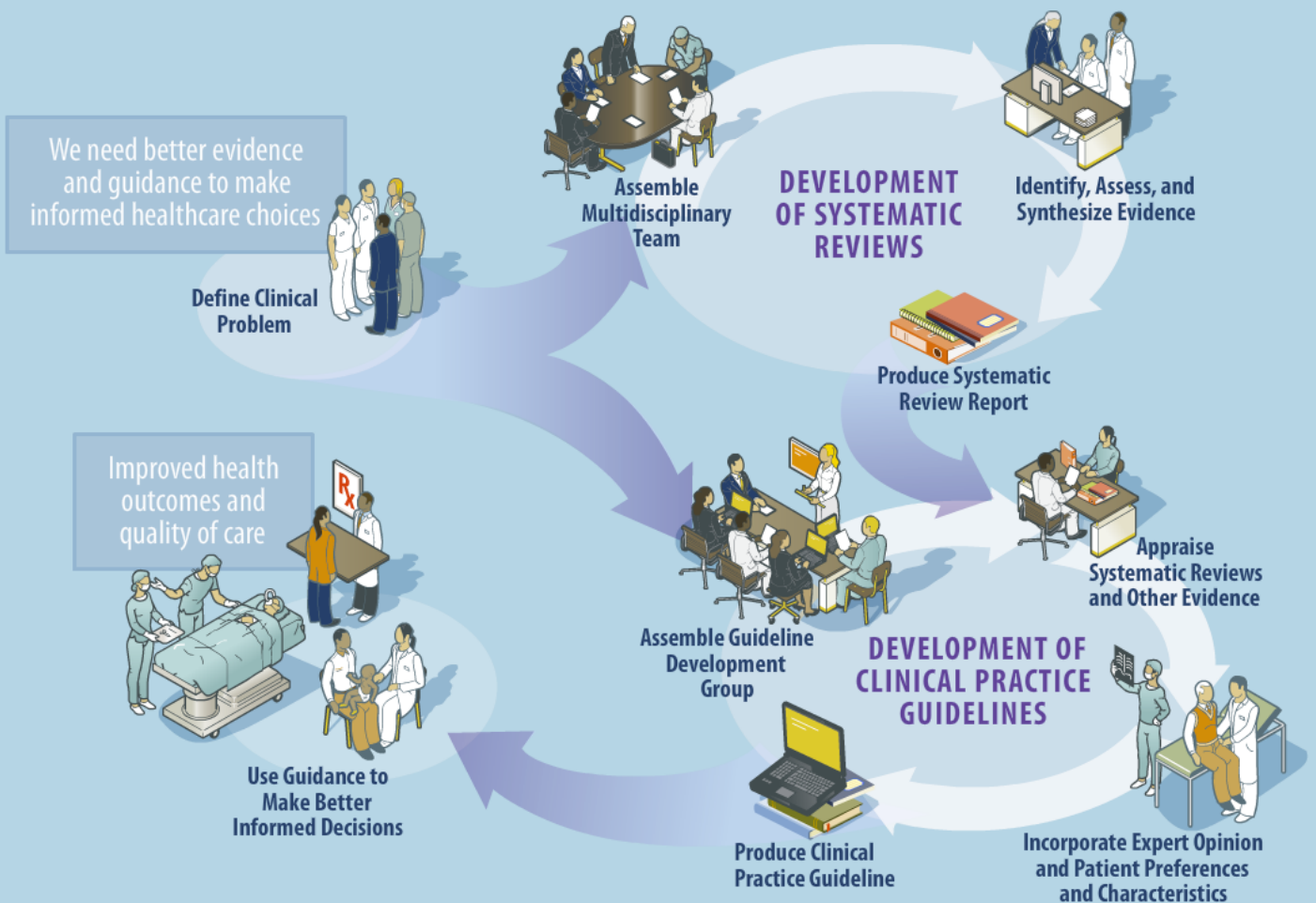
The last 6 months have been a busy time for the Saudi Center for EBHC. We collaborated with experts from across the medical establishments in the Kingdom and conducted a series of three strategic workshops to shape the vision of the Center and the method of realizing it. During these workshops we also created consensus on the methodology for adapting clinical practice guidelines, setup a framework for selection criteria for the guidelines, and put in place an operating manual for the center. After setting our target of delivering 10 clinical practice guidelines by the end of the year, we launched a collaboration with McMaster University, a world renowned institution in the field of CPGs and evidence based medicine, in which McMaster would serve as a role model and strategic partner for knowledge transfer and local capacity building. Since then we have launched the first wave of CPG adaptation on Oct 7th at a kickoff event held at the Ministry of Health in Riyadh, identified more than 100 scientific panel members to participate in



guideline development and adaptation, completed over 90 guideline recommendation selection surveys, and conducted training on the proprietary online guideline assessment tool. With things moving on track, despite a tight deadline, we finally delivered the completed guidelines after finalizing recommendations at the Guideline Adaptation meeting that we held in December bringing together McMaster experts, scientific panel members and key ministerial stakeholders.



Addressing Clinical Problems... A Roadmap to Informed Decisions

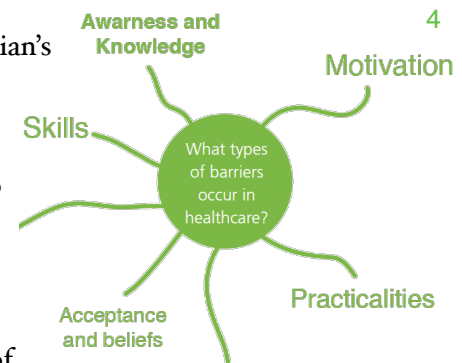


Obstacles to Clinical Practice Guidelines...

In an article by Cabana et al.⁵ in the *Journal of the American Medical Association* titled "Why Don't Physicians Follow Clinical Practice Guidelines", the authors stated that...

Despite wide distribution, clinical practice guidelines have had limited effect on changing physicians' behavior. Little is known about the process and factors involved in changing physician practices in response to guidelines. The authors attempted a very comprehensive review of the literature looking for barriers for physicians' adherence to clinical practice guidelines. They found that physicians' adherence is very critical in translating recommendations into positive outcomes. However, a variety of barriers undermine this process. The lack of awareness and lack of familiarity affect the physician's knowledge of a guideline. In terms of physician attitudes, lack of agreement, self-efficacy, outcome expectancy, and the inertia of previous practice are also potential barriers. Despite adequate knowledge and attitudes, external barriers like barriers to adherence and insufficient staff or consultant support can affect a physician's ability to execute recommendations. Few studies consider the variety of barriers that must be overcome to achieve adherence. By not considering the variety of barriers, interventions to improve adherence are less likely to address these factors and are less likely to be successful. The effectiveness of interventions to improve adherence is dependent not only on the intervention itself but also on the existence and intensity of baseline barriers.

In conclusion, studies on improving physicians' guideline adherence may not be generalizable as barriers in one setting may not be present in another. The review offers a differential diagnosis of why physicians do not follow practice guidelines, as well as a rational approach toward improving guideline adherence and a framework for future research.



EBHC Staff

Future Plans & Upcoming Events

- Dissemination of the first 10 clinical practice guidelines
- Selection of topics for future guidelines
- Commencing the adaptation of the second wave of clinical practice guidelines

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2. *Institute of Medicine of the National Academies*. <http://www.iom.edu>
3. *The ADAPTE Collaboration*. <http://www.adapte.org>
4. How to Change Practice. *National Institute for Health and Clinical Excellence*. <http://www.nice.org.uk>
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