



UiO • **Det medisinske fakultet**

Viten på lørdag: Innovasjon til inspirasjon

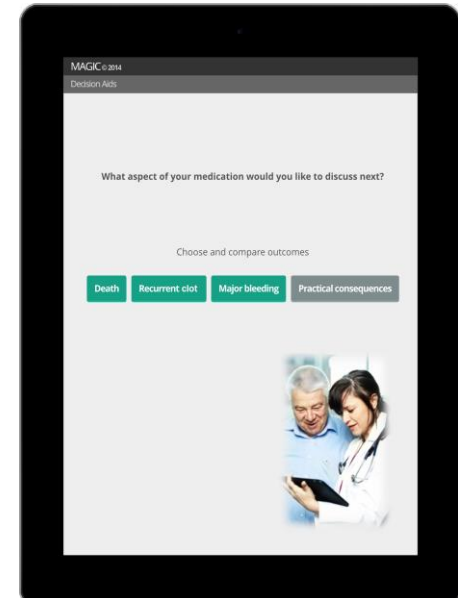
# **SHARE IT: for gode samtaler om behandlingsvalg i praksis**



[Per Olav Vandvik](#), forsker ved Institutt for helse og samfunn

## På menyen for de neste 15 minutter

- Når du stiller gode spørsmål:
  - ✓ *Hvordan finne troverdige svar?*
  - ✓ *Hvordan dele kunnskap og beslutninger med deg?*
- Store fremskritt i verden
- Gjenstående utfordringer
- Om MAGIC og en ny generasjon verktøy for kunnskapstøtte





# Interesseerklæring


Improving patient care through guidelines, evidence summaries and decision aids that we can all trust, use and share


A non-profit authoring and publication platform helping you put best current evidence into practice


**magic**  
making **GRADE**  
the irresistible choice


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## Møt Anne tilbake på sengeposten

- 63 år, bankfunksjonær
- Diabetes, hyperlipidemi og hypertensjon
- 3 medisiner: Albyl-E, Lipitor, Cozaar
- Vondt i magen siste året
- Innlagt sykehus mistenkt magesår
- Gastroskopi: Normale funn
- Diagnose: Funksjonell dyspepsi

Anne: *”Trenger jeg å bruke Albyl-E?  
Hadde vært godt å slippe..”*



# Hvor gode er vi til å besvare slike spørsmål?


## Original Investigation


## Clinical Questions Raised by Clinicians at the Point of Care A Systematic Review

Guilherme Del Fiol, MD, PhD; T. Elizabeth Workman, PhD, MLIS; Paul N. Gorman, MD

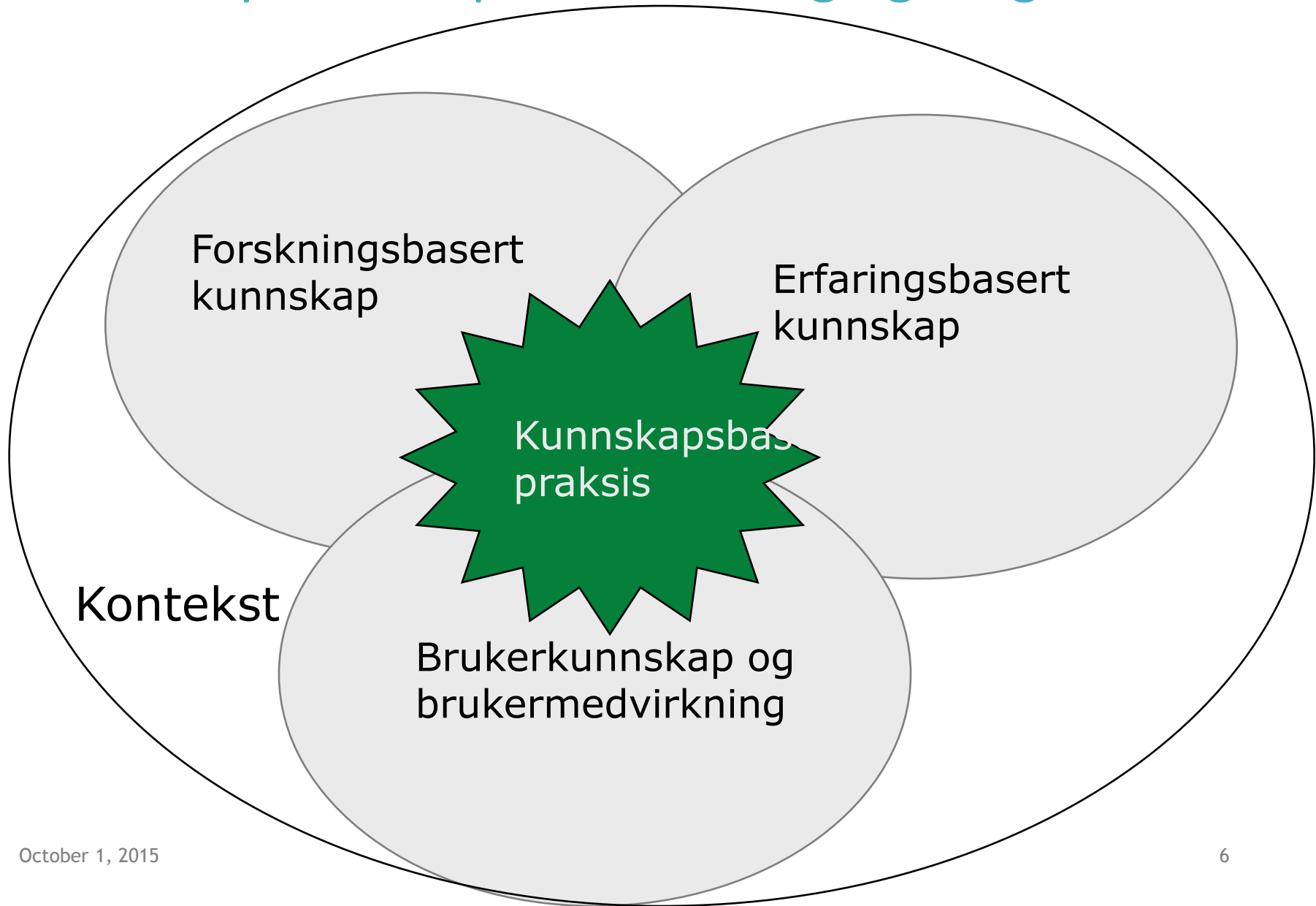
**RESULTS** In 11 studies, 7012 questions were elicited through short interviews with clinicians after each patient visit. The mean frequency of questions raised was 0.57 (95% CI, 0.38-0.77) per patient seen, and clinicians pursued 51% (36%-66%) of questions and found answers to 78% (67%-88%) of those they pursued. Overall, 34% of questions concerned drug treatment, and 24% concerned potential causes of a symptom, physical finding, or diagnostic test finding. Clinicians' lack of time and doubt that a useful answer exists were the main barriers to information seeking.

**CONCLUSIONS AND RELEVANCE** Clinicians frequently raise questions about patient care in their practice. Although they are effective at finding answers to questions they pursue, roughly half of the questions are never pursued. This picture has been fairly stable over time despite the broad availability of online evidence resources that can answer these questions. Technology-based solutions should enable clinicians to track their questions and provide just-in-time access to high-quality evidence in the context of patient care decision making. Opportunities for improvement include the recent adoption of electronic health record systems and maintenance of certification requirements.

 Invited Commentary

 Supplemental content at [jamainternalmedicine.com](http://jamainternalmedicine.com)

# Kunnskapsbasert praksis for deg og meg



# Fra kliniske spørsmål til troverdige svar

Albyl-E for Anne?

Sette ut i praksis, evaluere

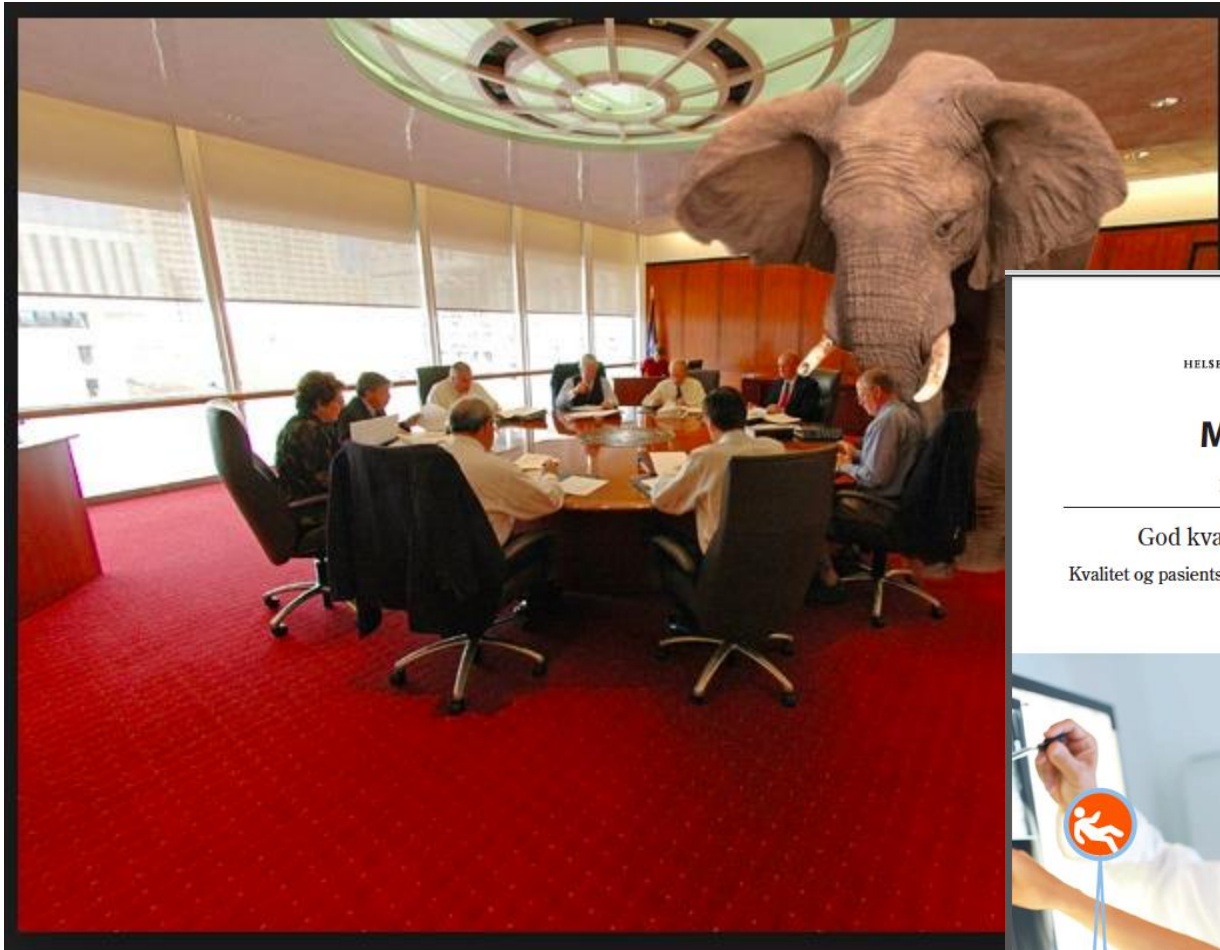
Applisere anbefalingen i møtet med enkelt-pasienter

Formulere spørsmål

Søke etter litteratur - lete!

Kunnskapsbasert retningslinje eller prosedyre

# Pasientsikkerhet, kvalitet og elefanten i rommet



DET KONGELIGE  
HELSE- OG OMSORGSDEPARTEMENT

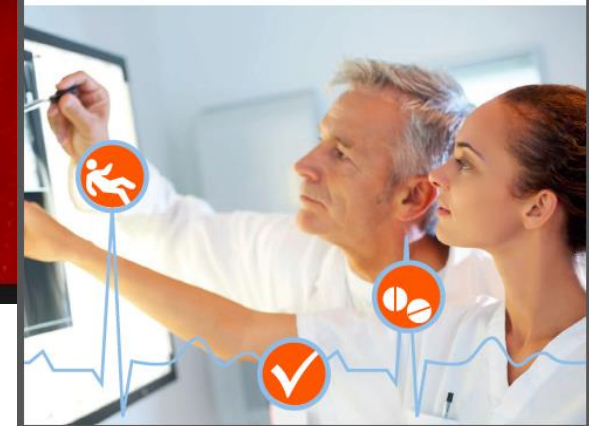
## Meld. St. 10

(2012–2013)

Melding til Stortinget

God kvalitet – trygge tjenester

Kvalitet og pasientsikkerhet i helse- og omsorgstjenesten



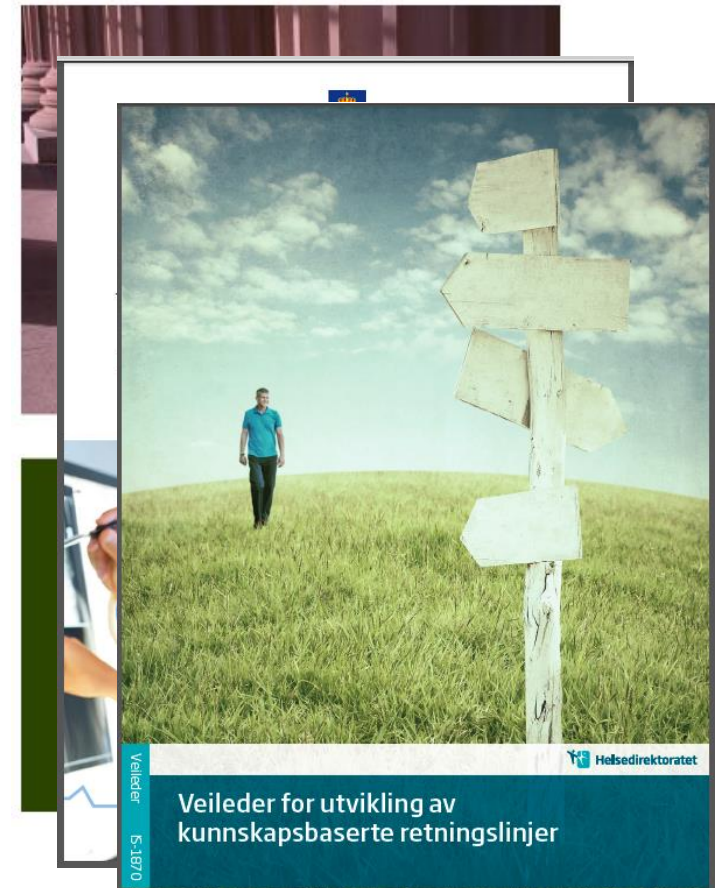


# Troverdige retningslinjer: Store fremskritt

## Trustworthy guidelines:

*“Clinical Practice Guidelines are statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options “*


## Bred konsensus



# Om det så fantes troverdige retningslinjer...

- ✓ Er de tilgjengelige, nyttige og forståelige for klinikere?
- ✓ Kan de integreres i elektronisk pasientjournal og oppslagsverk?
- ✓ Kan de tilpasses nasjonalt/lokalt ?
- ✓ Er de oppdatert?
- ✓ Kan vi dele kunnskap og beslutninger med pasientene ?
- 2010: Ingen verktøy eller svar
- **Vi trenger**





**CHEST**

Commentary

**Creating Clinical Practice Guidelines We Can Trust, Use, and Share**

**A New Era Is Imminent**

*Per Olav Vandvik, MD, PhD; Linn Brandt, MD; Pablo Alonso-Coello, MD, PhD; Shaun Treweek, PhD; Elie A. Akl, MD, MPH, PhD; Annette Kristiansen, MD; Anja Fog-Heen, MD; Thomas Agoritsas, MD; Victor M. Montori, MD; and Gordon Guyatt, MD, FCCP*

Standards and guidance for developing trustworthy clinical practice guidelines are now available, and a number of leading guidelines adhere to the key standards. Even current trustworthy guidelines, however, generally suffer from a cumbersome development process, suboptimal presentation formats, inefficient dissemination to clinicians at the point of care, high risk of becoming quickly outdated, and suboptimal facilitation of shared decision-making with patients. To address these limitations, we have—in our innovative research program and nonprofit organization, MAGIC (Making GRADE the Irresistible Choice)—constructed a conceptual framework and tools to facilitate the creation, dissemination, and dynamic updating of trustworthy guidelines. We have developed an online application that constitutes an authoring and publication platform that allows guideline content to be written and structured in a database, published directly on our web platform or exported in a computer-interpretable language (eg, XML) enabling dissemination through a wide range of outputs that include electronic medical record systems, web portals, and applications for smartphones/tablets. Modifications in guidelines, such as recommendation updates, will lead to automatic alterations in these outputs with minimal additional labor for guideline authors and publishers, greatly facilitating dynamic updating of guidelines. Semiautomated creation of a new generation of decision aids linked to guideline recommendations should facilitate face-to-face shared decision-making in the clinical encounter. We invite guideline organizations to partner with us ([www.magicproject.org](http://www.magicproject.org)) to apply and further improve the tools for their purposes. This work will result in clinical practice guidelines that we cannot only trust, but also easily share and use.

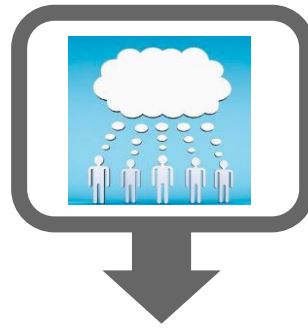
*CHEST 2013; 144(2):381-389*

**Abbreviations:** ACCP – American College of Chest Physicians; ATN – Antithrombotic Therapy and the Prevention of Thrombosis, 9th Edition; American College of Chest Physicians Evidence-Based Guidelines; CDSS – clinical decision support system; DA – decision aid; DECIDE – Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence; EMR – electronic medical record; GRADE – Grading of Recommendations Assessment, Development and Evaluation; MAGIC – Making GRADE the Irresistible Choice; PICO – population, intervention, comparator, outcomes; SoF – summary of findings

**T**o succeed in evidence-based diagnosis and treatment at the point of care, health-care personnel need access to trustworthy clinical practice guidelines.<sup>1</sup> The last decade has seen major advances in the science of creating clinical practice guidelines, including rigorous standards for development and tools to assess their methodologic rigor and transparency.<sup>1,2</sup> Advances in approaches to summarize evidence, rate its quality, and move in a transparent manner from

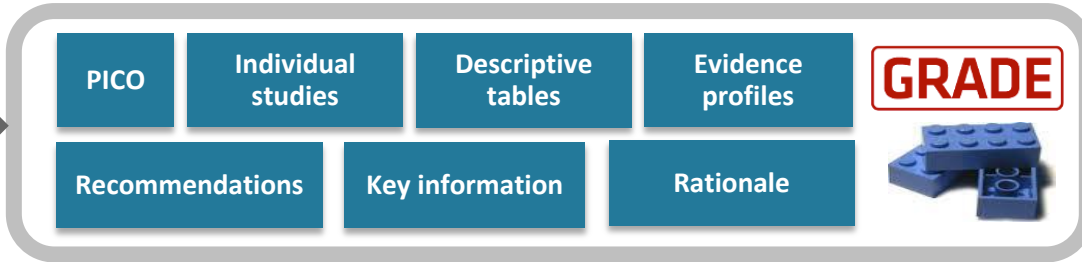
of Recommendations Assessment, Development and Evaluation (GRADE) system.<sup>4,5</sup> GRADE has become an international standard, adopted by > 70 organizations worldwide, providing a framework and detailed guidance for producing trustworthy guidelines.<sup>6</sup> Despite this progress, challenges remain (Table 1).

**For editorial comment see page 365**



Building Evidence Summaries and Recommendations with with MAGICapp

**Authoring and Publication platform for Evidence Summaries**



Database structured and tagged content

Dynamic updating

Multilayered formats for all devices



Adaptation National / local



Integrated in the EMR





# Tror du Anne med høy kardiovaskulær risiko ville valgt Albyl-E? Hva ville du valgt?

Evidensprofil

Sammendrag

Referanser

Ny dokumentasjon

Utfall	Tiltro Til Effektestimatene	Relativ Effekt	Ingen Behandling	ASA	Absolutt Forskjell	Antall Inkluderte (Studier), Oppfølgingstid
Total mortalitet (10 år. 60 år gammel mann/SSB)	Moderat <i>Upresise estimater</i>	RR 0.94 <i>(KI 0.88 - 1)</i>	100 <i>per 1000</i>	94 <i>per 1000</i>	6 færre <i>per 1000</i> <i>(KI 12 færre - - færre)</i>	100.076 (9) 3.8-10 år
Kardiovaskulær død (10 år)	Moderat <i>Upresise estimater</i>	RR 0.97 <i>(KI 0.87 - 1.09)</i>	100 <i>per 1000</i>	97 <i>per 1000</i>	3 færre <i>per 1000</i> <i>(KI 13 færre - 9 flere)</i>	95.000 (6) 3.8-10 år
Hjerteinfarkt (10 år)	Høy	RR 0.77 <i>(KI 0.69 - 0.86)</i>	121 <i>per 1000</i>	93 <i>per 1000</i>	28 færre <i>per 1000</i> <i>(KI 38 færre - 17 færre)</i>	95.000 (6) 3.8-10 år
Slag (10 år)	Moderat <i>Upresise estimater</i>	RR 0.95 <i>(KI 0.85 - 1.06)</i>	111 <i>per 1000</i>	105 <i>per 1000</i>	6 færre <i>per 1000</i> <i>(KI 17 færre - 7 flere)</i>	95.000 (6) 3.8-10 år
Større ekstrakraniell blødning (10 år)	Høy	RR 1.54 <i>(KI 1.3 - 1.82)</i>	37 <i>per 1000</i>	57 <i>per 1000</i>	20 flere <i>per 1000</i> <i>(KI 11 flere - 30 flere)</i>	95.000 (6) 3.8-10 år

# Kunne det smake med G-I-N Nordic?



Søk etter anbefalinger

Søk

## 4 Anbefaling av operativ fremfor konservativ behandling

Bakgrunnstekst

Operativ behandling av ustabile distale radiusfrakturer hos voksne pasienter  $\geq 18$  år gir bedre resultat enn konservativ behandling

### Sterk anbefaling

Det anbefales operativ behandling av ustabile distale radiusfrakturer hos voksne pasienter.

*Det bør utvises tilbakeholdenhet med operativ behandling av pasienter med lavt funksjonsnivå (varig manglende evne til selvstendig å ivareta dagligdagse gjøremål).*

Operativ behandling av ustabile distale radiusfrakturer hos pasienter  $> 65$  år gir mindre entydig resultat

### Svak anbefaling

Det foreslås operativ behandling av ustabile distale radiusfrakturer hos pasienter  $> 65$  år.

*Det bør utvises tilbakeholdenhet med operativ behandling av pasienter med lavt funksjonsnivå (varig manglende evne til selvstendig å ivareta dagligdagse gjøremål).*

## 5 Supplerende CT i den radiologiske utredning av distale radiusfrakturer

Bakgrunnstekst

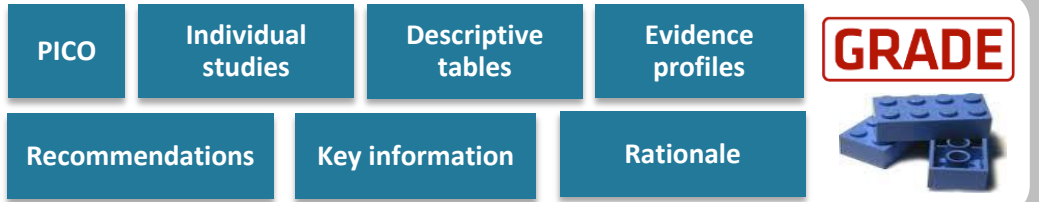


..Han vil også ha en endring på at leger tar avgjørelser på vegne av pasienter uten at pasientene selv er med på vurderingene:  
– Pasienten skal involveres i beslutninger som tas om behandling..., sier Høie.



Guideline panel using MAGICapp

Authoring and Publication platform for Evidence Summaries

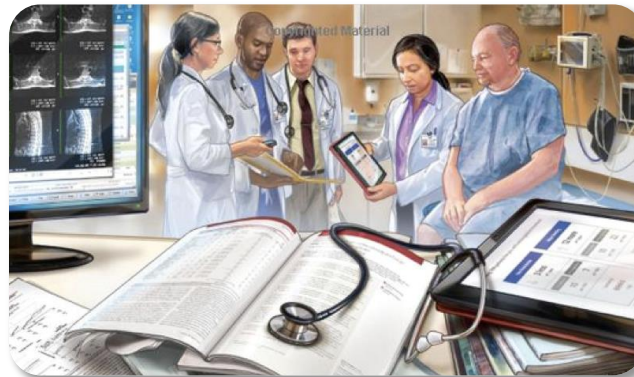


Database structured and tagged content

Dynamic updating

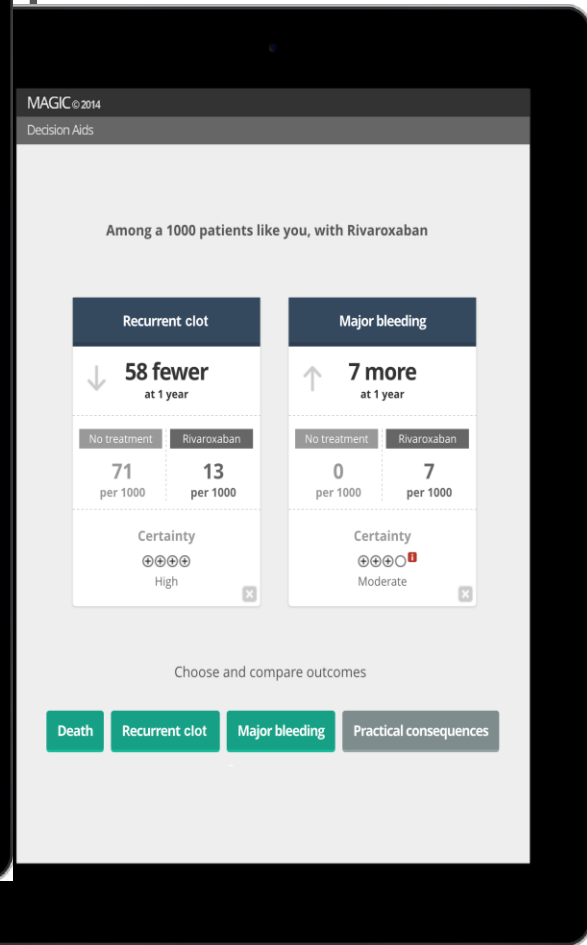
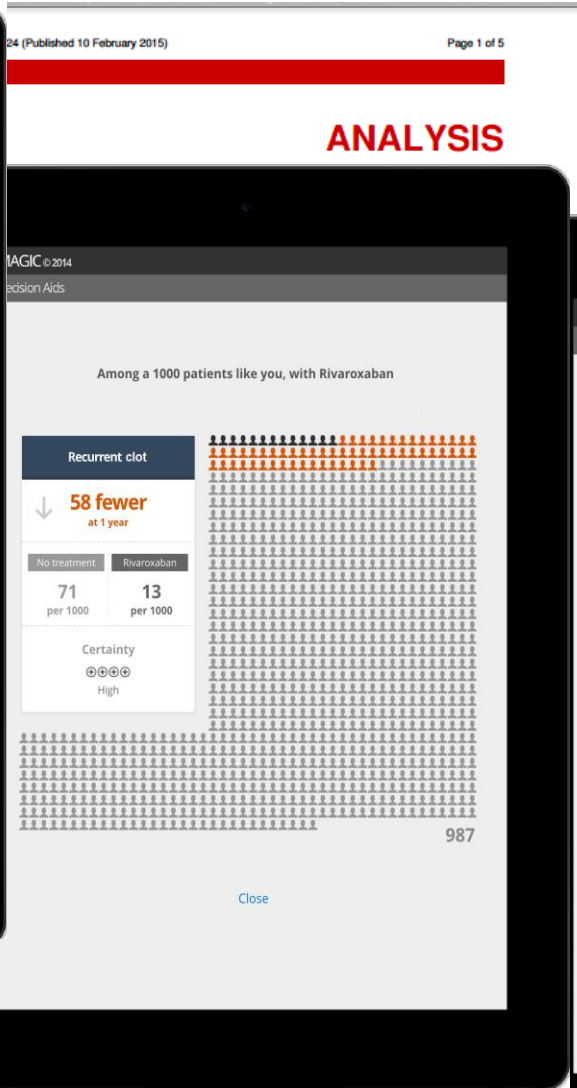
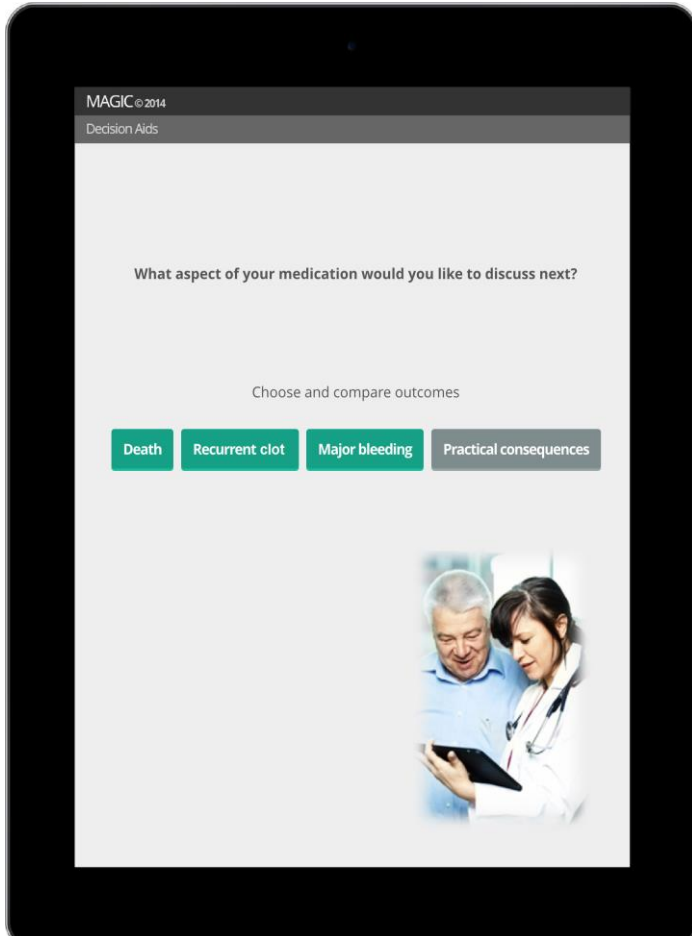


**SHARE-IT**



Encounter Decision Aids for patients and clinicians

# SHARE IT: Nye verktøy for å skape gode samtaler



and summaries of evidence to address the educational needs of clinicians. In a format that supports decision-making, meanwhile, struggle to integrate versions of evidence, although previous versions of guidelines have been used. In this article we highlight the use of decision aids and discuss how they can be used to address the educational needs of clinicians.

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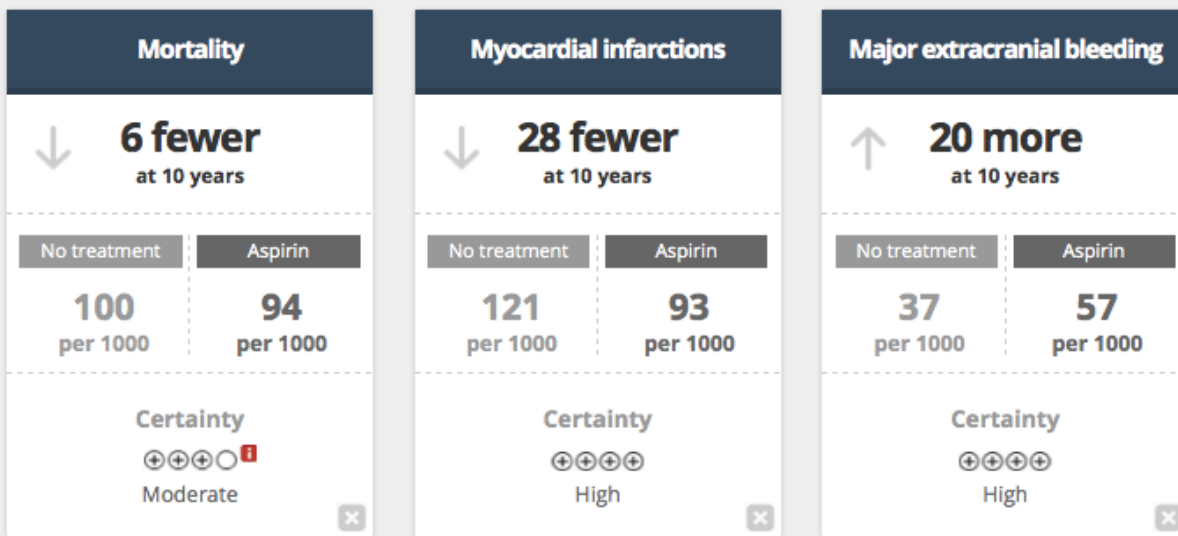
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Low dose aspirin vs. no treatment for primary prevention ▼

Among a 1000 patients like you, with aspirin



Choose and compare outcomes

- Mortality
- Myocardial infarctions
- Non-fatal stroke
- Major extracranial bleeding
- Practical consequences

# Nye verktøy til befolkningen i Norge, på vei..



Forside > Behandlinger > Prostatakraft

## Prostatakraft

### Behandlingsprogram, Urologisk kirurgi

Kreft i prostatakjertelen (cancer prostatae) er den mest vanlige kreftformen hos menn i Norge. De primære behandlingene er kirurgi eller strålebehandling. Hvis du har en "snill" kreft kan det beste alternativet være aktiv overvåking med jevnlige blodprøver og vevsprøver.

▼ [Les mer om prostatakraft](#)  
Sykdomsinformasjon og ventetider fra helsenorge.no

Ventetid for utredning

4-20 dager

Ventetid for behandling

1-10 dager

Ventetid for innleggelse

2-3 dager

1. UTREDNING

2. BEHANDLING

3. OPPFØLGING

## Oppsummert

- Store fremskritt i metoder, systemer og standarder for kunnskapsbasert praksis
- Digital revolusjon gir nye verktøy
- Vi kan og bør finne flere troverdige svar på kliniske spørsmål
- Det er mulig å dele kunnskapen og beslutninger med deg, om du vil

