

**A new approach to CPG adaptation in Saudi Arabia:
Adaptation of practice guidelines using the GRADE/DECIDE
evidence to decision Methodology**

Dr Zulfa Al Rayess
Consultant Family Medicine
Head of Saudi Center for EBHC , Ministry of Health, Saudi Arabia
EBHC Conference, Taormina, Italy
28th-31st August, 2015

Disclosure of Interests

Zulfa Al Rayess (Saudi Centre for Evidence Based Health Care) :

No conflicts of interest in relation to the
work and views presented

Acknowledgement

- Dr. Suhail Bajammal, Chief Executive Officer at King Abdullah Medical City - Ministry of Health, Makkah
- Colleagues from the Saudi Centre for EBHC
 - Dr. Yaser Adi (Scientific Advisor)
 - Nourah Al Moufarreh (Project Manager)
- McMaster working group

Objectives

- Project description
- Methodology & Collaboration model, roles responsibilities
- Results
- Conclusion

Middle East



Saudi Arabia

- Population: 29 million
- Largest oil reserves, producer and exporter of petroleum in the world
- Famous for the two Holy Mosques



The mission of the Saudi Center for EBHC

- Facilitate the delivery of robust and nationally agreed on clinical practice guidelines (short term)
- Build capacity at the Center for EBHC (long term)
- Implementation of clinical practice guidelines (long term)

Methodology

Adaptation + **Adoption** +

Development



Adolopment

Methods: 1 topic selection

Number of topics suggested by individual departments of the Ministry of Health



Suggested topics screened by McMaster Group for feasibility of adaptation



Screened topics presented to Ministry decision makers for final selection of guideline topics



Recruited multidisciplinary panel of local experts relevant to each CPG topic

Methods: 2 Collaboration Model



Saudi Center for EBHC

Project Management & Facilitation

- Project **coordination** (e.g. workshops, panel meetings, communication etc.)
- **Facilitate** guideline topics selection by stakeholders and decision makers
- **Recruit** panel members
- Facilitate **communication** with panels
- **Review** final reports
- **Disseminate** guidelines (website, mobile apps, print media, local BMJ, newsletters)

Methods: 3

- Identifying existing evidence which may have been produced to support previous **rigorous guidelines**, including systematic reviews, HTAs, and evidence reports.
- Followed by the **updating** of the evidence syntheses and development of guideline recommendations specific to the healthcare setting.
- **Webinar sessions, email communications** about the priority of clinical questions needed to be addressed by recommendations.
- **Workshop** for deciding the recommendations:
 - ✚ local panel experts
 - ✚ Methodologists
 - ✚ Patient (if possible)

Methods 6: Factors taken into account in Evidence to Decision framework (EtD)

- Balance of **benefits** and **harms**
- **Quality of evidence**
- **Values and Preferences**
- **Resource use**
- **Impact on health equity**
- **Acceptability**
- **Feasibility**

Workshop photo

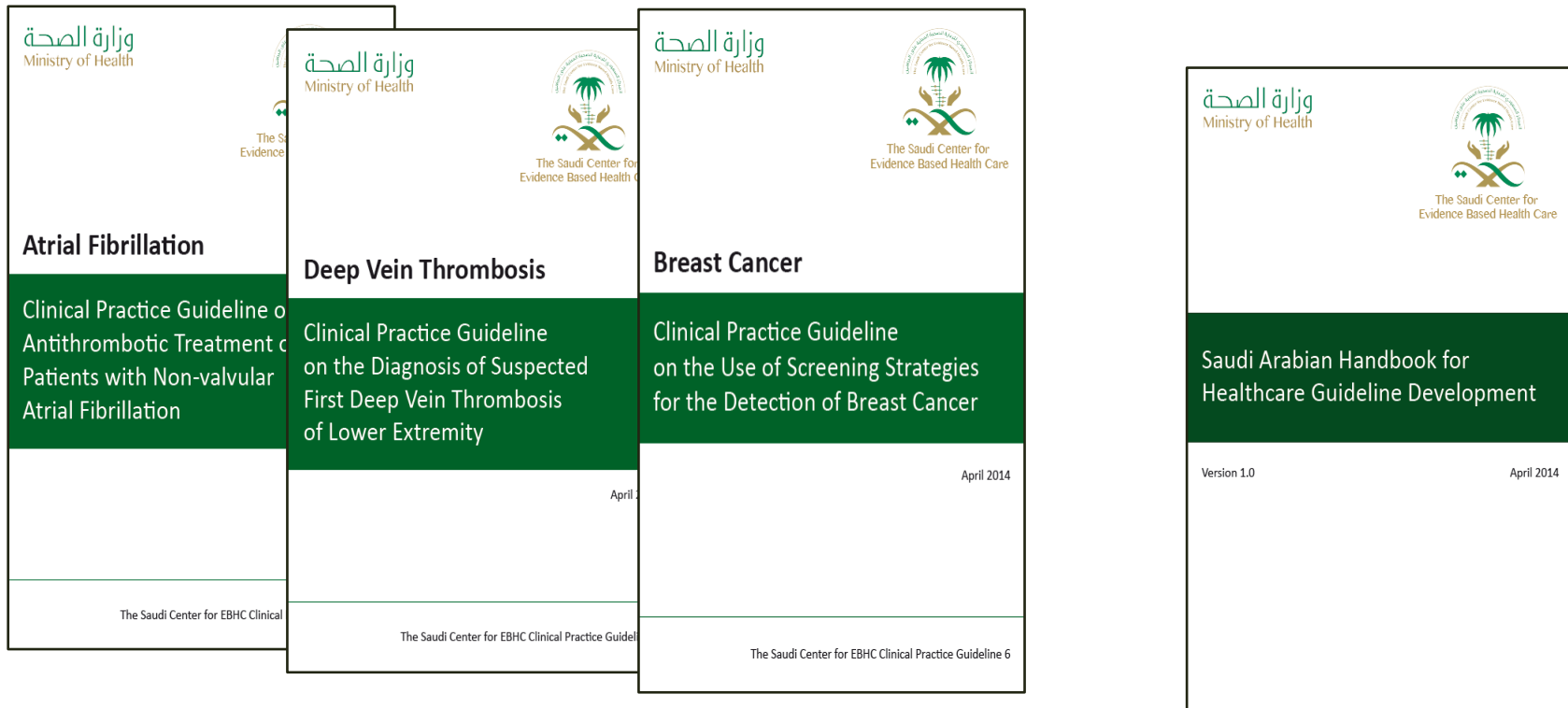


Results 1 : 22 locally adapted CPGs

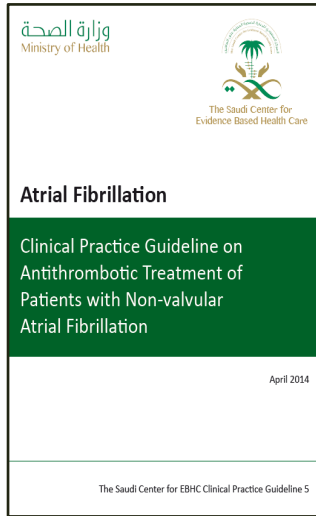
Hospital	Primary Health Care
1. Sickle Cell Anemia	1. Prevention of VTE in Non-Surgical patients
2. Management of Eclampsia	2. Management of Pre-Eclampsia
3. Management of ST-Elevation Myocardial Infarction	3. Screening of Hypertension
4. Management of Breast Lump	4. Migraine Diagnosis and Treatment
5. Prevention of VTE in Surgical patients	5. Management of Obesity
6. Management of Thalassemia	6. Colon Cancer Screening
7. Anticoagulant Therapy for Atrial Fibrillation	7. Allergic Rhinitis in asthma
8. Timing Of Initiation Of Hemodialysis	8. Breast Cancer Screening
9. Thrombolytic Therapy for Acute Stroke Management	9. Anticoagulant Therapy for Venous Thromboembolism
10. Anticoagulant Therapy for Venous Thromboembolism Prevention in Stroke	10. Cervical Cancer Screening and Treatment
11. Diagnosis of Deep Vein Thrombosis	11. Osteoporosis: The Role of Vitamin D, Calcium and Exercise in Fracture Prevention in Elderly

Results 2

- Produced **22 CPGs** with **226 recommendations**
- About **200 local experts** participated in the development of the local CPGs
- Produced a **Manual** for CPG development for Saudi Arabia



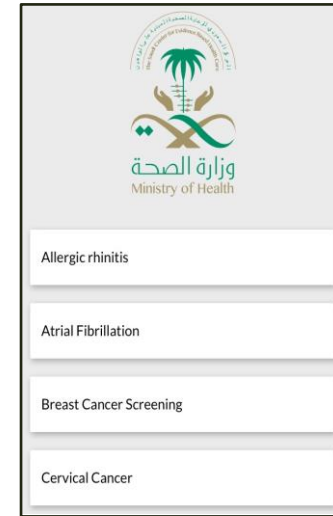
Results 3: Dissemination



Printed CPGs



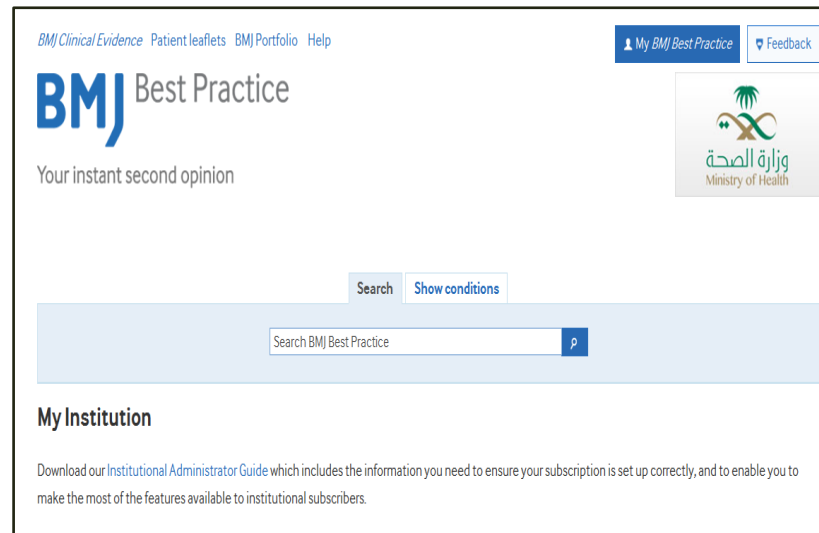
EBHC website



Mobile apps



Newsletters



BMJ Best Practice

Challenges

- Prior to the final workshop the **communications** were through emails
- Inadequate **local research** articles for the effectiveness, cost-effectiveness or data for burden of disease.
- The need for trustworthy **project management** to coordinate between:
 - Decision makers from the Saudi MOH
 - large number of clinical experts
 - Methodological experts
 - patients taking part in the workshop

Conclusions

- **Ad-olopment** approach allows for efficient production of local guidelines
- **Support** from methodologists to help with development of CPGs using **EtD framework** allows for formulation of recommendations specific to the local healthcare setting
- **Including clinical experts and patients** are essential in the development of local CPGs