

The Brazilian Project of National Clinical Practice Guidelines

Prof. Paulo D. Picon MD PhD
Rio de Janeiro, June 2011

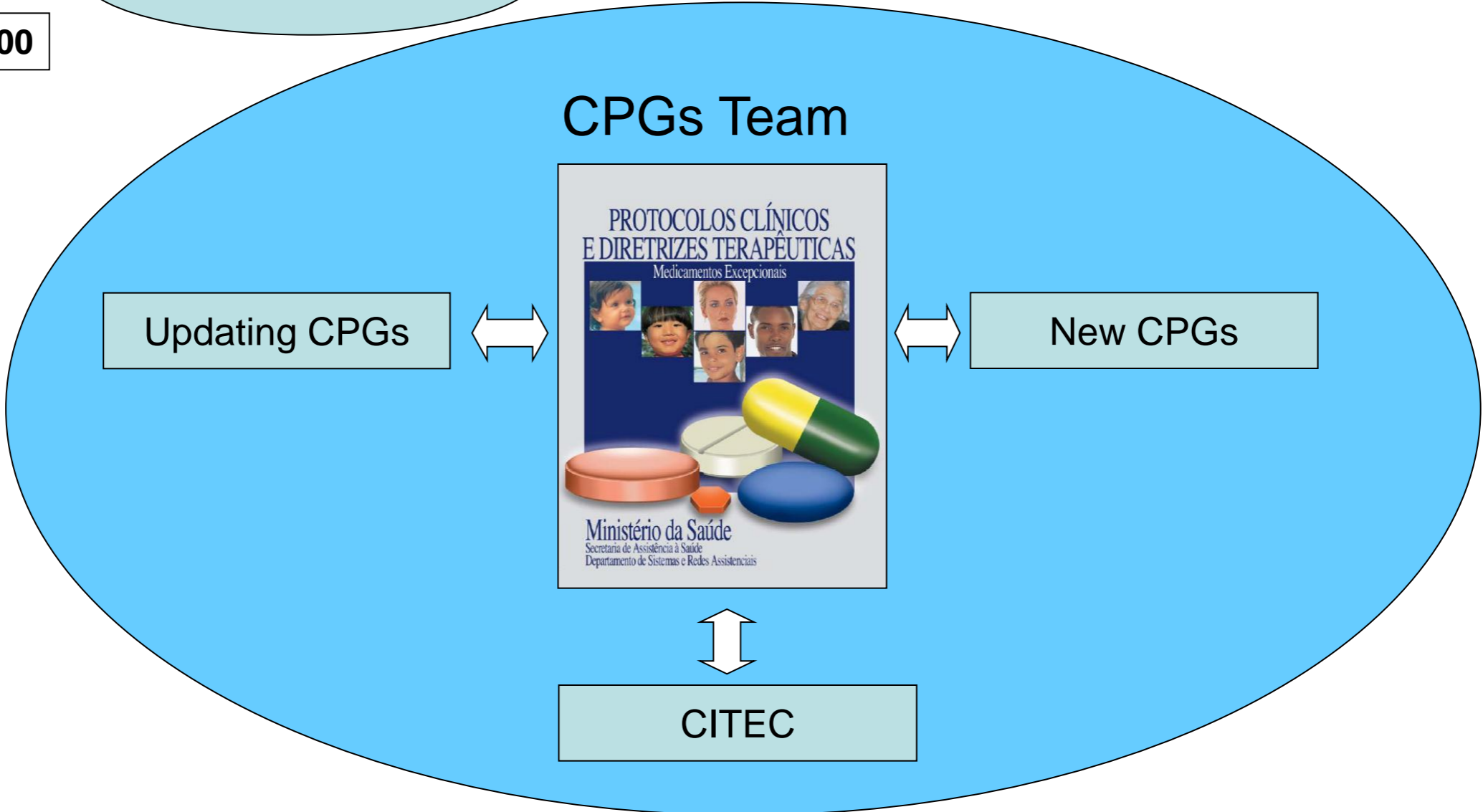
2011 HTAi PANEL SESSION:
HTA CAPACITY BUILDING IN DEVELOPING COUNTRIES - EXPLORATION OF
DIFFERENT MODELS OF NATIONAL GUIDELINES DEVELOPMENT AND
IMPLEMENTATION

Ministério
da Saúde



2000

Ministry of Health



2011

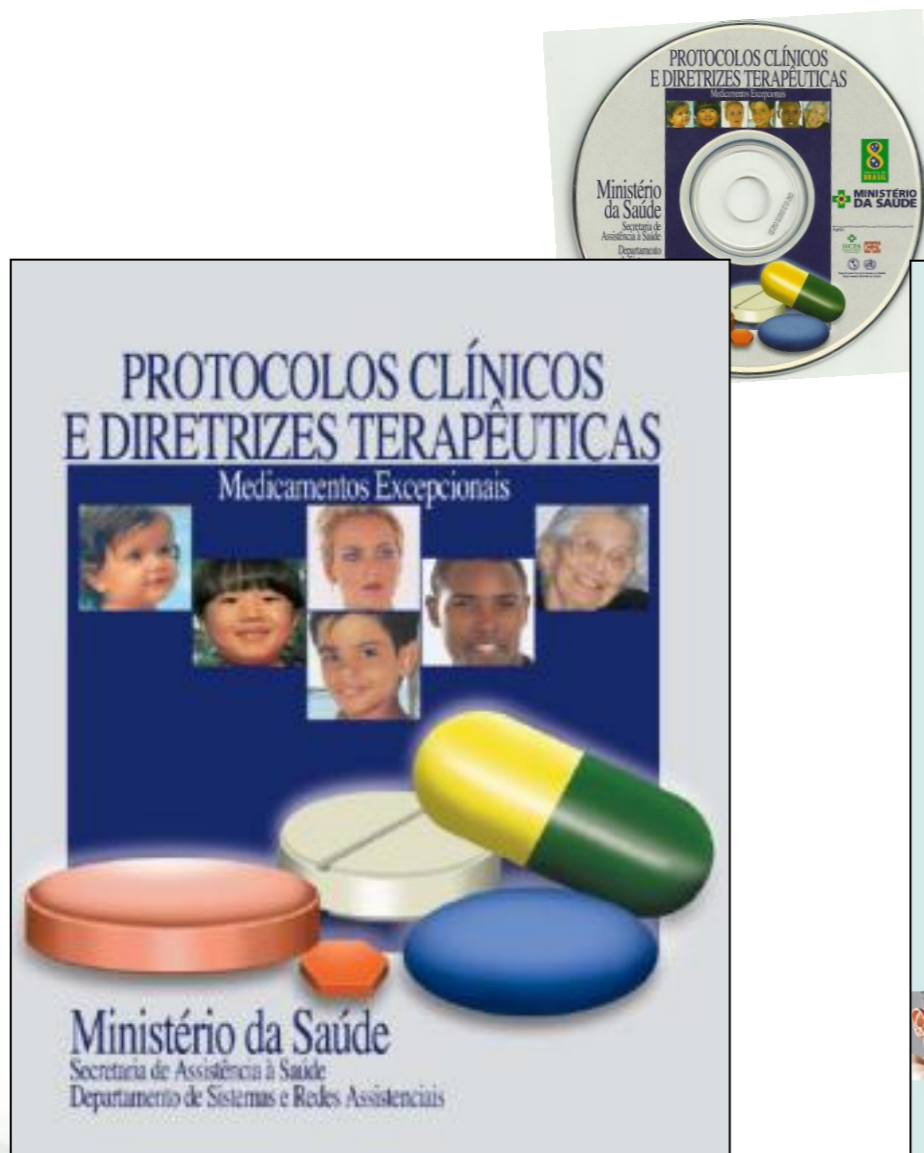
↑↑ Treatment Access

Answers to Society

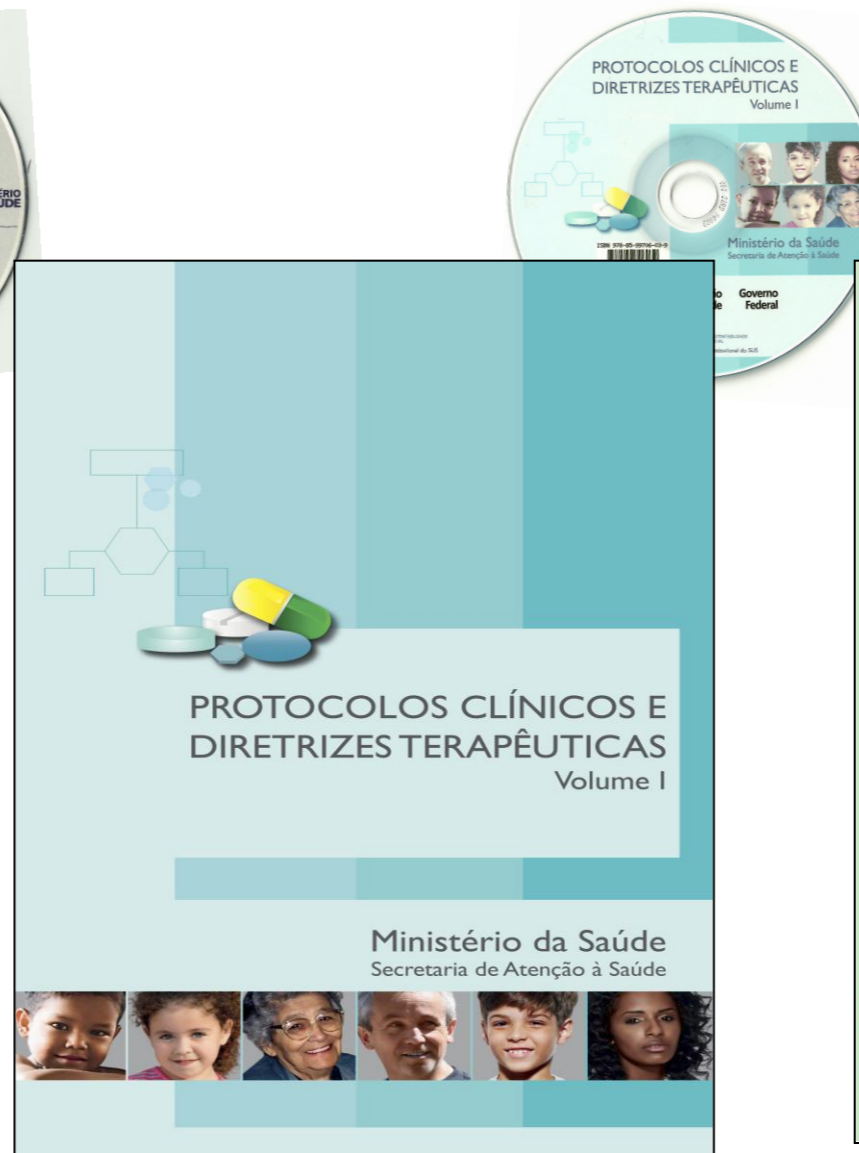
Process of Development of Brazilian CPGs

- Best Evidence = best practice
- Critical appraisal of literature performed by trained physicians
- Internal consensus – Multidisciplinary Team – MOH
- Public consultancy = 1st version
- Final version
- Dissemination as a formal Policy of The Minister of Health to the 27 state health secretariats

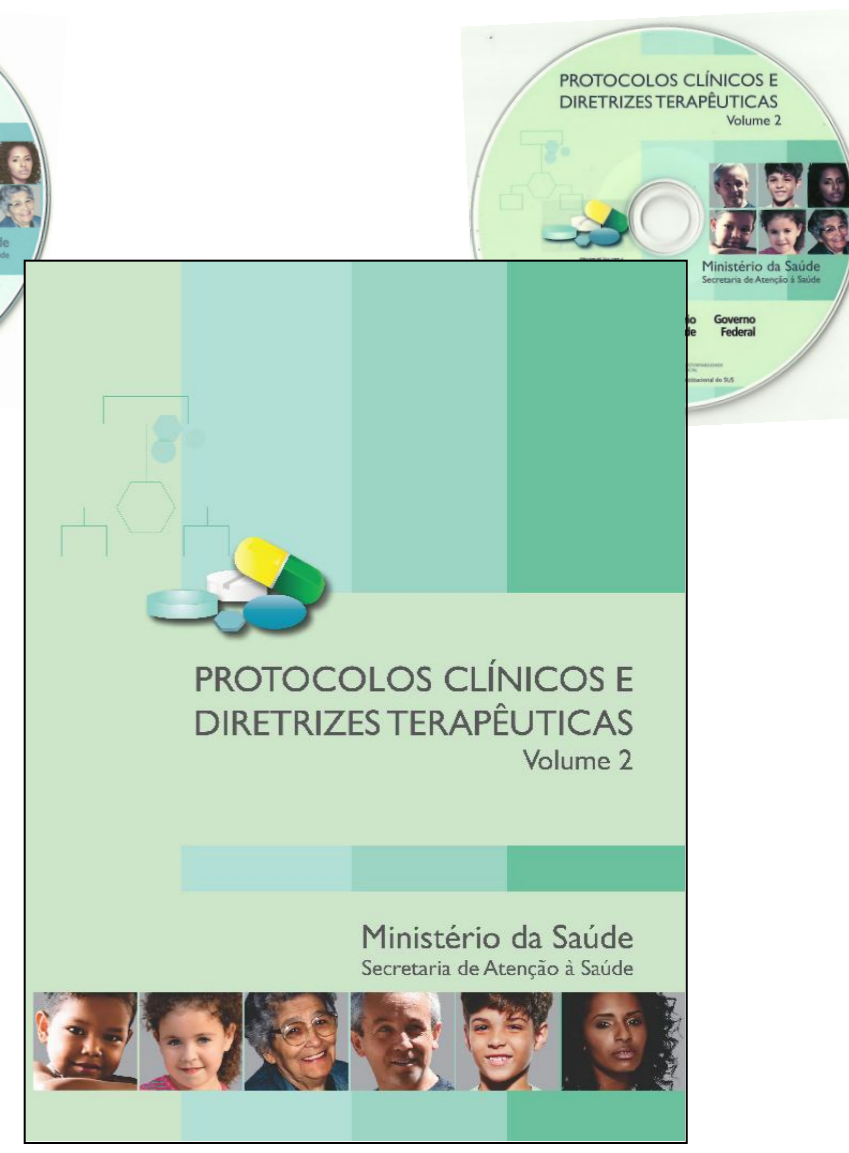
Dissemination of The National Policy: Brazilian Clinical Practice Guidelines



2002

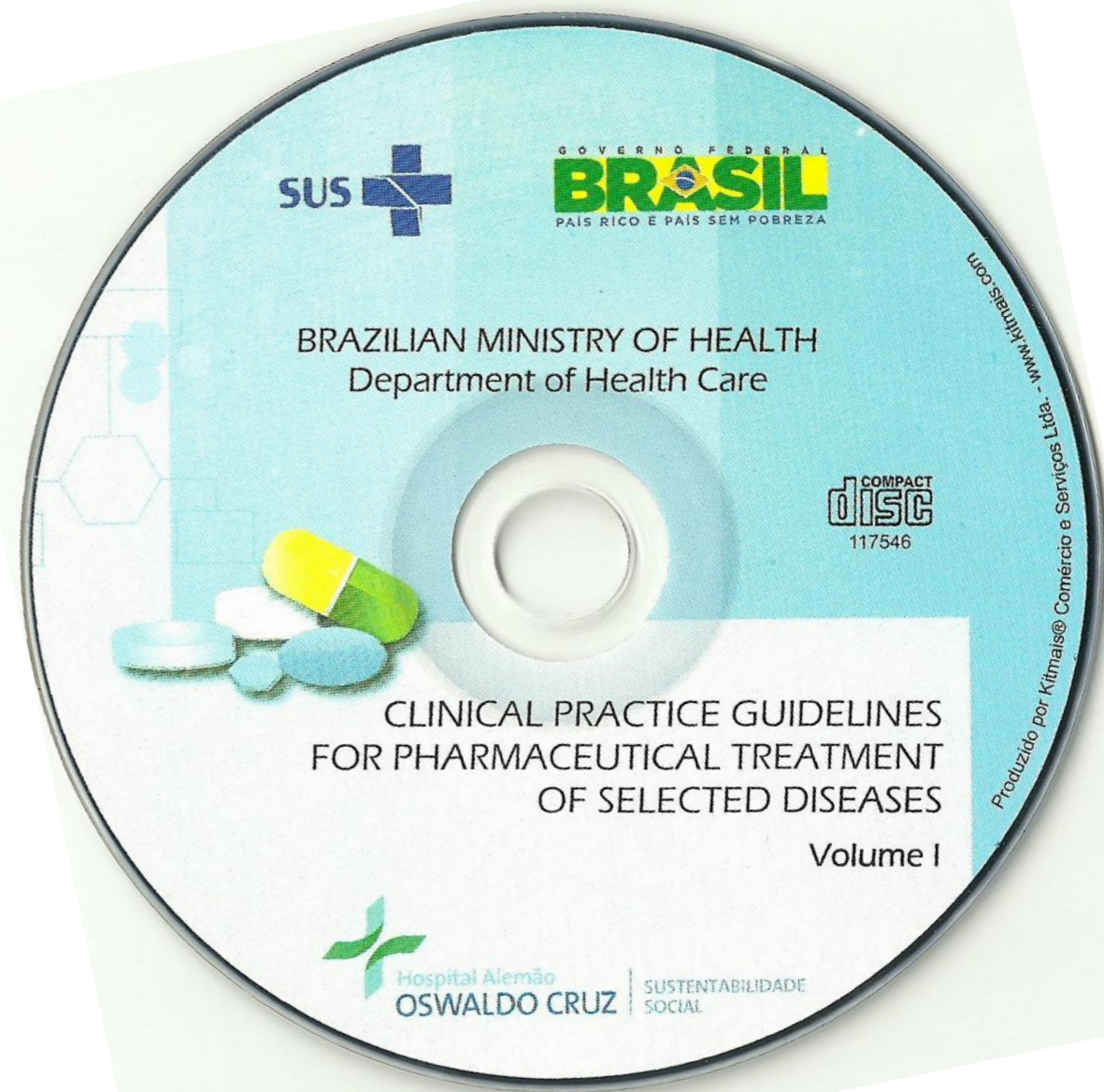
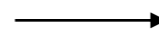


2010



2010

http://portal.saude.gov.br/portal/saude/profissional/visualizar_texto.cfm?idtxt=35490&janela=1



- 50 CPGs finished
- 40 to be developed

2009 to 2011





Presidência da República

Casa Civil

Subchefia para Assuntos Jurídicos

LEI Nº 12.401, DE 28 DE ABRIL DE 2011.

[Mensagem de veto](#)

[Vigência](#)

Altera a Lei nº 8.080, de 19 de setembro de 1990, para dispor sobre a assistência terapêutica e a incorporação de tecnologia em saúde no âmbito do Sistema Único de Saúde - SUS.

A PRESIDENTA DA REPÚBLICA Faço saber que o Congresso Nacional decreta e eu sanciono a seguinte Lei:

Art. 1º O Título II da Lei nº 8.080, de 19 de setembro de 1990, passa a vigorar acrescido do seguinte Capítulo VIII:

“CAPÍTULO VIII

DA ASSISTÊNCIA TERAPÊUTICA E DA INCORPORAÇÃO DE TECNOLOGIA EM SAÚDE”

“Art. 19-M. A assistência terapêutica integral a que se refere a alínea *d* do inciso I do art. 6º consiste em:

I - dispensação de medicamentos e produtos de interesse para a saúde, cuja prescrição esteja em conformidade com as diretrizes terapêuticas definidas em protocolo clínico para a doença ou o agravo à saúde a ser tratado ou, na falta do protocolo, em conformidade com o disposto no art. 19-P;

II - oferta de procedimentos terapêuticos, em regime domiciliar, ambulatorial e hospitalar, constantes de tabelas elaboradas pelo gestor federal do Sistema Único de Saúde - SUS, realizadas no território nacional

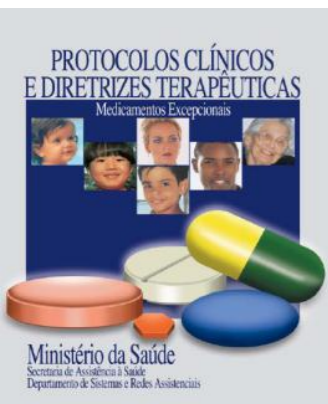
The “Case” of Gaucher’s Disease

Ministério
da Saúde



Gaucher's Disease 2001- Lessons from Imiglucerase

1. Safe drug from only one producer
2. High-cost: U\$ 392,000.00/pt/year
3. No evidence for minimal effective dosage
4. BMoH - CPG → progressive reduction of dose based on clinical response



Reference Center - RS

23 pts (4y study 2003-06)

Savings = U\$ 1,000,000.00/year

100% of patient satisfaction

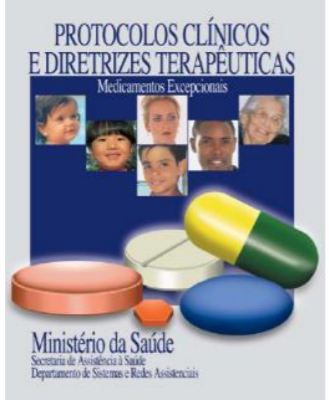


Health Technology Assessment International

A New International Society for the
Promotion of Health Technology Assessment

Adelaide, AU 2006

2003

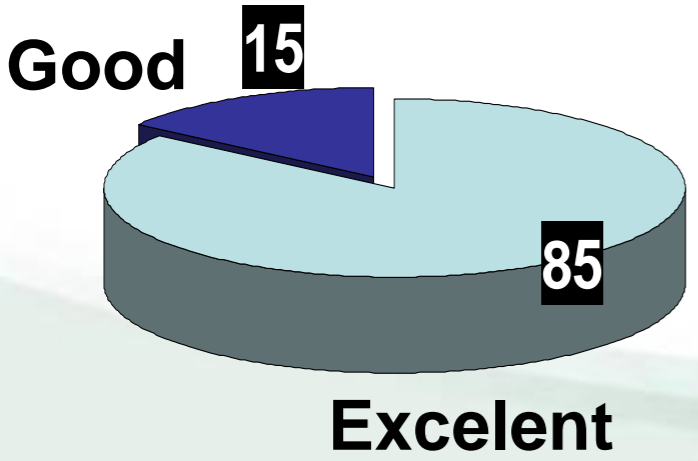


Brazilian Guidelines for Gaucher's Disease

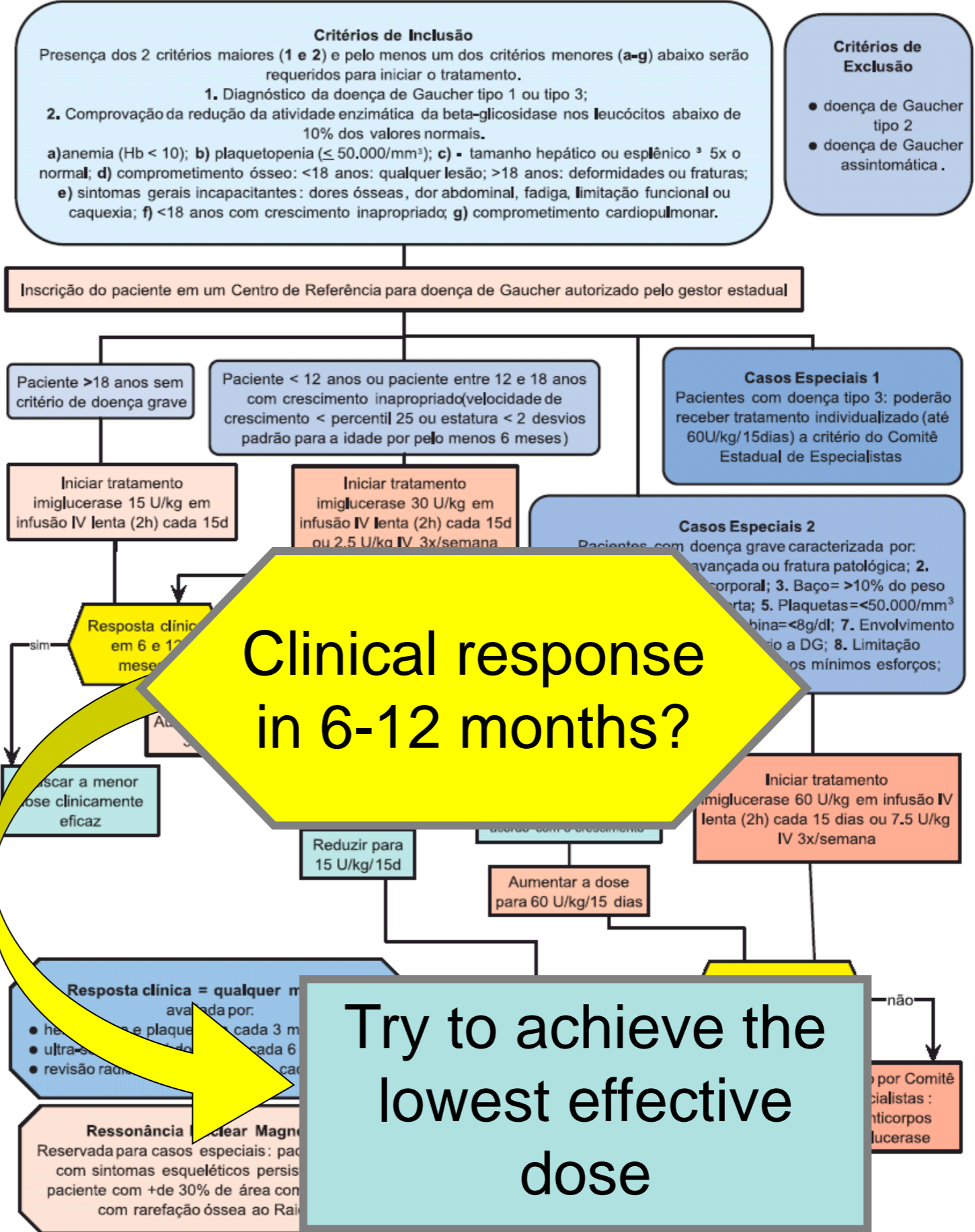
Imiglucerase

Reference Center

Patient Satisfaction



2009





Treatment of Gaucher disease in Brazil: evidence for waist of public resources

HTAi
7th Annual Meeting Dublin 2010

Bárbara C. Krug, Elaine A. Laporte, Indara C. Saccilotto, Ida Vanessa D. Schwartz,
Mauro M. Borges, Paulo D. Picon
Rio Grande do Sul State Health Department, Hospital de Clínicas de Porto Alegre and
Hospital Alemão Oswaldo Cruz

Objective: To compare the mean dose used in RS that strictly follows BGGD recommendations with other 11 Brazilian States.

Estimated cost reduction was US\$ 343,944 per patient per year had all patients being treated as they were in RS.

Applied to the sample studied the total amount of savings would have been 87,361,776.00 US\$ per year had those 11 States used the same dose reduction as RS.

Conclusions

- Creation
- Dissemination
- Implementation
 - Internal and external consensus
- Monitoring
 - Educational – multidisciplinary strategies
 - Physician's adhesion strategies