

HTA Capacity Building - Exploration of different models of National Guidelines Development

Experience of Argentina

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Disclosure



I have worked in a Private Community Hospital in Buenos Aires as a Family Physician since 1999 and have participated in their Research and Methodology Unit (2001-2008).

I have been Editor of the Journal "Evidence for Primary Care" (www.evidencia.org) since 2004.

I have began working as an official employee of the Ministry of Health of Argentina in 2008, where I coordinate multidisciplinary EB CPG development teams and HTA reports.

I belong to the operative coordination team of UCEETS.



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Health care system in Argentina



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Total Pop (2010)	40.091.359
Area	2.780.400 km²
PBI per cápita	U\$ 9138
IDH	0.77 (High)



24 autonomous jurisdictions
Federal System adopted by National Constitution

All health insurance agents must ensure beneficiaries a set of essential features, regulated by the **Compulsory Medical Plan (PMOe)**.



Government sets the main objectives through the Ministry of Health, which plays a leadership role on setting political direction of the health system as a whole



COFESA Institutional context for building consensus, establishing goals and policies and shared decisions across sectors and jurisdictions





Implementation strategic factors in national clinical practice guidelines in Argentina



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CPG production in Argentina





**Clinical Guidelines
in PNGCAM**

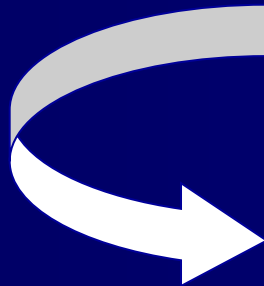


**Mandatory
Coverage**



**National Social Security &
National Hospitals
Jurisdictional Level (adherence)
Private Sector (adherence)**

**Health
Technologies
Assesment**



I.S.F.

**PMO
(Basic Health Package)**



**National Clinical
Guidelines**

Input

**Health
Indicators**

I.S.F.

**Funding
System**

Results-based national funding
PLAN NACER
FESP
REMEDIAR-REDES

**Inclusion of population without coverage
(2.879.177 Plan Nacer 2010-2011)
Reaching health goals**

**Joint venture
Nation-Provinces
Health Insurances**



National Clinical Guidelines



Service Delivery System

At the point of care, primary level,
through national essential drugs
delivery program
REMIEDIAR-REDES
6956 CAPS

I.S.F.



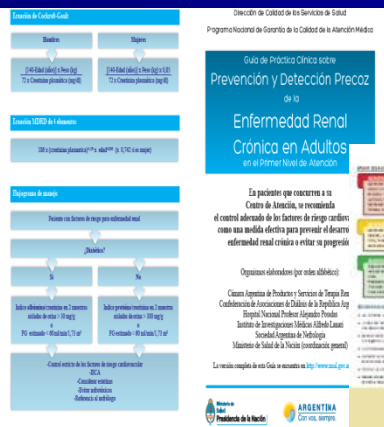
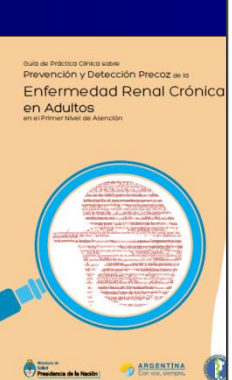
National Clinical Guidelines

Implementation Toolkit

I.S.F.

Knowledge Transfer Tools:
Full Guideline (printable & online version)
Abbreviated Version
Dyptich/Tryptich
Check lists (key recommendations)
Instruments for patients & families
Pre-maid presentations for dissemination
Charts reminders (stickers/electronic)
MoH website
Clinical Societies websites & conferences

Tabla con múltiples columnas y filas, posiblemente una lista de verificación o una tabla de datos.



Una colección de materiales educativos que incluyen: un diagrama de flujo sobre el control de los factores de riesgo cardiovascular, una lista de recomendaciones, una tabla de datos, y una sección de imágenes relacionadas con la salud.



National Clinical Guidelines



Organization of health provision

I.S.F.

Capacity Building Strategy

1. Scheduled appointments for key health service provision
2. Protected secondary level access
3. Active patient scheduling
4. Strengthening reference system

.On site interactive workshops :
year round, 2-3 days long, key participants
for replication
Content, Searching skills & Critical Appraisal

.Replication: Trainer's manual

.On line capacity building:
CPG critical appraisal





Challenges of implementation of national clinical practice guidelines in Argentina



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**Communication
specialists**

Graphic designers

Programmers

Support staff

**We train them
They leave...**

**EB methodology
experts**

**Get
sufficient
trained
human
resources in
the public
sector**

**Multitask
Work overload**

**Creative solutions
to sustain productivity levels**



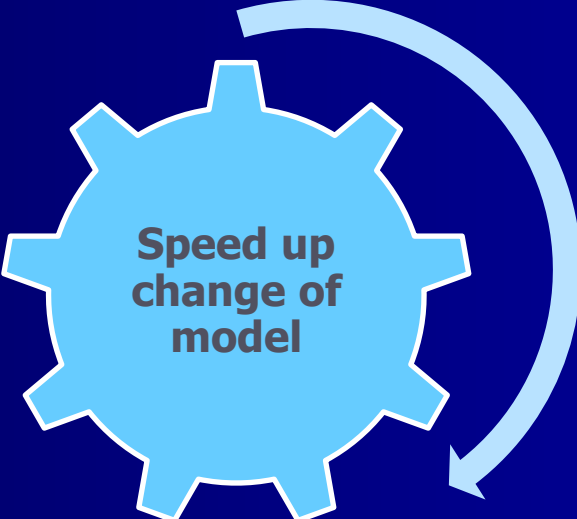
Stress



**Health community
still makes “ expert consensus”**

**They need to be
convinced**

Even at MoH level



**Speed up
change of
model**

**They need to be
trained**

**It slows down the CPG
development process**

**Interests exists
to stop the
change...**



**Big problem with
restricted access
evidence data bases**



**Avoid CPG
on similar subjects**

**Editing, printing &
reprinting
of implementation
material**

**Consensus statement on Priority setting for
CPG development -UCEETS-**



We have started to measure...

Before-after studies



**Full methodology started
3 years ago...**

**Have shown
significant
improvement in process
indicators**





Green = GO!

The evidence supports the consideration of these interventions in practice.

Yellow = CAUTION!

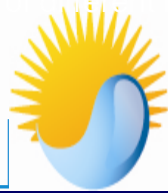
There is not sufficient evidence to say whether these interventions are effective or not.

Red = STOP!

The evidence indicates that these interventions are either ineffective or may cause harm.

Putting solid, evidence based ideas into clinical practice is not easy, but it needs to include all relevant stakeholders right from the start if we intend to have a chance...





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