



Introduction of the Project on Utilising UK Expertise to Develop Evidence-based Care Pathways for Chronic Disease in China thereby Opening Up Business Opportunities for the UK

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Outline

1

Background

2

Goals

3

Content

4

Research team

5

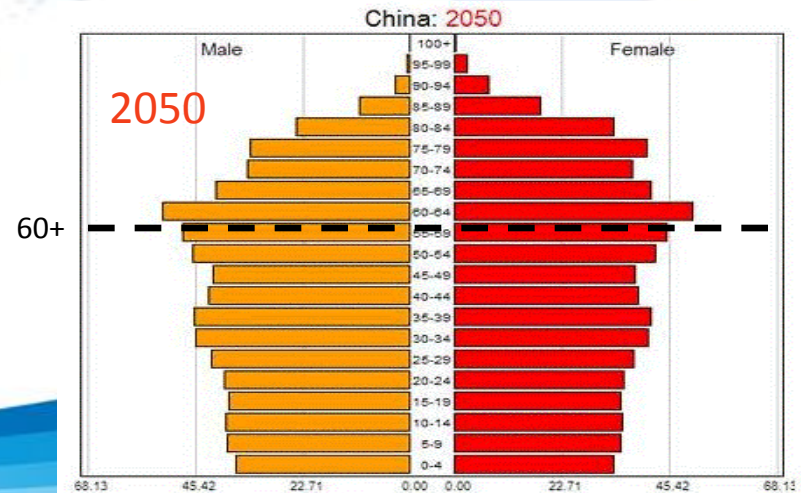
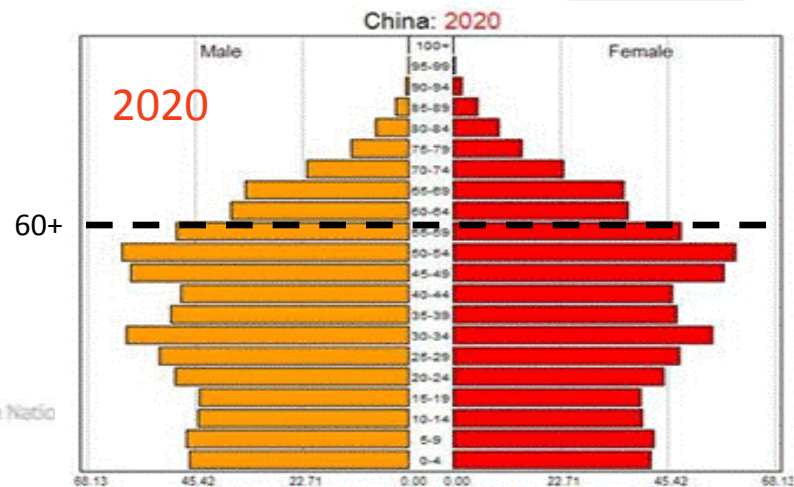
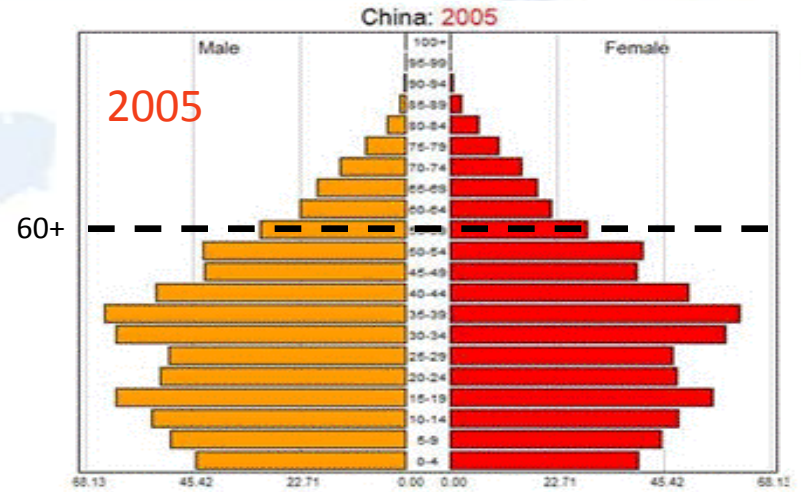
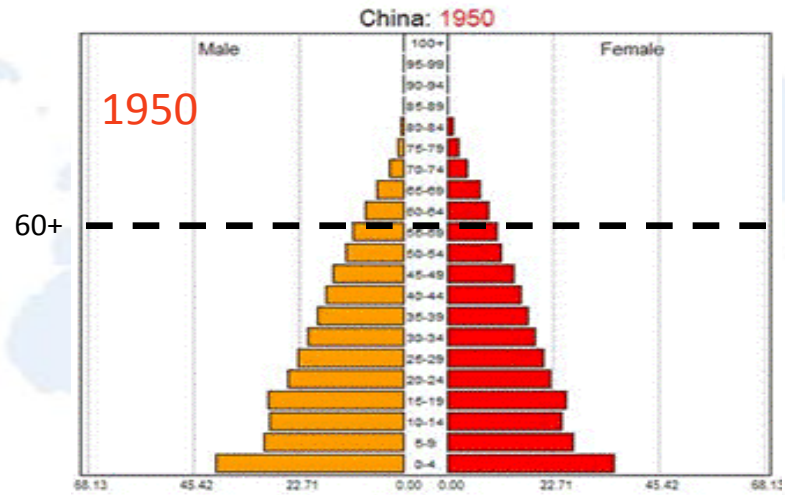
Timeline



1. Background



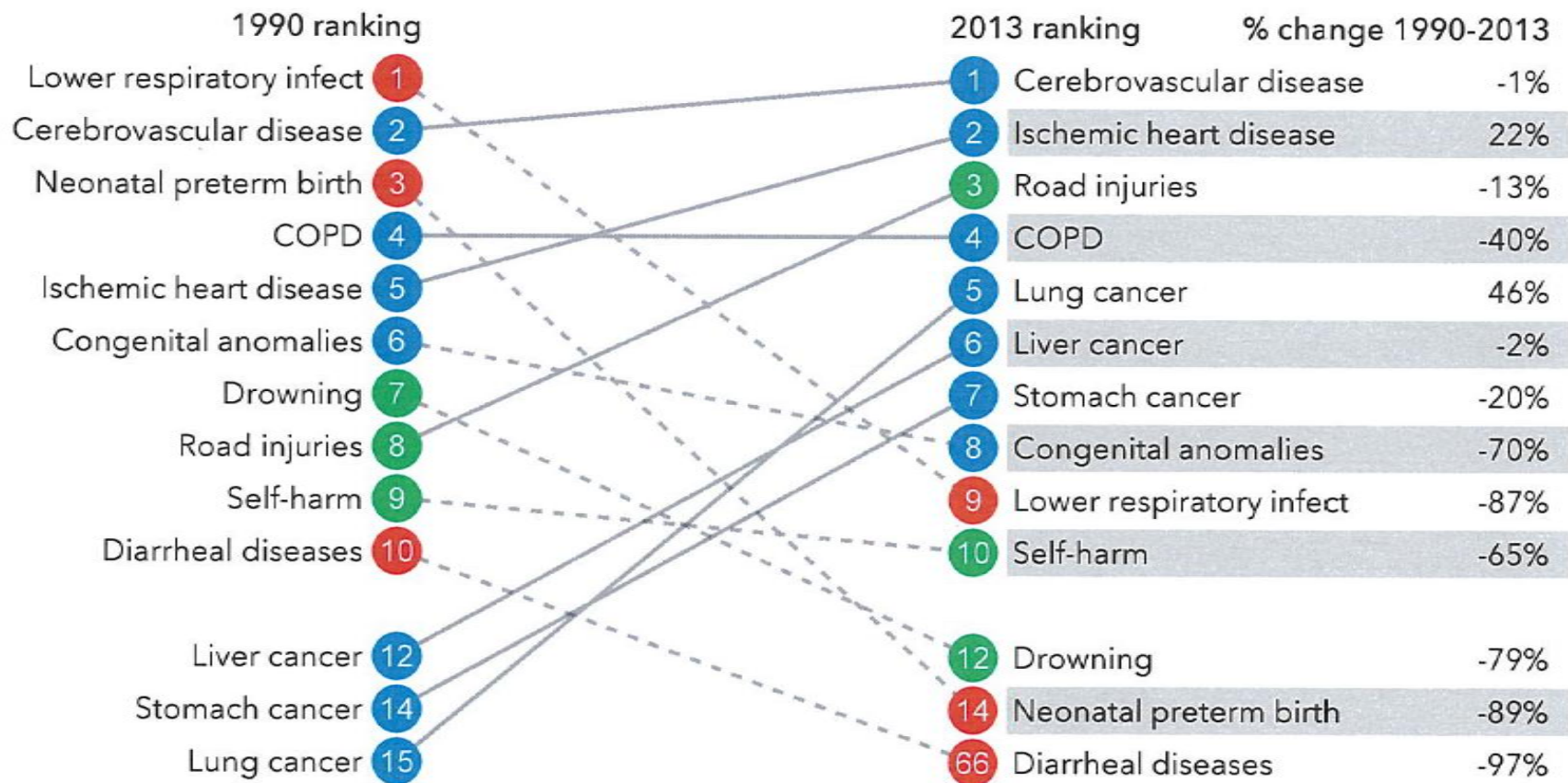
中国人口结构变化趋势





导致过早死亡的主要原因, 1990 and 2013

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries



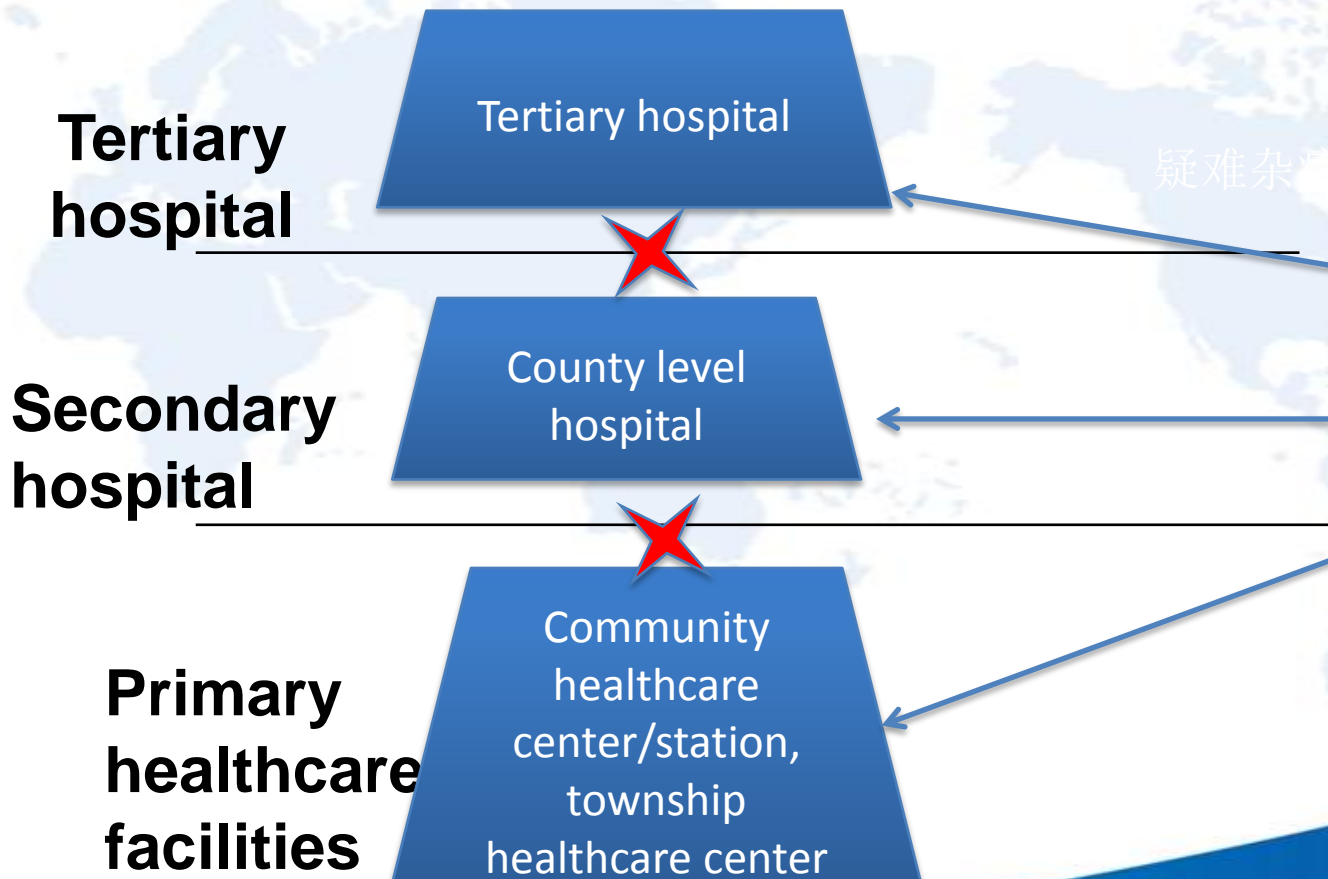


中国慢病负担

- 2012年慢病死亡率: 533/10万, 占总死亡率的86.6%;
- 心血管疾病、癌症和慢性呼吸系统疾病是主要的致死疾病 (79.4%)
- 15岁以上高血压人群: 2.7亿
- II型糖尿病: 831.6万



Flowchart of patient seeking for doctors



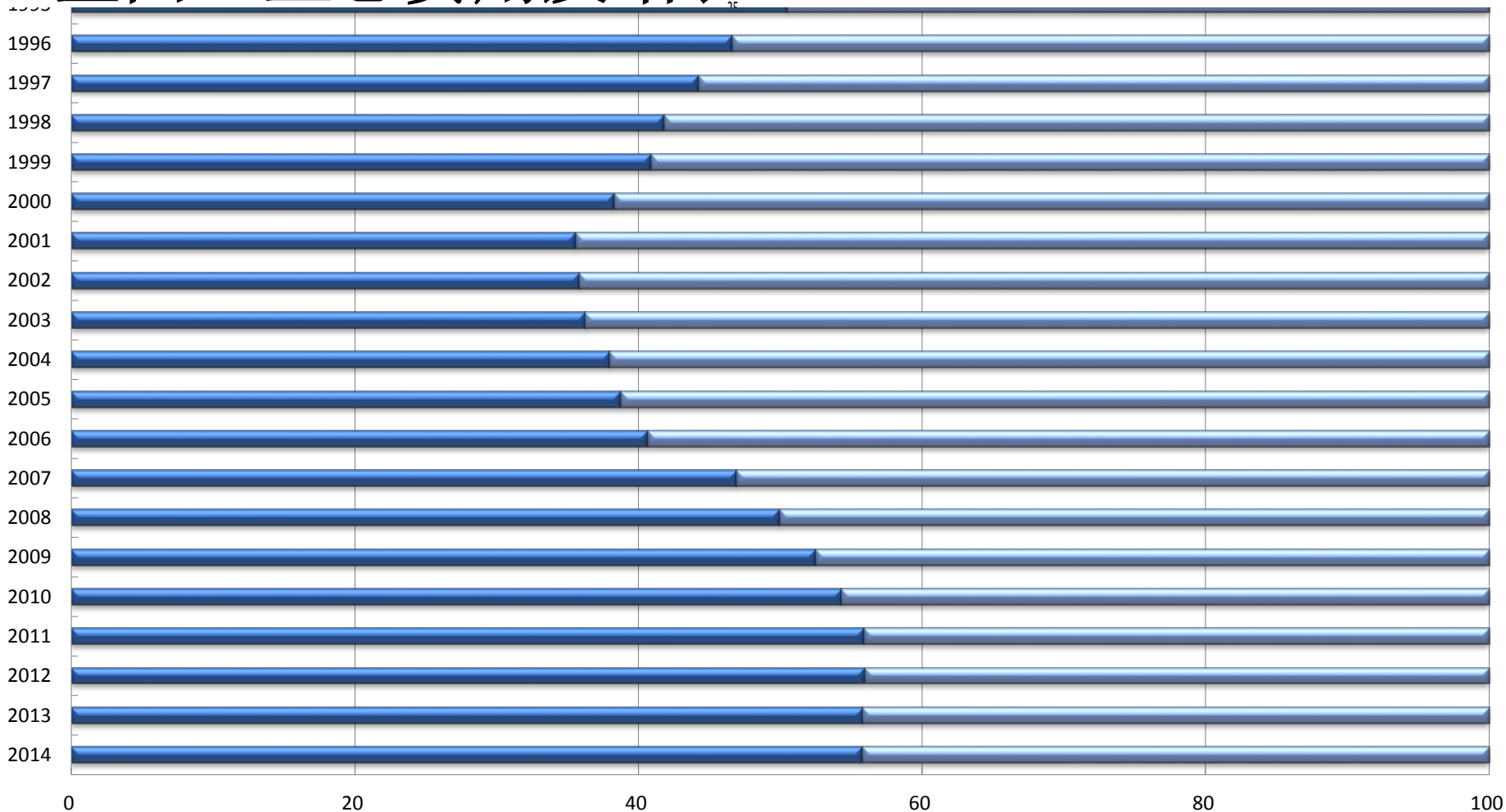


Bed usage rate in China, 2013

Hospital	Usage rate (%)
Tertiary	102.9
Secondary	89.5
Primary	60.9



全国卫生总费用及增长速度



■ 广义政府卫生支出占卫生总费用% General government expenditure on health as % of TEH



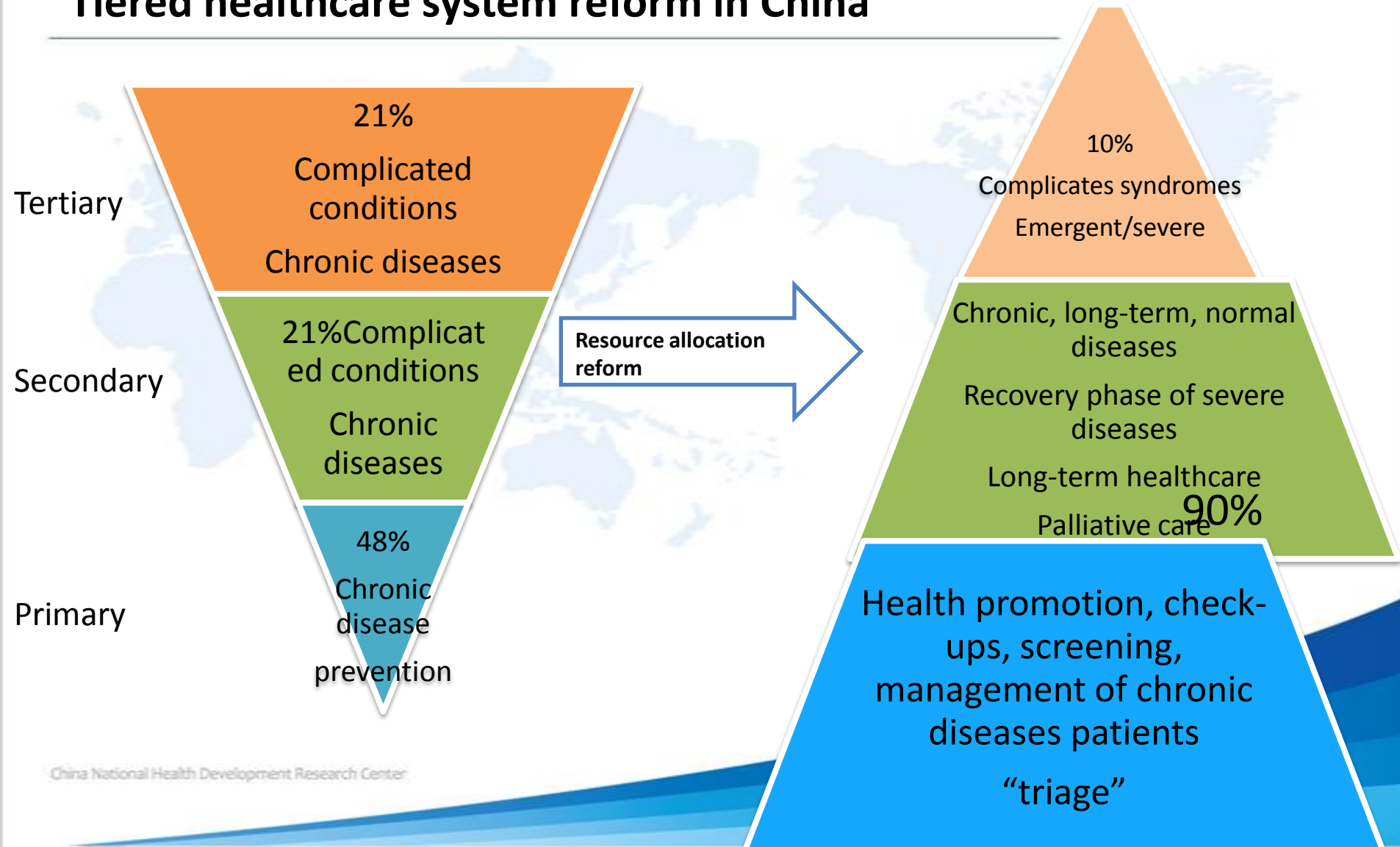
Policy background—No.70 (2015), issued by the State Council of PRC

Guidance on Implementing Tiered Healthcare System in China

- Select hypertension, diabetes, cancer and cardiovascular diseases
- Implement tiered healthcare system based on the selected diseases



Tiered healthcare system reform in China





新医疗技术助力健康中国2030 -----实现UHC和SDG

- 花费额外的费用得到额外的收益

指标	中国	排名	发达国家均数
预期寿命	75.5	72	74.3
THE/GDP	5.6	123	5.8
人均卫生总费用(US\$)	375.79	97	408.00
人均GDP(US\$)	6991.9	93	7719.6



Fixed budget(and reduction) VS competitive health technology





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China National Health Development Research Center





Over and under-healthcare

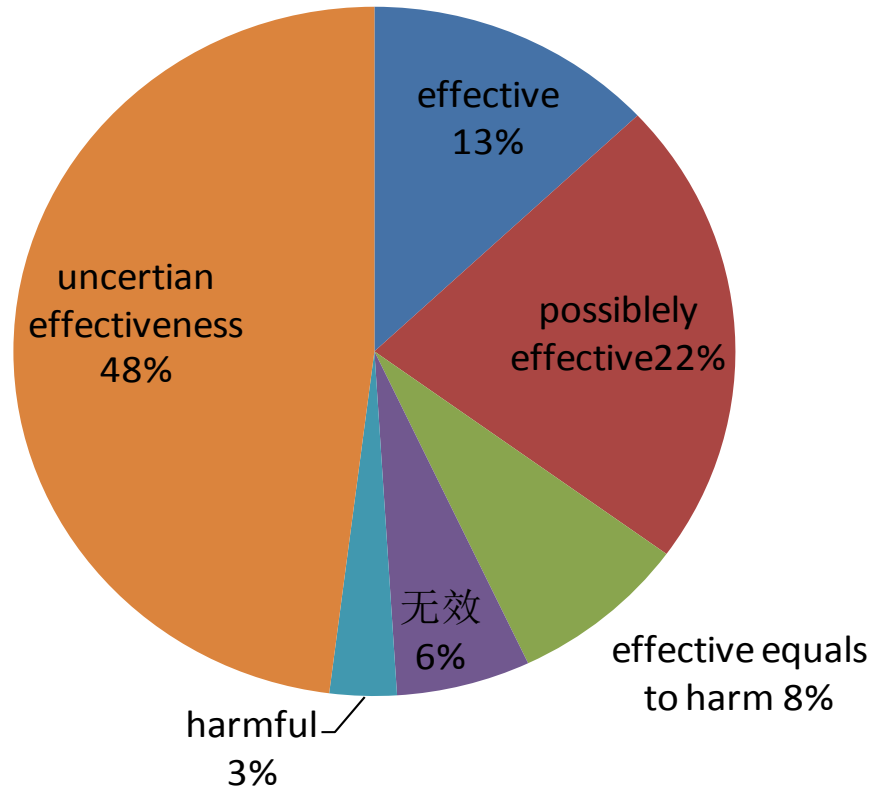


- Antibiotics accounts for 42%,
hormone 15%, vitamins 69%
---from a 6000 prescriptions survey
- The amount of IV injection in China
was 10.4 billion, 8 for every patient,
which is a lot higher than the
average number around the world
(2.2-3.5)
----from Chinese NDRC
- Lack of nursery care, especially for
chronic diseases



Uncertainty of clinical effectiveness

Uncertainty of clinical effectiveness





疾病诊治和管理指南及质量标准

临床试验及
证据评审

临床指南及
卫生技术评估

质量标准

- 医疗教育和职业培训
- 绩效管理
- 预算管理
- 服务提供方支付机制，包括按病种付费
- 同患者及其家属沟通的责任
- 临床审计和服务方基准
- 服务方规范和评审



Current situation in China—Chinese acute TIA guideline, 2014

(一) 脑水肿与颅内压增高

严重脑水肿和颅内压增高是急性重症脑梗死的常见并发症,是死亡的主要原因之一。

推荐意见:(1)卧床,床头可抬高至 $20^{\circ} \sim 45^{\circ}$ 。避免和处理引起颅内压增高的因素,如头颈部过度扭曲、激动、用力、发热、癫痫、呼吸道不通畅、咳嗽、便秘等(I级推荐,D级证据)。(2)可使用甘露醇^[70]静脉滴注(I级推荐,C级证据);必要时也可用甘油果糖^[71]或速尿等(II级推荐,B级证据)。(3)对于发病48 h内、60岁以下的恶性大脑中动脉脑梗死伴严重颅内压增高患者,可请脑外科会诊考虑是否行减压术^[72](I级推荐,B级证据)。60岁以上患者手术减压可降低死亡和严重残疾,但独立生活能力并未显著改善。因此应更加慎重,可根据患者年龄及患者/家属对这种可能结局的价值观来选择是否手术(III级推荐,C级证据)^[73]。(4)对压迫脑干的大面积小脑梗死患者可请脑外科会诊协助处理(I级推荐,B级证据)。

Dehydration therapy is probably harmful but it is currently included as a recommended practice in the national guidelines.

Comments from Tony, UK



2. UK-China collaboration project

标题



Promote evidence-based decision-making

Enhance the management of chronic diseases

Implement tiered healthcare system plan



International guidance on the development of clinical guidelines

Features:

Legislation-based, evidence-based, transparent, public, scientific

Organizations: WHO, NICE, SIGN, AHRQ, Australia institute



Framework of international guidance

WHO	NICE	Japan	Australia	US
1. Introduction	1 Introduction and overview	1 Overview	1 A working committee is established consistent with the NHMRC Act. The committee provides expert advice to NHMRC during the guideline development process.	1.Solicit for work group members
2. Planning guidelines	2 The scope	2 Preparation	2 Specialists in evaluating medical evidence carry out a systematic literature review. This is arguably the most important step in the process because one of the main principles of guideline development is that they should be based on the best available evidence.	2.Selecting a guideline topic and Task Force
3. Contributors and their role in guideline development	3 Decision-making Committees	3 Scope	3 Professional technical and scientific writers turn the literature review into a set of draft guidelines.	3.Formulating PICO Questions
4. Preparing the planning proposal	4 Developing review questions and planning the evidence review	4 Systematic Review	4 The draft guidelines are put out for public consultation, as required by the NHMRC Act.	4.Study Selection Criteria
5. Incorporating equity, human rights, gender and social determinants into guidelines	5 Identifying the evidence: literature searching and evidence submission	5 Recommendations	5 NHMRC considers all submissions arising from the public consultations and advises if the guidelines need to be redrafted due to new evidence or concerns raised by stakeholders. If so, the working committee advises the technical and scientific writers about the best way to do this.	5. Best Evidence Synthesis
6. Declaration and management of interests	6 Reviewing research evidence	6 Finalization	6 NHMRC subjects the draft (or redrafted) guidelines to review by an independent reviewer who ensures that all the necessary processes have been followed during the guidelines' development.	6.Minimally Clinically Important Improvement



Comparison between Chinese and British Guidelines

中国卒中指南
Stroke and
management
NICE guidelines [C

Recommendations

This guideline includes recommendations on:

- recognising symptoms rapidly and diagnosis
- imaging in people who have had a suspected TIA or non-disabling stroke
- specialist care for people with acute stroke
- pharmacological treatments for people with acute stroke
- maintenance or restoration of homeostasis
- nutrition and hydration
- early mobilisation and optimum positioning of people with acute stroke
- avoiding aspiration pneumonia
- surgery for people with acute stroke

Who is it for?

- Healthcare professionals
- People who have had a stroke or TIA, their families and carers

Is this guideline up to date?

We reviewed the evidence in May 2014. Nothing was found that affects the recommendations in this guideline.

Next review: July 2016.

Guideline development process

How we develop NICE guidelines

Guidance

Overview

Introduction

Patient-centre

Key priorities f
implementation

1 Guidance

2 Notes on the
guidance

医学会神经病学分会

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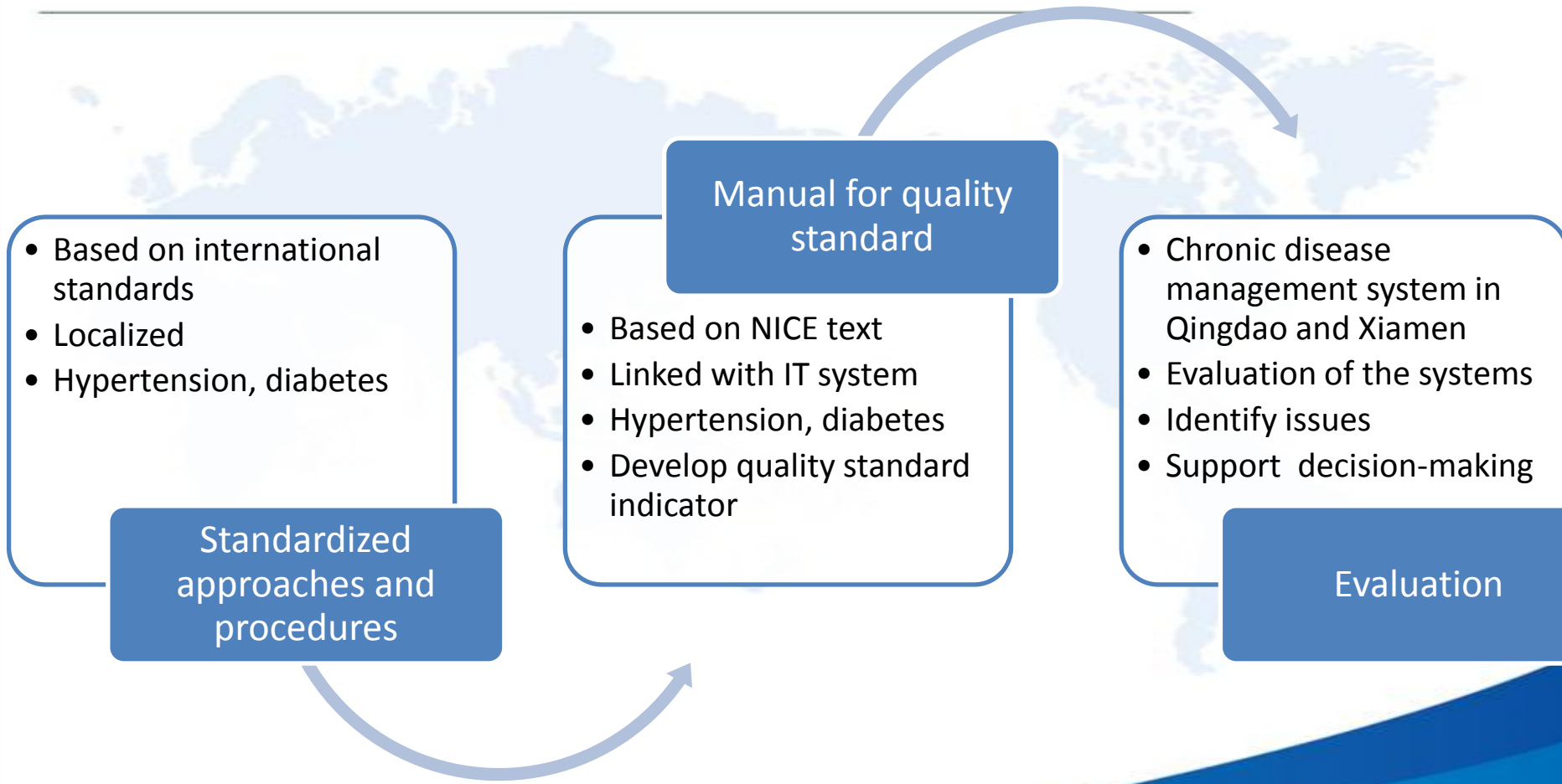
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3. Content

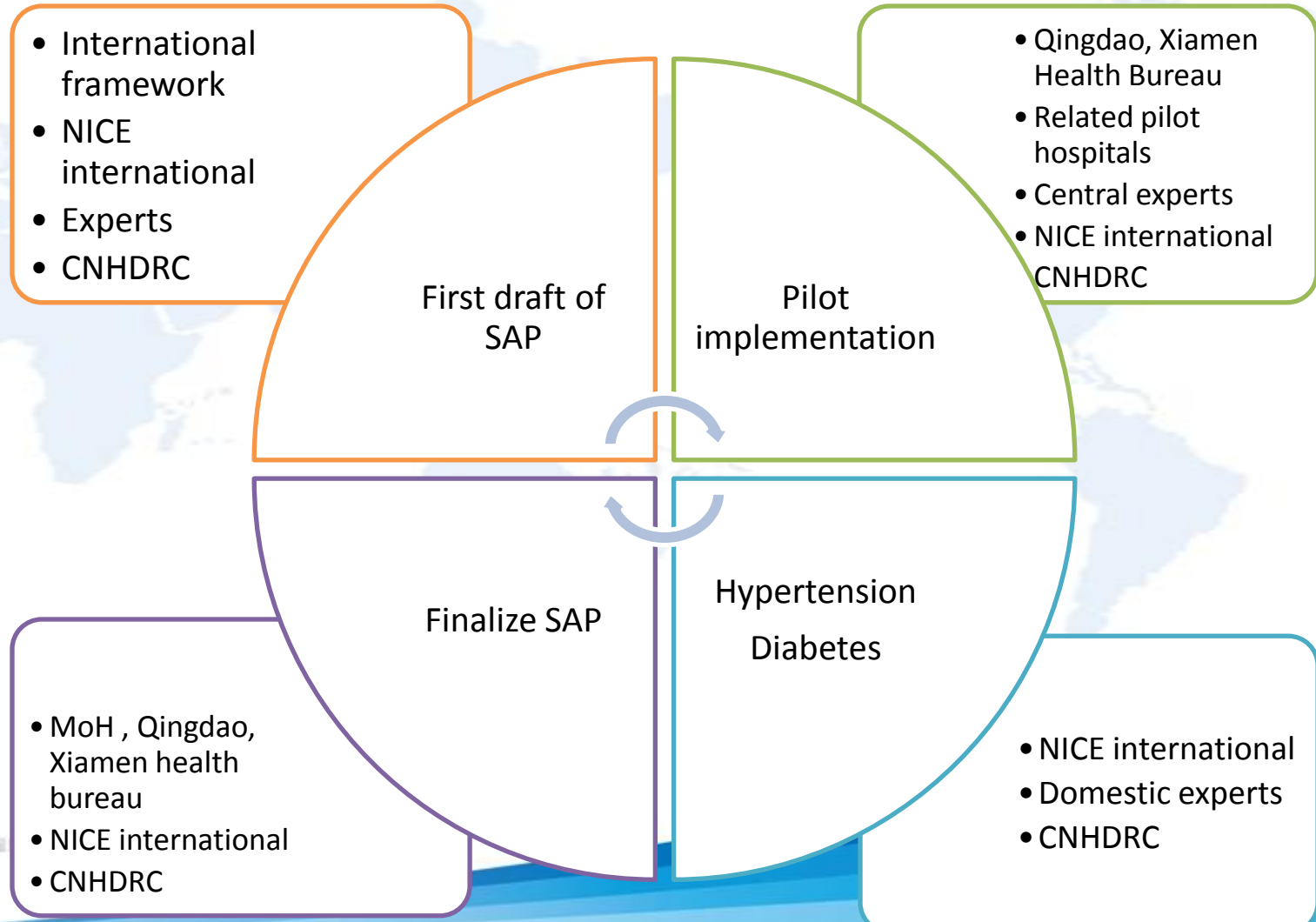


Main activities





Evidence-based standardized approaches and procedures (SAP)





Evidence components of SAP

- Clinical effectiveness
- Cost-effectiveness
- Budget impact
- Ethical issue, equity



Manual for quality standard

Based on NICE's experiences, localize

Test in pilots, develop quality standard indicators for hypertension and diabetes

Review and revise

Finalize the manual



Evaluation of chronic disease management system

Baseline survey

- Qingdao system
- Xiamen system

Produce evaluation system

- Define the framework
- Identify evaluation indicators

Evaluate systems

- Based on the evaluation system
- Data collection and analysis

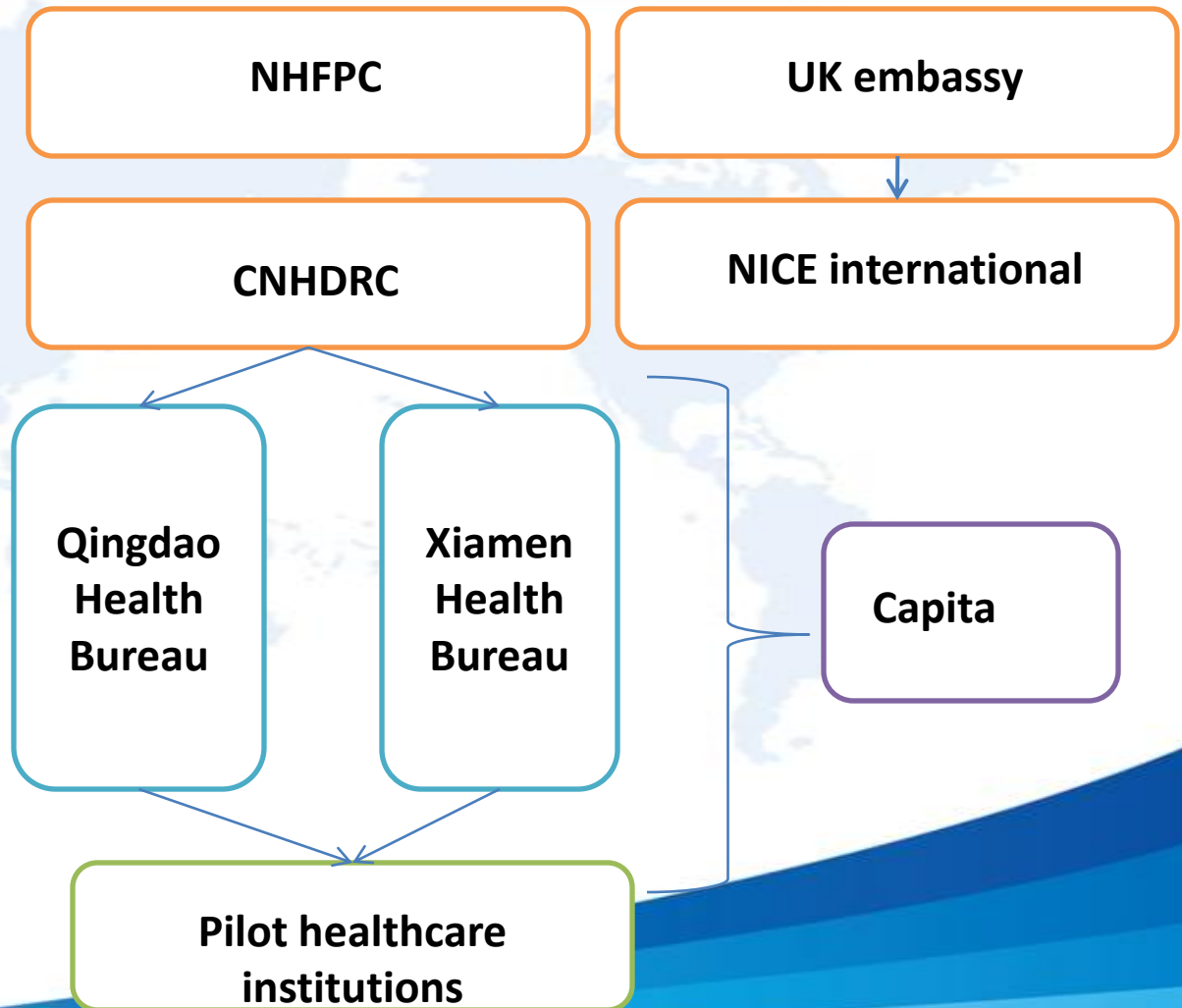
Write evaluation reports and policy briefs



4. Research team



Research team





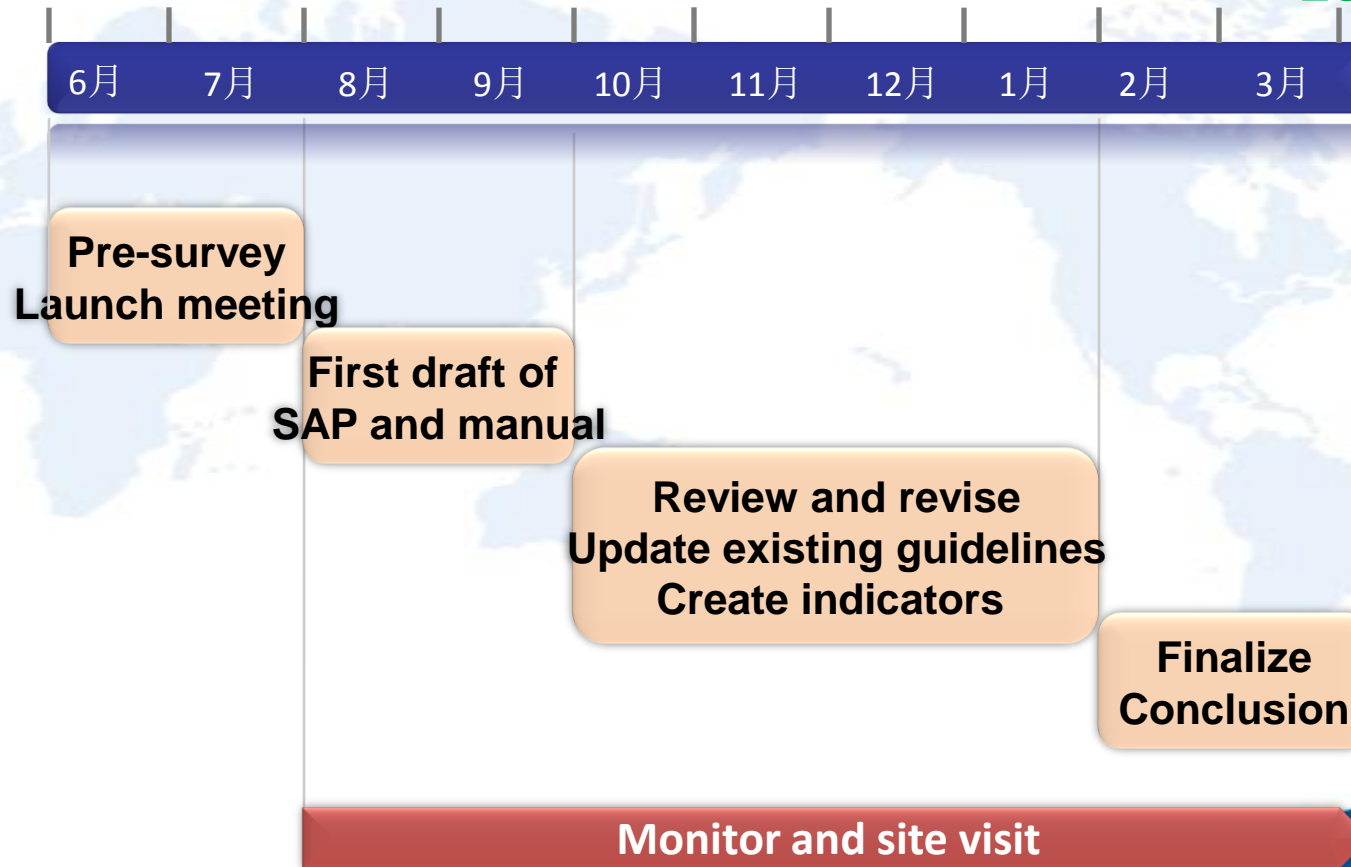
5. Timeline



Timeline

2016

2017





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谢谢!