

VISION STATEMENT

2016-2020



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Vision on the development, distribution and implementation of multidisciplinary evidence-based information for delivering high-quality health care

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On behalf of the Belgian organisations active in EBM

This document forms a conceptual basis for a consultation with the government and all stakeholders. By means of this document the EBMPPracticeNet partners also want to contribute to the preparation of a new Framework Agreement for quality of care. It came about on the initiative of the members of EBMPPracticeNet who subscribe to this document.

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information for delivering
high-quality health care**

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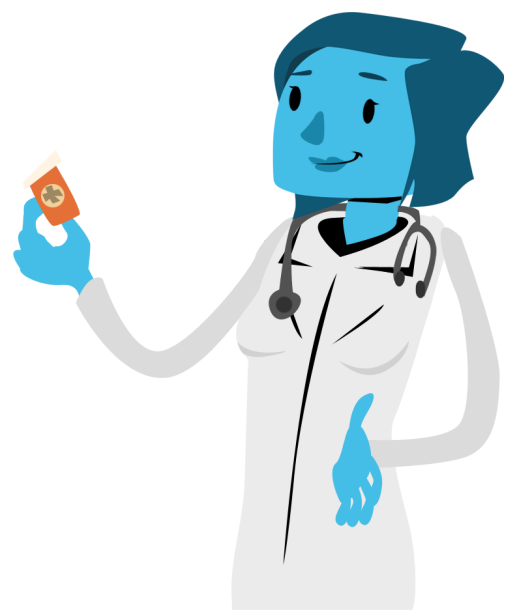


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I. INTRODUCTION

Established in 2011, EBMPpracticeNet is a consortium of Belgian organisations active in Evidence-Based Medicine (EBM). RIZIV finances EBMPpracticeNet via the Framework Agreement for quality of care 2011-2015. The members are active in the production, distribution or use of evidence-based information. Government organisations are also part of the consortium. Coordination is entrusted to the Belgian Centre for Evidence-Based Medicine (Cebam). EBMPpracticeNet will draft and implement the strategic plan together with, amongst others, the Belgian partner organisations and the Nationale Raad voor Kwaliteitspromotie (NRKP) (National Advisory Committee on Quality).

In recent years a great deal of effort has been put into the development of EBMPpracticeNet and the implementation of the first action plan 2011-2015. This vision statement presents a picture of how Belgian EBM organisations represented in EBMPpracticeNet can contribute to the quality of Belgian health care for the period 2016-2020. Since the development and validation of EBM information is a preparatory step to distribution and implementation, attention is focused on the entire framework. Programming and collaboration are also considered from a national and international perspective. An important premise is that the current Belgian EBM initiatives can be continued, and an endeavour is made to practise effective cooperation whereby everyone takes on the necessary complementary roles.

The focus is on the supply of evidence-based information for general practitioners and other primary care providers. For the time being, other care providers are nurses, physiotherapists, occupational therapists, speech therapists, midwives, pharmacists, dieticians, dentists, psychologists With respect to the second line preparatory steps are being taken. Here, attention is paid to the way in which IT is used in hospitals and an investigation is being carried out into how a database with guidelines and a system for clinical decision support should be set up for hospitals. The range of information for patients based on evidence-based sources is also part of this vision statement.

This vision statement builds on the study carried out by KCE in 2013 to identify optimum distribution and implementation strategies, the inter-University consensus on the future of primary care, the policy memo of Le Forum des Associations de médecins Généralistes and the experiences of EBMPpracticeNet. [1-5] Extensive consultation with Belgian EBM organisations took place during EBMPpracticeNet meetings. This vision statement has been approved by the members of EBMPpracticeNet who are active in EBM (see colophon).

2. ROLE OF EBM IN QUALITY OF CARE

Now more than ever, quality of care and the safety of patients is a top priority in our health care sector. Quality of care is described as responsible care and comprises various different dimensions. This care must be effective and safe (evidence-based and professional), targeted (efficient use of resources-organisation), patient-centred (participation) and morally responsible. [6]

EBM plays a prominent role in this and constitutes a fundamental principle in the coalition agreement. [7] By EBM we mean that diagnostic and therapeutic actions must be based on the best available scientific knowledge about the possible decisions, supplemented with the clinical expertise of the provider and taking into account the values and preferences of the patient. The best known definition of EBM is that of David Sackett: "The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.» EBM can be applied in all health professions. For care workers who are not doctors, this principle is best known as Evidence-Based Practice. [8]

Evidence-based practice guidelines have been developed to support the use of EBM in practice. The Institute of Medicine defines guidelines as: "Statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options". Evidence-based guidelines describe what the literature demonstrates to be the most responsible diagnostic or therapeutic care; for this reason they play a vital role in the quality policy. Care providers also need very targeted information in addition to the guidelines, for example, very concrete data about one clinical situation, more detailed information about different drug options for a problem, or the specific approach to certain target groups such as the elderly. For this reason, other evidence-based information is being developed in addition to the production of guidelines.

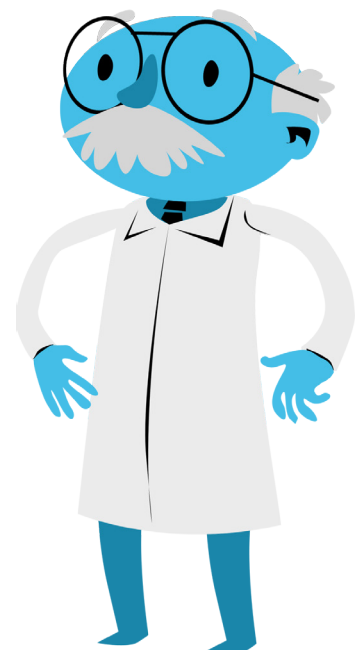
Despite the availability of evidence, guidelines and specific EBM sources, there is all too often a gap between recommendations and the medical care. EBMPPracticeNet is developing a system for the dissemination and implementation of evidence-based information. This system can be used by care providers and also potentially in the future by patients. The concept is based on providing a range of evidence, supplied by scientific institutions, which is made accessible by a pull strategy (link with diagnosis or problem). A push strategy (electronic system for clinical decision support) is also in development. Certification of the electronic medical files that can communicate with this system is ongoing/has been accepted. [4]

In an analysis of strategies for the dissemination and implementation of guidelines, the Federale Kenniscentrum voor de Gezondheidszorg (Belgian health care knowledge centre (KCE)) formulates the following major recommendations: a similar approach can be used for other EBM outside the guidelines [1]:

- Establishment of a coordination group for the distribution of guidelines, which makes an inventory of the available guidelines, stipulates quality criteria and formulates the strategy for distributing guidelines.
- All guidelines of good quality must be centralised on a unique platform that is easy for care providers to use during the contact time with the patient, and in modified form by the patient. The detailed scientific underpinning must be accessible to interested care providers.
- Explicit distribution strategies are necessary for an optimum impact. There is a preference for a

combination of interventions (congresses, paper or electronic documents, reinforcement of the message by opinion leaders within the profession, ...) rather than isolated strategies. Systems for clinical decision support with automatic memories that are incorporated in the electronic file play an important role.

- User-friendly coding of clinical patient data must be a condition of the certification of software packages for the care providers in order to facilitate the link with guidelines and decision support.
- The availability of patient information may facilitate the acceptance of recommendations in practice.
- An EBM culture is required in academic institutions and colleges, whereby the correct use of guidelines and other EBM information in practice must be fully integrated in the core curriculum of every care provider.
- For the attention of the scientific institutions, it is recommended that the implementation of practice guidelines and other EBM information is included in every higher education programme for care providers. The involvement of opinion leaders in the profession is crucial in the distribution of the messages in the guidelines.



3. VISION ON THE POLICY PRIORITIES FOR THE PERIOD 2016-2020

Contributing to the quality of care via evidence-based information is a major challenge for the coming years. EBM can be used in all health professions. For health workers who are not doctors, this principle is known as evidence-based practice. First and foremost, the information provided must be independent. This requires close monitoring of international research publications, a critical check on the quality of the sources and expert interpretation. However, the availability of information is not the only factor when it comes to applying it in medical care. It is equally important to approach doctors and health workers actively by means of well-thought-out strategies. For the period 2016-2020 the EBM organisations and EBMPacticeNet have jointly formulated the following strategic objectives with respect to evidence-based information in primary care. With respect to the second line preparatory steps are being taken that will result in an action plan.

COHERENCE

Cooperation and coordination between EBM associations is essential if a sustainable way of working on EBM is to be found. On the national level we are striving for more coherence between production, validation, dissemination, implementation and evaluation. The organisations have called for the establishment of a national coordination group for the programming of Belgian EBM activities. EBMPacticeNet will begin consultations with all those involved to this end. In addition to the government and EBM organisations, academic institutions, hospitals and patient organisations are also included in this process. EBMPacticeNet together with the Belgian EBM organisations also wants to set up an organisation plan with a specific focus on better structural cooperation, the creation of synergies and wherever possible the integration of organisational structures. The individual characteristics of the different organisations will hereby be respected. This should also result in simplified communication and funding flows. On the international level we are aiming at wider cooperation.

PRODUCTION

In Belgium several organisations are responsible for developing evidence-based information. To guarantee the development of reliable information, it is essential that international standards in methodology are respected. The development process must be rigorous and transparent, with attention to possible conflicts of interest among the authors. Clinical practice guidelines will be developed by means of a joint development method and enhanced cooperation between the Belgian partners. Patients will be involved during the development process. By involving all affiliated disciplines in the revision of the guidelines, the foundation is laid for the development of integrated multidisciplinary guidelines which will become increasingly important.

Patients also need reliable and accessible health information that is evidence-based. By harmonising recommendations for patients with EBM guidelines for care providers, patients will be well informed, there is a greater chance of success and the patient will have a better grasp of his situation. Belgian EBM organisations that target the patient directly will have to coordinate their activities to achieve this aim.

VALIDATION

A condition of using evidence-based information is that the quality is optimum. It is the responsibility

of each producer to guarantee this. However, an external evaluation can be of added value here. In Belgium, for example, there is already a quality control system whereby guidelines are independently validated for publication. This validation of Belgian guidelines must continue and should be applied to all disciplines. This quality control can also be used when foreign guidelines and collections of guidelines are imported.

DISSEMINATION AND IMPLEMENTATION

Belgian EBM organisations want to create a chain of evidence-based information (from the recommendation to the original research publications) that Belgian care providers can consult easily. With respect to general practitioners we want to maintain and optimise the supply of information. For the other primary care providers a range of information will be created. We also want to link the guidelines for various disciplines with multidisciplinary guidelines.

A great many organisations in Belgium distribute and implement evidence-based information, often with simple strategies and without any clear coordination. Since joint interventions are more effective, the aim is to coordinate the dissemination and implementation of the available evidence-based information by means of a systematic consultation with those concerned. The intervention strategies can for example include decision support, audit and feedback, independent practice visitors, education, interventions via the patient and cooperation with opinion leaders. The link with evidence-based information from the electronic file is also essential and further work is being undertaken with eHealth in the procedure for the certification of files. A process can be initiated with the government to identify recommendations for which financial or regulatory measures are recommended.

DECISION SUPPORT

Systems for decision support are vital in the implementation of evidence-based information. The development of a national terminology policy and user-friendly registration processes in the electronic file is an important preliminary condition if these systems are to work optimally. As of 2016, EBMPracticeNet together with eHealth wants to implement the first nationwide system for decision support among general practitioners, based on the DuoDecim guidelines. A multidisciplinary development of systems for decision support is being examined by means of pilot projects. Together with Belgian EBM organisations an investigation is underway to see how all the useful EBM information can be used in systems of decision support. To ensure good use in the field, users must be closely involved in the implementation of systems for decision support.

FUNDING

EBM organisations have to work independently, avoid conflicts of interest and use the EBM method properly. Sufficient public money for EBM organisations is necessary to safeguard this. By means of increased national coherence, professionalisation of the whole process, international collaboration and targeted campaigns, the Belgian EBM organisations aim to achieve a higher impact with the allocated resources. New activities and target groups are also presented in this vision statement. EBMPracticeNet is requesting that the government continue to support EBM organisations and finance them in the long term via multi-annual agreements.

EVALUATION

Belgian EBM organisations support the principle that objectives are formulated and that there is a process to evaluate whether these objectives have been met. It is also important that the users of

evidence-based information, both care providers and patients, are questioned about their needs and satisfaction concerning the evidence-based activities provided.

CALL

For the future development of sound evidence-based information it is vital that not only new, but also historical research data and studies are released by pharmaceutical companies and public institutions as requested via the All-trials campaign (www.alltrials.net). It is outrageous that these research results are kept secret, given their huge importance for the health of citizens and considering the public resources that are directly and indirectly invested in this research. Following the recent declaration of the WHO and the recently amended Declaration of Helsinki, we would like to urge the Belgian government to take a clear position on this point within Europe and take initiatives on a national level to bring about this openness in the short term. [9,10]



4. MISSION, GENERAL OBJECTIVES AND VALUES OF EBM PRACTICE NET

This vision statement is the result of an initiative of the members of EBMPracticeNet.

MISSION

The EBMPracticeNet is a non-profit organisation that aims to establish, develop and manage a collaboration between the different Belgian associations active in EBM information, in order to promote the accessibility and coherence of the information for the different care providers (and patients) with the aim of improving the quality of care.

GENERAL OBJECTIVES

The general objectives of EBMPracticeNet are:

- to make freely available to all Belgian care providers (and by extension patients) a qualitative, extensive, uniform and up-to-date online database of practice guidelines and other EBM information, and legislation with the aim of optimising the quality and efficiency of care provision in the health care sector.
- to make accessible all Belgian EBM information products of EBMPracticeNet members.
- to make EBM information operational as well as accessible during the patient consultation.

VALUES

The following core values can be inferred from the name EBMPracticeNet:

- **EBM:** The organisation stands for reliable information which has been independently developed according to international standards. There is no funding from the industry and there is a clear policy with declaration and management of conflicts of interest for employees of the organisation. The organisation builds on a broad EBM culture among Belgian care providers. This requires a good knowledge of EBM methodology and a critical approach to information from medical journals and recommendations.
- **Practice:** The organisation aims to make an effective contribution to the quality of care and safety for the patient. To this end the organisation strives for user-friendly tools and widespread use among care providers, so that information that is based on EBM methodology is better implemented in practice.
- **Net:** By means of a constructive collaboration with government and organisations that develop, disseminate and use EBM information, EBMPracticeNet strives for a better distribution of existing EBM information and a more efficient development and updating of EBM information. The collaboration within EBMPracticeNet also opens the way for the development and distribution of multidisciplinary guidelines. EBMPracticeNet wants close contact and cooperation with care providers so that the tools are adapted to their needs. The organisation also strives for more international cooperation.

5. MEMBERS OF EBMPRACTICENET

The founding members of the EBMPPracticeNet are:

- Belgisch Centrum voor Farmacotherapeutische Informatie (BCFI) vzw
- CEBAM Digital Library for Health (CDLH) vzw
- Centrum voor Evidence-Based Medicine (CEBAM) vzw
- Domus Medica (DM) vzw
- eHealth Platform
- Farmaka vzw
- Federaal Kenniscentrum voor de Gezondheidszorg (KCE)
- FOD Volksgezondheid
- Minerva vzw
- Platform Wetenschap en Praktijk (voormalig Wetenschappelijke vereniging voor verpleegkunde en vroedkunde) vzw
- Soci t  Scientifique de M decine G n rale (SSMG) asbl
- Wetenschappelijke Vereniging van Vlaamse Kinesitherapeuten (WVVK) vzw

Additional members are:

- Collaboration Internationale des Practiciens et Intervenants en Qualit  (CIPIQ-S) vzw
- Federaal Agentschap voor Geneesmiddelen en Gezondheidsproducten (FAGG)
- Rode Kruis-Vlaanderen
- Vlaams Ergotherapeutenverbond (VE) vzw
- Vlaamse Organisatie van Vroedvrouwen (VLOV) vzw
- Vlaamse Vereniging voor Logopedisten (VVL) vzw

The working group on the Development of Guidelines for Primary Care combines 17 organisations that create guidelines and is integrated within EBMPPracticeNet.

Below, the partners of EBMPPracticeNet describe active in EBM describe their mission, activities and role in the overall framework of EBM info in Belgium. The members of EBMPPracticeNet are committed to achieving maximum complementarity to enhance the impact of the activities. EBMPPracticeNet are committed to ensuring that all organisations can continue to contribute independently to the success of the general objectives of the consortium.

BAPCOC

The Belgian Antibiotic Policy Coordination Committee was set up in 1999 with the following specific tasks: 1. To collect all available information concerning antibiotic use and antibiotic resistance; 2. To publish reports on the evolution of antibiotic resistance and antibiotic use; 3. To inform and raise awareness among all parties concerned about the evolution of antibiotic resistance and the dangers of injudicious use of antibiotics; 4. To issue recommendations for the detection and monitoring of antibiotic resistance among microorganisms, the use of antibiotics, the indications for prophylactic and therapeutic use of antibiotics, the evaluation and monitoring of antibiotic use in humans and animals, and the applications of international recommendations on the use of antibiotics in humans and animals; 5. To issue recommendations for further research concerning the development and spread of resistance. The primary objective of BAPCOC is to stimulate the responsible use of antibiotics, both in relation to indications and the choice of antibiotic. BAPCOC focuses on both the human and veterinary sector. For human medicine outpatient care as well as care institutions (hospitals and residential care) is targeted. The promotion of hospital hygiene is an integral part of the approach. BAPCOC has, amongst other things, developed guidelines for various infectious diseases and publishes the 'guide for anti-infectious treatment in outpatient care'.

BCFI

The Belgisch Centrum voor Farmacotherapeutische Informatie (Belgian Centre for Pharmacotherapeutic Information) develops information on pharmacotherapy which is incorporated within the concept of evidence-based medicine and is aimed at general practitioners, specialists who are looking for drug information outside their own speciality, pharmacists, dentists, and students of these disciplines in the final years of their training. For this purpose the Centre publishes the Gecommentarieerd Geneesmiddelenrepertorium (independent drug formulary), which is updated annually on the basis of the literature and expert comments. In addition, it publishes the Folia Pharmacotherapeutica, a journal that is issued eleven times a year and includes the latest news in pharmacotherapy, reviews on treatment options and discussions on pivotal trials. Furthermore, there are the Transparency Brochures, which compare the different possible treatment options for a specific pathology. The BCFI makes available a database on drugs and supplies information via its website and an app for smartphone and tablet.

CEBAM

The Belgisch Centrum voor Evidence-Based Medicine (Belgian Centre for Evidence-Based Medicine) is an independent, multidisciplinary and interuniversity medical scientific institute which targets care providers, patients and healthy citizens. It operates along four lines: 1. Cebam encourages care providers and helps them to make use of Evidence-Based Medicine in their daily practice. Methodology courses are organised for this purpose. The project Gezondheid en Wetenschap (Health and Science) is an attempt by the institute to acquaint the general public with EBM ideas via patient guidelines and interpretations of health news; 2. Cebam is an independent validator of clinical practice guidelines and gives methodological support to Belgian guideline developers; 3. As the Belgian branch of the Dutch Cochrane Centre, Cebam promotes the setting up, maintenance and dissemination of systematic reviews; 4. The Cebam Digital Library for Health (CDLH vzw) gives every care provider access to objective medical and paramedical scientific literature, at an affordable price.

CDLH

The Cebam Digital Library for Health is an electronic medical library that offers objective scientific

medical information via the internet. Here you will find national and international clinical guidelines, systematic reviews, the leading international medical journals, literature summaries and discussions as well as EBM handbooks, drug information and a database of 3000 medical books of references. The CDLH is aimed at the wide range of Belgian care providers within the health care sector who don't have access to large university databases. It aims to create a bridge for them between their own (para) medical practice and independent scientific medical information on the internet. In this way scientific medical practice and lifelong learning is made easier and more accessible for everyone. The CDLH also acts as a basic collection for the development and updating of Belgian EBM information.

CIPIQ-S

The Collaboration Internationale des Practiciens et Intervenants en Qualité (International collaboration of practitioners and those involved in the quality of healthcare) is a French-speaking non-profit organisation that was set up in 1997, and consists of quality employees and people from the field of health care. Various countries are represented within the charity: Belgium, Switzerland, Grand Duchy of Luxembourg, Canada and France. Since 2006, CIPIQ-S has been subsidised by the Federal Ministry for Public Health in order to promote: the sustainable implementation of Evidence-Based Nursing in home nursing; the quality framework within home nursing, by developing evidence-based guidelines for home nursing. Tools are also developed to support the dissemination of each recommendation. CIPIQ-S has developed a national network on the basis of close cooperation with home nurses (both independent and salaried), but also with professional nursing organisations, scientific associations of general practitioners, certain Integrated Services for Home Care, as well as with Executive Boards of various Belgian associations of home nurses and CEBAM. By means of this network CIPIQ-S is endeavouring to develop the skills of actors within home nursing and make them aware of the guidelines that have been developed.

DOMUS MEDICA

The Commission Guidelines Domus Medica was established in 1996, in the then scientific association of Flemish general practitioners, and has since aimed to develop practice guidelines for general practitioners that correspond to the evolutions in methodology for the evidence-based development of practice guidelines. Its tasks also include: Taking part in the development of multidisciplinary guidelines; the professionalisation of guideline development and supporting other organisations; (actively) following international trends concerning guideline development; giving peer reviews of other guidelines (e.g. NHG standards); supporting and safeguarding the share of the general practitioner in MS guidelines; disseminating and implementing guidelines; Offering training and refresher courses in guideline development; advising sister organisations within primary care; answering users' questions.

FAGG

The Federaal Agentschap voor Geneesmiddelen en Gezondheidsproducten (FAGG) applies the principles of EBM in order to assess the quality, security and effectiveness of drugs from development to use. On the basis of analyses in various fields a benefit-risk balance is established for the drugs. In addition to the evaluation of applications for clinical trials, compassionate use/unmet medical need programmes and the authorisation of drugs, scientific recommendations are also made. The results of the FAGG studies are also used to provide objective information on medicines to doctors and pharmacists (summary of product characteristics) and patients (information leaflet). THE FAGG regularly organises internal training courses on EBM and statistical analysis. Information sources in the FAGG studies include national sources such as Minerva, BCFI, Farmaka, KCE and international sources (EMA, FDA, ICH, WHO).

THE FAGG collaborates with health care practitioners and various associations (Domus Medica, SSMG, APB, specialist associations, anti-poison centre, association of alcohol & drugs, Infordrogues, ...) and the competent authorities at the national and international level.

FARMAKA

Farmaka focuses on the implementation of rational drug use among care providers in primary care. Farmaka has built up unique scientific expertise in the area of EBM concerning rational drug use. And yet the emphasis of the projects still lies on translating the existing evidence to care practice. Farmaka therefore has a mission to put EBM into practice. In recent years Farmaka has invested in digitisation. In the period 2016-2020 they aim to prioritise the better implementation of EBM information that is offered via different projects, particularly general practitioner information via independent doctor visitors, the Formularium Ouderenzorg (formulary for elderly care), Geneesmiddelenbrief (drug bulletin), in order to bridge the gap between knowledge and practice.

KCE

With its analyses and scientific studies the Federaal Kenniscentrum voor de Gezondheidszorg (KCE) (Belgian health care knowledge centre) gives advice to policy makers making decisions in the field of health care and health insurance. THE KCE is not involved in the decision-making itself, nor with the implementation thereof, but it is responsible for showing them the best possible solutions. And this in a context of the most accessible and high quality health care, taking into account increasing demand and budgetary restrictions. The KCE also supports care providers by developing clinical guidelines and adapting them to continually evolving scientific knowledge, and tries to offer a guide to other researchers in health care with its methodological publications. The KCE is active in four main areas: Development of clinical practice guidelines (Good Clinical Practice); Evaluation of medical technologies and medicines (Health Technology Assessment); Organisation and financing of health care (Health Services Research); Development of detailed manuals for adequate analysis (Methods).

MINERVA

As an independent organisation Minerva wants to help make available substantiated medical information for primary care health workers. This information must be clinically relevant and easy to consult. Furthermore, efforts must be made to constantly update this information on the basis of new evidence in the literature. Scientific literature from twenty international journals is selected on the basis of predetermined criteria. The selected studies are summarised by expert colleagues and interpreted on their methodological quality and clinical relevance. Every interpretation discusses the methodological quality of the study, the relevance of the study results and the usability in the 'practice' section. In this last section the existing recommendations relating to the topic under study are examined closely in order to confirm or reject them on the basis of the interpretation. Confirmations or suggestions for adaptation will immediately be coupled to the guideline concerned as notes. They can be integrated later into a guideline update.

PLATFORM WETENSCHAP EN PRAKTIJK

The Platform Wetenschap en Praktijk (Science and practice platform) is a pluralist, independent organisation that aims to promote the professionalisation of the nursing profession, by optimising and incorporating correct nursing knowledge in nursing action. This mission is put into practice by: (1) championing nursing-oriented scientific research; (2) maximising accessibility in an independent

scientific way, and implementing current, relevant, evidence-based professional knowledge for the nursing profession by setting up a portal (www.portal4care.be); (3) facilitating two way communication between workplace and research field; and (4) promoting a multidisciplinary care vision. The Platform Wetenschap en Praktijk is actively trying to become a centre of expertise in knowledge inventory and extraction for the nursing profession. The Platform will actively participate in the promotion and development of evidence-based practice and strives for a seamless and symbiotic collaboration with other organisations, governments, nursing syndicates, working groups, educational authorities and care institutions.

RODE KRUIS-VLAANDEREN

One of the basic principles of Rode Kruis-Vlaanderen (Red Cross-Flanders) is to offer high-quality aid based on scientific arguments. In order to achieve this, the Centre for Evidence-Based Practice works continuously working on the scientific substantiation of activities in all Red Cross action areas. This is achieved by developing systematic reviews and evidence-based practice guidelines, for which the methodological principles of the AGREE tool (for guidelines) and the Cochrane handbook (for systematic reviews) are used. Within Red Cross-Flanders Evidence-Based Practice is applied both at the Blood Service and in the area of Humanitarian Services, from blood supply to emergency aid. Red Cross-Flanders hereby aims to help disseminate Evidence-Based Medicine and Evidence-Based Practice in Belgium. A number of the Red Cross guidelines (for example, first aid guidelines) can also definitely be of added value for the EBMPPracticeNet database.

SSMG

Helping to improve the quality of care is one of the missions of the Société Scientifique de Médecine Générale (Scientific society of general medicine). SSMG helps in this area by means of further training and participation in research projects. Access to validated scientific information is offered via various tools: la Revue de la Médecine Générale, les Recommendations de Bonne Pratique, les Cahiers de Prévention, and information sheets for patients via Mongeneraliste.be.

VE

One of the core objectives of the Vlaams Ergotherapeutenverbond (Flemish federation of occupational therapists) (VE) is to support the intrinsic and scientific development of the occupational therapy profession. The Ondersteunings-en Kenniscentrum Ergotherapie (Support and knowledge centre for occupational therapy) (OKE) is the department within the VE responsible for making this happen. The OKE is a balanced mix of experts from clinical practice and education. In this way the VE promotes cross-fertilisation between field work and scientific occupational work in Flanders. The vision of VE is that field work could improve if occupational therapy interventions were based on scientific insights. The scientific work simultaneously attains an instantly higher social value if it is targeted at, and can use, the rich experiences of the field. Since multidisciplinary cooperation is one of the basic principles of occupational therapy, the profession is represented in several multidisciplinary scientific working groups and organisations such as Cebam, EBMPPracticeNet and the Working group Ontwikkeling Richtlijnen Eerste Lijn.

VLOV

The Vlaamse Organisatie van Vroedvrouwen (Flemish association of midwives) seeks to protect the medical nature of the profession and promote scientific research within the field. VLOV vzw together

with KCE, Domus Medica, and Eetexpert and others has developed guidelines. Every year Cebam and VLOV jointly organise an EB Midwifery course. A special interest package for midwives was put together with the CDLH. Guidelines and scientific literature are disseminated via a VLOV journal. VLOV is looking for multidisciplinary partnerships to develop relevant guidelines and in this way to stimulate Evidence Based Midwifery.

VVL

The Vlaamse Vereniging voor Logopedisten (Flemish association of speech therapists) is the legally recognised professional association for speech therapists in Flanders. The association's mission is (a) lobbying, (b) continuous training, (c) professional information, and (d) service. In collaboration with expert committees the Scientific Council develops guidelines and models for evidence-based practice and good clinical practice in the field of diagnostics and treatment. Data analyses are made available for the policy by the Study Department. The association stimulates high-quality scientific and clinical publications in the journal Logopedie and in the Digicenter (a digital platform for members). The Centrum voor Permanente Vorming (centre for continuous education) organises training activities. The Vlaamse Vereniging voor Logopedisten strives to embed scientific evidence and make knowledge available at the federal and Flemish level. The results of the scientific work can be disseminated and implemented on various platforms for EBM information and quality of care.

WERKGROEP ONTWIKKELING RICHTLIJNEN EERSTE LIJN

The Werkgroep Ontwikkeling Richtlijnen Eerste Lijn (Working group for the development of primary care guidelines) was set up in 2011. The core activity of this working group (and its partners) is to develop and update guidelines, with a focus on primary care. Within the Framework Agreement for Quality of Care 2014-2015 funding was allocated to the working group for the updating of guidelines, the development of multidisciplinary guidelines, training and general coordination. Project-specific funding is used for the development of new guidelines. Collaboration with other working groups or partners that work on developing guidelines within other sectors of health care can also be included. Within the Working Group there is close collaboration with Domus Medica and SSMG - as well as with all other EBM associations. All guidelines are validated by an independent group within Cebam.

WVVK

The Wetenschappelijke Vereniging van Vlaamse Kinesitherapeuten (Scientific institute of Flemish physiotherapists) aims to contribute to the scientific underpinning of physiotherapy interventions. From this perspective the WVVK act as a contact point, a supplementary channel and a facilitating medium for the distribution and implementation of current scientific knowledge in the field of physiotherapy. WVVK vzw helps to create, screen, update and implement guidelines and other applications on the basis of the most available evidence. They aim to organise and stimulate this task by, amongst other things, consulting and collaborating with universities and official authorities, associations and organisations with a similar aim. The central goal of the WVVK is to reach every physiotherapist, amongst other things by supervising meetings for local quality groups (LOKs). By striving for formalised involvement it aims to stimulate action based



on personal reflection and research by means of, for example, peer review, preferably within existing circles. For and from within this discipline the WVK takes a bottom-up approach to informing the scientific world and relevant agencies or authorities about how the core workforce handles certain questions or problems of a therapeutic, organisational or administrative nature.

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LEXICON

- **Audit and feedback:** a summarised evaluation of the clinical performances of a care provider over a certain time period. This feedback may contain recommendations for clinical action. The strategy can be used as a self-evaluation or applied externally, such as the RIZIV feedback on prescribing behaviour of doctors.
- **Evidence-based medicine:** the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
- **Clinical practice guidelines:** statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.
- **Independent practice visitors:** in this strategy for dissemination and implementation there is a trained person who visits the care provider in the clinical practice setting to give information that is intended to affect performances. The information can consist of feedback on performances of the care provider or be adapted to identify thresholds for change.
- **Electronic systems for decision support:** a computer programme that couples patient-related information to EBM information during the consultation in order to accompany and improve the diagnosis and treatment of diseases and disorders, to warn of possible errors, and to help in the implementation of care provision processes. Only structured data elements can be used in the analysis, i.e. data that are coupled to metadata.



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