

Versorgungsforschung: ein MUSS für Interdisziplinarität?

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- Begriffsdefinition
- Projektbeispiel 1
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- Interdisziplinarität – ein neues Journal

Was ist Versorgungsforschung?

- Beispiel Rheumatologie
- Englischer Begriff „Care“
- PatientIn im Mittelpunkt
- Evidenz-basiert und kosteneffektiv
- Verschiedene Gesundheits-Berufsgruppen
 - Mit einem gemeinsamen Ziel

- Projektbeispiel 1



- Driving musculoskeletal health for Europe



Ziel



Ziel

- Entwicklung eines PatientInnen-zentrierten “Standard of Care” für Rheumatoide Arthritis - implementierbar in allen europäischen Ländern

- Basierend auf Leitlinien, Evidenz und ExpertInnenmeinung

- Mittels Delphi-Methode

- Verfügbar in 23 offiziellen EU Sprachen

METHODE

Systematic Review/ Kontakt mit
Europäischen ExpertInnen in 44
Ländern (graue Literatur)



Auswahl und Evaluation der
Dokumente mittels AGREE II Kriterien



Extrahieren aller Maßnahmen,
Methoden und Empfehlungen



Interdisziplinäres Arbeitspaket Treffen
inkl. PatientInnen-PartnerInnen



Delphi Methode via Email & Face-To-
Face Treffen: 26 interdisziplinäre
ExpertInnen

Delphi Methode



1. Delphi Runde

Priorisieren der Maßnahmen und Methoden, Textvorschlag

2. Delphi Runde

Zustimmung oder Nicht-Zustimmung der ExpertInnen, alternativer Formulierungsvorschlag

3. Delphi Runde

Feedback zur neuen Version, Abstimmung über jeden Standard of Care zwischen 1 und 3 (1= A must have for the final set of Standards of Care, 2= Would be nice to have in the final set, 3= Is not important at all)

Abstimmung - Konsensus

Zustimmung wurde für jeden Standard of Care erhoben von 0 bis 10 (0= "I totally disagree" und 10 "I agree completely")

Resultate



- 91.247 Zitierungen
- 95 Dokumente in “Vollversion”
- 87 ExpertInnen in 44 Ländern haben 104 Dokumente geschickt
- 14 erfüllten die Einschlusskriterien
- 56 vorgeschlagene Standards of Care in der 1. Delphi Runde
250 Kommentare
- 27 Standards of Care in der 2. Delphi Runde
202 Kommentare
- 16 Standards of Care in der 3. Delphi Runde
- Zustimmung zwischen 8,9 und 9,9
- Zusätzliche Checkliste im Frageformat

SOC for people with rheumatoid arthritis (RA)

Level of agreement

SOC 1	People with symptoms of RA should have timely access to a clinician/health professional competent in making a (differential) diagnosis (6 weeks according to European League Against Rheumatism (EULAR) recommendations).	9.9
SOC 2	People with RA should be given relevant information and education about <ul style="list-style-type: none"> ▶ their disease ▶ its management ▶ and all aspects of living with and managing their RA, in written form and in a format suited and tailored to the individual, in a timely fashion appropriate to their needs. 	9.7
SOC 3	People with RA should receive a treatment plan developed individually between them and their clinician at each visit.	9.2
SOC 4	At the start of any disease-specific treatment, people with RA should be fully educated about the expected benefits and any potential risks, and fully evaluated to assess both clinical status and safety aspects.	9.6
SOC 5	People with RA should be fully assessed for symptoms, disease activity, damage, comorbidity (including assessment for cardiovascular disease risk factors) and function at diagnosis; these assessments should also be done annually; if disease is not within target, clinical assessment should be done at least 3-monthly (all clinical variables) and possibly more frequently upon significant worsening.	9.5
SOC 6	People with RA should have rapid access to care when they experience significant worsening of the disease.	9.7
SOC 7	People with RA should be treated with a disease modifying anti-rheumatic drug (DMARD) as soon as the diagnosis is made.	9.7
SOC 8	If the target of low disease activity or remission is not achieved using a synthetic DMARD (usually being methotrexate), treatment should be reevaluated at least every 3 months.	9.4
SOC 9	People with RA should be evaluated for pain, and relief of pain associated with RA should be considered.	9.3
SOC 10	People with RA who have residual joint problems despite state-of-art pharmacological (including intra-articular) and non-pharmacological therapy should be assessed by an orthopaedic surgeon within 3 months from recognition of the refractoriness of the problem, especially if there is joint damage/soft tissue problems that might likely be solved by protective or reconstructive surgery.	8.7
SOC 11	People with RA should have access to evidence-based pharmacological and non- pharmacological treatment.	9.7
SOC 12	People with RA should have access to a specialised health professional to receive assessment, advice and training in all matters related to their disease.	9.4
SOC 13	People with RA should understand the benefit of exercises and physical activity and should be advised to exercise appropriately.	9.5

Example SOC RA 6 and corresponding Check List Question

Standard of Care

- People with RA should have rapid access to care when they experience significant worsening of the disease.

Check List

- Have I been informed when, how, and who I can contact in case my disease is worsening?



OPEN ACCESS

CONCISE REPORT

Development of patient-centred standards of care for rheumatoid arthritis in Europe: the eumusc.net project

Michaela A Stoffer,¹ Josef S Smolen,¹ Anthony Woolf,² Ales Ambrozic,³ Ailsa Bosworth,⁴ Loreto Carmona,⁵ Veronika Fialka-Moser,⁶ Estibaliz Loza,⁵ Pawel Olejnik,⁷ Ingemar F Petersson,⁸ Till Uhlig,⁹ Tanja A Stamm,¹ the eumusc.net-working group

ABSTRACT

Objective The eumusc.net project is a European Union (EU) commission and European League Against Rheumatism (EULAR)funded project that aims to facilitate equal standards for musculoskeletal health in all EU countries. One work-package was to develop evidence-based and patient-centred standards of care (SOC), for rheumatoid arthritis (RA) understandable for patients and professionals across Europe.

Method A review of documents covering clinical practice 'guidelines' and SOC for RA was conducted. The obtained documents were evaluated using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) criteria, and all recommended methods to treat RA were

It is unclear to which extent patients are informed about guidelines even though these primarily relate to their care. The work package 5 of the European Musculoskeletal Conditions Surveillance and Information Network (eumusc.net) assessed pertinent data and focused on the development of a set of recommendations for European Standards of Care (SOC) for people with RA based on existing guidelines. SOC define what services are expedient for people living with a certain condition. They describe management of a disease, care, access to patient information, support and knowledge that patients should have. Furthermore, they focus on structure (eg, availability of health professionals), process (eg,

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► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/annrheumdis-2013-203743>).

For numbered affiliations see end of article.

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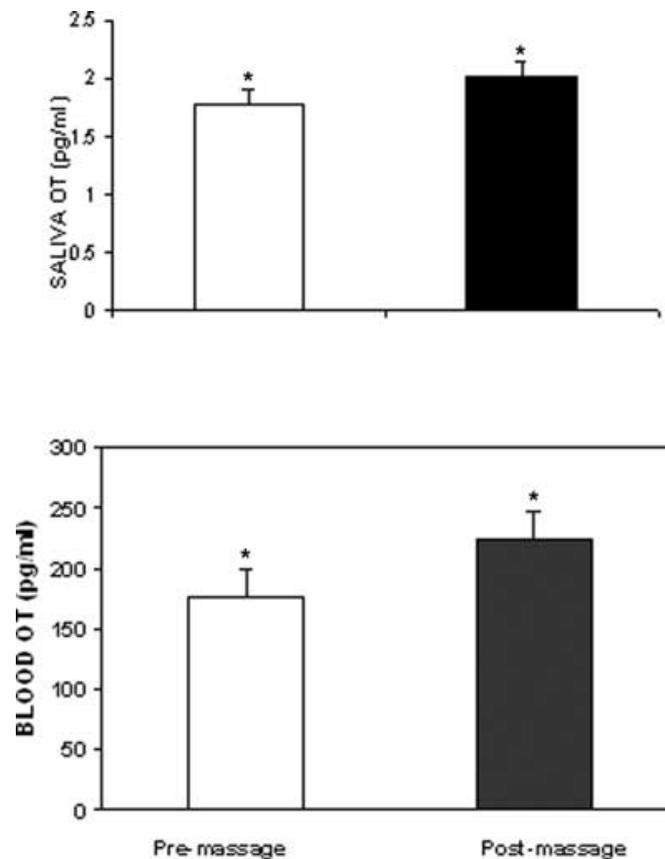
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- Projektbeispiel 2

Diagnostischer Fachbereich

- Messen von Biomarkern als Evidenz für eine therapeutische Intervention
 - Susanne Perkhofer und Gerhard Tucek: Oxytocin als Evidenz für Musiktherapie
 - University of Applied Sciences FGH Tirol and IMC Krems
 - Bei uns an der Med Uni Wien: FWF-Projekt – Inflammatorische Cytokine als Evidenz für Betätigungsbalance

Oxytocin



Oxytocin measured by EIA increased within 30 min following massage in saliva and blood in men. * $P < 0.05$.

Oxytocin Behavioral Associations and Potential as a Salivary Biomarker, Carter C et al.

Research in music therapy by use of "soft skill" investigations \ Susanne Perkhofer and Gerhard Tucek

Goals and benefit

- o Deeper understanding on therapeutic processes between the communicating partners on a psycho vegetative level
- o Analysis of therapeutic processes and development of improvement on behalf of keeping the balance between therapy efficiency and costs
- o Improvement of cooperation and interdisciplinarity
- o Optimisation of therapeutical processes in Austria
- o Provision of evidence of the efficacy of medical devices
- o Burn-out-prophylaxis for students and health care professions

- Interdisziplinarität – ein neues Journal



Home

Über das IJHP

Das International Journal of Health Professions IJHP ist eine wissenschaftliche Zeitschrift zur Förderung der interdisziplinären Forschung und Lehre in den Gesundheitsberufen. Es wird vom [Verein zur Förderung der Wissenschaft in den Gesundheitsberufen VFWG](#) herausgegeben.

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Zusammenfassung

- Versorgungsforschung: ein MUSS für Interdisziplinarität
 - Die/ der PatientIn steht im Mittelpunkt.
- Alle Berufsgruppen sollte gleichermaßen Zugang zu Forschungsinfrastruktur haben.
 - Um die bestmögliche Versorgung für die PatientInnen zu gewährleisten.



Danke



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