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Encyclopaedia

W. Greiner · T. Mittendorf · M. von der Schulenburg
University of Hannover, Centre for Health Economics

Guidelines

Managed care, guidelines, human capital approach and prevalence are terms that have already been widely used in health economics. A general definition is however often not yet available and you will probably find numerous definitions for related terms. On the one hand, there is the problem of finding a fitting location for explanation in the widely available literature, since health economics has developed into an independent and very innovative research field over the last 20 years. On the other hand, you will have to adapt the information to a given situation. With this series, we would like to give the interested reader an overview, in small steps, of the most commonly used terms in the field of health economics. We begin with the terms "rationing" and "guidelines" in this edition. In each new edition of this journal we will then explain two new terms at different locations. A small health economics dictionary will be introduced at the end of the year, in which we will define additional terms, and where we will even further classify the main words that have been outlined in this series.

Brief definition

Guidelines are systematically developed, evidence-based criteria that are intended for physicians and patients. They provide decision- and orientation-support with respect to medical procedures, under defined conditions. The use of such guidelines is expected to improve the healthcare result of treatment.

Interpretation

Guidelines can be described as systematically developed, decision-support tools for appropriate medical procedures in specific disease-related problems. They should be interpreted as orientation supports in the sense of corridors for action or decision-making. For this reason it can or must be necessary to deviate from these guidelines in justified cases. The goal of guidelines is to transmit the ever-increasing quantity of medical-scientific information to performers (especially physicians and nursing staff) and patients, in the form of study results and expert knowledge. The recommendations given in the guidelines are intended to contribute to the optimal quality of healthcare provision.

The guidelines evaluate detailed knowledge (scientific evidence and practical experience) about special healthcare problems, identify contentious questions and recommend a couse of action under assessment of the benefits versus the risks. Relevant outcomes not only include morbidity and mortality, but also patient satisfaction and quality of life.

Systematic research and literature analysis form the basis for the guidelines. They do not include just simple opinions from specialists or single study results. Instead the guidelines contain a consensus from multi-discipline expert groups, which was arrived at, in a defi-

Checklist "Quality of Methods Guidelines"

1. Questions about the quality of guideline development	• Naming who is responsible for developing the guideline • Naming the authors of the guideline • Methodology for identifying and interpreting the evidence • Technique for formulating guideline recommendations • Details about appraisal procedures and pilot studies • Indicating the validity / setting the updating intervals for the guideline • Details giving transparency about the development of the guideline
2. Questions about content and format of the guideline	• Describing the goals of the guideline • Indicating the context (usability / flexibility) • Information on clarity and unambiguity of the recommendations • Details about benefits, side effects, costs, results
3. Questions about the applicability of the guideline	• Plans for preparing and implementing • Methods for checking use

Source: Ollenschläger G., Helou A, Kostovic-Cilic L, Perleth M, Raspe HH, Rienhoff O, Selbmann HK, Oesingmann U (1998a) Die Checkliste zur methodischen Qualität von Leitlinien – ein Beitrag zur Qualitätsförderung ärztlicher Leitlinien, in ZaeFQ, 92, Jg (1998), S. 191–194

ned and transparent way. As opposed to systematic surveys and health technology assessment reports, guidelines give performers in the healthcare services explicit, formulated and concrete decision-making aids.

The German book of statutes (SGB-V) (the foundation of German Statutory Health Insurance) stipulates that it is obligatory to consider criteria that facilitate useful and economic performance by medical insurers, hospitals and general practitioners and that are geared towards the diagnostic and therapeutic goal. Ordinance § 137 e SGB-V also stipulates that these criteria should particularly be developed on the basis of evidence-based guidelines. Since the process of developing and implementing guidelines is, however, intensive in terms of time, costs and personnel, and only limited resources are available for this area, guidelines should be developed, as a matter of priority, for those healthcare services and problems, where their use promises the best medical and economic benefits (or the highest cost effectiveness).

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Rationing

Brief definition

Rationing exists when the demand for a product exceeds supply at a given price. In this case the wish to consume cannot always be fulfilled for all individuals. The result is either a higher price, or if this is not possible, the allotment of goods (i.e. through waiting lists or coupons).

Interpretation

Rationing is a constant problem in every economic system since, fundamentally, each system has to manage with scarce resources. All resources available on Earth are limited to some extent. This means that, once used, they can no longer be utilised. The market defines the allocation process via the price in "normal" private industry markets, without the state playing a fundamental role. One can therefore assume that commodities such as apples, if left unsold, will fall in price until they are bought. In sectors where the state dominates, e.g., in public administration, limited public budgets create barriers for citizens and politicians alike, so that again not all plans can be fulfilled.

The need for rationing is, however, strongly opposed in the healthcare sector, since the goal of medical treatment is to heal and alleviate sickness. Price is a secondary concern, whereby specific commodities, such as donor organs in transplant therapy, or the work time of a particularly qualified physician, cannot also be multiplied at will. The constraints of budgeting for basic desirable healthcare commodities and the subsequent problems of financing have therefore become apparent over the last few years in healthcare, even though numerous legislative measures have tried to curb costs in this sector. Setting upper limits for total expenditure in specific services such as hospitals, pharmaceuticals or outpatient treatments has become an important instrument, called budgeting, in German political healthcare policy.

The potential for rationalisation in medical services has especially increased when the services are ineffective; when they are less effective than alternative methods that are equally expensive; or when they are no more effective than cheaper methods. To uncover this potential, the specific disease-related knowledge available must be widely dispersed. Ideally, this would happen by implementing quality assurance measures in special guidelines.

The terms "implicit" or "explicit" have lately been added to the word rationing in the field of healthcare. In explicit rationing, information about problem areas is made known, e.g., in a public discussion, so that a consensus can be arrived at as to which measures to implement (e.g., waiting lists). If the decision process is kept from the affected group, or if insufficient information is made available, rationing is termed as implicit. In many cases responsibility is transferred to others, who then have to put the rationing program into action, often with insufficient or non-defined criteria. Fixed budgets for pharmaceuticals offer an example. Because of politics, physicians are involved in, or appointed to, decision-making about individual rationing. Based on the budget restriction, the physician decides whether or not a patient will receive a particular medicine.

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