

2012

22nd Friedrich Merz Visiting Professorship



Symposium

Evidence-Based Medicine Meets Multimorbidity: A Blind Date?

Wednesday, October 17th, 2012 9:30–18:00
Deutsche Nationalbibliothek, Adickesallee 1
60322 Frankfurt am Main



Prof. Marjan van den Akker, PhD

Maastricht University, School CAPHRI, Dept. of General Practice,
Institute for Education FHML, Medical Programme, Netherlands,
Katholieke Universiteit Leuven, Dept. of General Practice, Belgium

Dear colleagues and friends,

Multimorbidity is the norm rather than the exception in the primary care population. But healthcare for patients with multiple chronic conditions and their often complex needs is challenging. While clinical practice guidelines have proved themselves to have considerable potential to improve healthcare in cases of single chronic conditions, the application of different disease-oriented guidelines when treating a multimorbid patient may actually have harmful consequences. For this reason, an integrated, patient-centered approach has been suggested for the management of multimorbidity and has been widely welcomed by family physicians. However, the application of this concept poses questions - concerning the individualization of care, the application of an integrated approach, the placing of medical considerations in perspective, and the involvement of patients in the decision-making process - as well as obstacles, such as the uncertainty surrounding diagnostic and treatment decisions for interacting conditions.

The symposium brings together leading researchers representing both disciplines – evidence-based medicine and multimorbidity research - to discuss the question ‘Is multimorbidity more than the sum of its parts and what will be the implications?’, and examine such key issues as interactions of diseases, and treatment individualization, with a broad national and international audience of scientists, clinicians, and health policy decision makers. The symposium clearly addresses the challenges of the accelerated integration of the best clinical knowledge into care decisions, and an increasing focus on enabling patient-centered care.

It is a great pleasure to welcome Professor Marjan van den Akker from Maastricht University in the Netherlands. She was appointed to the 22nd Friedrich Merz Foundation’s Visiting Professorship, which has a special focus on "General Practice and Health Services Research on Multimorbidity", by the President of Goethe University, Frankfurt/Main earlier this year. This professorship supports outstanding scientists in their research and teaching activities and is traditionally accompanied by a scientific symposium. It is organized in line with the traditions of the charitable foundations of Frankfurt citizens and traces back to the founder of the Merz Pharma GmbH & Co. KGaA, a family business. Since its initiation in 1985, the foundation has earmarked funds for a visiting professorship.

I would like to take this opportunity to thank Professor van den Akker and the other speakers for their willingness to contribute to this exciting event. On behalf of all those who kindly helped to organize the Meeting it is an honor for me to welcome you to share in what I am sure will be a most interesting and inspiring experience.

Ferdinand M. Gerlach

Professor, executive director, and trustee of the visiting professorship

Institute of General Practice, Johann Wolfgang Goethe University, Frankfurt/Main

Program

- 09:30 – 10:00** *Welcome:*
Manfred Schubert-Zsilavec (Vice President of Goethe University, Frankfurt/Main, Germany),
Alexander Gebauer (CSO, Global R&D, Merz Pharmaceuticals GmbH & Co KGaA, Frankfurt/Main, Germany),
Ferdinand M. Gerlach (Executive Director, Institute of General Practice, Trustee of the visiting professorship, Frankfurt/Main, Germany)
- 10:00 – 11:00** *Session 1, Chairs: Frank Oswald, Jeanette Blom*
Multimorbidity: the insidious epidemic (Martin Fortin)
Comment (Hendrik van den Bussche)
Discussion
- 11:00 – 11:30** *Coffee break*
- 11:30 – 12:25** *Session 2, Chairs: Johannes Pantel, Liam Glynn*
Problems of multimorbidity and polypharmacy (Marjan van den Akker)
Comment (Petra Thuermann)
Discussion
- 12:25 – 13:25** *Lunch break*
- 13:25 – 15:25** *Session 3, Chairs: Martin Beyer, Annette Becker*
Clinical decision making in real heart failure patients – implications of interactions on guideline development (Christiane Muth)
Addressing multimorbidity in clinical guidelines – experience from NICE and future plans (Phil Alderson)
Discussion
Applying evidence to individual patients with multimorbidity (Paul Glasziou)
Comment (Ulrich Thiem)
Discussion
- 15:25 – 15:55** *Coffee break*
- 15:55 – 17:50** *Session 4, Chairs: Andrea Siebenhofer-Kroitzsch, Jose M. Valderas*
Research in multimorbidity: dilemmas and challenges (François Schellevis)
Comment (Rafael Perera)
Introduction to the panel discussion (Jose M. Valderas)
Clock hour panel discussion (Phil Alderson, Ferdinand M. Gerlach, Paul Glasziou, Monika Lelgemann, François Schellevis, Petra Thuermann)
- 17:50 – 18:00** *Final remarks and farewell*
(Marjan van den Akker and Christiane Muth)

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Scientific Committee: Paul Glasziou, Christiane Muth, Marjan van den Akker

Abstracts and biographic details of the speakers

Martin Fortin

Multimorbidity: the insidious epidemic

The last decades have witnessed a strong focus on chronic disease research, policy and practice guidelines development. Traditionally, the focus has been put on single chronic diseases. Multimorbidity has emerged as a new concept defined as the concurrent presence of two chronic conditions or more in a given patient. It has received growing interest in the literature and is now seen as a research priority in many countries. The prevalence of multimorbidity has reached epidemic proportions in the primary care population and is not limited to older people. A sharp increase in prevalence occurs around the age of forty as reported in several studies. As the prevalence of many chronic conditions is on the rise, the prevalence of multimorbidity is likely to follow the same pattern of growth. This insidious epidemic is among the biggest challenges health care systems worldwide have ever faced. The challenge is of a particular importance to primary health care where the focus is on the whole person and the evidence to support intervention is lacking.

Dr. Fortin's presentation will discuss the concept of multimorbidity and its variations and review prevalence studies on multimorbidity with a special attention given to the primary care population vs. the general population. The increasing prevalence over time will be discussed and hypotheses will be presented to explain this trend.

Hendrik van den Bussche

Comment

The presentation of Hendrik van den Bussche will illustrate the problems of determining the prevalence of multimorbidity by presenting the results of a study comparing two German databases on multimorbidity in the elderly from the ambulatory medical care setting, both using an identical list of 46 ICD10-coded chronic conditions and an identical cutoff for multimorbidity. The presentation will show that caution is appropriate when presenting prevalence figures of chronic conditions from single databases.

Professor Martin Fortin, MD MSc CFPC

Biography: Martin Fortin is a family physician, and Professor and Research Director at the Department of Family Medicine, Université de Sherbrooke, Canada. He also holds the Applied Canadian Institutes for Health Research (CIHR) Chair on Health Services and Policy Research on chronic diseases in primary care. Prof Fortin received his medical degree from Université de Sherbrooke, Canada. After graduating in 1985, he started his practice in a rural area of Quebec. After several years, he moved to an academic career to pursue his major interests in promoting research in multimorbidity and supporting patients with multiple chronic diseases. After 10 years in practice, he completed a master's degree in epidemiology at Université Laval in Québec City, Canada, and became a clinician researcher.

Research interests: Professor Fortin's primary research program focuses on patients with multimorbidity within the context of the primary care reform in Canada. This program comprises three interconnected research streams relating to (i) the concepts of multimorbidity and their measurement, (ii) the epidemiology of multimorbidity and how it evolves over time, and (iii) specific interventions based on the components of the primary care reform in Canada, in which he is currently working on the development of new models of care based on multiprofessional collaborative interventions in patients with multimorbidity.

Memberships and international activities: Professor Fortin leads the International Research Community on Multimorbidity (IRCMo), a community of 100 researchers, clinicians and decision-makers from 15 disciplines and 12 countries, all of whom are leaders in the area of multiple chronic diseases. A blog has been established to exchange knowledge with colleagues from around the world (<http://pages.usherbrooke.ca/crmcspl-blog/>). He is also a member of several advisory groups on family medicine and preventive healthcare in Canada, as well as healthcare committees/foundations/programs internationally. He acts as a reviewer for many international medical journals on primary care, quality of life and family medicine. He is the author of more than 50 publications with multimorbidity as the main focus.

Professor Hendrik van den Bussche

Biography: Hendrik van den Bussche received his medical degree from the Catholic University of Leuven (Belgium). He was Director of the Institute of Primary Medical Care at the University Medical Center Hamburg-Eppendorf from 1962 to 1969. From 1975 to 1992 he was Professor of Medical Education at the Interdisciplinary Centre for Research and Development in Higher Education of Hamburg University. From 2003 till 2006 he acted as Dean of Medical Education at the Hamburg Medical Faculty. He is actually conducting a multicenter prospective study on career development in male and female physicians. From 2002 till 2011 he was Principal Investigator of German Study on Ageing, Cognition and Dementia in Primary Care Patients (AgeCoDe). Since 2007 he acts as Principal Investigator and Speaker of the Competence Network on Multimorbidity within the Research Network on Ageing of the Federal Ministry of Research and Education.

Research interests: His main research interests were and are morbidity in old age and health care services organization for the elderly. His main research areas in this respect are multimorbidity, dementia, diabetes mellitus, and chronic stroke. He has also a keen interest in medical undergraduate and postgraduate education.

Marjan van den Akker

Problems of multimorbidity and polypharmacy

Apart from problems resulting from the disease-specific guidelines, GPs face a number of challenges in treating patients with multimorbidity and polypharmacy. These patients are increasingly recognized as complex patients, or patients with complex health care needs. Patient specific features can have a strong impact on the GPs' decisions regarding diagnosis and treatment (e.g. availability of support in own environment, medication & management, difficulty in perceiving, recognizing and presenting symptoms, problems with logistics or organization of care). Furthermore, patient priorities do not always correspond to treatment goals of physicians. Patients should have a serious role in identifying the most relevant outcomes.

This can also have a serious influence of the feasibility and applicability of the preferred treatment. This presentation will focus on the processes that take place and on how GPs can handle this.

Petra Thuermann

Comment

In order to highlight certain issues concerning multimorbidity and polypharmacy, such as drug-drug interactions and potentially inappropriate medication, data obtained from German cohorts of elderly, community-dwelling patients will be presented. Approaches to overcome polypharmacy such as the START- and STOPP-tools, or the FORTA criteria will be discussed. Whereas "individualized therapy" (i.e. pharmacogenetics and -genomics) is a topic that attracts great public interest, the question of polypharmacy appears to be less sexy for researchers, industry and other participants in the health care system. However, polypharmacy should be considered explicitly, not only at the point of prescribing, but earlier, namely during drug and guideline development.

Professor Marjan van den Akker, PhD

Biography: Dr Marjan van den Akker studied Health Sciences at Maastricht University, and later specialized in epidemiology. She now is an associate professor at the Department of General Practice of Maastricht University (School for Public Health and Primary Care; Caphri) and is posted at the School Mental Health and NeuroScience (MHeNS) of Maastricht University and is a guest lecturer at the Department of General Practice of the Catholic University of Leuven (Belgium). In 2012 she is appointed as visiting professor to the department of General Practice of Goethe University, Frankfurt, Germany.

Memberships and international activities: Marjan van den Akker was one of the founding members of the International Research Community on Multimorbidity and she is involved in various national and international projects related to multimorbidity and polypharmacy. Other functions include co-editor-in-chief of the Journal of Comorbidity, associate editor of the Archives of Public Health, member of the Editorial consultants board of the Journal of Clinical Epidemiology, and advisor of the scientific board of the yearly Maastricht Medical Students Research Conference.

Research interests: General practice, comorbidity, multimorbidity, polypharmacy, cohorts, longitudinal analysis

Teaching Areas: Supervision of research electives of students from the Faculty of Health Medicine and Life Sciences, both from the Medical Program students and master students from Health Sciences, Scientific / EBM program at Vocational Training for General Practitioners, Maastricht University, Chair of Master Year 3 of the Medical Program of Maastricht University, Member of the Committee for Revision of the Medical Program, with special interest in training of academic skills and knowledge.

Professor Petra A. Thuermann

Biography: Petra A. Thuermann currently holds the position of Director of the Philipp Klee-Institute of Clinical Pharmacology at the Helios Klinikum Wuppertal in Wuppertal, Germany and also Chair of the Department of Clinical Pharmacology at the University of Witten/Herdecke, Faculty of Health, Department of Medicine. After studying medicine at the Johann Wolfgang Goethe University in Frankfurt/Main, Germany she began as assistant lecturer and later assistant Professor at the Institute of Clinical Pharmacology (Director: Prof. Dr. N. Rietbrock) at the Johann Wolfgang Goethe University in Frankfurt/Main, Germany in 1986. Ms. Thürmann obtained her Doctoral degree in 1987 and PhD (Habilitation) in 1997, as well as a certified specialist's degree in Clinical Pharmacology in 1992. In 1997 she was appointed as Director of the Institute of Clinical Pharmacology at the HELIOS Klinikum Wuppertal and in 1998 at the University of Witten/Herdecke, Germany.

Memberships and international activities: Ms. Thürmann serves on several Boards in the German Health Care system. Among others, she is member of the Advisory Council on the Assessment of Developments in the Health Care System and Secretary General of the Clinical Division of the International Union of Basic and Clinical Pharmacology (IUPHAR).

Research interests: Whereas her earlier work focused on cardiovascular drugs and gender aspects of drug therapy, her current focus is on drug safety, i.e. coordination of the German Network of Pharmacovigilance Centers and other pharmacovigilance activities. This is accomplished through research in Geriatric Clinical Pharmacology, the development of a German list of potentially inappropriate medications (PRISCUS-list) and by conducting intervention studies to improve the safety of prescriptions for elderly patients.

Christiane Muth

Clinical decision making in real heart failure patients – implications of interactions on guideline development

Clinical practice guidelines have proven themselves to have considerable potential to improve healthcare for chronic conditions. Nevertheless, the uncritical application of recommendations from different guidelines when caring for patients with multimorbidity is not sound practice and may actually have undesirable effects. There is a growing emphasis in both health policy and practice on the development of guidelines that meet the needs of clinical decision making for 'real' patients, i.e. patients with multiple conditions and complex healthcare needs.

Patients suffering from chronic heart failure may serve as a paramount example: they are usually older and often multimorbid. In this presentation, I will report on an ongoing pilot study involving researchers from several universities. We aim to identify the clinically relevant interactions of diseases and drugs in patients with chronic heart failure and the frequent comorbidities that should be addressed in a guideline on heart failure in primary care. To achieve this, we defined the most frequent co-occurring conditions and searched for guidelines that address these topics, extracted recommendations incl. supporting evidence and synthesized the information into an interaction matrix (disease-disease, drug-disease, drug-drug interactions). I will present and discuss the preliminary results of the matrix (that takes information from three guidelines on heart failure and 45 guidelines on 16 co-occurring conditions into account) and outline the next steps.

Phil Alderson

Addressing multimorbidity in clinical guidelines – experience from NICE and future plans

The challenges of finding research evidence and clinical guidelines explicitly addressing the needs of people with multimorbidity have been well documented. In common with most clinical guideline programmes, NICE's guidelines are mainly addressing single disease topics. However, NICE has published recommendations for specific groups of patients with more than one illness, and has also published two guidelines for specific combinations of illness (Depression with a chronic physical health problem, Psychosis with coexisting substance misuse). I will present examples from these guidelines and review NICE's experience to date.

There are opportunities for guideline developers in better electronic publication of guidelines to facilitate access to relevant recommendations in different guidelines, and in presenting information in ways that make it easier for clinicians and patients to prioritize possible interventions. However, there are also significant challenges posed by the lack of primary research to guide recommendations and the complexities of individualizing care. Some of these issues are being explored in research supported by the UK NIHR, and I will outline the planned research.

NICE has recently been asked to develop guidance for care in people with multimorbidity and I will share some early thoughts on what we may be able to achieve within the resources available to us.

Dr. Christiane Muth, MD, MPH

Biography: Christiane Muth is a general internist and a primary care researcher at the Johann Wolfgang Goethe University in Frankfurt, Main. She holds an MPH degree from Hanover Medical School. She is the key author of an evidence-based guideline on chronic heart failure, funded by the German Ministry of Education and Research (BMBF), and authorized by the German Society of General Practice and Family Medicine (DEGAM). The guideline makes use of a method she developed, called the systematic guideline review. This guideline was selected as the source guideline for the development of a National Guideline (NVL) and for the disease management program (DMP) on chronic heart failure for nationwide implementation. Currently, she is conducting the cluster-RCT 'PRIMUM' (PRIoritization and optimization of MUltimedication in Multimorbidity) funded by the BMBF to determine whether complex interventions will improve the appropriateness of prescriptions in elderly multimorbid patients.

Research interests: Her research interests focus on clinical decision support for chronic conditions, in particular in combination with co- and multimorbidity, on multi-morbid patients receiving poly-pharmacotherapy, as well as on methodology with a focus on guideline development.

Phil Alderson

Biography: Phil Alderson is a public health doctor working within the clinical guidelines programme at NICE. He leads on the methods of clinical guideline development as well as performing a quality assurance role within the programme. Before joining NICE in 2005, he worked at the UK Cochrane Centre in Oxford for eight years, leading its training programme for systematic reviewers and developing interests in the methods of research synthesis.

Research interests: Current research interests include improving the presentation of clinical guidelines to support informed decision making, including for patients and clinicians dealing with choices in multimorbidity, and a series of systematic reviews relevant to perioperative care.

Paul Glasziou

Applying evidence to individual patients with multimorbidity: What are the key principles in individualization?

All treatment decisions involve a balance between the expected benefits and the potential harms. While that balance is more uncertain in the presence of co-morbidities, the principles are the same. No two patients are identical and none perfectly fit the "average" the benefits and harms of treatment derived from a standard clinical trial. Hence, with or without co-morbidities, we will need to "adjust" the trial results for each individual patient. That extrapolation might be done by applying the estimate of relative effect from the trial to the individualized assessment of the likelihood of disease (and known treatment side-effects) in the absence of treatment. In epidemiological terms we extrapolate by assuming that: Likely effect of treatment on individual = Absolute risk for individual without treatment x Relative treatment effect. This predicted individual effect then needs to be weighed against the predicted harms.

For patients with co-morbidities the question then is: "how do the co-morbidities change the expected treatment benefits and harms?" Most commonly co-morbidities will alter the balance by increasing the risk of harms, e.g., warfarin treatment is more dangerous in many conditions including liver disease and alcoholism, and pregnancy adds a new risk to almost all treatments. Co-morbid conditions will less often influence the benefits. However, there are exceptions: some co-comorbidities increase risk and hence increase potential to benefit, e.g., patients with atrial fibrillation who also have heart failure or hypertension are at higher risk and have a greater net benefit from anticoagulation. Since most treatments are used for a number of diseases, sometimes the choice of treatment can help two conditions, e.g., for someone with hypertension and recurrent renal calculi a diuretic might help both conditions.

These examples illustrate the complex nature of the individual therapeutic decision making. Guidelines need to be much more aware of this need for individualization. In particular, rather than simply provide "one-size fits all" recommendations, they should provide descriptions the predictors of natural history and of the benefits and harms of treatment options, allowing the estimation of individual net benefits or harms. When this is too difficult, as a minimum they should provide caveats about when harms may outweigh benefits, and some alternative treatment options. These steps would go some way to achieving the Hippocratic aim of firstly doing no (net) harm.

Ulrich Thiem

Comment: The functional view on multimorbidity

The application of evidence to the care of older patients suffering from multimorbidity is a very challenging task. It comes as no surprise that concepts on how to choose and apply therapeutic interventions in multimorbid patients are ill-defined and ambiguous. In general, it is appealing to support an evidence-driven approach that tries to adjust the risk-benefit ratio of interventions derived from less severely affected populations by considering the risk modifying factors associated with multimorbidity. However, at least two major shortcomings of this course of action should be addressed. Firstly, the evidence base for rational decision-making in the context of multimorbidity is not as broad as the complexity of needs that unfold in the everyday care of multimorbid patients. As long as a substantial mismatch remains between the few areas of relative certainty (supported by reasonable evidence), and the many areas of uncertainty (with only marginal or a complete lack of evidence), the evidence-driven approach will lack relevance for and acceptance by patients and caregivers. Secondly, when using such an approach, guidance on decision-making will be incomplete if the problem of concurrent interventions of comparable proven efficacy is ignored. It has been convincingly shown that the transfer of recommendations from single-disease guidelines to multimorbid elderly patients worsens

rather than solves the therapeutic dilemma that surrounds multimorbidity. Hence, a closer look is necessary at how realistic treatment goals can be defined and how the preferences of patients and their relatives can be integrated. This, in turn, will provide the framework for all therapeutic interventions. One approach that may serve this purpose is the functional, i.e. geriatric, view of multimorbidity. In brief, the functional view attempts to identify - and find interventions to modify - diseases, symptoms or restrictions that interfere with the functional abilities of a given patient. Function is closely related to a variety of health outcomes, including overall survival and quality of life, and is likely to be compatible with patient preferences. Therefore, a treatment plan based on the functional view may help us find a mix of interventions that is reasonably tailored to the needs of the patient affected by multimorbidity.

Professor Paul Glasziou FRACGP, PhD

Biography: Paul Glasziou is Professor of Evidence-Based Medicine at Bond University and a part-time General Practitioner. He was the Director of the Centre for Evidence-Based Medicine in Oxford from 2003-2010.

Research interests: His key interests include identifying and removing the barriers to using high quality research in everyday clinical practice.

Authorship: Professor Glasziou has authored over 160 peer-reviewed journal articles – half of these since 2004. The articles have a total of over 10,000 citations. His h-index is currently 42, that is, 42 articles have been cited at least 42 times; 18 of these publications having been cited over 100 times. These research articles have appeared in key general medicine journals such as the Lancet (7), NEJM (3), JAMA (4), Annals of Internal Medicine (3), BMJ (16), and the MJA (8), as well as a variety of specialist medical and methodological journals.

He is the author of seven books related to evidence based practice: Systematic Reviews in Health Care, Decision Making in Health Care and Medicine: integrating evidence and values, An Evidence-Based Medicine Workbook, Clinical Thinking: Evidence, Communication and Decision-making, Evidence-Based Medicine: How to Practice and Teach EBM, and Evidence-Based Medical Monitoring: Principles and Practice. He is the recipient of an NHRMC Australia Fellowship which he commenced at Bond University in July, 2010.

Dr. Ulrich Thiem, MD

Biography: Ulrich Thiem is senior physician in the Department of Geriatrics, Marienhospital Herne, University of Bochum, Germany, and also postdoctoral research fellow at the Department of Medical Informatics, Statistics and Epidemiology, University of Bochum. Beginning his clinical career in 1994, he started working in internal medicine and several subspecialties, such as cardiology, intensive care medicine and oncology, with an emphasis on practicing and teaching Evidence-Based Medicine (EBM). He was lecturer in EBM for the Chamber of Physicians (between 2000 and 2005), and still teaches EBM at the University of Bochum (since 2004). He obtained a Doctoral degree (in 1997) and Board certificates for Internal Medicine (in 2001), Geriatrics (in 2007) and Physical Therapy (in 2008). In 2005 and 2006, Ulrich Thiem was research fellow of the Robert Bosch Foundation, Stuttgart, Germany, in a Geriatrics research fellowship program. Since 2008, he is coordinator of the research consortium “PRISCUS”, a German research network dealing with different aspects of multimorbidity funded by grants from the Federal Ministry of Education and Research (BMBF).

Research interests: Apart from EBM, his research interests have been: osteoarthritis and mobility impairment / falls, community-acquired pneumonia, as well as polypharmacy and potentially inappropriate medication in the elderly.

Memberships and international activities: Ulrich Thiem has served as a peer reviewer for several national as well as international medical journals, and is academic editor of PLOS ONE, an open access journal of the Public Library of Science. He is also a member of the Executive Board of the German Geriatrics Society (DGG, since 2010).

François Schellevis

Research in multimorbidity: dilemmas and challenges

Research in multimorbidity is beyond its infancy. Although many challenges remain in defining and measuring multimorbidity, it is generally accepted that patients with multimorbidity are the norm rather than the exception. Also, the impact of multimorbidity on the health of individuals and populations, and on the quality, organization and costs of health care is undisputed.

Taking the results of these descriptive epidemiological studies into account, priorities for the next phase in multimorbidity research should be based on the need for evidence on preventing multimorbidity, evidence on effective interventions for treating and managing multimorbidity, and evidence on how to efficiently organize health care for patients with multimorbidity. The conclusion of a recently published systematic review of comprehensive care programs for patients with multiple chronic conditions was that it is too early to draw firm conclusions regarding their effectiveness. Dilemmas in multimorbidity research include the generic versus disease specific approach, the professional versus the patient perspective and the selection of outcome measures to establish the effects of interventions. The need for large study populations, the need for methodological and statistical techniques which take the complexity of multimorbidity into account, and the different contexts of health care systems in international studies represent some of the challenges in this next phase of multimorbidity research.

Rafael Perera

Comment

Frameworks for identifying key research questions, designing and evaluating plausible interventions, and finally implementing these in the relevant health care systems have recently been updated. Careful integration and adaptation of these frameworks to research in multimorbidity should speed up research in this area. In spite of differences in health care systems, coordinated international collaboration is also likely to prove an efficient way of increasing the evidence base.

Prof. François Schellevis MD PhD

Biography: François Schellevis is a general practitioner and epidemiologist. His career gradually changed from practicing physician to research. Currently he leads one of the research departments of NIVEL (Netherlands Institute for Health Services Research) and is member of NIVEL's management team. He holds a part-time chair in "Multimorbidity in general practice" at the Department of General Practice & Elderly Care Medicine / EMGO Institute for Health and Care Research at the VU University Medical Center in Amsterdam.

François Schellevis received his MD in 1979 and finalized his vocational training in general practice in 1981 at the Nijmegen University. Next to working in his own practice he worked as junior researcher at the Department of General Practice of the Nijmegen University until 1989, and from 1989 to 1997 at the Department of General Practice of the VU University in Amsterdam. Since 1997 he works at the NIVEL Institute. He defended his PhD thesis in 1993.

Research interests: His research interests include the epidemiology of multimorbidity, chronic diseases and quality of care. He is (co-)author of more than 150 publications in international peer-reviewed journals.

Rafael Perera DPhil, MSc, MA

Biography: Rafael Perera is a Statistician, University Lecturer in Medical Statistics, and the Head of Statistics in the Department of Primary Care Health Sciences, University of Oxford, UK. He is co-director of the Monitoring and Diagnosis group, Oxford (MaDOx) and Director of Research Methodologies at the Centre for Evidence Based Medicine (CEBM) in Oxford. He is also a Fellow of St Hugh's College, Oxford.

Dr Perera received his BSc (merit) in Actuarial Science in 1990 by the Instituto Tecnológico Autónomo de México (ITAM). After graduation, he received a Scholarship by the Mexican Science and Technology Council (CONACYT) in 1994 to carry out his postgraduate degrees at the University of Oxford. He obtained his MSc in Applied Statistics (OXON) in 1995 and a DPhil in Statistics (OXON) in 1998. Since then he has worked as Senior Lecturer at ITAM (1999-2002), Senior Research Fellow in Oxford (2002-2007), and University Lecturer in Oxford (2007 – to date). During this time he has been awarded several prizes for Teaching (ITAM 2000 and 2001, Oxford 2008), Research (BJGP Research paper of the year 2005 and 2006), and Academic Trajectory (Professional Merit in Academia, ITAM Alumni Association in 2008).

Research interests: Dr Perera's primary research program focuses on monitoring in primary care, meta-analysis methods, methodology for studying infectious diseases in children, and assessing complex interventions. In the last three years, his research focus has changed to managing chronic conditions. His work on self-management of INR in people taking oral anticoagulation therapy (OAT) has identified that self-management is not only safe but also potentially beneficial (reduction of thrombosis and hemorrhages) when compared to clinic or doctor based monitoring.

Memberships and international activities: Dr Perera is a member of several professional organisations. These include being a member of the Health Technology Assessment (HTA) Commissioning Board until April 2012, of the review board of the BMBF funding initiative (Germany) "Interventional Trials in Health Care Research" in 2010, and member of the HRB (Ireland) Health Research Awards 2012 Population Health Sciences Committee. He is also a member of the Cochrane Statistical Methods and Reporting Bias Methods groups. Dr Perera is also a professional member of two international statistical associations: Fellow of the Royal Statistical Society (UK) and member of the Mexican Statistical Association.

He is the author of more than 100 publications focusing on monitoring in primary care, meta-analysis methods, methodology for studying infectious diseases in children, and assessing complex interventions.

Jose M. Valderas

Introduction to the panel discussion: what way forward?

By now it will be established that multimorbidity is an insidious epidemic, what are the challenges posed by it in everyday practice, including polypharmacy and the lack of evidence base, as well as the challenges for research. In the final panel discussion, we want to understand what is needed for taking addressing all these challenges. We will consider the research needs, but also the needs for practitioners and policy makers.

Biosketch

Jose Maria (known as 'Chema') is a General Practitioner, Senior Research Clinical Fellow and Head of the Health Services and Policy Research Group at the Department of Primary Care Health Sciences, University of Oxford. He has held previous appointments at the National Primary Care Research and Development Centre, University of Manchester, the Centre for Health Services Research and Development, Department of Health Policy and Management, Johns Hopkins University, and the Health Services Research Unit at IMIM-Hospital del Mar, Spain (1998-2006).

Chema's research has covered different aspects of research on structure, processes and outcome of health services, and currently his research focuses on three main inter-related topics: the use of patient reported outcomes in primary care, the delivery of high quality health care for people with multi-morbidity, and the implementation of patient safety in primary care. He is particularly interested in the management of multi-morbidity in Primary Care.

He currently holds a NIHR Clinician Scientist Award which will fund a 5 year programme of research on the clinical use of Patient Reported Outcomes Measures (PROMS), i.e. patients' reports on their own health, in primary care for patients with selected multiple conditions (2011-2016).

Chema is also Senior Researcher at the Policy Research Unit in Quality and Outcomes of Person-Centred Care, Senior Visiting Fellow at the London School of Economics, Visiting Fellow at the WHO European Observatory of Health Systems and Policies, Associate Editor of the journals European Journal of General Practice and Quality of Life Research and member of the Cochrane Collaboration group on PRO Methods.

Biographic details of the panel guests

Professor Ferdinand M. Gerlach, MD, MPH

Ferdinand Gerlach is a Full Professor of General Practice at the Goethe University Frankfurt am Main and Executive Director of the Institute of General Practice.

His research interests focus on health care research, quality improvement and patient safety in primary care, evidence-based medicine, chronic care and practice epidemiology.

He has been awarded a number of prizes including the German Research Prize for General Practice, German Prize for Health Sciences, German Prize for Innovation in Health Care, Berlin Health Prize, and the Richard Merten Prize for Quality in Health Care

Since 2007 he has been a member of the German Advisory Council (Sachverständigenrat) on the Assessment of Developments in the Health Care System which gives advice to German parliament and the federal government and since 2010 he has been president of the German Society of General Practice and Family Medicine (DEGAM).

Dr. Monika Lelgemann, MD

As a medical doctor and clinical epidemiologist Monika Lelgemann works at the Medical Advisory Service of the Central Federal Association of Health Insurance Funds where she runs the department for evidence-based medicine and is mainly occupied with health technology assessments. In March 2011 Monika Lelgemann was elected head of the German Network for Evidence Based Medicine (DNEbM), a network of 900 scientists, doctors, nurses and members from other professions which aims to implement and further enhance methods used in evidence-based medicine. Dr. Lelgemann is a member of the AWMG Association of the Scientific Medical Societies in Germany's Standing Commission for Clinical Practice Guidelines and has headed the scientific advisory committee of the German Agency for Health Technology Assessment of the German Institute of Medical Documentation and Information (DAHTA@DIMDI).

Dr. Lelgemann received her medical education in Marburg and Göttingen, and her training in clinical epidemiology at the Erasmus University in Rotterdam, Netherlands. She is a trained anesthetist and an expert in clinical pharmacology. At different institutions in Germany Dr. Lelgemann has been involved in guideline development and health technology assessment for the past 15 years. During her time at the German Agency for Quality in Medicine she was responsible for the National Disease Management Guidelines Program and the German Guideline Clearinghouse.

Research integrity:

The editorially independent scientific committee selected the speakers and organized the program. In line with the recommendations of the International Committee of Medical Journal Editors, the speakers have provided disclosure statements on potential conflicts of interest.

The symposium is part of the 22nd Friedrich Merz Foundation's visiting professorship for "General Practice and Health Services Research on Multimorbidity". The visiting professor was selected by a special scientific Board of Trustees consisting of professors from different faculties and appointed by the President of Johann Wolfgang Goethe University, Frankfurt/Main.

Funding:

The Friedrich Merz Foundation's visiting professorship is to be organized in line with the traditions of charitable foundations of Frankfurt citizens and traces back to the founder of the Merz Pharma GmbH & Co. KGaA, a family business. Since its initiation in 1985, the foundation has earmarked funds for a visiting professorship. These have been transferred directly to the presidential department of the Frankfurt-based Goethe University. This department arranges all financial transactions and supervises and documents that the funds have been used for their intended purpose.

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Speakers

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Associate Director, Centre for Clinical Practice, National Institute for Health and Clinical Excellence (NICE), UK

Martin Fortin

Professor of Family Medicine and Research Director, Department of Family Medicine, Sherbrooke University, and Applied Canadian Institutes for Health Research (CIHR) Chair on Health Services and Policy Research on Chronic Diseases in Primary Care, Canada

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Director, Centre for Research in Evidence-Based Practice (CREBP), Faculty of Health Sciences, Bond University, Gold Coast, Australia

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Panel Guest

Monika Lelgemann

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Previous Guest-Professorships

- 1987 Prof. Dr. Alain Reinberg (Paris)
Symposium: „Chronobiology and Chronopharmacology at Johann Wolfgang Goethe University,,
- 1988 Prof. Dr. Alan North (Portland, Oregon/USA)
Symposium: „Muscarin-receptor Subtypes: Experimental Results and Therapeutic Aspects,,
- 1989 Prof. Dr. Ferenc Gallyas (Pecs/Hungary)
Symposium: „Neuromorphological Contributions to Dementia Research,,
- 1990 Prof. Dr. Siegfried Lindenbaum (Lawrence, Kansas/USA)
Symposium: „Challenges to Galenical Development Regarding Geriatrics and CNS-active Substances,,
- 1991 Prof. Dr. Gerhard Kostner (Graz)
Symposium: „Atherogenic Lipoproteins,,
- 1992 Prof. Dr. Povl Krogsgaard-Larsen and Dr. Ulf Madsen (Copenhagen)
Symposium: „The Glutamatergic System: Pharmacological and Therapeutic Aspects,,
- 1993 Prof. Dr. Robert Schwarcz (Baltimore/USA)
Symposium: „The Glutamatergic System: Pharmacological and Therapeutic Aspects,,
- 1994 Prof. Dr. Dieter Häussinger (Düsseldorf)
Symposium: „Pathogenesis and Therapy of Hepatic Encephalopathy,,
- 1995 Prof. Dr. Bengt Winblad (Stockholm)
Symposium: „Recent Findings in Dementia and Their Clinical Relevance,,
- 1996 Prof. Dr. Carl Anders Hamsten (Stockholm)
Symposium: „Hypertriglyceridemia - Risk Factor for Atherosclerosis and Thrombosis,,
- 1997 Dr. David J. Begley and Prof. Michael William Blackburn Bradbury (London)
Symposium: „The Blood-Brain Barrier and Drug Delivery to the CNS,,
- 1998 Prof. Ali H. Rajput (Saskatoon, Canada) and Prof. Thomas N. Chase (Bethesda, USA)
Symposium: „Late Motor Complications in Parkinson's Disease,,
- 1999/2000 Prof. Dr. Edson X. Albuquerque (Baltimore, USA)
Symposium: „Neuronal Nicotinic Receptors - from Molecular Biology to Therapeutic Prospects,,
- 2000/2001 Prof. Dr. Timo Juha Erkinjuntti (Helsinki)
Symposium: „Small vessel diseases, white matter lesions and vascular cognitive impairment,,
- 2002/2003 Prof. Dr. Norbert Schuff (San Francisco)
Symposium: „Fortschritte in der Behandlung des Morbus Alzheimer – Diagnostische und therapeutische Innovationen,,
- 2004 Prof. Dr. R. Pellicciari / Prof. Dr. G. Costantino (Universität Perugia, Italien)
Symposium: „GPCRs as Target for the Treatment of CNS Diseases,,
- 2006 Prof. Dr. Mauricio Montal (University of California San Diego, USA)
Symposium: „Botulinum Neurotoxins - from molecular insights to clinical applications,,
- 2007/2008 Prof. Dr. Josef P. Rauschecker (Department of Physiology and Biophysics; Georgetown University, Medical Center, USA)
Symposium: „Tinnitus - Auditory and Nonauditory Factors,,
- 2009 Prof. Dr. Richard L. Gallo (University of California, San Diego)
Symposium: „The Challenge of aging Skin – Physiology and Therapy,,
- 2010 Prof. Dr. David M. Simpson (Mount Sinai Medical Center, New York, USA)
Symposium: „Spasticity – Pathophysiology and Treatment“
- 2011 Prof. Dr. Raymond C. Stevens (The Scripps Research Institute, La Jolla, USA)
Symposium: „GPCR - An Update on Structure and Function 2011“

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is a constant com-
out being able to

Evidence-based
but it can help to
facts and uncertainty
important decisions
make: ethics and
of a problem or indi-
via clinical practice

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of knowledge and
How decision-
to uncertainty, and
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panion. Every day we need to make decisions with-
confidently predict the outcome.

medicine can not completely eliminate uncertainty,
more clearly define the boundaries between proven
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outside of the clinical routine are often difficult to
interests might contradict each other, the complexity
viduality of patients are resistive to standardization
guidelines or clinical pathways.

medicine clarifies when uncertainty is based on lack
how much our preferences influence decisions.

making in real life differs from theory when it comes
what can be done to better handle uncertainty will
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