

EBHC teaching in the Pacific Rim



New Zealand



Formal EBHC teaching

4th yr medical students (Auckland = 50%)

5 x 2 hour sessions on CATs for:

- i. Intervention studies
- ii. Diagnostic test accuracy
- iii. Prognosis & risk
- iv. Systematic reviews

a CAT in each clinical attachment (5)

assessed by usual clinical teachers

Formal EBHC teaching

Postgraduate programme (Auckland)

3 university courses in MPH programme:

- i. EBHC & clinical epidemiology
- ii. RCT design, management & analysis
- iii. Systematic Reviews

Postgraduate programme (Christchurch)

~~**1 university course in MPH programme:**~~

Formal EBHC teaching

Postgraduate programme (Auckland)

1 x university courses in Nursing programme:

EBHC

Postgraduate programme (Wellington & Christchurch)

1 x university course in Nursing programme:

? EBHC

Formal EBHC teaching

Medical Colleges

- O&G excellent epidemiology module
- CLEAR (Critical Literature Evaluation & Research) - 2 day programme for all surgical trainees
- small number of questions in final exams
- occasional lectures from 'experts'



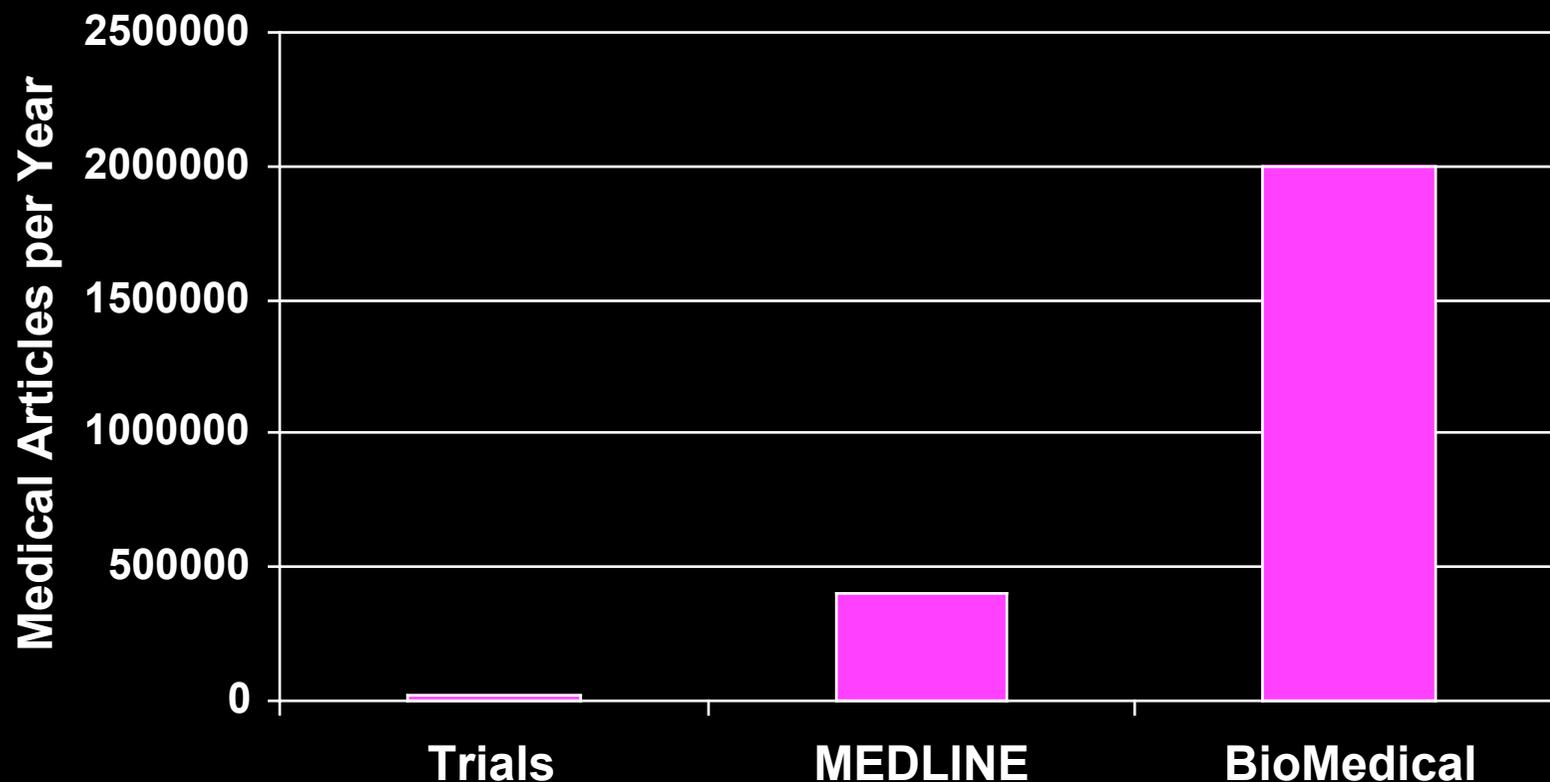
Are we missing something?

Rule 31 -
Review the World Literature Fortnightly*

*"Kill as Few Patients as Possible" - Oscar London 1987

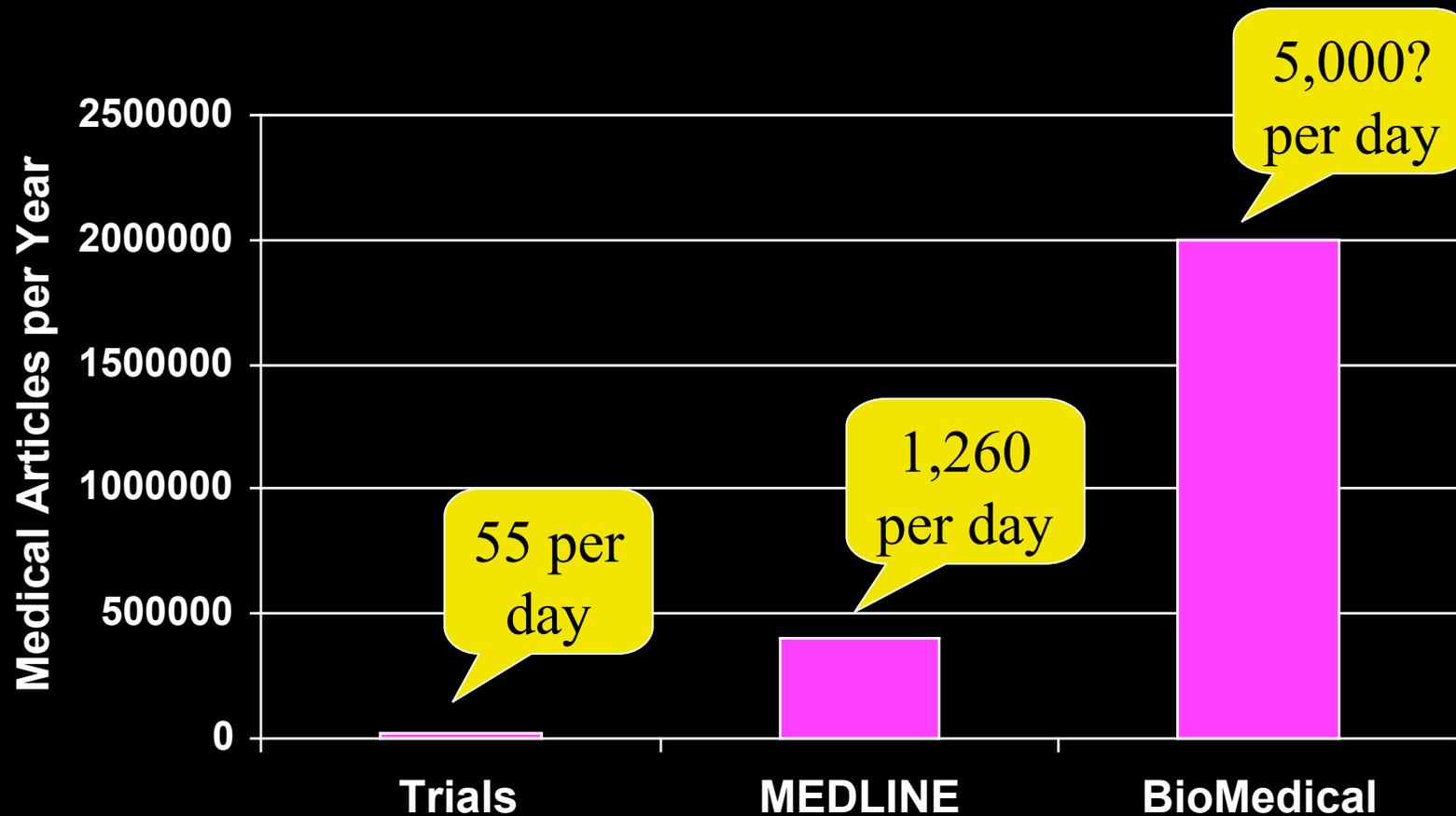
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Promoting Effective Health and Disability Services

- ABOUT NZGG
- GUIDELINES/PUBLICATIONS
- EVIDENCE BULLETIN
- EVIDENCE RESOURCES
- EVIDENCE FOR PRACTICE
- EVIDENCE FOR CONSUMERS
- ACTIVITIES AND EVENTS
- LINKS
- WHAT'S NEW

The New Zealand Guidelines Group leads a movement towards the delivery of high quality health and disability service throughout New Zealand through a change of culture based on evidence and effectiveness

SEARCH SITE

Go!

'Ko koe ki tena ko au ki tenei kiwai o te kete'



2nd Guidelines International Network Conference
1-3 November 2004 - Wellington, New Zealand

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NZGG is proud to be a Founder Member of Guidelines International Network.

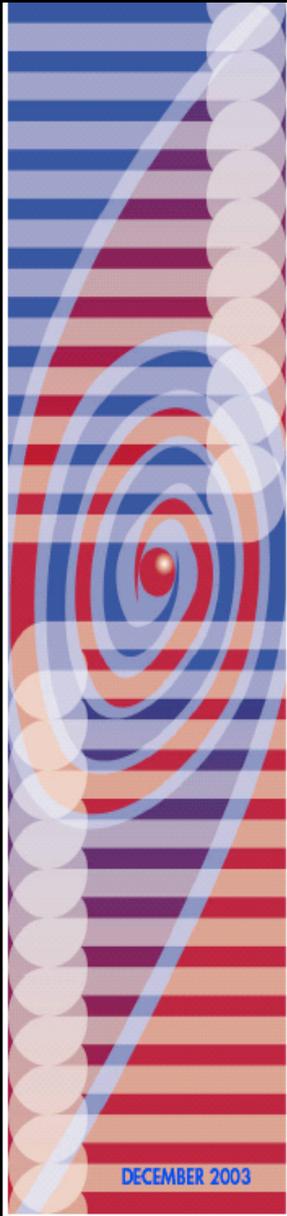


NZGG is proudly linked to HealthInsite of Australia.

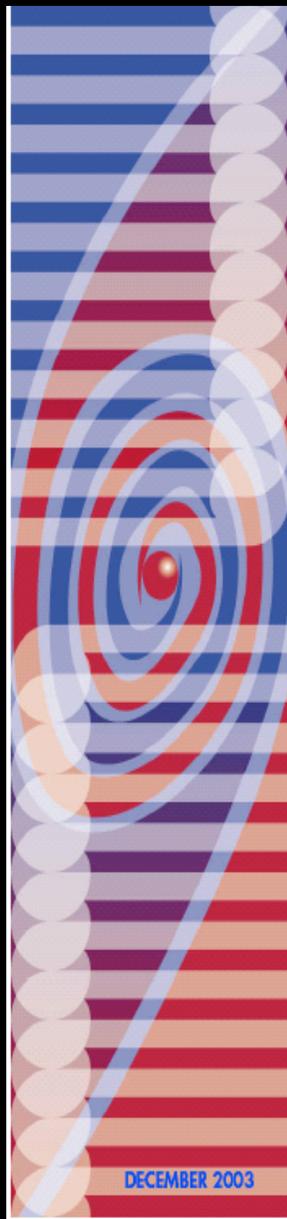


Treaty of Waitangi

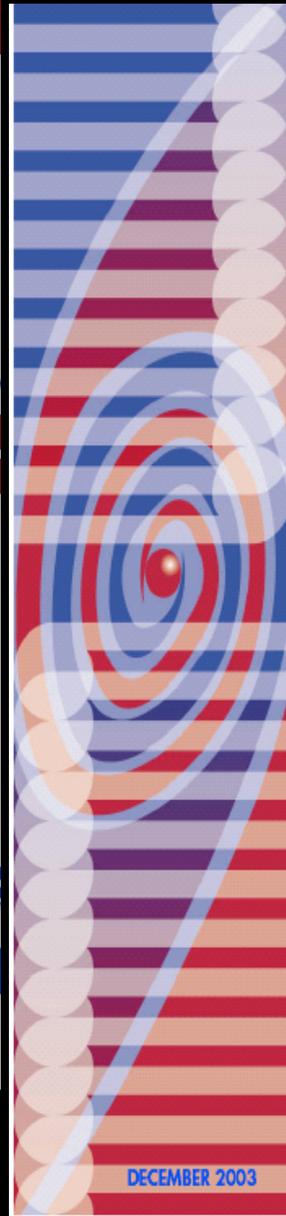




DECEMBER 2003



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EVIDENCE-BASED

EVIDENCE-BASED
BEST PRACTICE
GUIDELINE

THE ASSESSMENT
AND MANAGEMENT OF
CARDIOVASCULAR
RISK





EBM in practice"

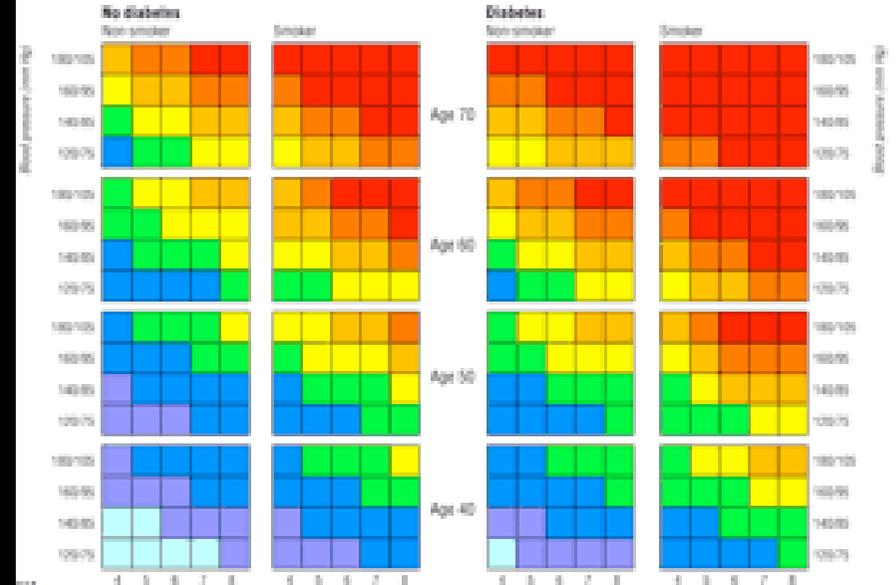
A paper-based risk tool for assessing heart disease risk

New Zealand cardiovascular risk prediction charts:

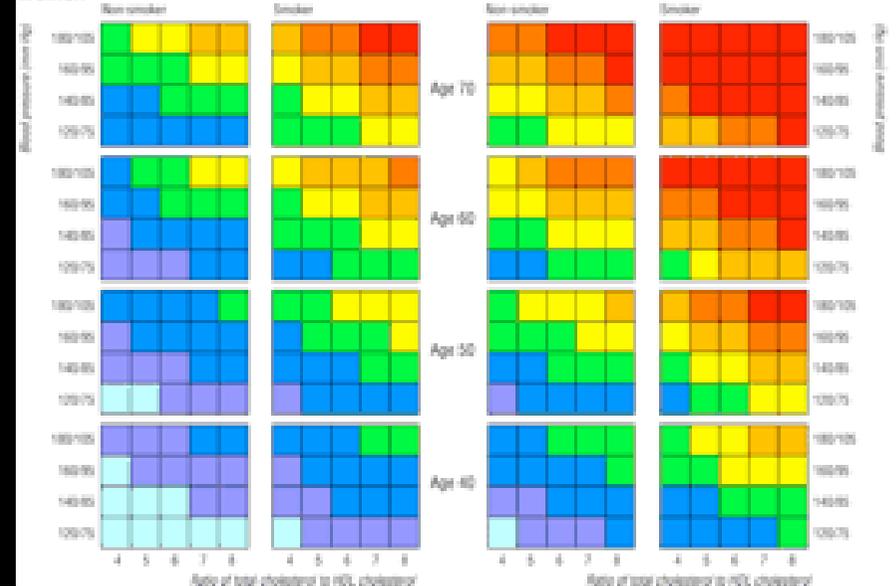
Risk level	3 year cardiovascular risk (non-total and total)	Benefit (1) Cardiovascular events prevented per 100 treated for 5 years**	Benefit (2) Number needed to treat for 5 years to prevent 1 event**
Very high	>20%	>10	<10
High	15-20%	8	11
	10-15%	7.5	13
Moderate	5-10%	4	25
	3-5%	2.5	40
Low	1.5-3%	1.25	80
	<1.5%	<0.8	>120

** Based on a 30% reduction in total cholesterol or a reduction in blood pressure of 10-15 mm Hg systolic or 5-6 mm Hg diastolic, which reduces risk of cardiovascular disease by about one third over five years

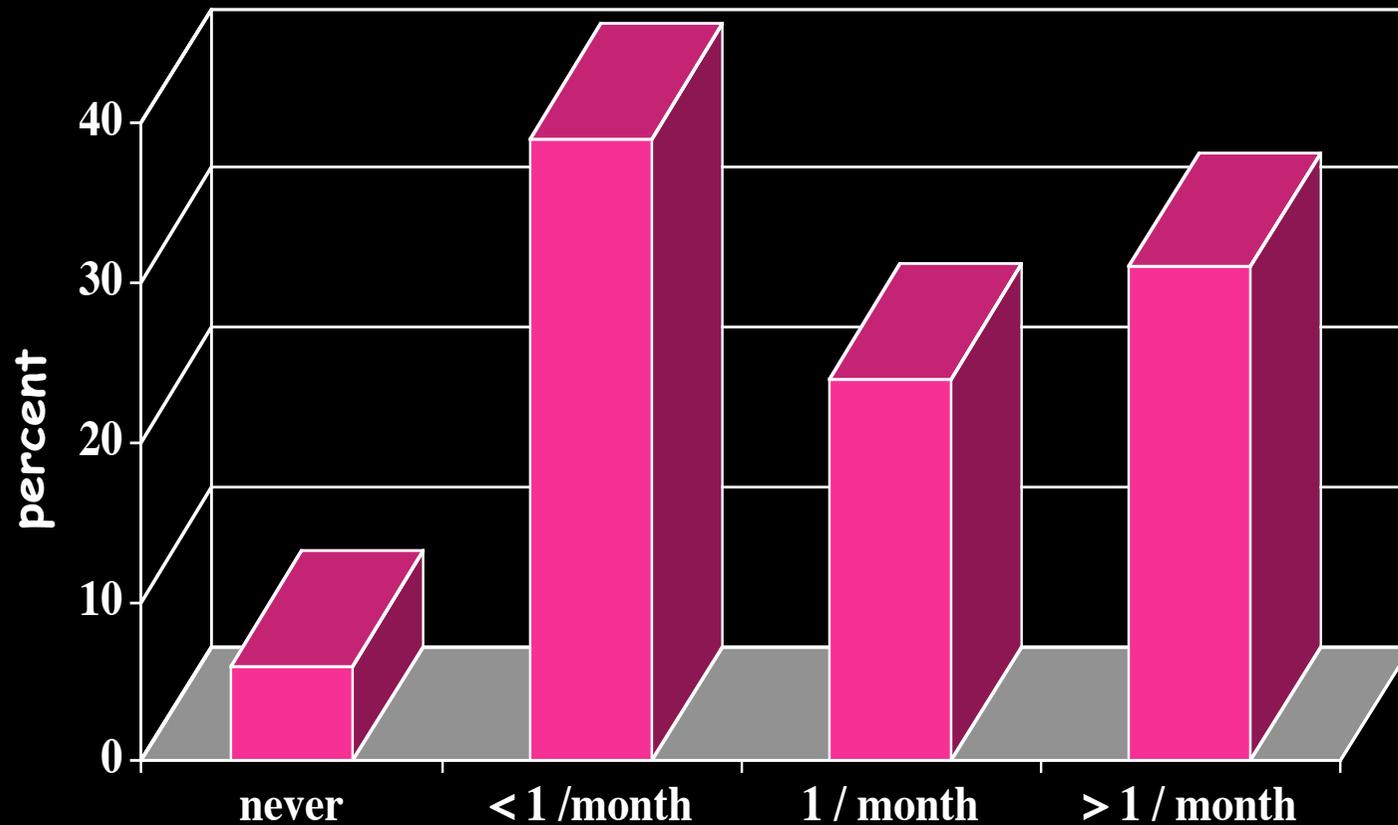
Men



Women



Use of paper risk charts by GPs

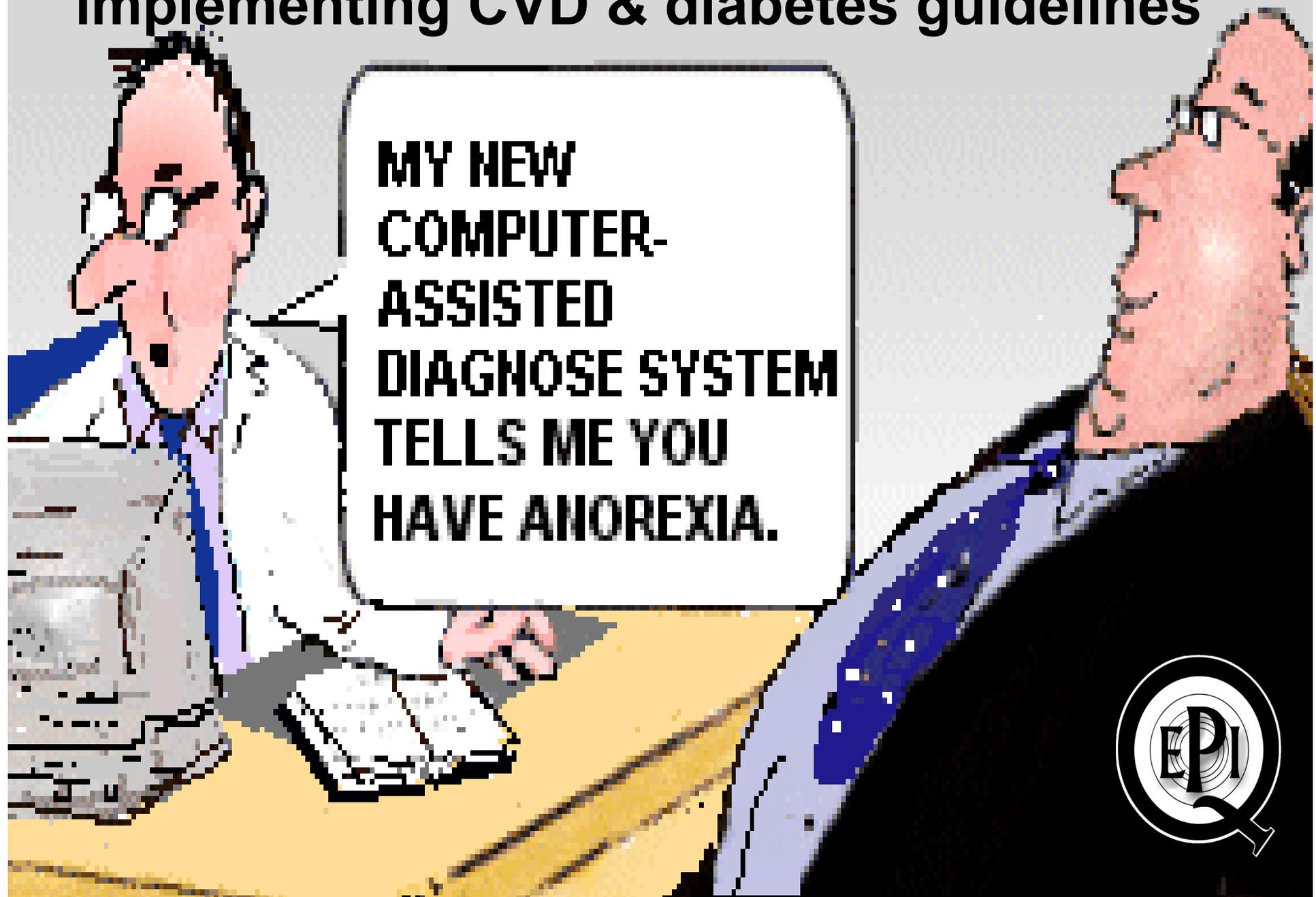


Arroll et al 1999

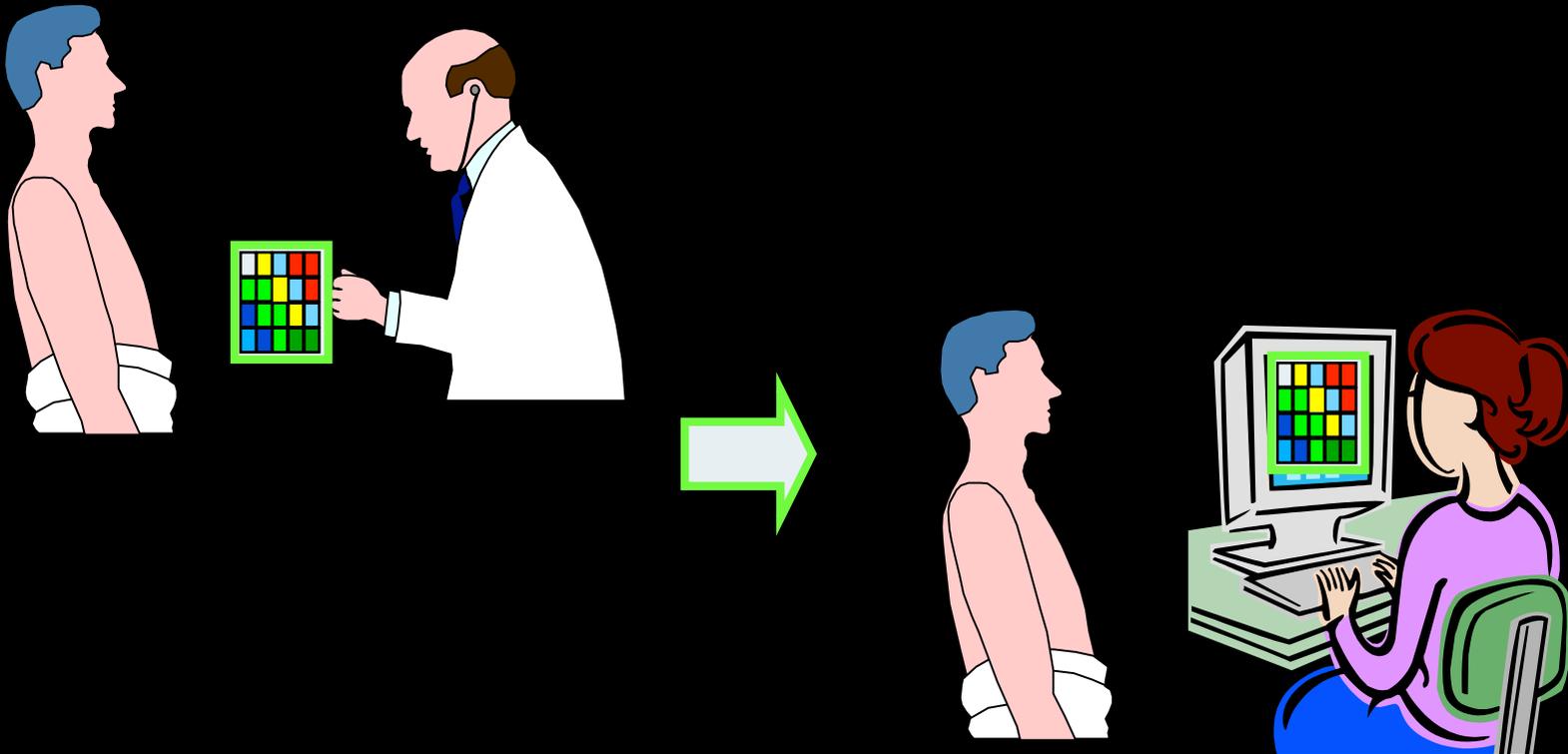


Paper guidelines:
1 year of clinical
information sent to
GPs

PREDICT: web-based decision support for implementing CVD & diabetes guidelines



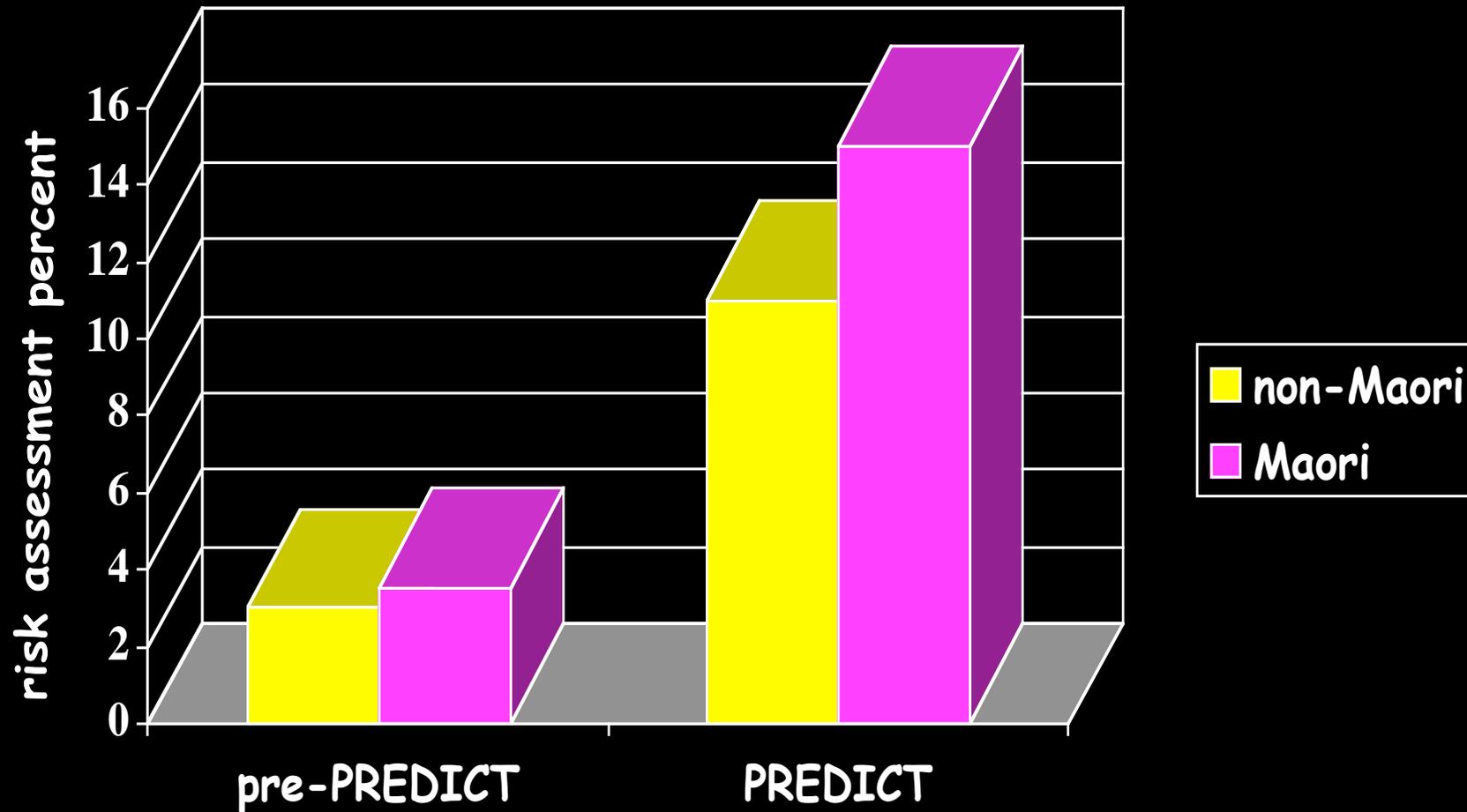
from paper-based risk assessment



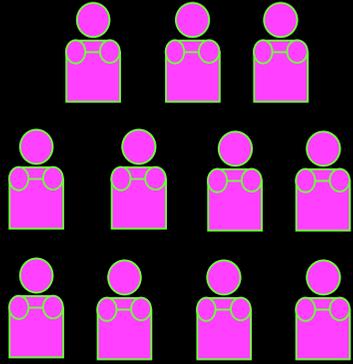
to

**PREDICT: web-based risk
assessment & risk management**

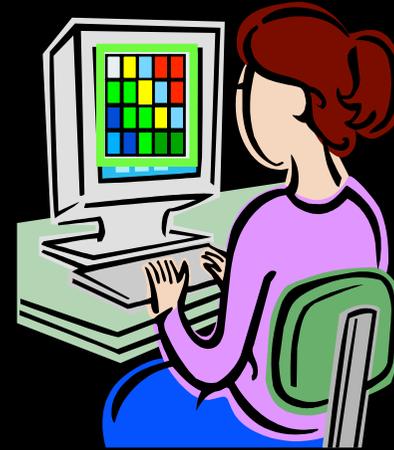
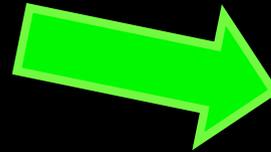
Does PREDICT work?



"Generating population evidence"



Enrolled population

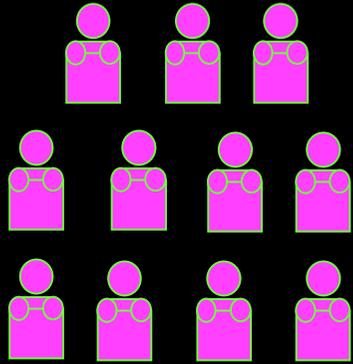


Could generate CVD risk profile of nation: 90% adults see GP over 2-3 years

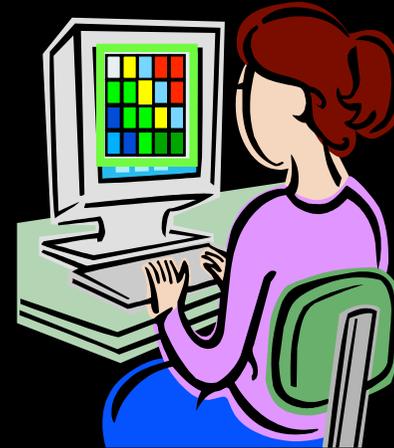
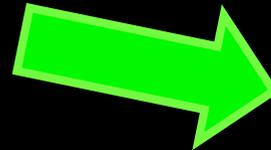


patient-specific CVD risk factor profiles

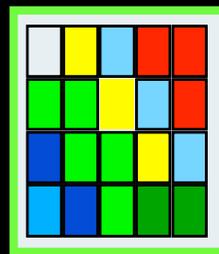
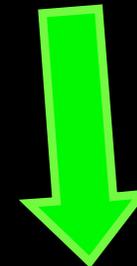
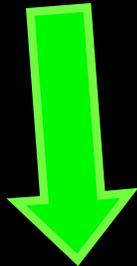
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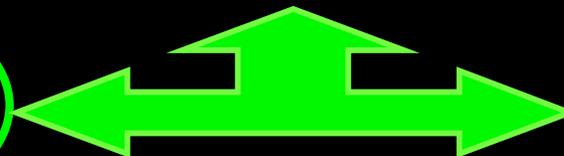
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patient-specific outcomes: hospital admissions, deaths

patient-specific CVD risk factor profiles

Link with NHI



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<http://www.googlecochrane.com>

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One portal for searching for information

