NEN

Quality criteria for health checks

EPAAC project - European Partnership Action Against Cancer
CEN Workshop Agreement

Marlou Bijlsma (NEN), Cecile Janssens (ErasmusMC) and Annemarieke Rendering (VWS)

March 22, 2012 Steering committee EPAAC, Berlin

Scope and aim

Planning

Quality criteria

Project team

Scope (survey)

- **What do you think about when we say health checks?**
- **What is on offer in your country?**

- **Health checks:** medical check-ups/screening/ questionnaires/ health examination/ genetic tests/ total body scan;

- By: employers, private organisations, municipalities, GP's, sports doctors, patient organisations,

Survey on scope

Wide variation in practices in Europe

- Conservative versus liberal
- Differences in financing of the health care services
- Centrally organised versus regionally organised
- Different disease patterns

different currents of practices

- National population based screening programmes
  - Quality criteria
- Periodic health examinations (PHE)

Scope

goodhealth greatwork
HEALTH CHECKS FOR A HEALTHY WORKPLACE

de WELNESS
health & sportcenter

Kick off meeting, 2 December 2011, The Hague

Scope

Preliminary definition:

Health checks are medical examinations offered to people to prevent or early detect one or more diseases or risk factors or poor outcome.

Outside the scope are:

- screening services covered by the EU Council recommendations (breast-, colorectal- and cervical, and potential new tests);
- regulated quality assured screening services;
- medical devices (products) like self tests covered by directive 98/79/EG

NEN

Kick off meeting, 2 December 2011, The Hague

The Workshop aims to achieve basic consensus on principles of quality criteria for health checks.

Quality criteria for health checks aim:

- to encourage sensible screening practices;
- to protect individuals against the risks of unsound screening;
- to allow clients to make responsible choices.

Results will be published in a CEN Workshop Agreement

NEN

CEN workshop agreement

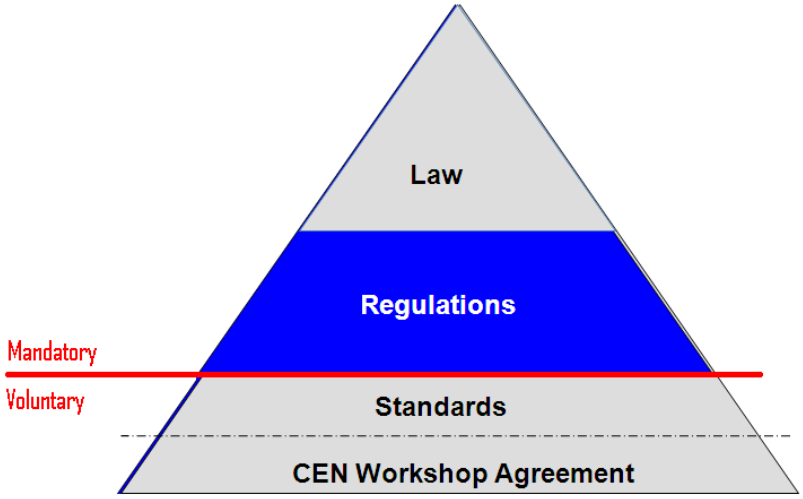
CEN Workshop Agreements (CWAs) are consensus-based specifications, drawn up in an open Workshop environment.

Flexible working platform

Open to the participation of anybody

For **rapid** elaboration

of consensus documents



NEN

CEN Workshop Agreement

Business Plan	Kick-off meeting	Drafting / Adoption of CWA	Publication of CWA
Describing: • scope • objectives • financing • schedule	**Confirming:** • Business Plan • rules of the Workshop • financing • Chairmanship • Secretariat	**Consensus process:** • Workshop participants • public consultation where required (required for CEN/WS 68)	• Publication by CEN • Announcement of publication by CEN Members

NEN

Planning

1. **Kick-off meeting** **2 Dec 2011**
   - **Approval of Business plan**
   - **Selection of chair and secretariat**
   - **Selection of project team**
   - **Call for source documents**
2. **Project team meeting** **23-25 May 2012**
   - Review source materials
   - Draft concept Workshop paper
3. **Consensus Workshop meeting** **summer 2012**
   - Participants discuss and comment on concept paper

NEN

Planning

4. **Internal review**
   - to reach consensus on content by workshop participants
5. **Public enquiry (60 days)**
   - Distributed through CEN to all member states
   - National comments collected
6. **Resolution of comments**
   - Project team proposes amendments
   - Participants approve the amendments
7. **Publication CEN Workshop Agreement**

- **end of 2012- early 2013**

NEN

Quality criteria

Background: Report Dutch Health Council: Screening, between hope and hype. MoH calls for quality in screening.

- Screening practices are emerging outside the national population based screening programmes (many private sector)
- Challenges:
  - not evidence based,
  - negative harm/benefit ratio,
  - no monitoring
- balance between the right to know and authonomy of clients versus safeguarding the risks
- by regulating quality and safety

Quality criteria: Wilson and Jungner

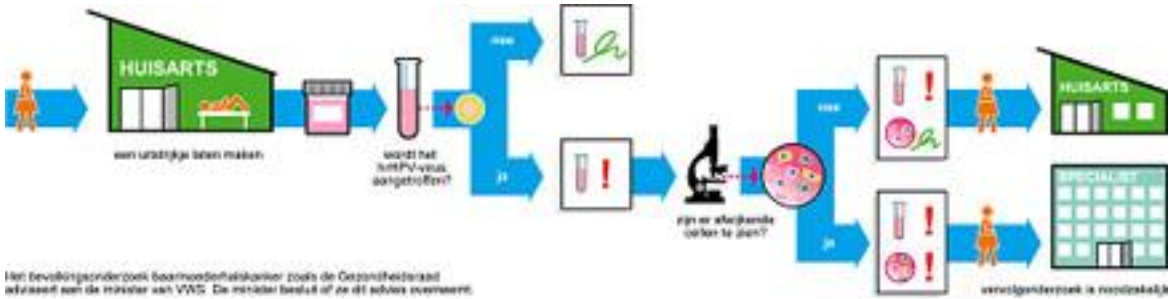
1. The condition sought should be an important health problem.
2. There should be an accepted treatment for patients with recognized disease.
3. Facilities for diagnosis and treatment should be available.
4. There should be a recognizable latent or early symptomatic stage.
5. There should be a suitable test or examination.
6. The test should be acceptable to the population.
7. The natural history of the condition, including development from latent to declared disease, should be adequately understood.
8. There should be an agreed policy on whom to treat as patients.
9. The cost of case-finding (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole.
10. Case-finding should be a continuing process and not a “once and for all” project.

Quality criteria: Wilson and Jungner still valid

UK programme appraisal criteria (NSC 2009)

- The condition
  - Important health problem, natural history adequately understood, recognizable early stage
  - Definition of at risk population
- The test/diagnosis
  - Suitable diagnotic test that is available, safe and acceptable
- The treatment
  - Established treatment or intervention
- The programme
  - Information + test + diagnosis + advise/referral
  - Quality management

Quality criteria : translation to all screenintg



invitation/ advertising → test → results → referral → diagnostics → treatment/care

screening

health care


relation with chain + referral
clear information, test and outcome
opportunity cost
target population
simple, safe, precise
quality assurance
informed choice
programme
validated
test
further diagnostic tools
complete screening programme: Information+diagnostic test+treatment
suitable cut-off level
adequately measures risk
BENEFIT > HARM
effective treatment for early detection
better outcomes for early detection
important health problem
detectable risk factor
condition
treatment
disease marker
reduced mortality
reduced morbidity
early symptomatic stage
better outcomes compared to late treatment
treatment available

source materials

Wilson and Jungner

NSC appraisal criteria

Screening between hope and hype (GR-08)

Report Quality criteria for screening in Europe (NEN- 09)

Evidence based medical testing – Bossuyt (2010)

- Diagnostic accuracy not sufficient for demonstrating benefits for testing
- Consequentialism: evaluation of health checks based on effects on patients

Position by the European Nutrition for Health Alliance on Routine Nutritional Status and Risk Screening across Europe (2011)

ANEC – Main consumer expectations from CWA Quality criteria for health checks (2012)

Eunetha – HTA Core Model for screening technologies (2011)

CWA 68 – Survey1 results (2012)

Extra call for imput/source materials

Follow up survey Health Checks(TEST)

In **Finland occupational health** services offer multiple **health checks**. Most bigger organizations offer types of health checks for their employees: questionnaire based screening tests for diabetes and stress; lab tests for cholesterol and liver enzymes.

1a. In your country do you have occupational health services offering health checks?

- ☐ YES
- ☐ NO
- ☐ I am not aware

1b. If yes, what is included in these occupational services health checks? If possible provide references/examples.

Project team meeting 23-25 May, The Hague

Draft Agenda for the Project Team Meeting
Workshop 68 Quality criteria health checks
MAY 23 (10.30-17.00)
Source documents and working documents
Survey results
Content of the CWA Quality criteria for health checks
Working plan
Conclusions and reflection

MAY 24 (9.00 – 17.00)
Group work writing different chapters
Review of different chapters
Conclusions and reflection

MAY 25 (9.00 – 16.00)
Resolution of comments
Working plan
Conclusions

Questions?

marlou.bijlsma@nen.nl
a.rendering@minVWS.nl
a.janssens@erasmusMC.nl