Interview
diabetes expert: Fred Stroms

Questions

- familar with protocol? YES
  - most detailed diabetes protocol
  - NHG more practical (process) then CBO version (more theoretical)
  - diabetes NHG standard developped by first and second line experts

Quality of protocol

- poor / acceptable / good / excellent
  - good use of literature
  - some gaps
    - insuline treatment part
    - no checks for “over treatment”
  - second line is not very well included (on purpose)
  - presentation ok (long / short version)

Flaws

type	extreme serious	very serious	serious	not serious
incompleteness			xx	x
redundancy				x
correctness of treatment		x		
safety of treatment		x		
property		x		
correct evaluation	x			

Pros / Cons

Pros

- find gaps in protocol (however illusion to solve them all)
- formal approach without first and second line (no competition)
- necessary first step for advice system!
- (more insight in the protocol)

Pros / Cons

Cons:

- medical knowledge is complex
  - diabetes not for 100% to capture in a protocol
  - always exceptions
- defensive behaviour (critique)
- labour-intensive (possibly an easier method?)
- feedback to medical people is labour-intensive too
- also need for non-medical people

Pros / Cons

Pro or Con?

- method is not transferable to medical people (other way thinking)

Opinion general methodology

- effort and results depend on the quality of the protocol
- NHG practical (good protocols)
- NHG all same quality, never complete
- useful to apply methodology on CBO-protocol (more theory)
- time: global yes, strict no
- build in electronic system, build in organisation
- forces to be explicit about intentions
- allow to relate protocols to indicators (goals) (patient, patient group)
- useful to derive indicators

Potentials of this approach?

- now applicable, because of flaws, next step should be to contact the commision
- more political decision
- protocol designers positive
- commission that just make a protocol, defensive behaviour
- “real” use of protocol is a difficult step
- important step for ict (however even patientdata systems are still in one’s infancy...)
- medical indicators are important in the future

Discussion

- How to estimate the quality of protocol?
- Finding anomalies:
  - from protocol text --> Asbru protocol
  - not from Asbru protocol --> KIV protocol
  - verification phase