



# Clinical perspective and the challenge of multiple clinical guidelines

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# Clinical guidelines



- The great medical technology success of the last 40 years.
- A second revolution towards truly evidence based medicine.
- Unfortunately based on the study of single disease and generally single interventions in patients without significant comorbidities and with intact homeostasis and substantial physiological resilience.
- Generally the effects of comorbidity and of multiple prescription medicines not included in end points.
- There are ‘guidelines’ for multi-morbidity- NICE (NG56), September 2016, this remains a summary of principles and of the size of the challenge.

# Reconciling guidelines

- C3 produced integrated guidelines using NICE single disease instruments, for hypertension, heart failure, renal failure, diabetes and depression expressed as a CDS solution.
- The challenge is **frailty** and **complexity**
- Frailty- is rarely the result of a single pathology or the failure of a single system
- The achievable clinical end point is often a compromise between addressing limited reversibility and increased treatment associated morbidity

# C3 co-ordinated care plan

- Summary of the decisions made by multiple care givers, visible to the patient and the carers where the compromises and deviations from single disease guidelines are listed and justified
- Allows the systematic collection of the data to allow multiple clinical guidelines to be tuned to individuals with an increasing evidence base

# Complexity and the C3 solution

- There are large cohorts of patients with **complex disease** e.g. HIV, chronic autoimmune disease, malignancies on biologic therapies. Such patients also have many of the common comorbidities and multiple pharmaceutical therapies. Typically they are on interventions which are prescribed by specialists which will be unfamiliar to community teams.
- C3 care platform allows a common care plan to be created which supports the reconciliation of such multiple carer inputs.
- Build a repository of structured data to allow tuning of guidelines appropriate to these patients.

- **Always with patient involvement**
- **Driven by communication**

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- Thank you
  - Discussion at the end
    - Next
  - Drug-drug interactions and C3
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