

Introduction

Carl-Henric de Verdier

Institute of Clinical Chemistry, University of Uppsala, University Hospital, Uppsala, Sweden

BACKGROUND

All over Western Europe and USA we can recognize a trend to move the diagnostic and therapeutic activities from the wards and the out-patient wards of the hospitals to different types of centers with general practitioners or suitable mixtures of general practitioners and specialized physicians. The advantage with this trend is that it brings the benefit of the health care system of the society closer to its users. Undoubtedly, however, it also imposes troubles and costs to the health care system even if the trend in a broader sense may turn out to be of economical value to the society.

Yesterday we learned that industry has not been late in taking up the challenge, i.e. an enormous effort has been made to provide these primary care centers with simple dedicated analytical equipment. Today we have to examine the pros and cons for bringing analytical activities nearer the patient.

NEARER THE PATIENT

It must be stressed that the concept "analytical activity near the patient" can be applied to two principally different situations in the everyday work of the clinical chemists:

- i) Analyses moved out to the intensive care unit, the operating theater of their vicinity. It may also include equipment with a sensor implanted in the body of the patient. Metabolic or endocrinological tolerance tests in specially equipped units within the departments of clinical chemistry are also applicable as well as pharmacokinetic studies.
- ii) Special laboratories in or in the vicinity of centers for primary care are examples of the other kind of activities near the patient. A specially equipped bench for analyses in the office of a general practitioner is another example. In the USA it has been called SPOT Lab (= Satellite & Physician office Testing) (6).

Today's discussion will only deal with the laboratories and analytical activities for primary care.

ORGANIZATION and RESPONSIBILITIES

Several disciplines, parties and authorities are involved in the design of an optimal organization for the analytical activities for primary care. A kind of check-list with indicated problems is presented below as Fig. 1.

Evaluation of Analytical Methods	Maintenance Service	Economy	Ethic Responsi- bilities Legal rules
Calibration Start-up Procedures	Practica- bility of Analyses	Interpreta- tion of Data	Practica- bility of Specimen Collection, Storage & Transport
Quality Control & Assurance	Standard for Good Laboratory Practice	Training & Information of Personnel	

CLINICAL CHEMISTRY GENERAL MEDICINE INDUSTRY

Other clinical Laboratory disciplines Other clinical disciplines

Medical Technology

MEDICAL SERVICES AND PUBLIC HEALTH ADMINISTRATION

Private medical care

N A T I O N A L B O A R D O F H E A L T H

Figure 1. A check-list for different problems to consider in the organization of analytical activities near the patient in the primary care. Involved disciplines and administrations are indicated in the lower part of the figure. Many of the problems have to be solved by joint efforts.

SOLUTION TO THE PROBLEMS

The many parties involved, the different economical and political solutions in different countries, different geographical conditions in different regions, the frequent launching on the market of new products from industry, the lack of good methods for evaluations and planning, all contribute to the difficulties in finding optimal or even good solutions to the organization of analytical activities near the patient in primary care. Several committees and organizations are trying to attack the problems and hopefully this will lead to consensus in many of the controversial questions. As industry generally works with the whole world as its market place it is urgent to find universal solutions. Among working groups of Scandinavian interest the following ones can be mentioned:

- i) Already in 1974 a Danish group of general practitioners and clinical chemists tried to work out recommendations for laboratory work in general practice (2).
- ii) A group of British clinical pathologists and chemists early wrote some well formulated guidelines (1). The suggestions were rather modest from a Scandinavian point of view .
- iii) NORDKEM has since two years a special project on the need for laboratory service to units or centers for primary care. A direct report will be given at this meeting by professor Mogens Hórder, the coordinator of the project.
- iv) The Scandinavian Society for Clinical Chemistry has a Committee on Quality Control supported by NORDKEM which works with quality control problems also for primary care (4).
- v) NCCLS and AACC cooperate in their efforts to find suitable solutions for providing quality control, calibration support, maintenance, consultations etc. to single or groups of general practitioners. They are aiming at voluntary standards agreed upon by all parties involved. The SPOT Lab was a dominant theme at the latest AACC National Meeting (6).
- vi) ECCLS - the European counterpart of the American NCCLS - has decided to start up a Standing Action Committee on Good Practice of Decentralized Clinical Laboratories (SAC on GPDCL). We are happy to be able to welcome Dr. René Dybkaer from Copenhagen who is chairman of this committee and who is going to tell us about his plans for the committee.
- vii) The Swedish Society for Clinical Chemistry (SFKK) has since a year appointed a group (C-H de Verdier, L Jacobsson & S Lindstedt) to work with suitable forms for providing laboratory service to primary care. Prof Lindstedt will present some of the views of this group at the discussion this afternoon .

In addition to these group activities at least two conferences have been held on the subject clinical chemistry near the patient. They have been documented as special books (3,5).

Finally I want to welcome all the speakers of today's session about "Evaluation of analytical activities near the patient". In addition to those already mentioned we are glad to see a representative for the general practitioners, dr. Göran Sjönell, and dr. Torgny Groth as a specialist in systems analysis for optimal planning and also a few clinical chemists covering different topics. In the final discussion we are pleased to have the opportunity to listen to a representative from industry, dr. R Strömberg, and a representative for the Swedish Nation Board of Health, dr. U Nikolausson.

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Address for reprints:

C-H de Verdier
Institute of Clinical Chemistry
University Hospital
S-751 85 Uppsala
Sweden