

## **Do Guidelines on Disease Management Matter? The Example of Hematuria Recommendations in Sweden**

**Introduction and Objectives:** The rising cost of health care is becoming a hot issue in many countries. Partly it depends on new expensive technology but also on underperforming old methods. One of the latter is dipsticktesting for hematuria which has been an integral part of health care for many decades. A panel of general practitioners, nephrologists and urologists was set up by National Board of Health and Welfare in Sweden 1999 to formulate evidence based policy statements and recommendations for evaluating hematuria in adults. Their recommendations were issued 2002. The aim of this analysis is to investigate the possible impact of these recommendations.

**Material and Methods:** The Swedish Bladder Cancer Registry covers more than 90% of all patients in the country who have been diagnosed with such disease since 1997. The database has been analyzed regarding two specific recommendations in the above national guidelines. That testing for micro-hematuria should be abandoned and that macroscopic hematuria should be investigated within 30 days from referral.

**Results:** The policy on microhematuria has been successfully applied and no stage shift to higher stages has been found. The relative survival has not changed during later years. Only 31% of patients with newly diagnosed bladder cancer were investigated within the recommended time frame. This result has not improved during the investigated period. The majority is investigated due to macrohematuria.

**Conclusion:** It is possible to abandon less cost-effective methods in a national health care system with no apparent loss of quality. The goal of decreasing maximum waiting times seems harder to reach without instituting more pressure.