

**Focus on...  
Implementation science**  
Esistono strategie efficaci per modificare i  
comportamenti professionali?

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**Precisazione semantica**

**LINGUAGGIO COMUNE**

Implementazione = applicazione (pratica)

**RESEARCH LANGUAGE**

Implementation = changing professional behaviours

Implementazione = modifica dei comportamenti professionali

**1. Background**

- Esistono numerosi gap tra le migliori evidenze scientifiche disponibili e la pratica professionale



**1. Background**

- Accanto alla mancata prescrizione di interventi sanitari efficaci, si assiste al continuo utilizzo di interventi inefficaci, se non addirittura dannosi per i pazienti

**Stime dell'inappropriatezza**

**Inappropriatezza in difetto**

- **30-45 %** of patients are not receiving care according to scientific evidence



**Stime dell'inappropriatezza**

**Inappropriatezza in difetto**

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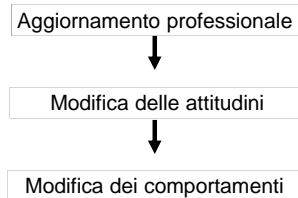
**Inappropriatezza in eccesso**

- **20-25 %** of the care provided is not needed or could potentially cause harm



## 1. Background

- Secondo il modello tradizionale, il trasferimento delle nuove conoscenze alla pratica professionale avviene in maniera lineare:



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## 1. Background

- Il modello tradizionale è inefficace perché:
  - i professionisti non sempre acquisiscono le conoscenze necessarie alla propria pratica
  - la pratica professionale viene influenzata dalle nuove evidenze solo parzialmente.

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Consistenti evidenze scientifiche dimostrano che la diffusione passiva delle linee guida non modifica comportamenti professionali

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*Cabana MD, Rand CS, Powe NR, et al.*

## Why don't physicians follow clinical practice guidelines? A framework for improvement

*JAMA 1999;282:1458-65*

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## Perché i medici non seguono le linee guida?

### 1. Internal Barriers

- Lack of Awareness
- Lack of Familiarity
- Lack of Agreement
- Lack of Self-efficacy
- Lack of Outcome Expectancy
- Inertia of Previous Practice

→ **Conoscenze**

→ **Attitudini**

### 2. External Barriers

- Guideline-Related Barriers
- Patient-Related Barriers
- Environmental-Related Barriers

→ **Comportamenti**

*Cabana MD, et al. JAMA 1999*

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## 1. Background

- Nell'era della clinical governance, l'organizzazione sanitaria non può mantenere il ruolo di "spettatore passivo"
- La direzione aziendale, supportata dagli uffici di staff e in collaborazione con i professionisti, deve **sviluppare, attuare e verificare un piano di cambiamento efficace e sostenibile**, facendo riferimento alle migliori evidenze scientifiche

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L Bero, M Eccles, J Grimshaw, RL Gruen, A Mayhew,  
AD Oxman, E Tavender, M Zwarenstein, S Shepperd,  
E Paulsen, T Pantoja, S Lewin, L Ballini

**Cochrane Effective Practice and  
Organisation of Care Group**

www.epoc.cochrane.org

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**EPOC taxonomy of interventions  
for changing practice**

- Professionali
- Mediati dai pazienti
- Strutturali
- Organizzativi
- Finanziari
- Regolatori

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Solberg LI

**Guideline implementation  
What the literature doesn't tell us**


*Jt Comm J Qual Improv 2000;26:525-37*

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- Reviews of guideline implementation trials have **focused on how to change the behavior of individual clinicians.**
- There has been **little attention to the impact of practice systems or organizational support of clinician behavior**, the process by which change is produced, or the role of the practice environmental context within which change is being attempted.

Solberg LI. *Jt Comm J Qual Improv 2000*

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**Implementation Science** 

Systematic Review Open Access

**Organizational interventions to implement improvements in patient care: a structured review of reviews**  
Michel Wensing\*, Hub Wollersheim and Richard Crol

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**Conclusion:** There is a growing evidence base of rigorous evaluations of organizational strategies, but the evidence underlying some strategies is limited and for no strategy can the effects be predicted with high certainty.

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## EPOC taxonomy of interventions for changing practice

- Professionali
- Mediati dai pazienti
- Strutturali
- Organizzativi
- Finanziari
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Table 1. Classification of Professional Interventions from EPOC Taxonomy

a) <b>Distribution of educational materials</b> —distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications
b) <b>Educational meetings</b> —health care providers who have participated in conferences, lectures, workshops, or traineeships
c) <b>Local consensus processes</b> —inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate
d) <b>Educational outreach visits</b> —use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice
e) <b>Local opinion leaders</b> —use of providers nominated by their colleagues as "educationally influential." The investigators must have explicitly stated that their colleagues identified the opinion leaders
f) <b>Patient-mediated interventions</b> —new clinical information first previously available collected directly from patients and given to the provider, e.g., depends on source from an instructor
g) <b>Audit and feedback</b> —any summary of clinical performance of health care over a specified period of time
h) <b>Reminders</b> —patient or examiner specific information, provided verbally, on paper or on a computer screen that is designed or intended to prompt a health professional to recall information
i) <b>Marketing</b> —use of personal interviewing, group discussion ("focus groups"), or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers
j) <b>Mass media</b> —(i) untargeted use of communication that reached great numbers of people including television, radio, newspapers, posters, leaflets, and booklets, alone or in conjunction with other interventions; and (ii) targeted at the population level

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## STRATEGIE DI IMPLEMENTAZIONE Valutiamone insieme l'applicabilità



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## EPOC: professional interventions

### a) Distribution of educational materials

- Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications

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## EPOC: professional interventions

### b) Educational meetings

- Health care providers who have participated in conferences, lectures, workshops, or traineeships

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## EPOC: professional interventions

### c) Local consensus processes

- Inclusion of participating providers in discussion to ensure that they agreed that:
  - the chosen clinical problem was important
  - the approach to managing the problem was appropriate

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EPOC: professional interventions

**d) Educational outreach visits**

- Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice

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**e) Local opinion leaders**

- Use of providers nominated by their colleagues as "educationally influential". The investigators must have explicitly stated that their colleagues identified the opinion leaders

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EPOC: professional interventions

**f) Patient mediated interventions**

- New clinical information (not previously available) collected directly from patients and given to the provider (e.g., depression scores from an instrument)

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EPOC: professional interventions

**g) Audit and feedback**

- Summary of clinical performance of health care over a specified period of time

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**h) Marketing**

- Use of personal interviewing, group discussion ("focus groups"), or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified

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EPOC: professional interventions

**i) Reminders**

- Patient or encounter-specific information, provided verbally, on paper or on a computer screen that is designed or intended to prompt a health professional to recall information

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## EPOC: professional interventions

### j) Mass media

- Varied use of communication that reached great numbers of people including television, radio, newspapers, posters, leaflets, and booklets

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## EPOC: professional interventions

### CONSISTENTLY EFFECTIVE

- Educational outreach visits (drugs)
- Reminders
- Interactive educational workshops
- Multifaced interventions

*Cochrane EPOC Group Reviews'. 2009  
Bero L, et al. BMJ 1998 - Grol, et al. Lancet 2003  
Grimshaw JM, et al. HTA 2004 - Grimshaw JM, et al. J Gen Intern Med 2006*

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## EPOC: professional interventions

### VARIABLE EFFECTIVENESS

- Audit and feedback
- Local opinion leaders
- Local consensus processes
- Patient mediated interventions
- Mass-media
- Marketing

*Cochrane EPOC Group Reviews'. 2009  
Bero L, et al. BMJ 1998 - Grol, et al. Lancet 2003  
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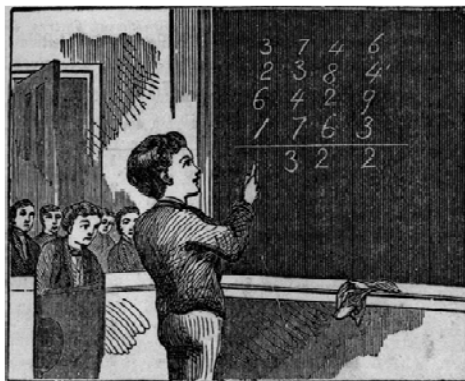
## EPOC: professional interventions

### LITTLE OR NO EFFECT

- Distribution of educational materials
- Didactic educational meetings

*Cochrane EPOC Group Reviews'. 2009  
Bero L, et al. BMJ 1998 - Grol, et al. Lancet 2003  
Grimshaw JM, et al. HTA 2004 - Grimshaw JM, et al. J Gen Intern Med 2006*

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### Tirando le somme...

- L'*implementation science* ha valutato prevalentemente le strategie per modificare il comportamento individuale dei professionisti
- Le revisioni sistematiche sull'efficacia dei vari interventi sui professionisti dimostrano:
  - Modesta qualità della ricerca
  - Risultati dei singoli studi ampiamente variabile (elementi di contesto?)
  - Sprechiamo troppe risorse per interventi di documentata inefficacia

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### Tirando le somme...

- Non esistono *magic bullets* per modificare i comportamenti professionali
- Il piano di implementazione deve sempre considerare:
  - Efficacia delle singole strategie
  - Ostacoli e barriere al cambiamento
  - Motivazioni e incentivi al cambiamento
- I migliori risultati si ottengono utilizzando multiple strategie di implementazione che, individualmente, collegano i singoli interventi agli ostacoli ed alle motivazioni locali

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