

Convention Nazionale  
**L'Eccellenza Professionale nell'era della Clinical Governance**

*Bologna, 27 novembre 2009*

**Focus on...**  
**Implementation science**

Esistono strategie efficaci per modificare i  
comportamenti professionali?

Nino Cartabellotta

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**Precisazione semantica**

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**LINGUAGGIO COMUNE**

Implementazione = applicazione (pratica)

**RESEARCH LANGUAGE**

Implementation = changing professional behaviours

Implementazione = modifica dei comportamenti professionali

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## 1. Background

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



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## 1. Background

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

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## Stime dell'inappropriatezza

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### **Inappropriatezza in difetto**

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



*Schuster et al. Milbank Q, 1998  
Grol R. Med Care, 2001*

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## Stime dell'inappropriatezza

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### **Inappropriatezza in difetto**

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



### **Inappropriatezza in eccesso**

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



*Schuster et al. Milbank Q, 1998  
Grol R. Med Care, 2001*

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## 1. Background

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



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## 1. Background

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- Il modello tradizionale è inefficace perché:
  - i professionisti non sempre acquiscono 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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**THE COCHRANE  
COLLABORATION**

Preparing, maintaining and disseminating  
systematic reviews of the effects of health care

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THE COCHRANE  
COLLABORATION®

*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](http://www.epoc.cochrane.org)

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## EPOC taxonomy of interventions for changing practice

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- 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 Grol

Address: Centre for Quality of Care Research (WOK), Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands

Email: Michel Wensing\* - M.Wensing@kwazo.umcn.nl; Hub Wollersheim - H.Wollersheim@medzaken.umcn.nl;

Richard Grol - r.grol@kwazo.umcn.nl

\* Corresponding author

Published: 22 February 2006

Implementation Science 2006, 1:2 doi:10.1186/1748-5908-1-2

Received: 06 November 2005

Accepted: 22 February 2006

**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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**Table 1. Classification of Professional Interventions from EPOC Taxonomy**

- |   |
|---|
| <p>(a) <i>Distribution of educational materials</i>—distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications</p> <p>(b) <i>Educational meetings</i>—health care providers who have participated in conferences, lectures, workshops, or traineeships</p> <p>(c) <i>Local consensus processes</i>—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</p> <p>(d) <i>Educational outreach visits</i>—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</p> <p>(e) <i>Local opinion leaders</i>—use of providers nominated by their colleagues as “educationally influential.” The investigators must have explicitly stated that their colleagues identified the opinion leaders</p> <p>(f) <i>Patient mediated interventions</i>—new clinical information (not previously available) collected directly from patients and given to the provider, e.g., depression scores from an instrument</p> <p>(g) <i>Audit and feedback</i>—any summary of clinical performance of health care over a specified period of time</p> <p>(h) <i>Reminders</i>—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</p> <p>(i) <i>Marketing</i>—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</p> <p>(j) <i>Mass media</i>—(i) varied 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</p> |
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## STRATEGIE DI IMPLEMENTAZIONE

Valutiamone insieme l'applicabilità



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## EPOC: professional interventions

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### **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

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### **b) Educational meetings**

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

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## EPOC: professional interventions

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### **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

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### **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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## EPOC: professional interventions

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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

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### **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

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### **g) Audit and feedback**

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

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## EPOC: professional interventions

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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

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### **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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- Bero LA, Grilli R, **Grimshaw JM**, et al. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ* **1998**;317:465-468
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- **Grimshaw JM**, Eccles M, Thomas R, et al. Toward evidence-based quality improvement. Evidence (and its limitations) of the effectiveness of guideline dissemination and implementation strategies 1966-1998. *J Gen Intern Med* **2006**;2(Suppl 2):S14-20

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## EPOC: professional interventions

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### **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

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### **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  
Grimshaw JM, et al. HTA 2004 - Grimshaw JM, et al. J Gen Intern Med 2006*

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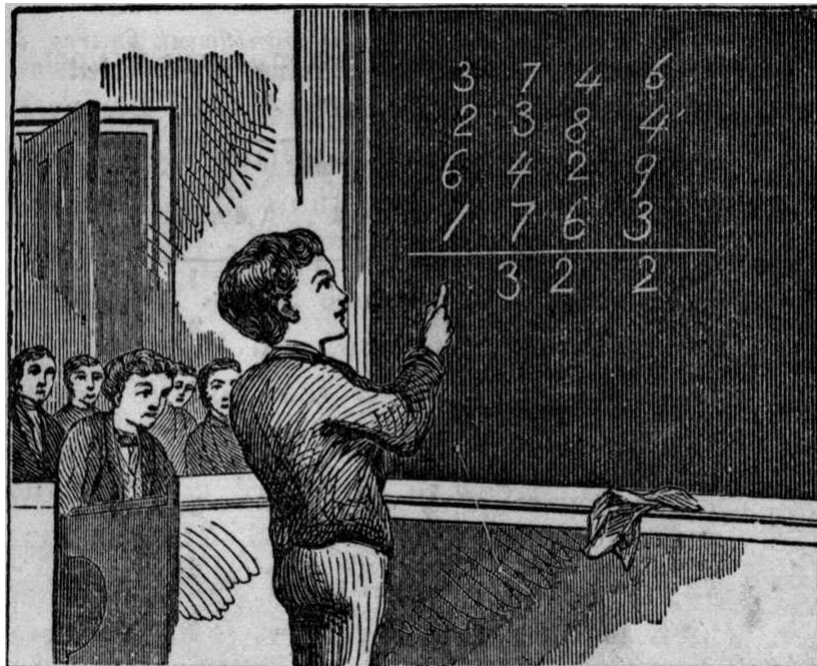
## EPOC: professional interventions

### 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...

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- 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...

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- 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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