

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

GIMBE® - Gruppo Italiano per la Medicina Basata sulle Evidenze

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



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

Stime dell'inappropriatezza

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*

1. Background

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

Aggiornamento professionale



Modifica delle attitudini



Modifica dei comportamenti

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.



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

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

Perché i medici non seguono le linee guida?

1. Internal Barriers

- Lack of Awareness
- Lack of Familiarity



Conoscenze

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



Attitudini

2. External Barriers

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

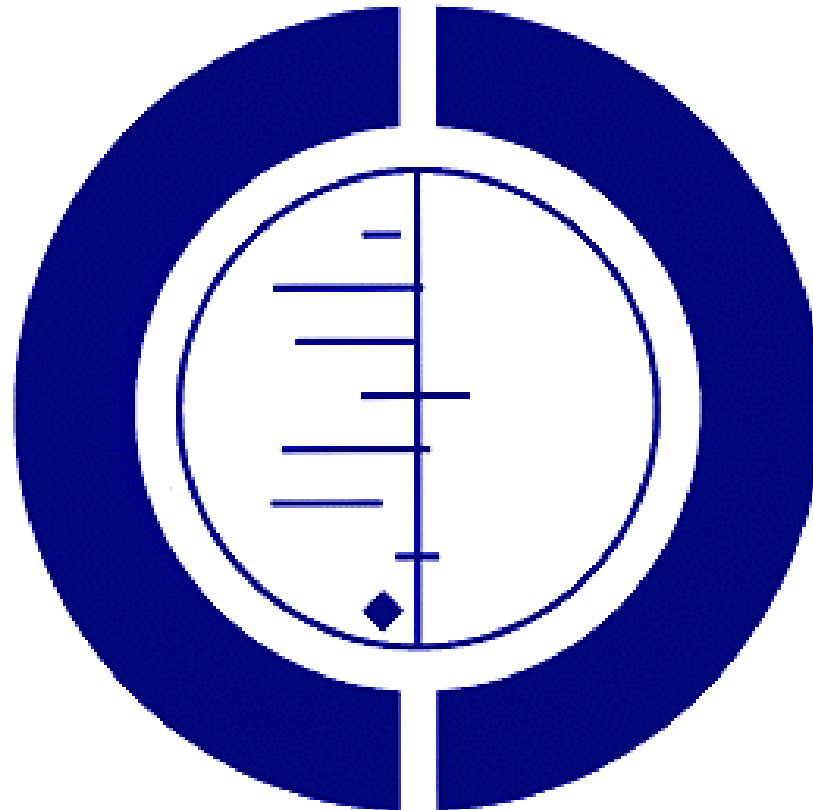


Comportamenti

Cabana MD, et al. JAMA 1999

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



THE COCHRANE COLLABORATION

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

*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

EPOC taxonomy of interventions for changing practice

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

Solberg LI

Guideline implementation
What the literature doesn't tell us

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

- 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

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

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

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.

EPOC taxonomy of interventions for changing practice

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Table 1. Classification of Professional Interventions from EPOC Taxonomy

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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
 - (b) *Educational meetings*—health care providers who have participated in conferences, lectures, workshops, or traineeships
 - (c) *Local consensus processes*—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) *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
 - (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
 - (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
 - (g) *Audit and feedback*—any summary of clinical performance of health care over a specified period of time
 - (h) *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
 - (i) *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 barriers
 - (j) *Mass media*—(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
-

STRATEGIE DI IMPLEMENTAZIONE

Valutiamone insieme l'applicabilità



EPOC: professional interventions

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EPOC: professional interventions

b) Educational meetings

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

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

EPOC: professional interventions

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EPOC: professional interventions

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EPOC: professional interventions

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EPOC: professional interventions

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EPOC: professional interventions

i) Reminders

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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

- 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
- Grol R, **Grimshaw J**. From best evidence to best practice. Effective implementation of change in patients' care. *Lancet* **2003**;362:1225-30
- **Grimshaw JM**, Thomas RE, MacLennan G, et al. Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* **2004**;8:1-72
- **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

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

EPOC: professional interventions

VARIABLE EFFECTIVENESS

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

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EPOC: professional interventions

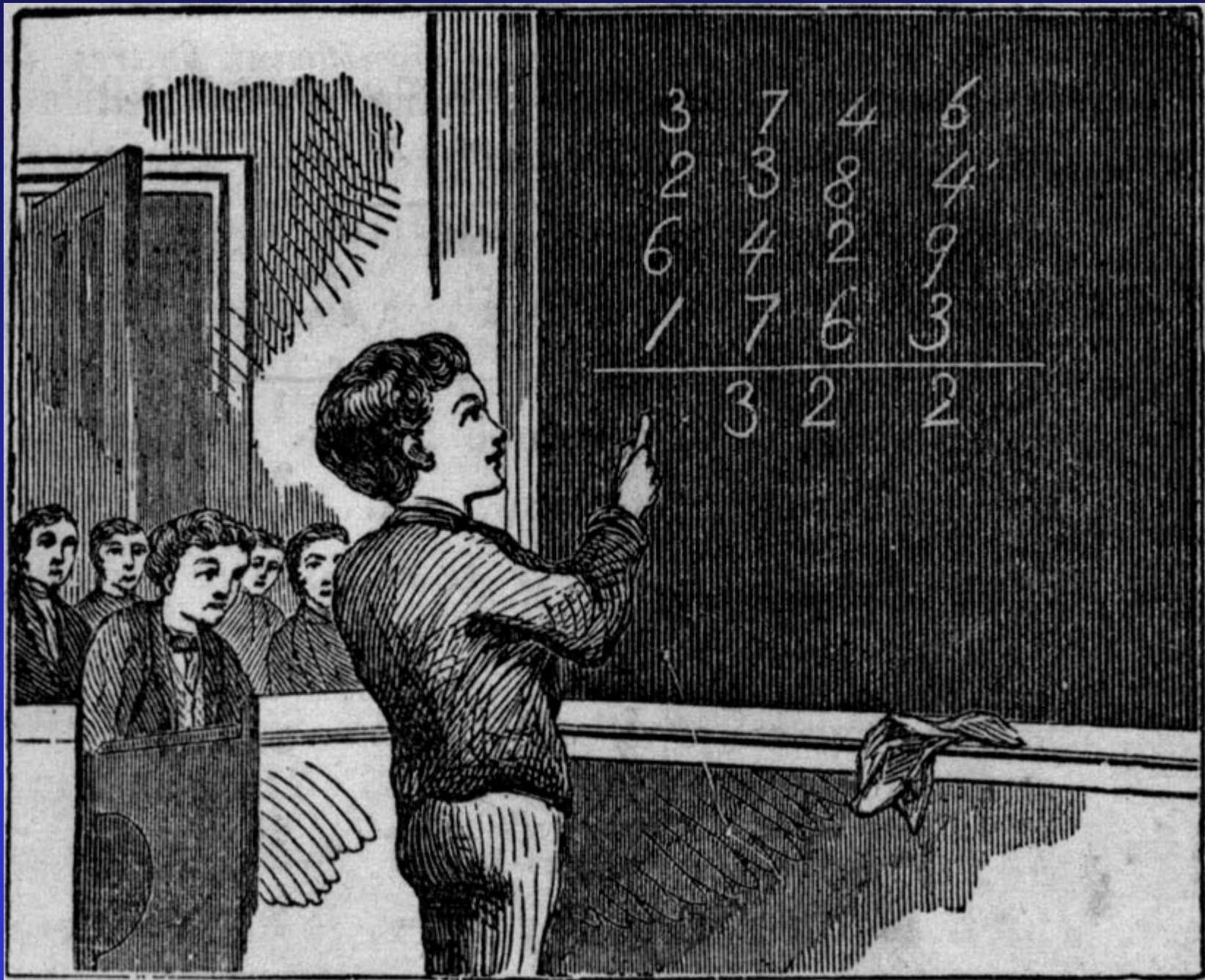
LITTLE OR NO EFFECT

- 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



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

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