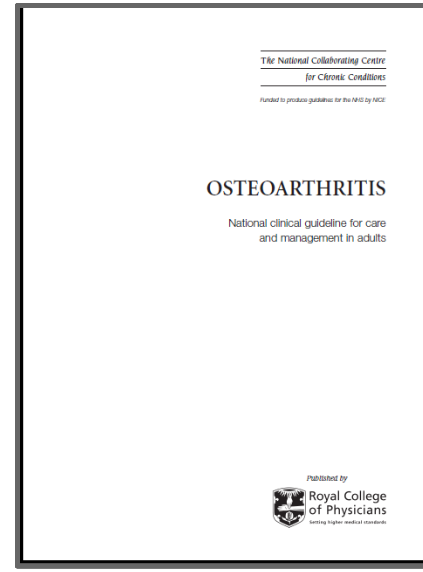
Nasjonal forskningskonferanse
Ny satsing innen muskel- og skjelettskader, sykdommer og plager
15 -16 november 2012

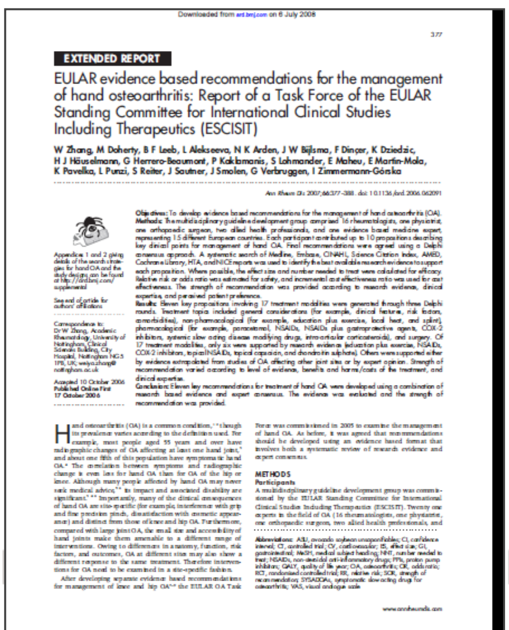
Implementering av behandlingsretningslinjer

Gro Jamtvedt, *avdelingsdirektør Kunnskapssenteret*

Retningslinjer

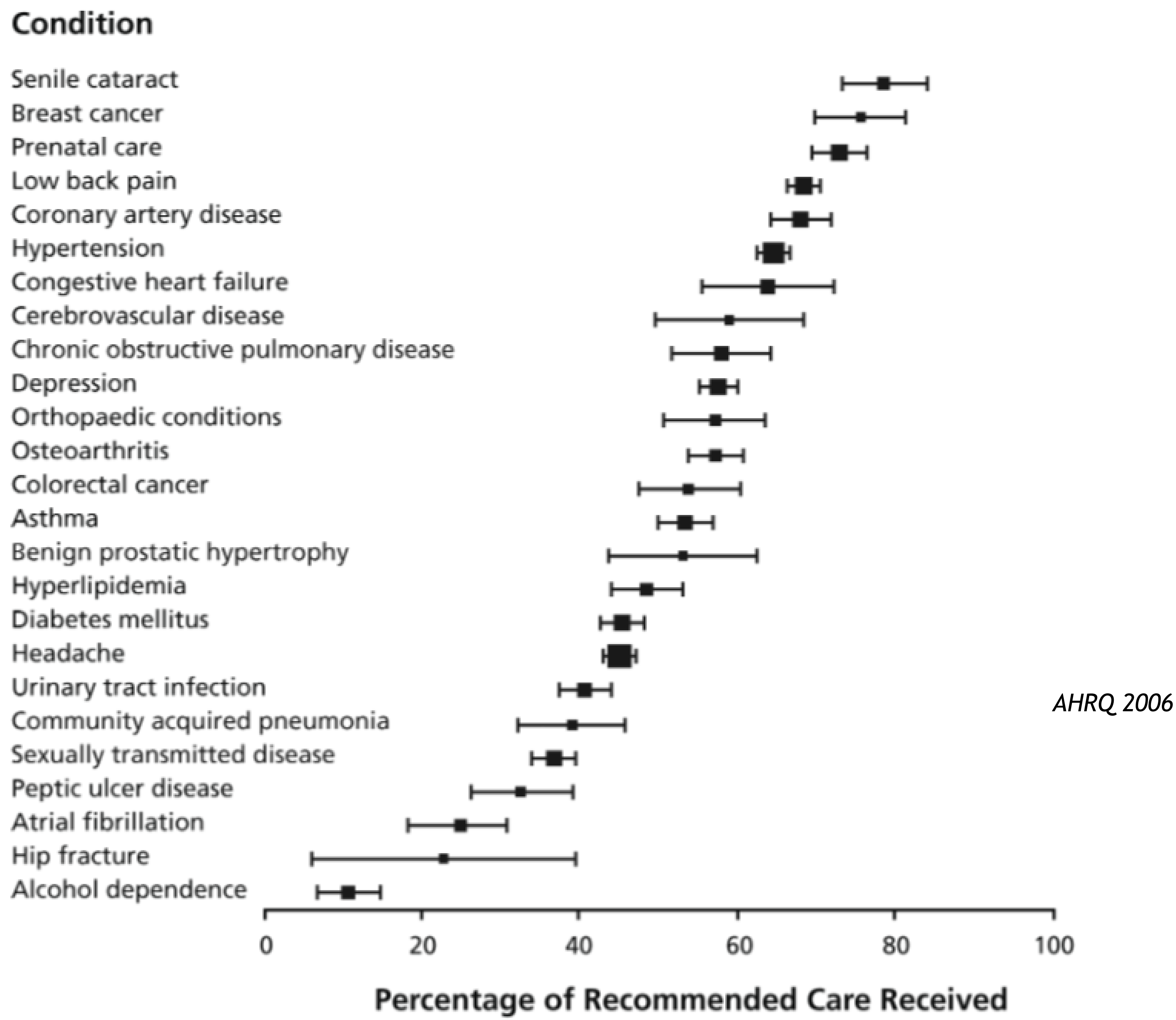
Systematisk utviklede råd
og konklusjoner for å hjelpe
helsearbeider og pasient til
å velge passende/hensiktsmessig
behandling for en
definert klinisk problemstilling




EXTENDED REPORT

EULAR evidence based recommendations for the management of hand osteoarthritis: Report of a Task Force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics (ESCISIT)

W Zhang, M Doherty, B F Leeb, L Alekseeva, N K Arden, J W Bijlsma, F Dinçer, K Dziedzic, H J Häuselmann, G Herrero-Beaumont, P Kaklamanis, S Lohmander, E Maheu, E Martín-Mola, K Pavelka, L Punzi, S Reiter, J Sautner, J Smolen, G Verbruggen, I Zimmermann-Górska

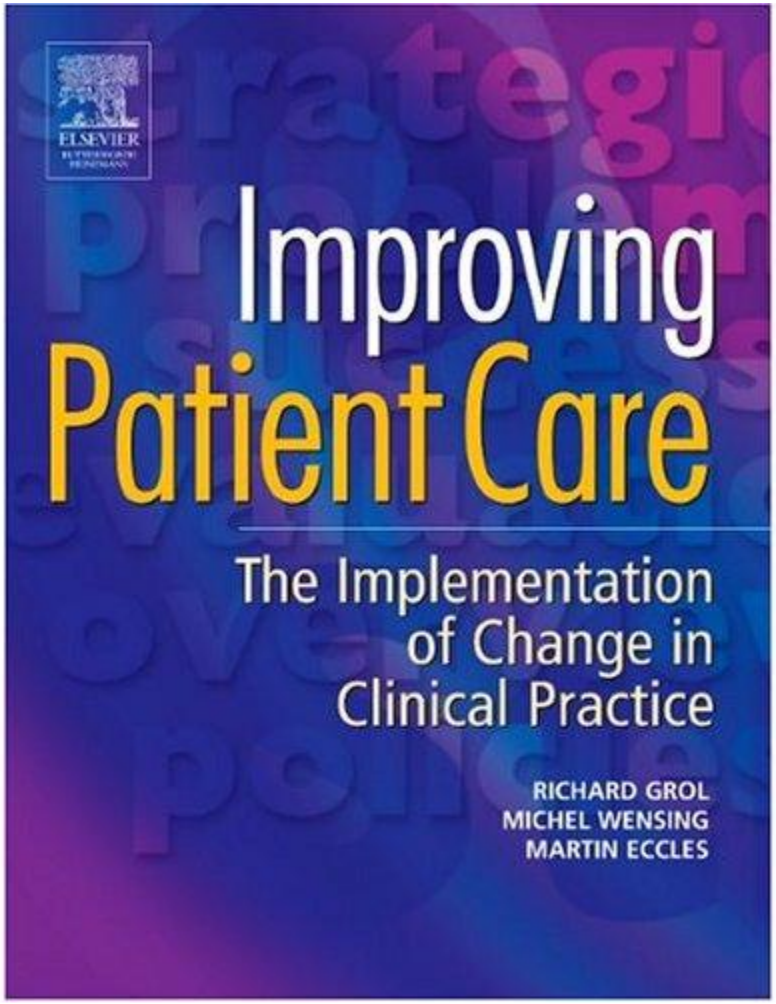


Condition
Senile cataract
Breast cancer
Prenatal care
Low back pain
Coronary artery disease
Hypertension
Congestive heart failure
Cerebrovascular disease
Chronic obstructive pulmonary disease
Depression
Orthopaedic conditions
Osteoarthritis
Colorectal cancer
Asthma
Benign prostatic hypertrophy
Hyperlipidemia
Diabetes mellitus
Headache
Urinary tract infection
Community acquired pneumonia
Sexually transmitted disease
Peptic ulcer disease
Atrial fibrillation
Hip fracture
Alcohol dependence
0
20
40
60
80
100
Percentage of Recommended Care Received
AHRQ 2006

Implementering

- en planlagt prosess og systematisk introduksjon av innovasjoner og/eller forandringer med påvist verdi

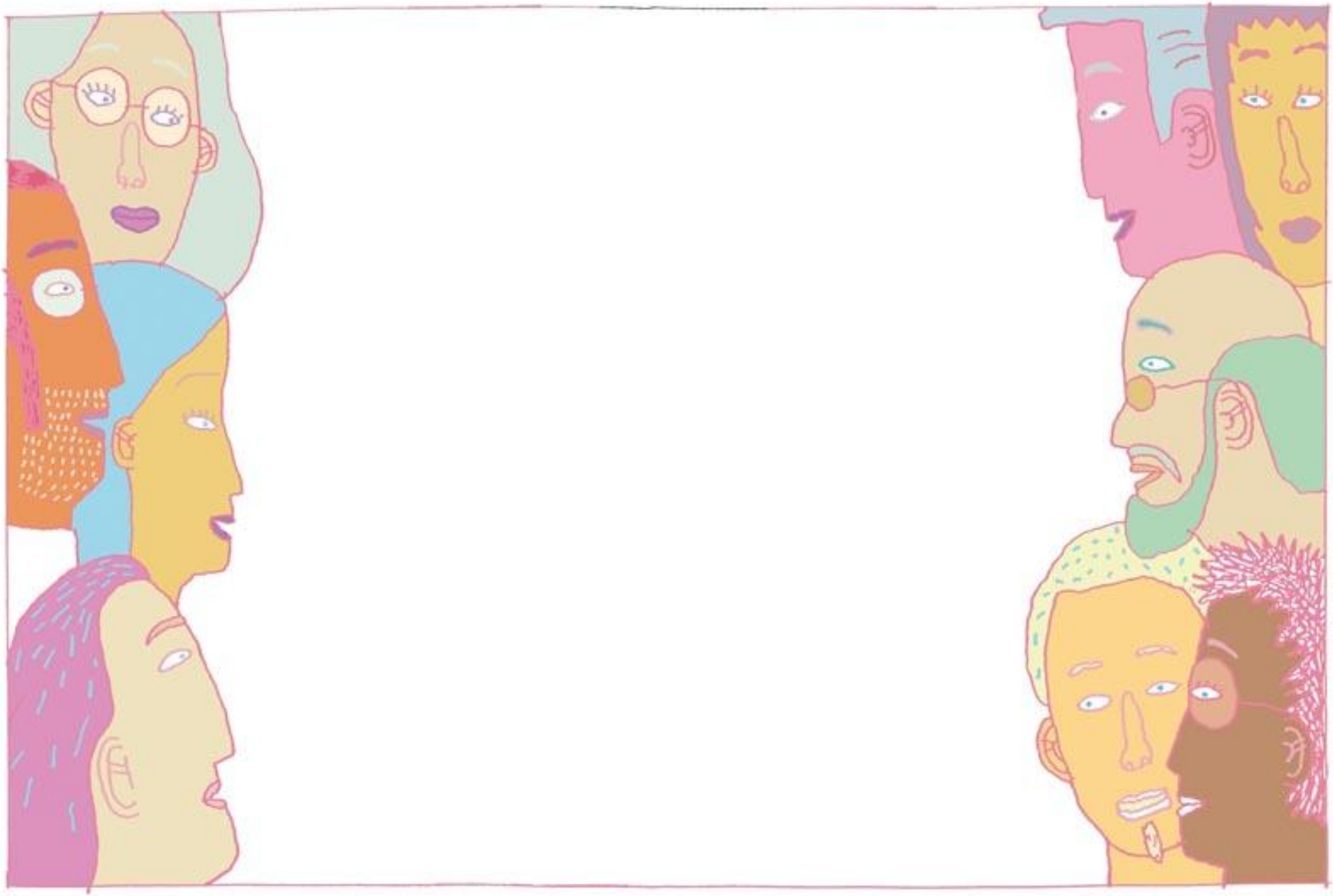
R Grol, 2005. Introduction I: R. Grol, M. Wensing & M. Eccles: Improving Patient Care –
The implementation of Change in Clinical Practice



…. har mange navn

- Implementation
- Knowledge translation
- Knowledge transfer
- Knowledge exchange
- Research utilization
- Research into practice
- Research transfer
- Diffusion
- Dissemination

Implementeringsforskning



Forskning om implementering

- Implementation research has been defined as the scientific study of methods to promote the uptake of research findings for the purpose of improving the quality of care

Agency for Healthcare Research and Quality 2004

- It includes the study of influences on healthcare professional and organisational behaviour

Implementation science

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IMPLEMENTATION SCIENCE

IMPACT FACTOR 3.10

Implementation Science is an open access, peer-reviewed online journal that aims to publish research relevant to the scientific study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts.

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Martin Eccles, Newcastle University
Anne Sales, Department of Veterans Affairs
Michel Wensing, Radboud University Nijmegen Medical Centre

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Articles

Latest | Most viewed | Most forwarded

Research Open Access
Net benefits: assessing the effectiveness of clinical networks in Australia through qualitative methods
Cunningham FC, Ranmuthugala G, Westbrook JI and Braithwaite J
Implementation Science 2012, **7**:108 (2 November 2012)

Study protocol Open Access
Efficacy and safety of a TIA/stroke electronic support tool (FASTEST) trial: Study protocol
Ranta A, Dovey S, Weatherall M and O'Dea D
Implementation Science 2012, **7**:107 (31 October 2012)

Research Open Access
Implementing nutrition guidelines for older people in residential care homes: a qualitative study using normalization

Latest news

Does the world need a scientific society for research on how to improve healthcare?

Implementation Science recently launched an editorial and web survey asking just this question and 201 readers responded. 93% supported a Society; 70% would become a member; 60% would attend meetings.

On the question of "Important or Very Important" roles for a society - 90% said to provide an international forum for scientific exchange; 88% said to promote and lobby for implementation science; 83% said to help researchers disseminate their findings; 71% said to announce training, development opportunities. 26% would favour a separate meeting, 46% would favour integrating with existing meetings.

Latest review

Systematic review
A systematic review of hand hygiene improvement strategies: a behavioural approach
Huis A, van Achterberg T, de Bruin M, Grol

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Papers
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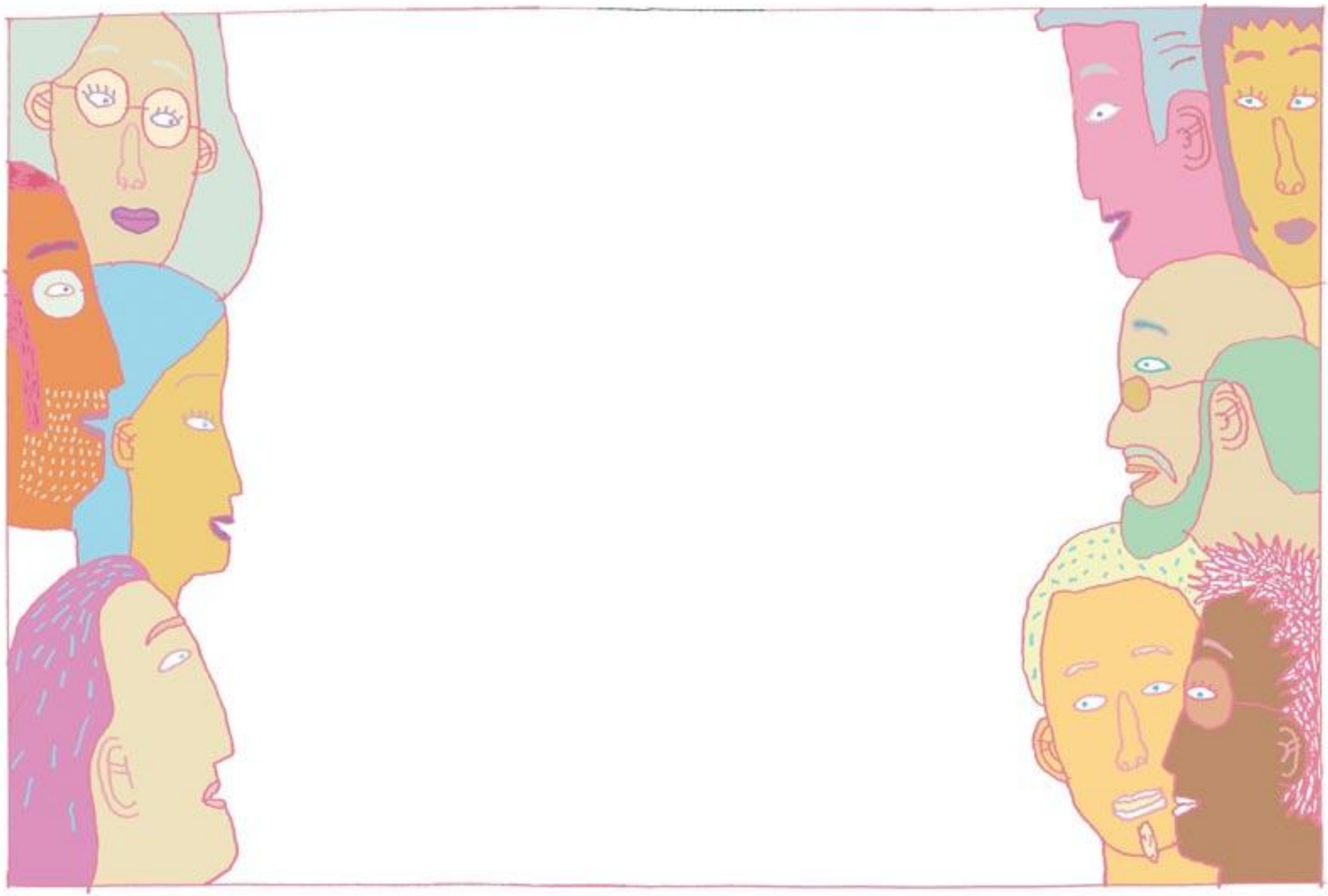
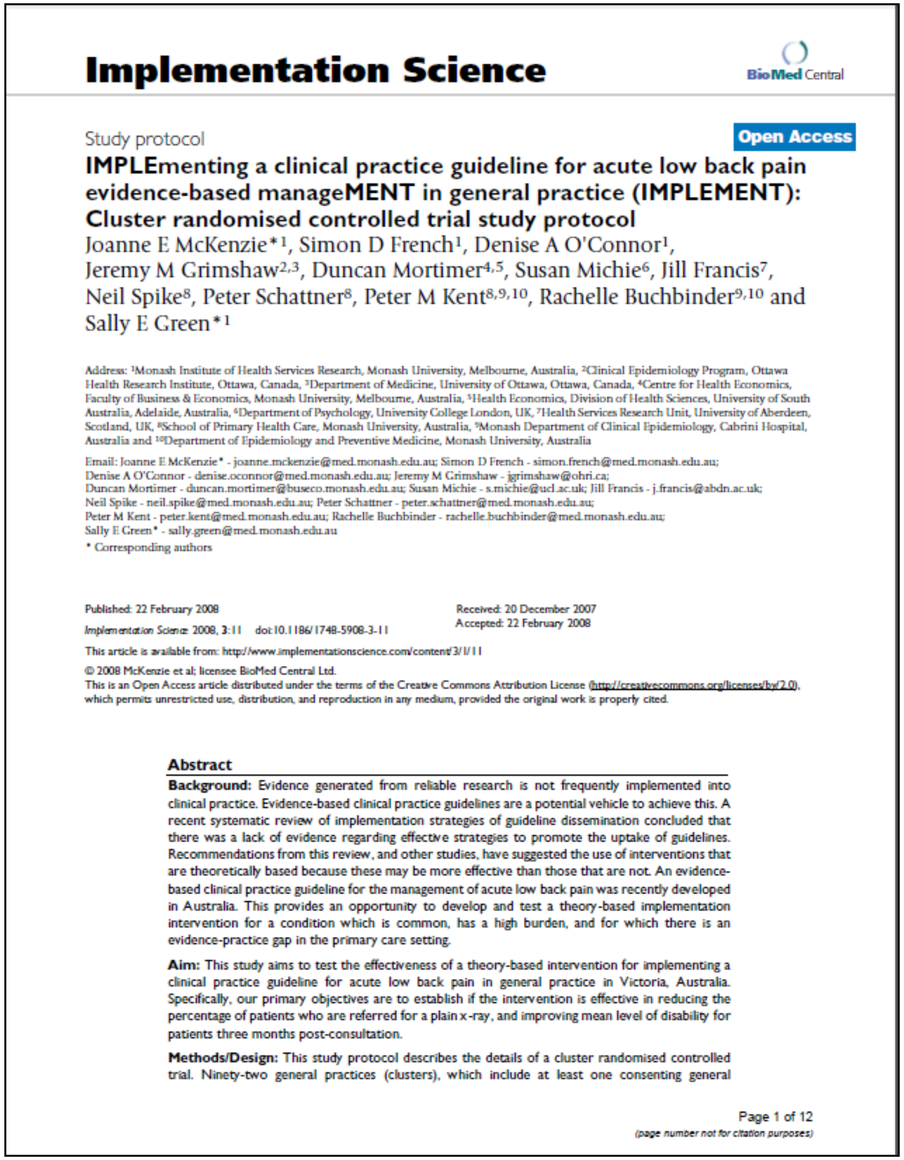
Implementeringsforskning
- virker implementeringstiltakene ?



ret

Mange tiltak

- Educational materials
- Educational meetings
- Educational outreach visits
- Audit and feedback
- Local consensus process
- Local opinion leaders
- Mass media
- Patient-mediated
- Reminders
- Tailored interventions
- ....



Implementation Science

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Study protocol

Open Access

IMPLEmenting a clinical practice guideline for acute low back pain evidence-based manageMENT in general practice (IMPLEMENT): Cluster randomised controlled trial study protocol

Joanne E McKenzie*[1], Simon D French[1], Denise A O'Connor[1], Jeremy M Grimshaw[2,3], Duncan Mortimer[4,5], Susan Michie[6], Jill Francis[7], Neil Spike[8], Peter Schattner[8], Peter M Kent[8,9,10], Rachelle Buchbinder[9,10] and Sally E Green*[1]

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Abstract

Background: Evidence generated from reliable research is not frequently implemented into clinical practice. Evidence-based clinical practice guidelines are a potential vehicle to achieve this. A recent systematic review of implementation strategies of guideline dissemination concluded that there was a lack of evidence regarding effective strategies to promote the uptake of guidelines. Recommendations from this review, and other studies, have suggested the use of interventions that are theoretically based because these may be more effective than those that are not. An evidence-based clinical practice guideline for the management of acute low back pain was recently developed in Australia. This provides an opportunity to develop and test a theory-based implementation intervention for a condition which is common, has a high burden, and for which there is an evidence-practice gap in the primary care setting.

Aim: This study aims to test the effectiveness of a theory-based intervention for implementing a clinical practice guideline for acute low back pain in general practice in Victoria, Australia. Specifically, our primary objectives are to establish if the intervention is effective in reducing the percentage of patients who are referred for a plain x-ray, and improving mean level of disability for patients three months post-consultation.

Methods/Design: This study protocol describes the details of a cluster randomised controlled trial. Ninety-two general practices (clusters), which include at least one consenting general

- Med utgangspunkt i et erkjent forbedringsbehov og sterke anbefalinger
- Ofte klynge randomiserte studier (praksis/avdelinger)
- Pålitelig data
  - praksis
  - pasientutfall

ORIGINAL ARTICLE

Effect on the process of care of an active strategy to implement clinical guidelines on physiotherapy for low back pain: a cluster randomised controlled trial

G E Bekkering, H J M Hendriks, M W van Tulder, D L Knol, M Hoeijenbos, R A B Oostendorp, L M Bouter

Qual Saf Health Care 2005;**14**:107–112. doi: 10.1136/qshc.2003.009357

See end of article for authors' affiliations

Correspondence to: Dr E Hendriks, Dutch Institute of Allied Health Care, Research and Development, P O Box 1161, 3800 BD Amersfoort, The Netherlands; Hendriks@paramedisch.org or erik.hendriks@epid.unimaas.nl

Accepted for publication 23 July 2004

Objectives: To evaluate the effect on the process of care of an active strategy to implement clinical guidelines on physiotherapy for low back pain.
Design: A cluster randomised controlled trial comparing an active strategy with standard dissemination.
Setting: Primary care physiotherapy practices.
Participants: 113 physiotherapists were randomly allocated to receive the guidelines by mail (control group) or to receive an additional active strategy (intervention group) which consisted of a multifaceted programme including education, discussion, role playing, feedback, and reminders.
Main outcome measures: Adherence to the guidelines was measured by means of individual patients' forms recording the treatment completed by the physiotherapist. The forms were assessed using an algorithm based on the number of treatment sessions, treatment goals, interventions, and patient education.
Results: Physiotherapists in the intervention group more often correctly limited the number of treatment sessions for patients with a normal course of back pain (OR 2.39; 95% CI 1.12 to 5.12), more often set functional treatment goals (OR 1.99; 95% CI 1.06 to 3.72), more often used mainly active interventions (OR 2.79; 95% CI 1.19 to 6.55), and more often gave adequate patient education (OR 3.59; 95% CI 1.35 to 9.55). They also adhered more to all four criteria (OR 2.05; 95% CI 1.15 to 3.65).
Conclusions: The active strategy moderately improved adherence to the guidelines. Active strategies are recommended to implement the clinical guidelines on physiotherapy for low back pain.

The increasing number of clinical guidelines may be attributed to the growing importance of evidence based

A survey, which was part of the development process of these guidelines, showed that there were several important

Describtion of implementation studies included in a systematic review

Trial	Intervention	Control
Bekkering et al (2005) Low back pain Cluster RCT 113 PTs from 68 clinics	Dissemination of guidelines, two interactive educational meetings, self-evaluation forms and forms to facilitate discussions	Dissemination of guidelines, self-evaluation forms and forms to facilitate discussions

Effekt på praksis

Trial	Outcome	Effect sizes RR (95% CI)
Bekkering et al	Limit number of sessions	2.34 (1.28 to 4.28)
	Set functional treatment goals	1.07 (0.96 to 1.19)
	Use active interventions	1.22 (1.08 to 1.38)
	Give adequate information	1.06 (1.00 to 1.13)
	All 4 recommendations	1.31 (1.03 to 1.68)

Implementering av retningslinjer i fysioterapi - systematisk oversikt over 4 studier

Multifaceted interventions, including educational meetings can improve some outcomes of professional practice in physiotherapy

Results are not consistent and vary between studies and outcomes

Van der Wees 2008

Implementeringstiltak - skreddersydde intervensjoner

- 26 studier
- Skreddersydde intervensjoner mer effektive enn disseminering av retningslinjer/ingen tiltak.

Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes (Review)

Baker R, Camosso-Stefinovic J, Gillies C, Shaw EJ, Cheater F, Flottorp S, Robertson N

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Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes (Review)
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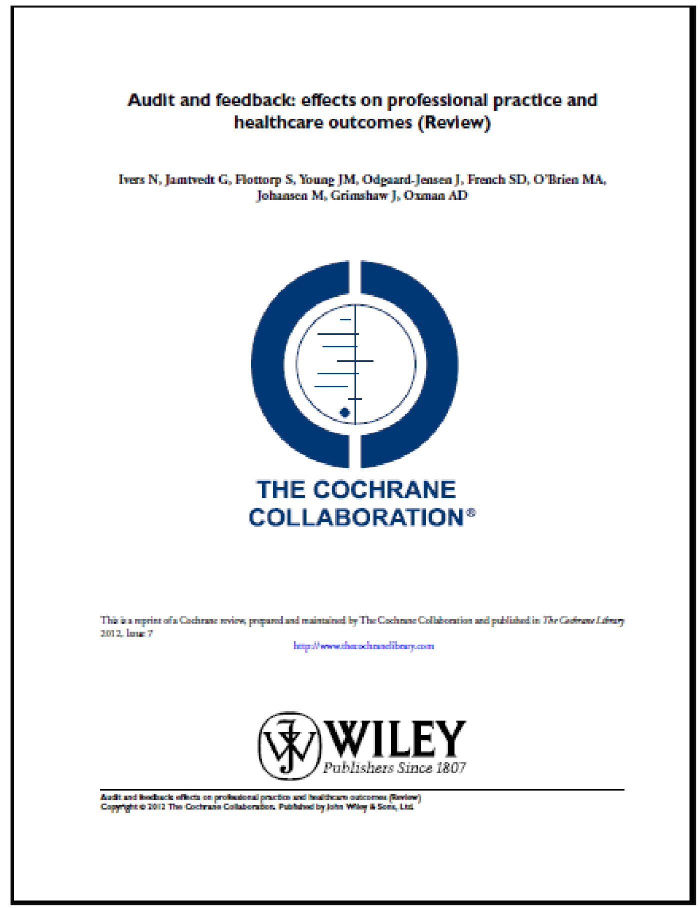
Implementeringstiltak-
audit og feedback (målinger og tilbakemeldinger)

- 144 studier
- Audit og feedback kan forbedre praksis
- Effekten er vanligvis liten til moderat
- Sannsynligheten for god effekt er større hvis
  - baseline compliance er lav
  - feedback gis mer intenst



Audit and feedback: effects on professional practice and healthcare outcomes (Review)

Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD

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Audit and feedback: effects on professional practice and healthcare outcomes (Review)
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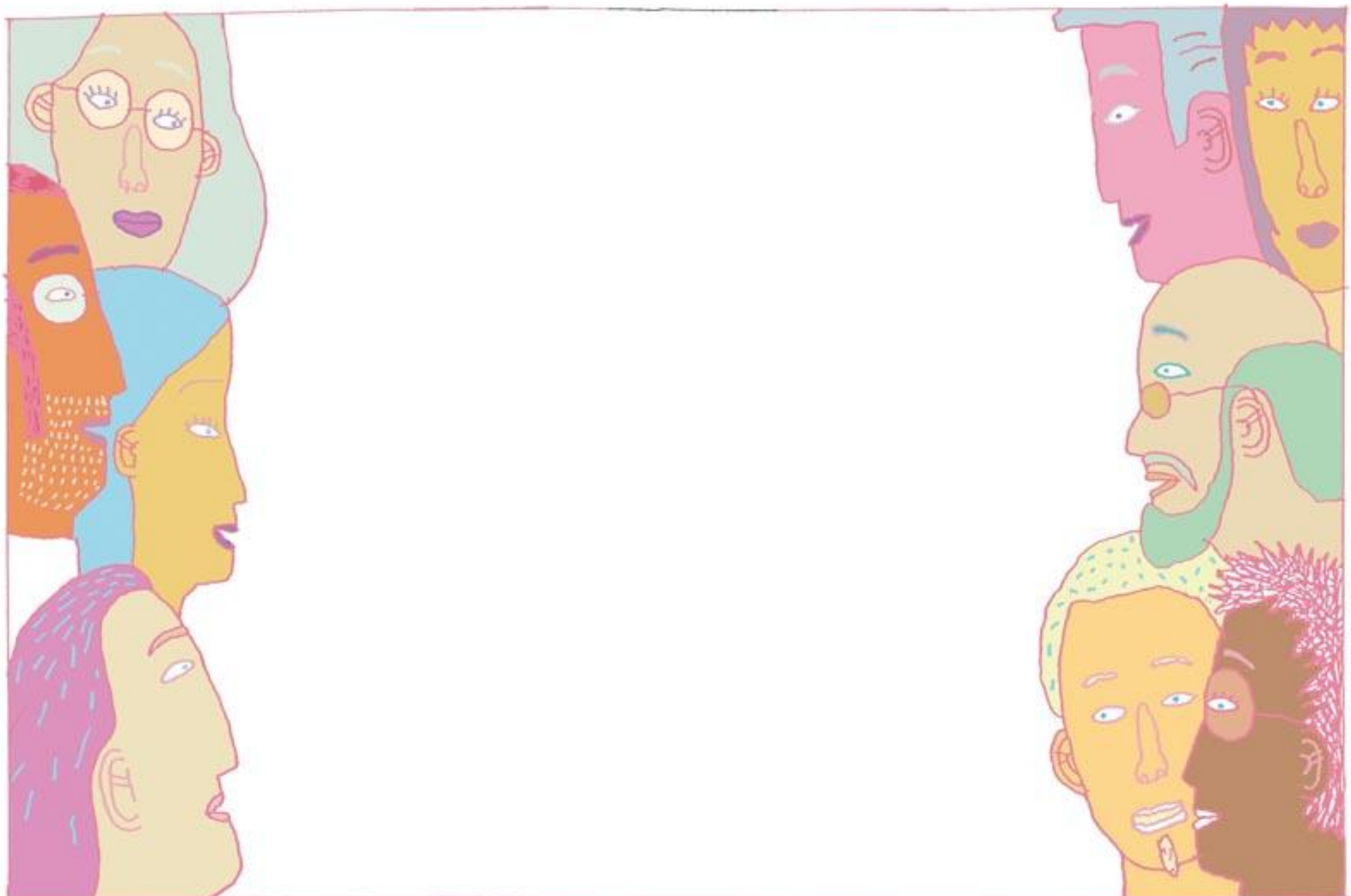
Implementering av retningslinjer

- 235 studier inkludert
- 73% av disse evaluerte sammensatte tiltak

- Passiv spredning alene (utsendelse av retningslinjer) har liten effekt
- Andre implementeringsstrategier viser moderat effekt
- Sammensatte tiltak synes ikke å virke bedre enn enkelttiltak

Grimshaw JM. Effectiveness and efficiency of guidelines dissemination and implementation strategies. HTA-rapport, 2004.

Implementeringsforskning
- hvorfor virker det ikke ?



Implementation Science

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Research article

Open Access

Acceptance and perceived barriers of implementing a guideline for managing low back in general practice

Jean-François Chenot*[1], Martin Scherer[1], Annette Becker[2], Norbert Donner-Banzhoff[2], Erika Baum[2], Corinna Leonhardt[3], Stefan Keller[3,4], Michael Pfingsten[5], Jan Hildebrandt[5], Heinz-Dieter Basler[3] and Michael M Kochen[1]

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Abstract

Background: Implementation of guidelines in clinical practice is difficult. In 2003, the German College of General Practitioners and Family Physicians (DEGAM) released an evidence-based guideline for the management of low back pain (LBP) in primary care. The objective of this study is to explore the acceptance of guideline content and perceived barriers to implementation.

Methods: Seventy-two general practitioners (GPs) participating in quality circles within the framework of an educational intervention study for guideline implementation evaluated the LBP-guideline and its practicability with a standardised questionnaire. In addition, statements of group discussions were recorded using the metaplan technique and were incorporated in the discussion.

Results: Most GPs agree with the guideline content but believe that guideline stipulations are not congruent with patient wishes. Non-adherence to the guideline and contradictory information for patients by other professionals (e.g., GPs, orthopaedic surgeons, physiotherapists) are important barriers to guideline adherence. Almost half of the GPs have no access to recommended multimodal pain programs for patients with chronic LBP.

Conclusion: Promoting adherence to the LBP guideline requires more than enhancing knowledge about evidence-based management of LBP. Public education and an interdisciplinary consensus are important requirements for successful guideline implementation into daily practice. Guideline recommendations need to be adapted to the infrastructure of the health care system.

Trial registration: BMBF Grant Nr. 01EM0113. FORIS (database for research projects in social science) Reg #: 20040116 [25].

Thou shalt versus thou shalt not:

a meta-synthesis of GPs' attitudes to clinical practice guidelines

Benedicte Carlsen, Claire Glenton and Catherine Pope

ABSTRACT

Background
GPs' adherence to clinical practice guidelines is variable. Barriers to guideline implementation have been identified but qualitative studies have not been synthesised to explore what underpins these attitudes.

Aim
To explore and synthesise qualitative research on GPs' attitudes to and experiences with clinical practice guidelines.

Design of study
Systematic review and meta-synthesis of qualitative studies.

Method
PubMed, CINAHL, EMBASE, Social Science Citation Index, and Science Citation Index were used as data sources, and independent data extraction was carried out. Discrepancies were resolved by consensus. Initial thematic analysis was conducted, followed by interpretative synthesis.

Results
Seventeen studies met the inclusion criteria. Five were excluded following quality appraisal. Twelve papers were synthesised which reported research in the UK, US, Canada, and the Netherlands, and covered different clinical guideline topics. Six themes were identified: questioning the guidelines, GPs' experience, preserving the doctor–patient relationship, professional responsibility, practical issues, and guideline format. Comparative analysis and synthesis revealed that GPs' reasons for not following guidelines differed according to whether the guideline in question was prescriptive, in that it encouraged a certain type of behaviour or treatment, or proscriptive, in that it discouraged certain treatments or behaviours.

Conclusion
Previous analyses of guidelines have focused on professional attitudes and organisational barriers to adherence. This synthesis suggests that the purpose of the guideline, whether its aims are prescriptive or proscriptive, may influence if and how guidelines are received and implemented.

Keywords
attitudes of health personnel; general practice; guideline adherence; guidelines; meta-synthesis; qualitative research.

INTRODUCTION

Clinical practice guidelines have become a common tool for promoting quality and equity of services, and controlling costs. However, their impact on practice is highly variable.[1,2] A range of barriers to evidence-based practice and successful guideline implementation have been identified and are variously ascribed to organisational, clinician, and patient factors; the process of guideline implementation; and to guideline quality and quantity.[3-10] A recent review of quantitative studies of GPs' attitudes to implementation provides an overview of the frequency and distribution of attitudinal barriers to guidelines, but does not offer an understanding of what underpins these.[11]

While there have been several qualitative studies exploring GPs' attitudes towards guidelines, there has been no attempt to review and synthesise their findings systematically.[1]

Methods for systematically reviewing quantitative research are well established, but comparable methods for synthesising the findings of qualitative research are less well developed and can be regarded as an emerging area of methodology. This is partly because of concerns that aggregating the findings of qualitative studies destroys the integrity of individual studies.[12] Notwithstanding these objections, some success has been achieved in synthesising qualitative research using several different techniques.[13-21]

The present study was a systematic review and synthesis of qualitative studies of GPs' attitudes to

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Submitted: 24 May 2007; **Editor's response:** 24 July 2007; **final acceptance:** 3 September 2007.

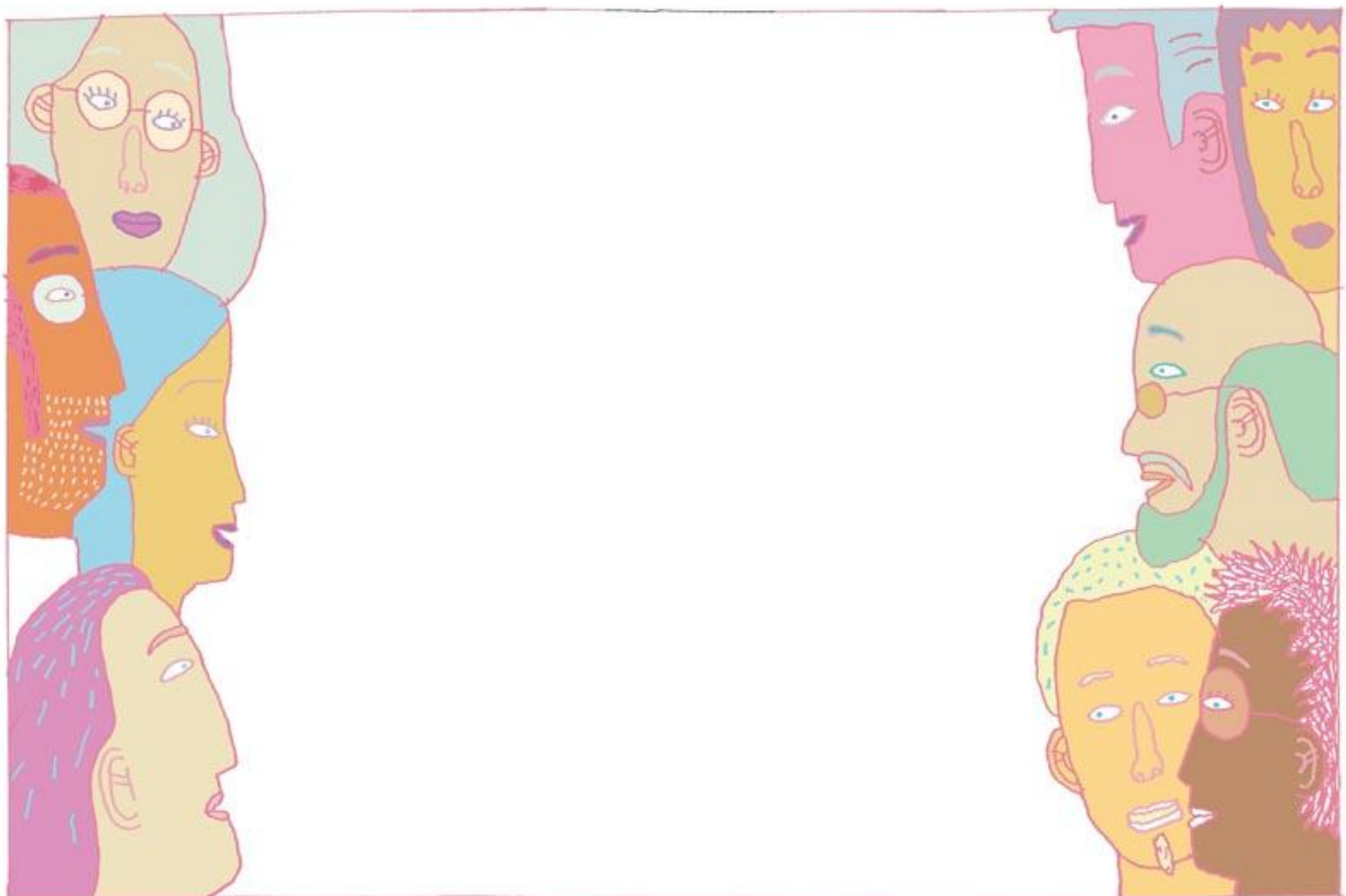
©British Journal of General Practice 2007; 57: 971–978.

unnskapssenteret

Mange måter å kategorisere faktorer som påvirker praksis (barrierer og fasilitatorer)

- Retningslinjen selv
- Faktorer knyttet til helsepersonell
- Interaksjoner med pasienter
- Interaksjoner med annet helsepersonell
- Organisasjonsmessige og helsesystemfaktorer
- Sosiale, kulturelle, politiske og legale faktorer

Implementeringsforskning
- hvordan kan vi utvikle bedre tiltak ?



French et al. Implementation Science 2012, 7:38
http://www.implementationscience.com/content/7/1/38

IMPLEMENTATION SCIENCE

METHODOLOGY Open Access

Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework

Simon D French[1,2*], Sally E Green[1], Denise A O'Connor[1], Joanne E McKenzie[1], Jill J Francis[3], Susan Michie[4], Rachelle Buchbinder[1,5,9], Peter Schattner[6], Neil Spike[6] and Jeremy M Grimshaw[7,8]

Abstract

Background: There is little systematic operational guidance about how best to develop complex interventions to reduce the gap between practice and evidence. This article is one in a Series of articles documenting the development and use of the Theoretical Domains Framework (TDF) to advance the science of implementation research.

Methods: The intervention was developed considering three main components: theory, evidence, and practical issues. We used a four-step approach, consisting of guiding questions, to direct the choice of the most appropriate components of an implementation intervention: Who needs to do what, differently? Using a theoretical framework, which barriers and enablers need to be addressed? Which intervention components (behaviour change techniques and mode(s) of delivery) could overcome the modifiable barriers and enhance the enablers? And how can behaviour change be measured and understood?

Results: A complex implementation intervention was designed that aimed to improve acute low back pain management in primary care. We used the TDF to identify the barriers and enablers to the uptake of evidence into practice and to guide the choice of intervention components. These components were then combined into a cohesive intervention. The intervention was delivered via two facilitated interactive small group workshops. We also produced a DVD to distribute to all participants in the intervention group. We chose outcome measures in order to assess the mediating mechanisms of behaviour change.

Conclusions: We have illustrated a four-step systematic method for developing an intervention designed to change clinical practice based on a theoretical framework. The method of development provides a systematic framework that could be used by others developing complex implementation interventions. While this framework should be iteratively adjusted and refined to suit other contexts and settings, we believe that the four-step process should be maintained as the primary framework to guide researchers through a comprehensive intervention development process.

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Full list of author information is available at the end of the article

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kunnskapssenteret

Vi trenger implementerings forskning !!