Effective ways to change practice

Judith Mackson
Education and QA Program Manager

National Prescribing Service Limited
Improving practice

- Identify factors/barriers likely to influence the proposed change in professional behaviour

- Choose dissemination and implementation interventions
  - based on these factors
  - based on relevant research
Interventions to improve Rx

- Range of interventions effective
- Trials in a range of settings
- Multi-faceted interventions targeting different barriers more likely to be effective than single interventions
- Use continuous quality improvement principles
➢ Clear messages describing the desired behaviour
➢ Reinforcement and repetition
➢ Adequate resources and appropriate skills
Evidence-based interventions

- Mailed educational material alone
  - generally ineffective

- Academic detailing (educational outreach)
  - generally effective

- Ongoing feedback
  - generally effective
Interventions cont’d

- Reminder systems (manual or computer based)
  - ✗? Insufficient evidence

- Group education
  - ✗? Insufficient evidence

- Use of opinion leaders
  - ✗? Mixed results
  - ✗ Identify and recruit
Using feedback

- Feedback which includes specific recommendations for change more effective than general feedback describing current practice
- Individual behaviour identified
Regulation and processes

- Restrictions, forms, approval etc
Getting guidelines into practice

- Evidence-based, authoritative, local ownership
- Guide to quality care
- Accessible where prescribing decisions made
Barriers to adherence to guidelines

- Lack of awareness or familiarity
- Lack of agreement - specific or general
  - interpretation of evidence
  - credibility of authors
  - beliefs re benefits vs risk/cost
  - applicability to patient
- Lack of outcome expectancy - belief will result in improved outcome
Barriers cont’d

- Lack of self-efficacy (belief one can perform the guideline recommendation)
- Lack of motivation/inertia of previous practice
- External/practical barriers
  - convenience/ease of use
  - time constraints
  - lack of reminder systems
Barriers cont’d

❑ Patient-related barriers
❑ Environmental barriers e.g. lack of resources, organisational constraints
❑ Other: discomfort with uncertainty, industry promotion, opinion leaders with non-EB opinions, compulsion to treat

Points to consider

- Did the DUE identify barriers to prescribing according to guidelines?  
  - Is further research necessary eg focus group?
- Develop messages in collaboration with prescribers
- Tailor the message/educational activity for the prescriber eg junior RMO vs specialist
Further reading

- Dartnell J. Activities to improve hospital prescribing. Aust Prescr 2001;24:29-31
- Cochrane Reviews
  - Thomson MA et al. 2001
  - Fremantle M et al. 2000
- Cabana MD et al. JAMA 1999;282:1458-1465
Good luck!