Workshop 1 – 2018 Nordic Implementation Conference

Supporting Implementation through Guidelines

Presenters: Marianne Boll Kristensen (Metropol, Denmark); Andrew Quanbeck (University of Wisconsin-Madison); Sølvi Helseth (Oslo and Akershus University College of Applied Sciences, Norway)

Presentation 1: Dietary interventions in cardiac rehabilitation - Major gap between guideline and clinical practice (Marianne Boll Kristensen)

Background

Diet is a risk factor in ischemic heart disease and cardiac rehabilitation should include dietary interventions. Cardiac rehabilitation has become a shared responsibility between Danish hospitals and municipalities. To facilitate implementation of cardiac rehabilitation in municipalities, a national clinical guideline including recommendations on dietary interventions was developed in 2013.

Project aim

The aim of the present study is two-fold: 1) To describe the provided dietary interventions in cardiac rehabilitation services for ischemic heart disease patients in Denmark in 2013 and 2015 with emphasis on differences between hospitals and municipalities. 2) To explore, how the national clinical guideline has been implemented in clinical practice, and to evaluate whether the guideline's recommendations on systematic screening for need of dietary interventions and provision of appropriate dietary interventions for patients with identified needs are being followed.

Project methods

A repeated nationwide cross-sectional electronic survey was carried out in 2013 and 2015 on the initiative of the Danish Cardiac Rehabilitation Database. Participation was mandatory for all Danish hospital departments offering cardiac rehabilitation services (n=36). Invitations for voluntary participation were sent to all Danish municipalities (n=98) with response rates of 82% and 89% in 2013 and 2015, respectively. The electronic survey covered the core components of dietary interventions in cardiac rehabilitation services as described in the national clinical guideline.

Project results

In 72% of municipalities, dietary interventions were a part of cardiac rehabilitation in 2015. This proportion was significantly higher in hospitals (94%, p=0.007). Clinical dietitians were involved in dietary interventions in all hospitals and in 89% of municipalities. 26% and 38% of hospitals screened systematically for need of dietary intervention in 2013 and 2015, respectively. Corresponding results from municipalities were 26% and 29%. No differences were seen in clinical practice over time. 41% of hospitals and 43% of municipalities offered socially differentiated dietary interventions.

Preliminary or final conclusions/discussion:

This study identifies a gap between the national clinical guideline and clinical practice in dietary interventions in cardiac rehabilitation in Danish hospitals and municipalities. Only every third respondent performed systematic screening for need of dietary intervention as recommended. Significant differences between offered services may lead to inequality in health access. The study confirms that implementation of guidelines in clinical practice takes time and requires an intensive effort.

Presentation 2: A Novel Implementation Strategy for Adopting Clinical Guidelines for Opioid Prescribing in the U.S. (Andrew Quanbeck)

Background

While clinical guidelines for opioid prescribing have been developed, they have not been widely implemented, even as opioid abuse reaches epidemic levels in the U.S. This paper reports on the feasibility, acceptability, and effectiveness of an innovative implementation strategy named "systems consultation" aimed at improving adherence to clinical guidelines for opioid prescribing in primary care.

Project aim

Funded by the U.S. National Institute on Drug Abuse, we developed and tested a blended implementation strategy consisting of several discrete implementation strategies, including audit and feedback, academic detailing, and external facilitation in 4 primary care clinics centred around Madison, WI, U.S. The strategy aimed to improve guideline concordance measures for patients on long-term opioid therapy, including use of opioid treatment agreements, rates of mental health screening, urine drug screening, opioid-benzodiazepine co-prescribing, and morphine equivalent daily dose.

Project methods

The study compares 4 intervention clinics to 4 control clinics in a randomized matched-pairs design. Systems consulting teams aided clinic teams in implementing opioid guidelines during a 6-month intervention comprised of monthly site visits and teleconferences. The mixed-methods evaluation employs the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework. Quantitative outcomes are compared between intervention and control clinics using monthly time series analysis. Qualitative methods included focus groups, structured interviews, and ethnographic field techniques.

Project results

Seven clinics were randomly approached to recruit 4 intervention clinics. At 6 months, there were significant improvements between intervention and control clinics in percent of patients with mental health screens ($p=.02$), treatment agreements ($p=.01$), urine drug tests ($p=.01$), and opioid-benzodiazepine co-prescribing ($p=.02$). At 12 months, average morphine equivalent daily dose was reduced in intervention clinics compared to controls ($p<.01$). Clinicians reported that chronic pain treatment took on characteristics of traditional chronic disease management as a result of the intervention.

Preliminary or final conclusions/discussion

The systems consultation implementation strategy demonstrated feasibility, acceptability, and effectiveness in a study involving 8 primary care clinics in the Midwestern U.S. This multi-disciplinary implementation strategy holds potential to mitigate opioid addiction in the U.S. and ultimately may help to improve implementation of clinical guidelines in other areas of the U.S. healthcare system and internationally.

Implementing guidelines for managing adolescent overweight and obesity - Challenges involved (Sølvi Helseth)

Background

Overweight and obesity have grown to become among the world's greatest public health challenges. Several countries, including Norway, have responded by developing national clinical guidelines for the management of overweight and obesity. However, multiple factors have challenged the implementation and use of the guidelines in primary health care.

Project aim

To gain a better understanding of school nurses' perceptions of the challenges involved in implementing national guidelines for preventing, identifying and treating overweight and obesity in adolescents.

Project methods

School nurses, who took part in an intervention study aimed at increasing fitness and quality of life among adolescents with overweight, were invited to participate in an interview study focusing on implementation of the guidelines on preventing and treating overweight and obesity in children and adolescents. A qualitative design with focus group interviews was chosen for data collection. Six focus group interviews with a total of 21 school nurses were conducted. Data were analysed by qualitative content analyses.

Project results

Three main themes emerged from the interviews regarding challenges involved in implementing the guidelines:

- The burden of responsibility
- Scepticism to the premises of the guidelines
- The sensitive subject of overweight

The implementation challenges were identified at various levels: system level (e.g. available resources), individual level (e.g. perceived competence), subject level (e.g. sensitivity of weight-related issues) and professional level (scepticism to the prevailing BMI cut-off values for intervention).

Preliminary or final conclusions/discussion

The school nurses did not acknowledge their ability to have an impact on the development and implementation of the guidelines, and felt overwhelmed by the authorities in the process. Based on our findings, it is reasonable to assume that potential barriers to implementation were not adequately identified or managed before launching the guidelines. A strategy, that ensures that necessary clinical structures and resources are available, is crucial for successful implementation.