



# Guideline Implementation in a 21st Century Health System

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# Four key questions

1. Why is it so difficult to implement guidelines?
2. What does it mean to “implement” a guideline?
3. Should we endeavor to implement guidelines?
4. How should we implement guidelines (or achieve the goals of guideline implementation)?

# Why is it so difficult to implement guidelines?

- ◎ Multiple, multi-level, heterogeneous influences, barriers and facilitators, varying across time, place
- ◎ Two complementary images:
  - Concentric circles; nested, indirect and direct influences: limited scope and impact of improvement efforts
  - Clinical practice (stability) as a restrained boulder

# What does it mean to “implement” a guideline?

- ◎ Direct/explicit use vs. indirect use vs. implicit use
- ◎ “Implementing” civil and criminal laws and regulations, organizational policies, systematic reviews
- ◎ “1950s” vs. 21st century health care:
  - occupational/craft model vs.
  - industrial, rationalized (reliable, systematic) model

# Should we endeavor to implement guidelines?

- ⦿ Improving care: problem- vs. solution-oriented approaches
- ⦿ Competing priorities, limited resources (time, attention, energy, funding); the improvement (practice change) queue

# How should we implement guidelines?

*How should we achieve the goals  
of guideline implementation?*

- ⦿ “Changing physician behavior” vs. designing reliable, effective, rational healthcare delivery processes
- ⦿ Professional/occupational vs. industrial/organizational approaches to care delivery

# Some implications

1. Why is it so difficult to implement guidelines?
2. What does it mean to “implement” a guideline?
3. Should we endeavor to implement guidelines?
4. How should we implement guidelines (or achieve the goals of guideline implementation)?

# Why is it so difficult to implement guidelines?

*Multiple, multi-level, heterogeneous, influences, barriers and facilitators varying across time, place*

- ◎ Studying and understanding mechanisms, processes, mediators, moderators: “does it work” vs. “when, where, why, for whom, how does it work”
- ◎ Fixed vs. adaptive approaches: “rapid-cycle evaluation”
- ◎ FDA/formulary (binary) decisions vs. decision guidance



# What does it mean to “implement” a guideline?

## *Direct/explicit use vs. indirect use vs. implicit use*

- ◎ “The best way to change physician behavior is not to try”
- ◎ High-quality, guideline-concordant care (implicit use)
- ◎ Guideline implementability efforts should be accompanied by (complemented by) research to redesign care delivery, identify additional roles for guidelines

# Should we endeavor to implement guidelines?

*Improving care: problem- vs. solution-oriented approaches*

- ⦿ Directly and explicitly: no
- ⦿ Indirectly, implicitly, partially: yes
- ⦿ *Guidelines are a tool or resource – a means to an end*

# How should we implement guidelines?

*How should we achieve the goals of guideline implementation?*

*“Changing physician behavior” vs. designing reliable, effective, rational healthcare delivery processes*

- Healthcare delivery systems and professionals should endeavor to improve care by prioritizing domains, identifying standards and guidelines, identifying and characterizing gaps, redesigning care to be consistent with guidelines, staffing/training/motivating new practices, monitoring progress, and refining strategies