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Preferences of GPs for interventions to improve guideline adherence

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Implementation of guidelines

- Implementation of guidelines is complex

- Several types of barriers to guideline adherence

- Several types of interventions to improve guideline adherence

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Why studying preferences of GPs?

- Choice of interventions in practice often based on personal preferences researchers

- Target users usually not involved in selecting interventions

- Unclear how GPs evaluate different types of interventions

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Aims of our study

- To identify GPs' preferences for interventions to improve guideline adherence

- To determine whether these preferences differ across recommendations in guidelines

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Methods

- Electronic survey among 703 Dutch GPs

- Focusing on four guidelines
  - Red eye
  - Urinary tract infection (UTI)
  - Thyroid disorder
  - Cerebrovascular accident (CVA)

- Preferences for interventions
  - To improve guideline adherence in general
  - To improve guideline adherence to specific recommendations

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Included interventions

- ❖ **Professional oriented interventions:** distribution of educational materials, educational meetings, audit and feedback, reminders/computer support, local opinion leaders, patient mediated interventions

- ❖ **Organisational interventions:** expansion of practice personnel, education/ protocols practice assistants, changes in setting/ facilities, working arrangements with other healthcare providers

- ❖ **Financial interventions:** financial incentives for following a guideline recommendation ('pay for performance')

- ❖ **Guideline interventions:** adjusting the clinical guideline and its recommendations

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Results

- Response rate = 38% (N=264/703)

- Basic characteristics of GPs comparable to those of total population of Dutch GPs
  - Most were male (62%)
  - Worked as independent GPs (80%)
  - GPs in age group 55-64 years somewhat overrepresented (37% vs. 27%)

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GPs' preferences for interventions [general]
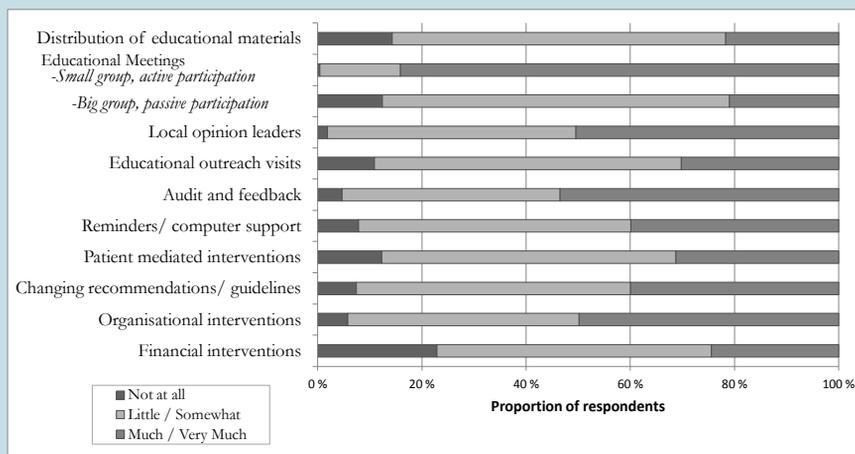
GPs' preferences for interventions [general]

- Most preferred intervention:
  – Interactive small group educational meetings (84%)

- Other highly rated interventions:
  – Audit and feedback (53%)
  – Organisational interventions (50%)
  – Use of local opinon leaders (50%)

- Least preferred interventions:
  – Financial interventions (24%)
  – Distribution of educational materials (22%)
  – Big group educational meetings (21%)

GPs' preferences for interventions [specific]

- Overall, large variation in preferences across 16 recommendations in 4 guidelines

- Some interventions were preferred/ not preferred by GPs irrespective of the specific recommendation

- Ratings of other interventions differed largely across recommendations

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GPs' preferences for interventions [specific]

Highly rated for all recommendations	Highly rated for some recommendations	Low ratings across recommendations
• Educational interventions • Audit and feedback	• Reminders/Computer support • Patient mediated interventions • Organisational interventions	• Financial interventions • Guideline interventions

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Limitations of our study

Q Low respons rate (38%) - generalisability of findings

Q EPOC taxonomy of interventions

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Conclusions and implications

- GPs have general as well as recommendation-specific preferences for interventions to improve guideline adherence

- Integrating the target groups' preferences into the implementation plan may increase the succes of interventions

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