

Communication of evidence-based information to the wider community

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Summary

- Health promotion and QUM frameworks
- Social context
- Communication and language matters
- How much change, how quickly?

Examples to illustrate from
common colds need common sense
Medicines without the mix-ups



Health promotion and QUM

“The combination of educational and environmental supports for actions and conditions that are conducive to change” (Green and Kreuter 1999)

Ottawa Charter

- Building public policies
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

Quality Use of Medicines



Evidence of what works in the community

- Community education
 - Media campaigns for awareness raising
- Community development – less convincing data
- Target problem should be selected based on burden of illness and ability to specify target behaviours
- Best campaign include regulatory and policy changes



Community education- only one part of NPS programs

- Consistent message for consumers and health professionals
- Dealing with barriers and enablers for both consumers and health professionals especially where these intersect
- Choosing issues that have been triggered by both health professionals and consumers
- Not being limited to communication as a strategy but trying to use it effectively among others to encourage uptake of evidence-based information

And it looks like...

- Program to reduce antibiotic prescribing for URTI and acute bronchitis for GPs
 - Written material
 - Prescribing feedback
 - Educational visiting
 - Peer group meetings
 - Clinical audit
 - Non-prescription pad
- Community campaign
 - National advertising and media
 - Community development grants
 - Peer education



Medicines without the mix-ups

- For community
 - National awareness campaign: brochure, media and advertising, website
 - Community development
 - Peer educators for seniors
 - Culturally and linguistically diverse communities
 - Rural communities
 - Aboriginal communities
- For health professionals
 - Kept informed, engaged
 - Access point for further information
 - Access point for campaign resources
 - Program on information consumers want and how to work effectively with consumers





Social context for community-based work

- Consumer perspective
 - Medicines are a small part of life
 - General beliefs relate to willingness to start a medicine
 - Perception of the seriousness of the underlying condition or concerns about side effects are more important in determining ongoing use
 - Medicines can be reminders of things we'd rather deny
 - What I value or fear may not be the same as what the person taking the medicine values or fears
- Medicines are taken within a social setting
 - Carers are influential
 - People are time-poor
 - Affordability can be a barrier
 - Standing of health professionals; trust and credibility
 - Etc etc



NPS market testing for campaigns

- Women are the gatekeepers to health
- Top concerns for people taking medicines are:
 - Remembering to take them
 - Side effects
 - Weighing risks and benefits
 - Planning out doses
 - Accessing doctors (in rural regions)
- Most people get most of their information from GPs, followed by pharmacists
- People want practical advice not just information or warnings

Medicines and health concerns

Women with younger families

- Mostly about the kids
- Common colds & infections
- Also keeping everyone healthy
- Lots of complementary & OTC
- Occasional prescription when ailments get out of hand

Women with older families

- About kids and adults
- Hormonal related medicines for kids and mum prominent
- Lots of OTC & natural
- Also prescription for on-going or worsening ailments

Women aged 55 to 69 yrs

- About caring for themselves & partner
- Lots of medications
- Particularly prescription
- A lot of ongoing ailments
- Some complementary

On going medicines raise fewer questions than intermittent ones

On-going Medicines

- Long term/repetitive illness eg Diabetes, asthma etc
- Initial diagnosis sets treatment
- Less consulting of doctor afterwards
- Very rarely re-evaluate medication
- Have repetitions on scripts
- Know what they need/take
- Understand what works for them

Intermittent Medicines

- New diagnosis every time
Always using different things
- Have to get to know medications
- Be wary of effects on body
ie if it works, side effects etc
- More likely to question,
continually appraise



Communication and language

- What do people want to hear about?
- What do words mean?
- It isn't enough for us to communicate with consumers



Consumers want to hear about...

- Safety
- Complementary and non-prescription medicines
- Avoiding adverse effects
- Cost of medicines
- Better coordination of healthcare
- The role of the pharmacist
- Being prescribed more medicines than they want
- Over reliance on medicines when other measures can be used
- Brands and labelling confusion
- Risks and benefits of the latest and newest

No one has asked for the latest evidence-based guideline for treatment of diabetes or CVD



Like GPs, consumers think about the individual....

The art of successfully communicating evidence-based information is to take the information from a study that is widely generalisable and to communicate it as an anecdote.

Jonathan Lomas (paraphrased)

Finding the right words

— or how to write for ordinary sheilas and blokes and not lose your meaning

- Examples from NPS consumer testing in Australia 2003-04
 - Use *health condition* avoid *disease, illness*
 - Use *health professionals* only in the plural, if you really mean doctor say doctor
 - Use *multiple (or several) medicines* avoid *polypharmacy*
 - Use *using* (a medicine) avoid *taking* (a medicine)
 - Use *natural and herbal medicines* avoid *complementary medicines or herbal remedies*

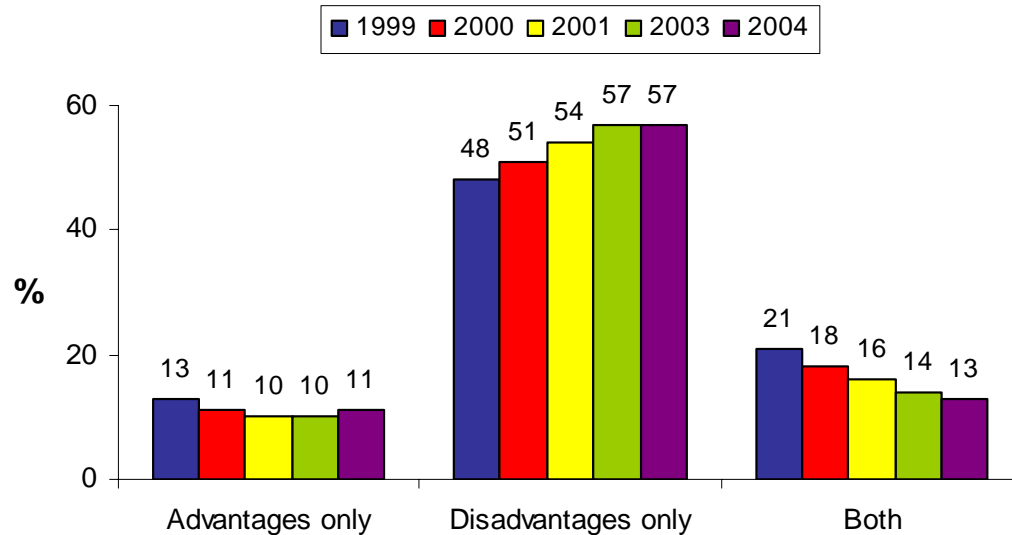
How much change, how quickly



- Reach and scope
 - 18,000 GPs and 15000 pharmacists passive participation
 - 7,000 GPs involved in academic detailing and clinical audit
 - Mass media campaigns in 2001, 2002 and 2004 (spend approximately \$500,000)
 - 22% unprompted recall of the campaign
 - Small grant to >150 community-based groups

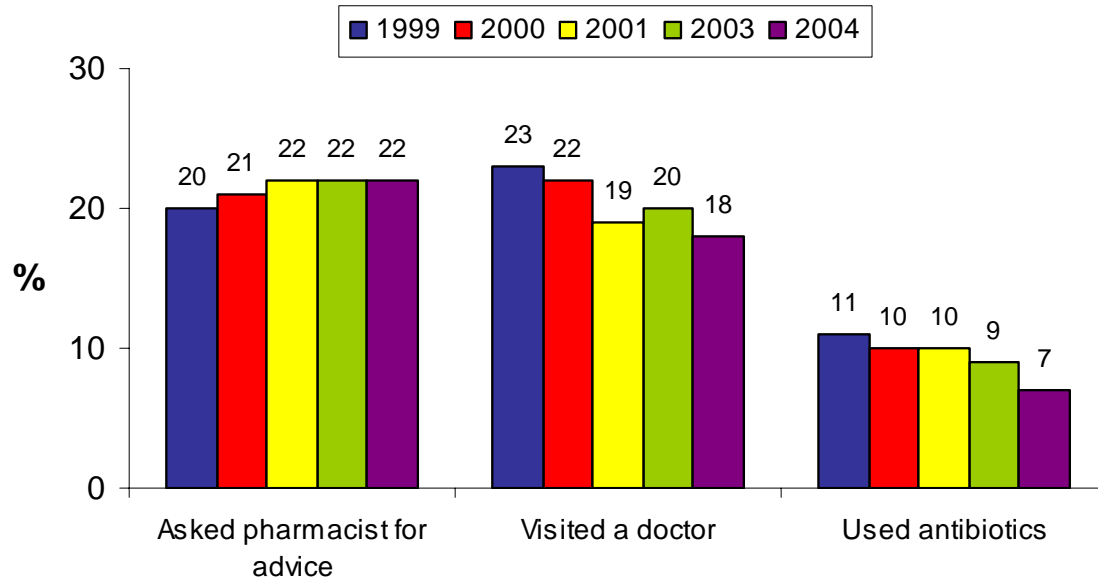
How much change - attitudes

Percentage of responders to five annual telephone surveys of a randomly selected sample of the population who reported that they believed that antibiotics conferred an advantage or disadvantage when treating cold and flu.



How much change, how quickly

- Changes in self-reported usage

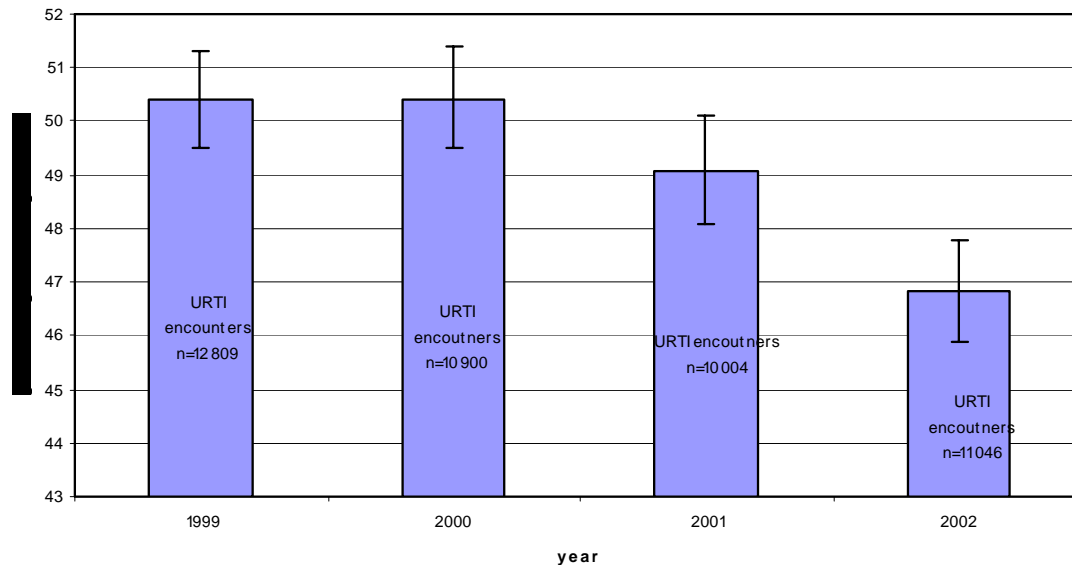


Percentage of consumers responding to the annual national telephone survey who report one of the listed actions the last time they had a cold.



How much change, how quickly

- Changes in drug utilisation

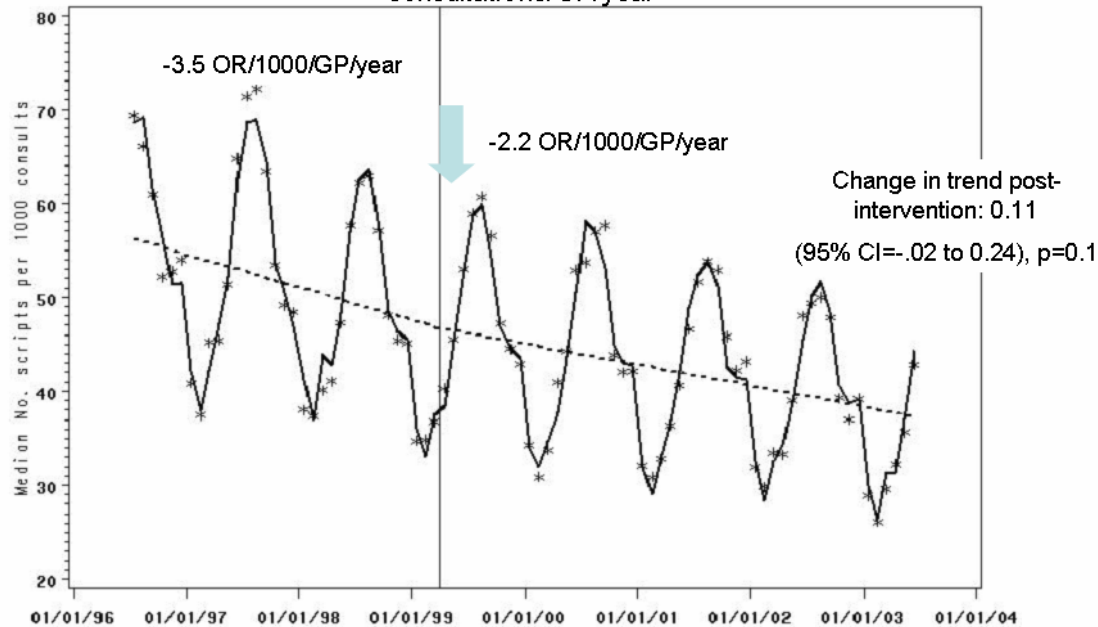


How much change, how quickly



GP PBS prescriptions antibiotics primarily used URTI – continued decline in rate, reduced peaks

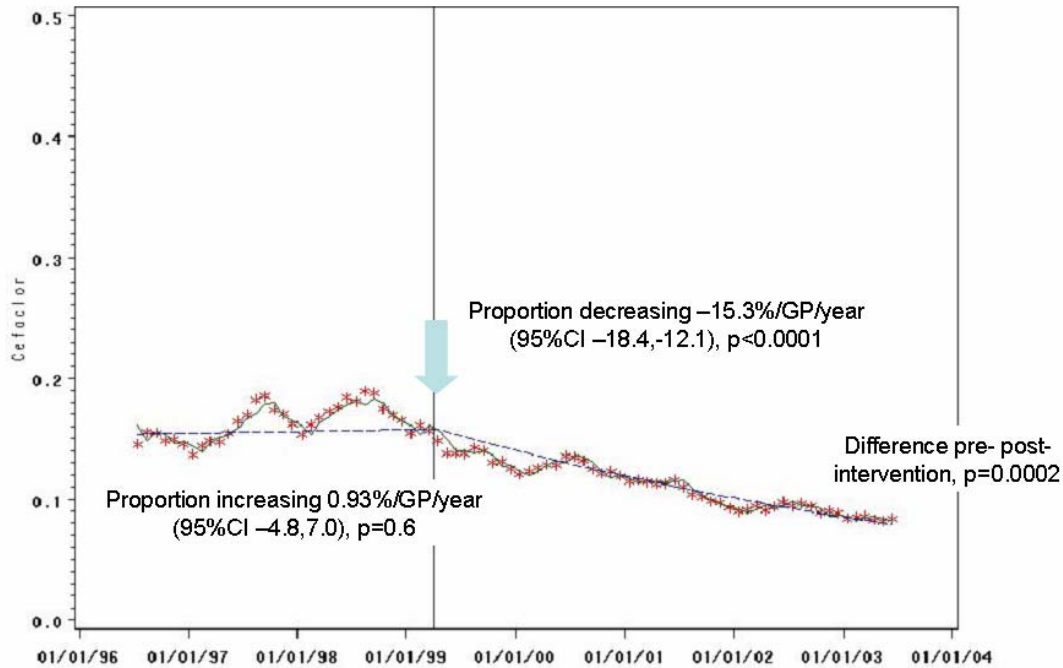
Harmonic regression: Median original scripts (9 antibiotics)/1000 consultations/GP/year



How much change, how quickly



Proportion original scripts cefaclor





Thank you

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