



THE AUSTRALIAN NATIONAL UNIVERSITY

From Evidence to Practice: strategies to promote quality care

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The evidence/practice lag

There is still an average 17 years between when an intervention is shown to be effective, and when it is in routine use

We have a real problem

- We are spending \$1 million per hour on iatrogenic harm in Australia
- 50% of patients do not receive the right (evidence based) treatment
- 10% of admitted patients suffer harm
- 2% of admitted patients suffer severe harm

This problem is not new

The importance of hand hygiene was discovered by Semmelweis in 1847 (and confirmed by trials published in 1861) but standards of hand-washing are still very poor in our healthcare settings today

The stethoscope
was invented in 1816,
but did not come into
common clinical use
until the 1860s

“That it will ever come into general use,
notwithstanding its value,
is extremely doubtful;
because its beneficial application requires
much time and gives a good bit of trouble
both to the patient and the practitioner;
because its hue and character are foreign
and opposed to all our habits and
associations”



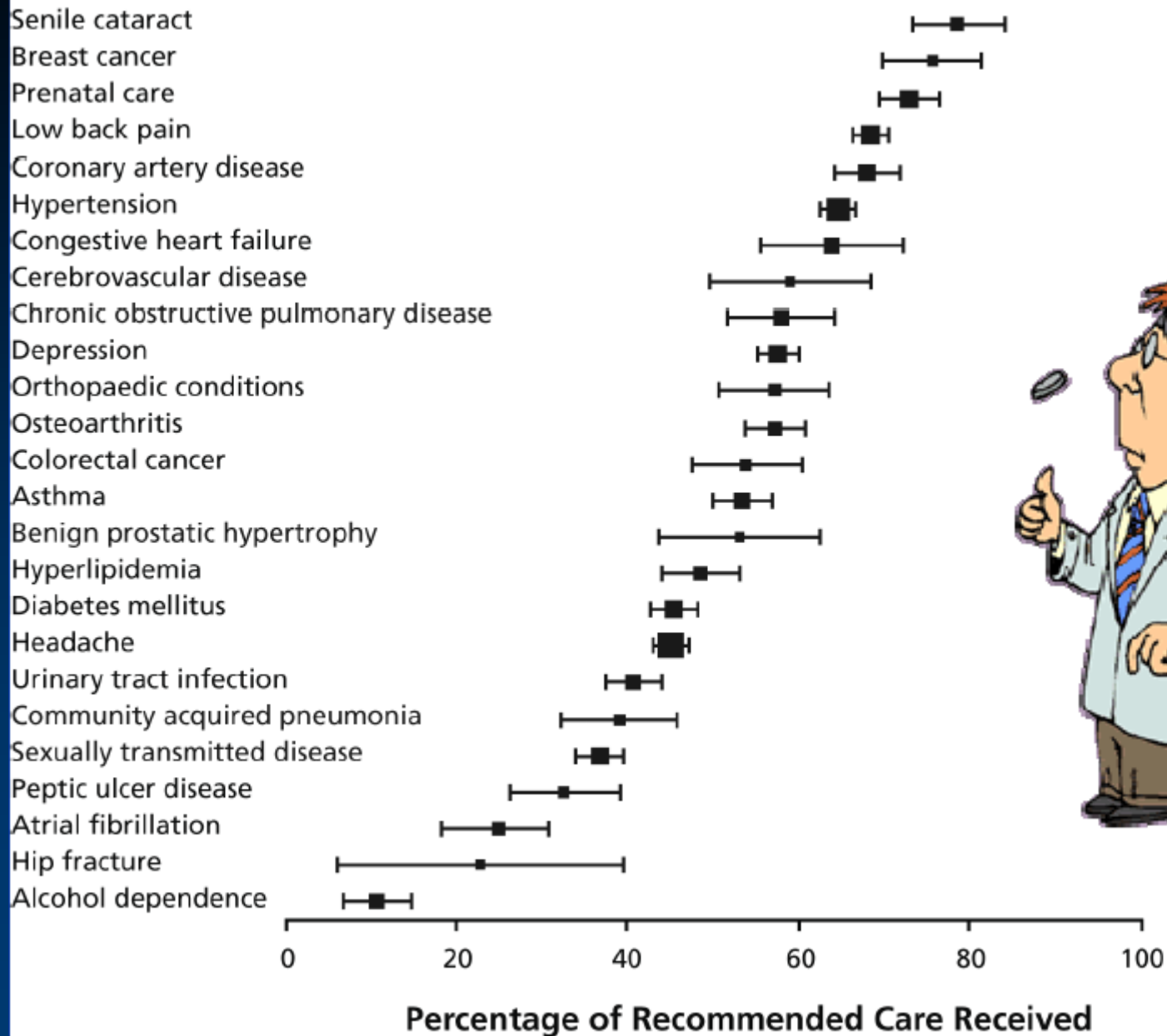
London Times 1834

...and is continuing

- Electronic prescribing has been shown to reduce prescription errors by 70% (compared with paper prescriptions), but do all clinicians use this technology?

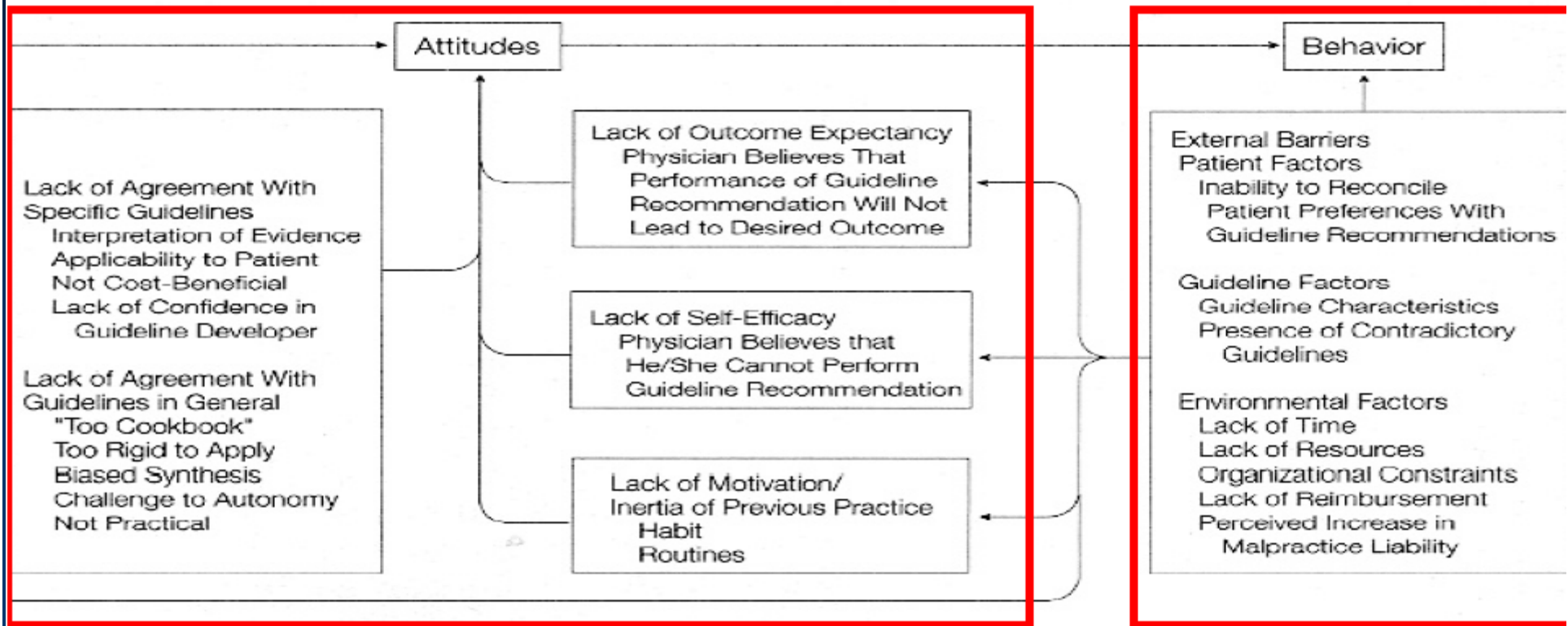


Condition



Why don't doctors provide care recommended in guidelines?

Cabana et al JAMA 1999



Decision support systems

Decision support has 94% success rate if all of these factors are present:

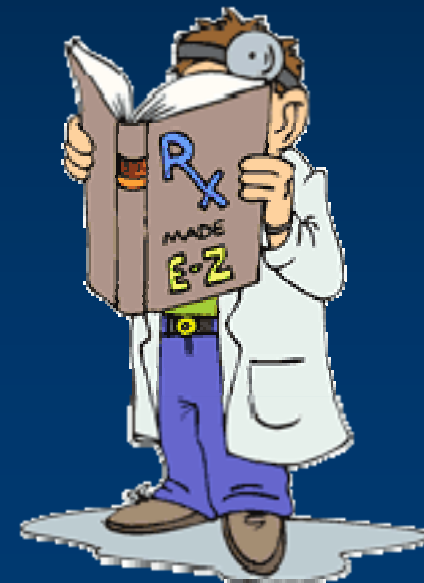
Decision support is provided at the time and place of clinical decision-making

Decision support is provided as part of the clinician's normal workflow

Specific recommendations are made (eg clinical

Changing clinician behaviour

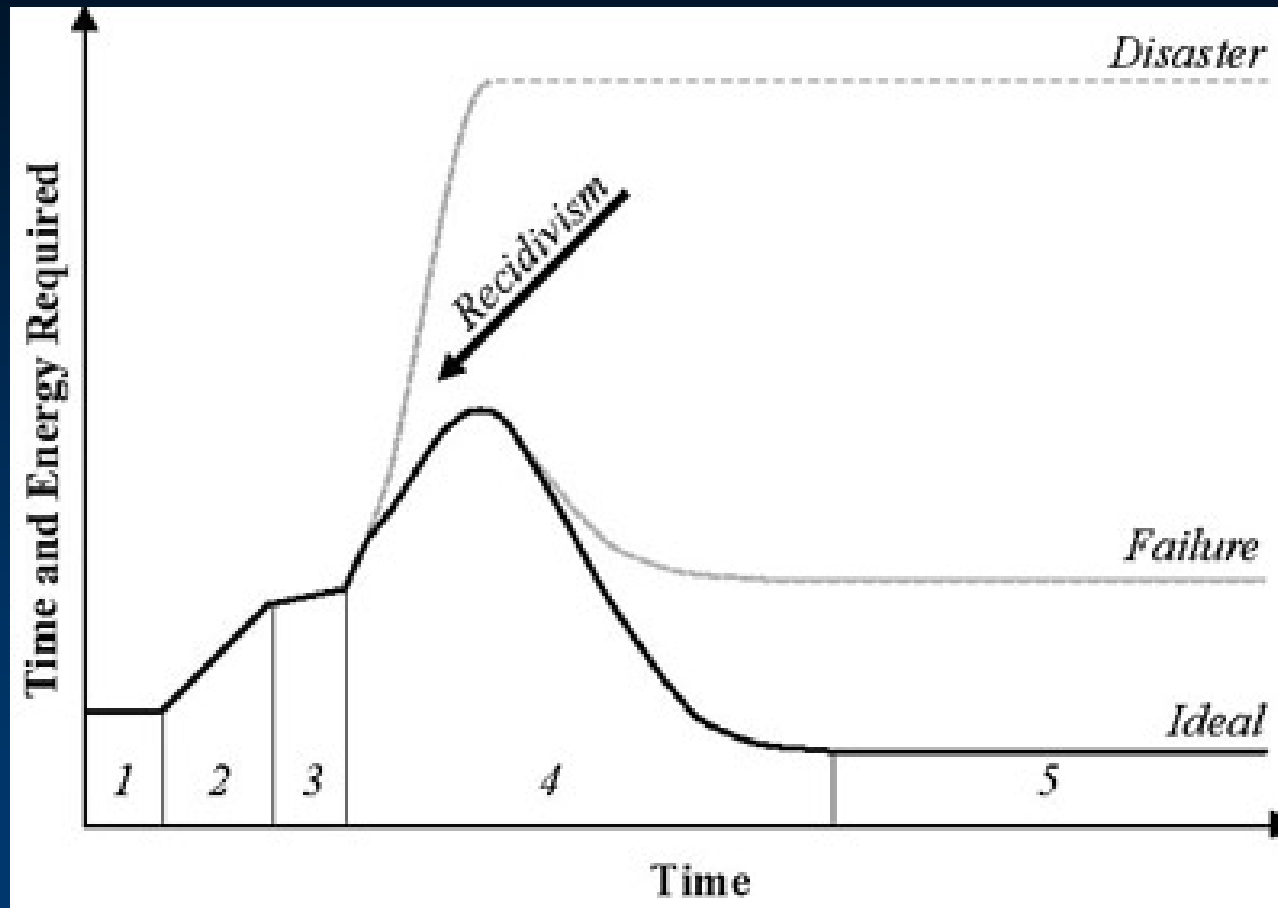
- Multi-faceted strategies work best
 - Embedded evidence-based decision support
 - Educational outreach (with social marketing)
 - Tailored local interventions
 - Interactive workshops
 - Audit and feedback
 - Opinion leaders
 - Mass media



Impediments to change

- The frequency with which the former behaviour was practised
- Pressure to maintain the old behaviour (social, professional, financial)
- Scepticism about the value of the new behaviour
- Difficulty in practising the new behaviour
- Uncertain return on the time, energy and cost invested in the new behaviour

Stages of Change



1-Precontemplation 2-Contemplation 3-Preparation 4-Action 5-Maintenance

“Macro” Progress in Australia

- Health financing changes
 - Practice Incentives Program (PIP)
 - Enhanced Primary Care (EPC) items
 - Medicare, NPS feedback
- Divisions of General Practice
- Australian Council (now Commission) on Safety and Quality in Health Care
- National e-Health Transition Authority
- Australian Better Health Initiative

What else needs to be done to make 'best practice' 'easy practice'?

- Clinical governance
 - Professional responsibility
 - Explicit 'best practice' models of care
- Alignment of financing to support appropriate models of care
 - Incentives for best practice
 - Remove perverse incentives



What else needs to be done to make 'best practice' 'easy practice'?

- Adoption of e-health technologies
 - Electronic health records
 - Electronic clinical knowledge resources
 - Electronic decision support
- Change management/support
 - Education / assistance
 - Facilities / services



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