
Changing Practice Behavior: The Theory and Reality

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The Health Colloquium

Cambridge, Massachusetts

August 21, 2006

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Topics to be covered

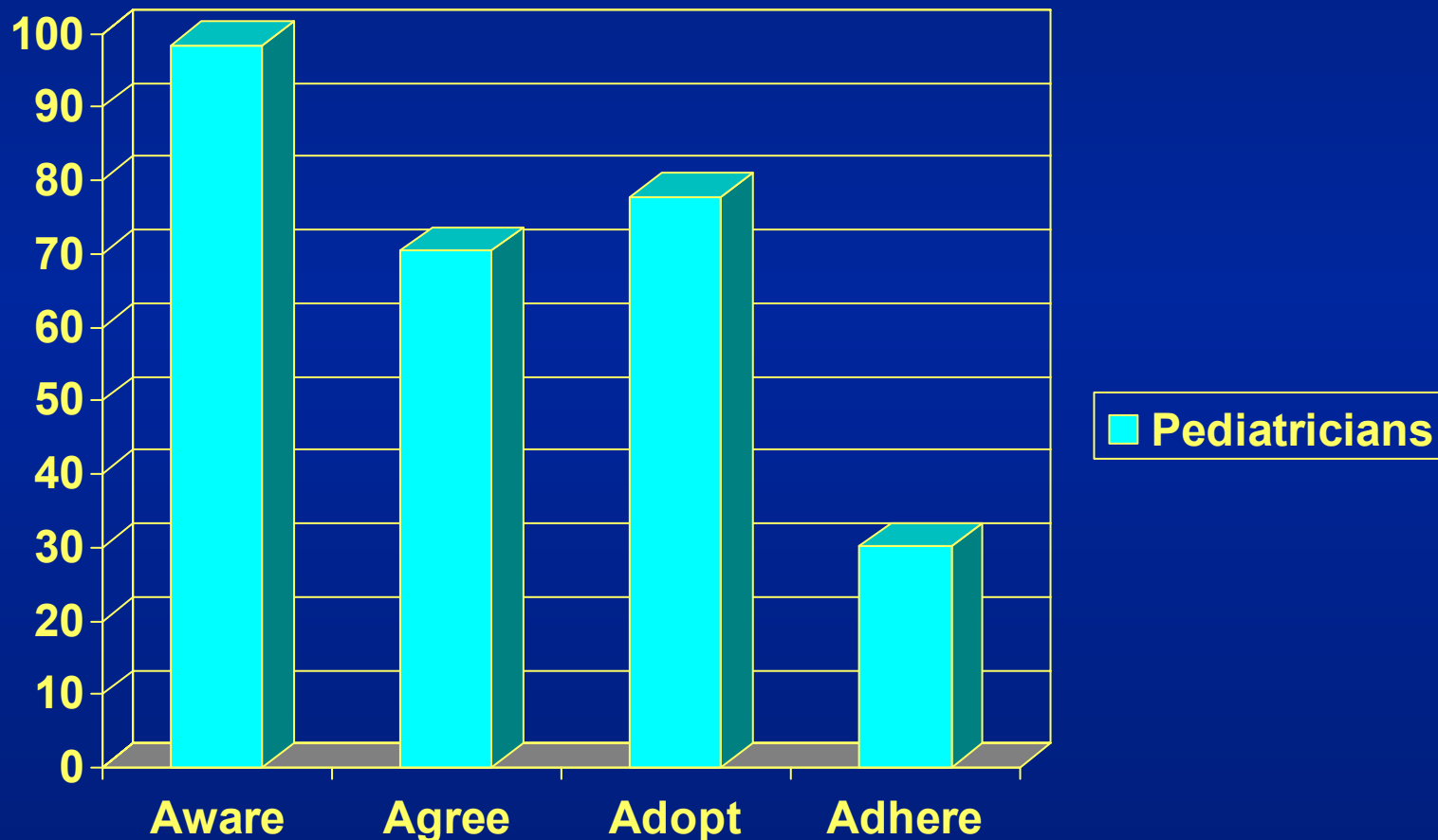
- ❑ **What do we know about determinants of provider behavior?**
- ❑ **Lessons learned from the diffusion of practice guidelines?**
- ❑ **Crafting strategies for changing provider behavior**
- ❑ **Implications for new initiatives**

Current status of guideline diffusion

- ❑ Enormous numbers of guidelines-NGC 900+
- ❑ Very little evidence that they have been integrated into practice (fewer than 3 of 5 patients receive recommended care for chronic conditions)
- ❑ Success is often not with “free-range” providers (i.e. systems support, close proximity etc.

Clinical Guideline Adherence. The Case of Pediatric Vaccine Recommendations

Awareness-to-Adherence Model



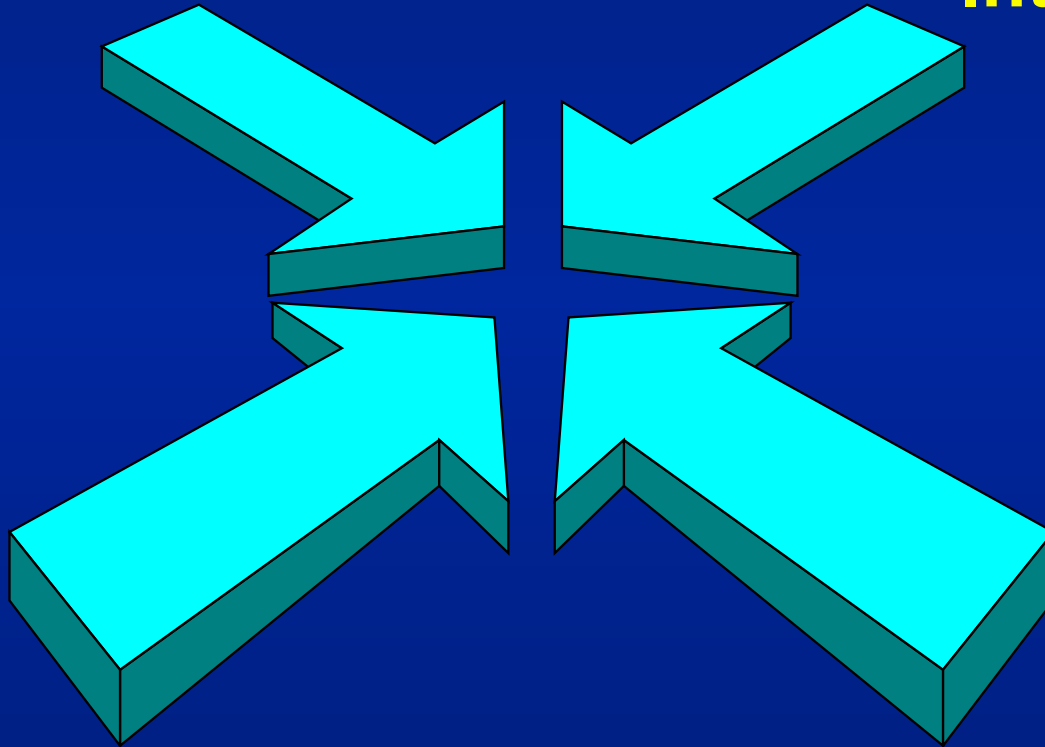
Source: Pathman, DE; Konrad, TR; Freed, GL, et.al. Medical Care 1996 Sep(34(9):873-89

What Does Behavioral Theory Suggest about Changing Provider Behavior?

Determinants of provider behavior- Generalized Model

Intrapersonal

Interpersonal

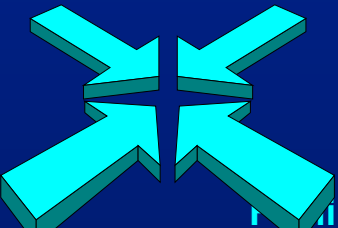


Health Policy Environment

Practice Setting Priorities

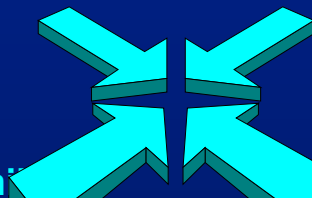
Determinants of provider behavior- intrapersonal

- ❑ knowledge (understanding of the consequences of behaviors)
- ❑ attitudes (dissatisfaction)
- ❑ beliefs (instrumentality)
- ❑ skills (ability to implement change)
- ❑ positive re-enforcement (observe results, economic incentives)



Determinants of provider behavior interpersonal

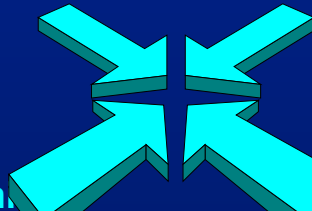
- **positive re-enforcement-consumer sanctioning**
- **peer-to-peer encouragement-professional sanctioning**



Determinants of provider behavior- Environmental (external)

- **Practice Environment**
 - **Economic reinforcement system sanctioning (incentives no disincentives)**
 - **Quality improvement is a shared value**
- **Health Policy Environment**
 - **Regulatory**

Key Point: *Simple solutions cannot be expected to change complex behaviors.*



Successful behavioral interventions

- Acknowledge the multifactorial nature of determinants
- Motivate (explain the benefits of change)
- Educate
 - knowledge
 - skills
- Empower
- Provide cues to action
- Reward and re-enforce (peer rewards, financial incentives)
- Remove barriers

Practice Guidelines: Why has experience been so disappointing?



Diffusion Mantra

The chain of logic:

**Knowledge ---> Attitudes & Beliefs ---> Behaviors
----> Outcomes**

Key Point: Knowledge maybe necessary but it is clearly not sufficient

Take Home: KADNAB

Knowledge

Alone

Does

Not

Alter

Behavior

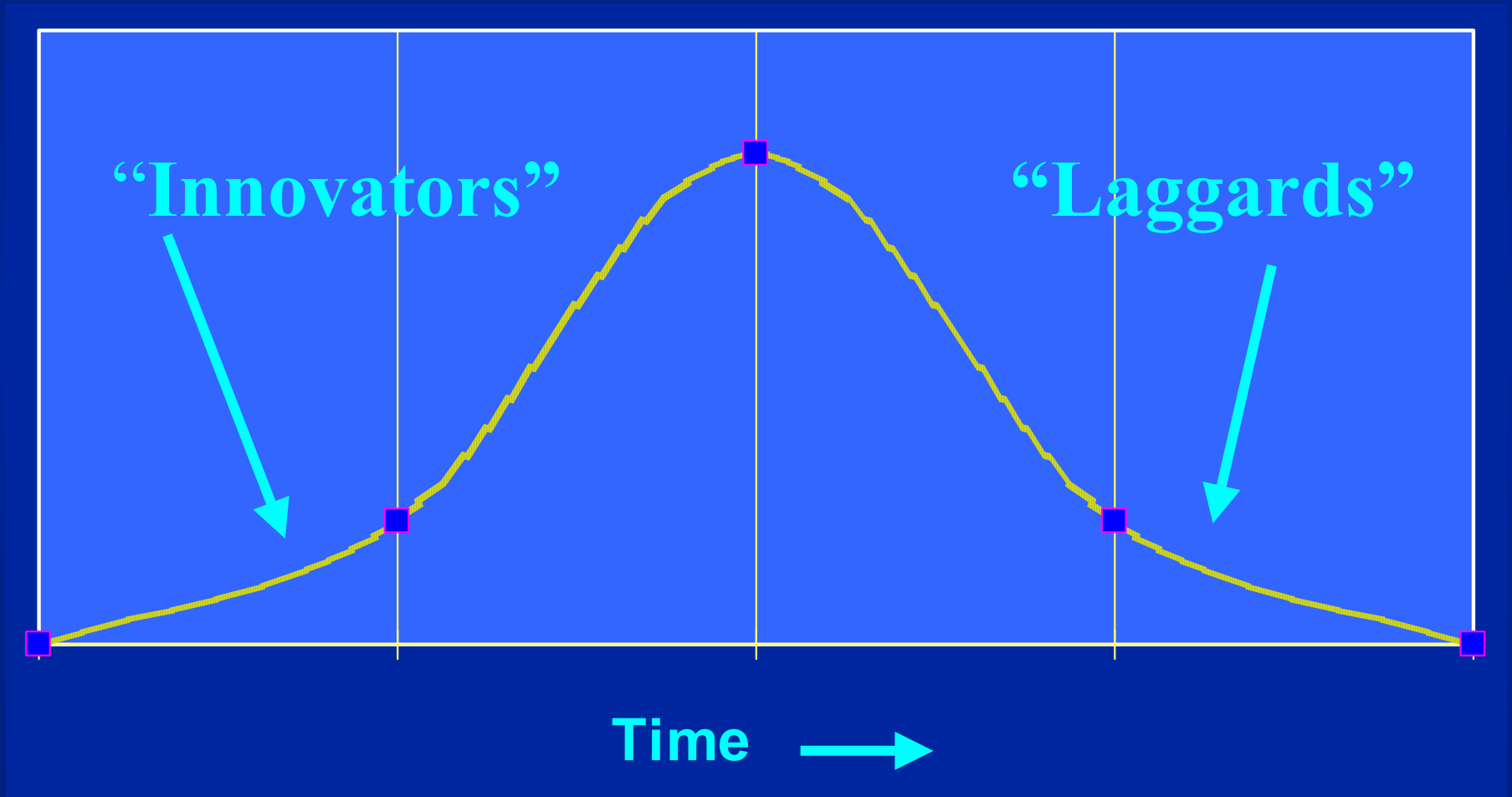
Diffusion of Innovations

- **Everett M. Rogers**
- **Model to describe large-scale spread of ideas, products, or behaviors within a society or organization**
- **Developed as an attempt to determine the most consistently effective way to apply solutions that are developed in test settings to problems in real-world settings.**

Definitions

- ***Diffusion*** is the process by which an innovation is communicated through certain channels over time among members of a social system.
- ***An innovation*** is an idea, practice, service, or other object that is perceived as new by an individual or other unit of adoption.

Diffusion of Innovation Curve



Features of Successful Innovations

- ❑ **Observability**
- ❑ **Compatibility**
- ❑ **Flexibility**
- ❑ **Reversibility/trialability (less risk)**
- ❑ **Relative Advantage**
- ❑ **Complexity (less is best)**
- ❑ **Cost-efficiency**

Potential failure points

- ❖ **Innovation failure**
- ❖ **Communication failure**
- ❖ **Adoption failure**
- ❖ **Implementation failure**
- ❖ **Maintenance failure**

What factors does the research show are associated with non-adoption or non-adherence to guidelines?

- ❑ **Provider**
- ❑ **Guidelines themselves**
- ❑ **Organizational or systems issues**
- ❑ **Consumer & payers**
- ❑ **Dissemination or communication practices**

What factors does the research show are associated with non-adoption or non-adherence ?

- **Provider**
 - **Awareness (vs. working understanding)**
 - **Agreement**
 - **Self efficacy (lack of skills)**
 - **Outcome expectancy**
 - **Time constraints**
 - **Information overload**
 - **Forgetfulness**
 - **Lack of dissatisfaction with current behavior**

What factors does the research show are associated with non-adoption or non-adherence ?

□ Guidelines

- Too complex vs. easy to use
- All or nothing requirements vs. partial adoption
- Unfeasible (time, personnel, equipment other costs)
- Based on equivocal data

What factors does the research show are associated with non-adoption or non-adherence ?

- ❑ **Systems or Organizational Issues**
 - ❑ **Expert systems not in place to monitor compliance**
 - ❑ **Disincentives or lack of rewards for adherence**
 - ❑ **No “value” placed on adherence**

What factors does the research show are associated with non-adoption or adherence ?

- **Consumers & Payers**
 - **Inconvenience**
 - **Lack of agreement**
 - **Cost**

What factors does the research show are associated with non-adoption or non-adherence ?

- ❑ **Dissemination/Communication strategies are flawed**
 - ❑ **Not tailored to audience sectors e.g. pediatricians v. dentists**
 - ❑ **Fail to seek dialogue or discussion**
 - ❑ **Inadequate time given to allow for audience saturation**
 - ❑ **Wrong choice of channels**
 - ❑ **Failure to reach other key audience sectors: consumers, administrators, policymakers**

So what!

Processes enhancing adoption

- ❑ **Involve users in the design**
- ❑ **Localize-avoid “one-size-fits-all” solutions**
- ❑ **Adaptability**
- ❑ **Longitudinal maintenance**
- ❑ **“Idea Captains” and change agents**
- ❑ **Segment audience**

Processes enhancing adoption

- ❑ **Develop consumer demand strategies**
- ❑ **Consider policy, environmental and systems changes**
- ❑ **Make quality a shared value**
- ❑ **Allow time for diffusion to take place**

Summary

- **KADNAB**
- **Success in this field involves engaging a variety of strategies and disciplines**