

Evidence assessment: Summary of a systematic review

Who is this summary for?

This systematic review is meant for decision makers and clinicians involved with continuous medical education and the development of guidelines.

Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes

Key findings

Tailored interventions geared towards changing professional practice are more effective than no intervention or the dissemination of guidelines. The methods used to identify the barriers to change still require development. Research is required to determine the effectiveness of tailored interventions compared to other interventions.

Background

Medical practice changes constantly with the discovery of novel therapies and emerging evidence. Barriers to change are factors that could potentially impair the effectiveness of an intervention to improve professional practice, for example information management, clinical uncertainty, sense of competence, perceptions of liability, patient expectations, standards of practice, financial disincentives, administrative constraints. Overcoming these barriers can improve professional practice.

Professional Practice and Barriers to change in Cameroon: Based on cost, new evidence and health system modifications, medical professionals in Cameroon are expected to change their existing practices. Even though no formal evaluation of barriers to change has been done, new guidelines are disseminated on a regular basis. If the barriers to change are identified, what interventions can be used to overcome them to ensure that medical practice is up to date?

Question

Should tailored interventions be used for overcoming identified barriers to changing professional practice?

Table 1: Summary of the systematic review

	What the review authors searched for	What the review authors found
Studies	Randomized controlled trials (RCTs)	26 trials were included in the review.
Participants	Healthcare professionals responsible for patient care.	In 16 trials, the professionals were physicians only, in two nurses, in six multi-professional staff teams, and community pharmacists and prescribers in one each.
Interventions	Tailored strategies were defined as strategies to improve professional practice that are planned taking account of prospectively identified barriers to change. Barriers may be identified by various methods, including observation, focus group discussions, interviews or surveys of the involved healthcare professionals, and/or through an analysis of the organization or system in which care is provided.	The interventions included but were not limited to: printed material plus academic detailing; educational outreach to high prescribing physicians, and training sessions for nurse; guideline plus strategies selected from outreach; feedback, scripts, group session, guidelines, additional appointments for patient; letter to the physician about each patient; educational outreach tailored to barriers; audit with feedback; audit with feedback, plus educational outreach; 8-hour interactive workshops; use of existing channels (rounds, departmental meetings and posters).
Controls	A comparison group that did not receive a tailored intervention (including either no intervention or an intervention not tailored to identified barriers), or a comparison between an intervention that was targeted at both individual and social or organizational barriers, compared with an intervention targeted at only individual barriers.	No intervention; distribution of printed materials; distribution of guidelines.
Outcomes	Objectively measured professional performance in a healthcare setting.	In nine trials, prescribing was the targeted aspect of care, in three preventive care, in one intrapartum monitoring, in one reporting of adverse drug reactions, and in 12 aspects of clinical management of a variety of conditions, including depression, back pain, incontinence, hypertension, and abortion care.

Date of the most recent search: October 2009

Limitations: This is a good quality systematic review with only minor limitations, notably the use of only RCTs and the small number of studies included. It is an update to a previous version published in 2005 and provides substantially more evidence.

Citation: Baker R, Camosso-Stefinovic J, Gillies C, Shaw EJ, Cheater F, Flottorp S, Robertson N. Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD005470. DOI: 10.1002/14651858.CD005470.pub2.

Summary of Findings table

Participants: Health care professionals responsible for patient care Settings: Mostly primary care in the US and Europe Intervention: Tailored care					
Outcomes	Illustrative comparative risks (95% CI)		Relative effect (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)
	Assumed risk	Corresponding risk			
	Control	Experimental			
Desired professional practice The outcome measures used were measures of professional performance, such as prescribing and adherence to guideline recommendations	Medium risk population		OR 1.52 (1.27 to 1.82)	2189 (12 studies)	□□□□ MODERATE
	60 per 100	69.5 per 100 (65.6 to 73.2)			
	High risk population				
	20 per 100	27.5 per 100 (24.1 to 31.3)			

Applicability

Eleven studies were undertaken in the US, four in the UK, two each in Belgium, Canada, Indonesia, Norway and the Netherlands, and one in Portugal. These findings may not be applicable to low resource settings in Africa.

Conclusions

The selection of interventions tailored to prospectively identified barriers is more likely to improve professional practice than no intervention or to dissemination of guidelines or educational materials alone. It is not possible to decide the most effective approach based on available evidence.

Prepared by

Lawrence Mbuagbaw; Pierre Ongolo-Zogo: Centre for the Development of Best Practices in Health, Yaoundé, Cameroon.

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