IQ Scientific Institute for Quality of Healthcare
UMC St Radboud
Why do we not follow guidelines for low back pain?
Introduction to a planned and theory based approach
Boston International Forum X
Primary Care Research On Low Back Pain
June 14-17, 2009
Geert Rutten
Janneke Harting
Angelique Schlief
Rob Oostendorp
Nanne de Vries
Advisory board

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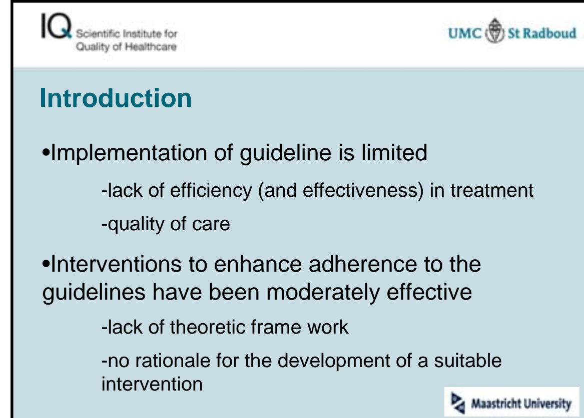
Guideline Implementation in Physical Therapy
(GIPhT study 2007 - 2010)
Planned and systematic, theory-based development and pilot-test of an intervention to enhance the implementation of the Dutch Physiotherapy and Manual physiotherapy Guidelines for low back pain
Maastricht University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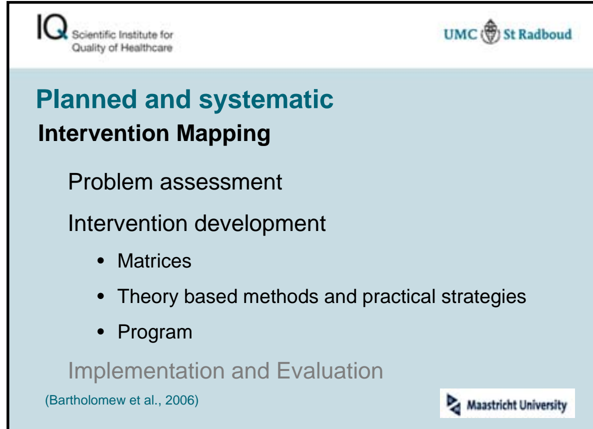
Introduction
•Implementation of guideline is limited
-lack of efficiency (and effectiveness) in treatment
-quality of care
•Interventions to enhance adherence to the guidelines have been moderately effective
-lack of theoretic frame work
-no rationale for the development of a suitable intervention
Maastricht University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Planned and systematic
Intervention Mapping
Problem assessment
Intervention development
• Matrices
• Theory based methods and practical strategies
• Program
Implementation and Evaluation
(Bartholomew et al., 2006)
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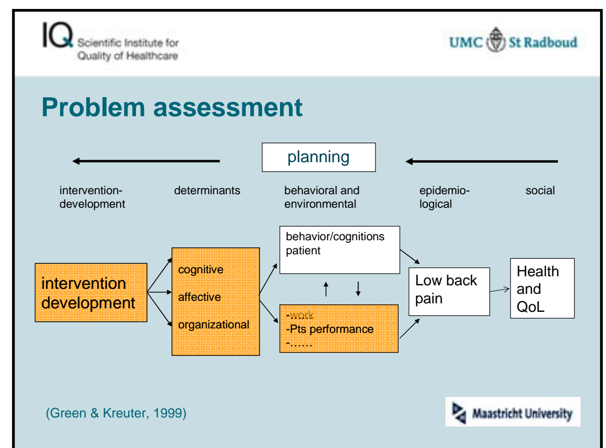
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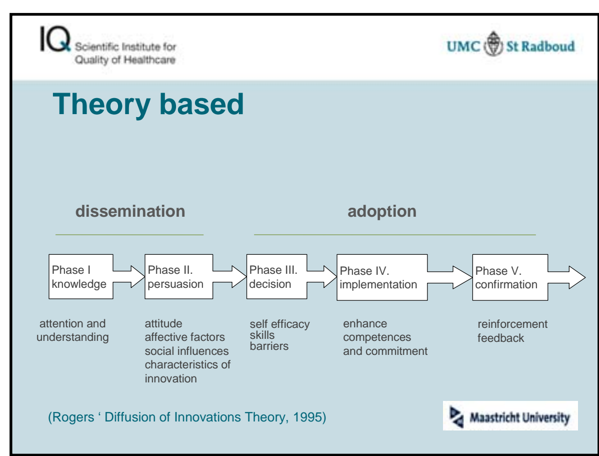
Problem assessment
planning
intervention-development
determinants
behavioral and environmental
epidemio-logical
social
intervention development
cognitive
affective
organizational
behavior/cognitions patient
-work
-Pts performance
-.......
Low back pain
Health and QoL
(Green & Kreuter, 1999)
Maastricht University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Theory based
dissemination
adoption
Phase I knowledge
Phase II. persuasion
Phase III. decision
Phase IV. implementation
Phase V. confirmation
attention and understanding
attitude
affective factors
social influences
characteristics of innovation
self efficacy
skills
barriers
enhance competences and commitment
reinforcement
feedback
(Rogers ' Diffusion of Innovations Theory, 1995)
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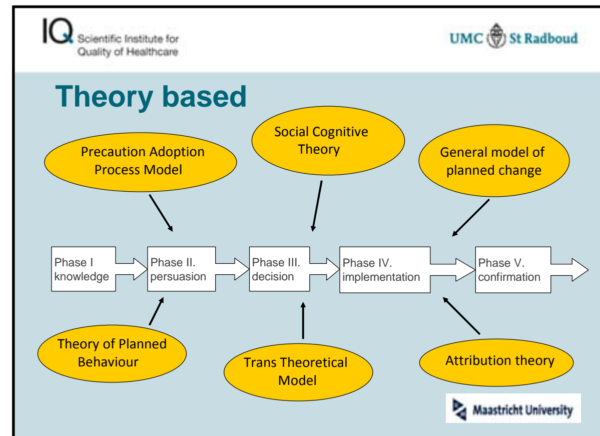
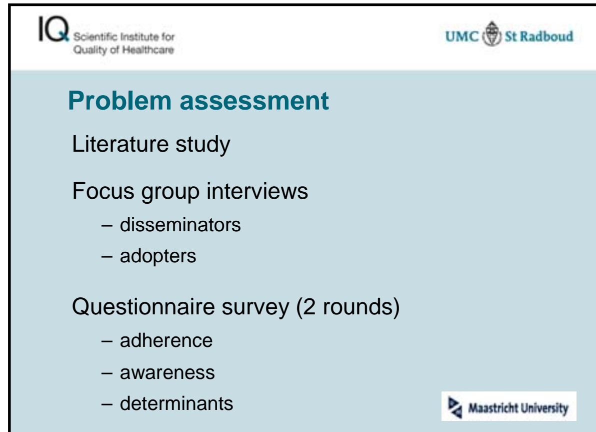
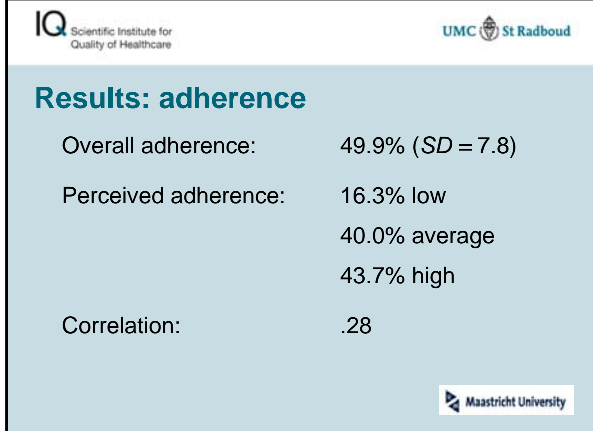
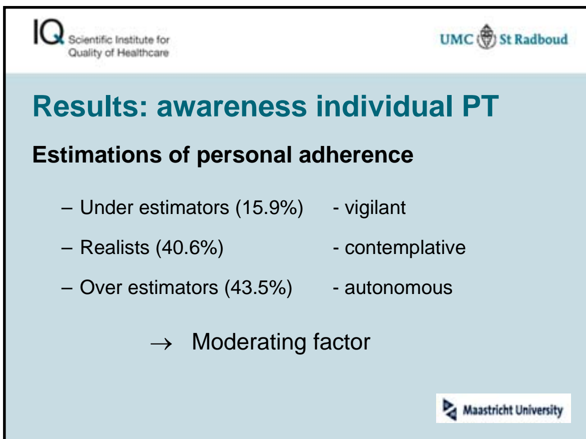
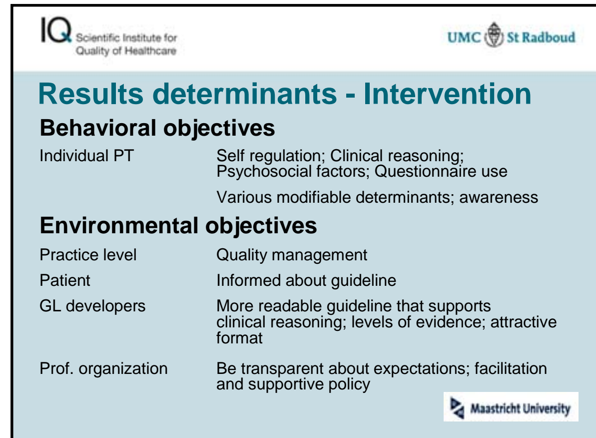
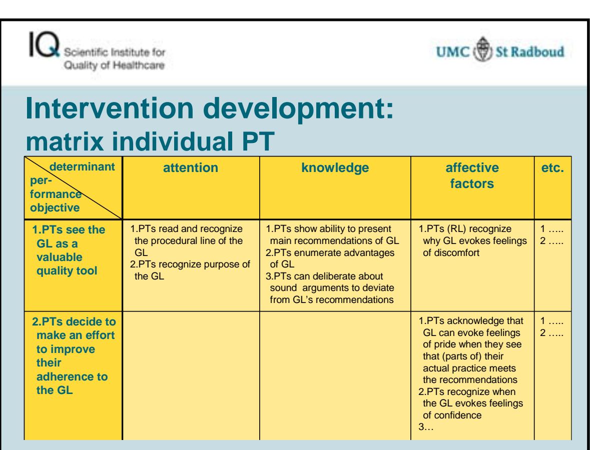


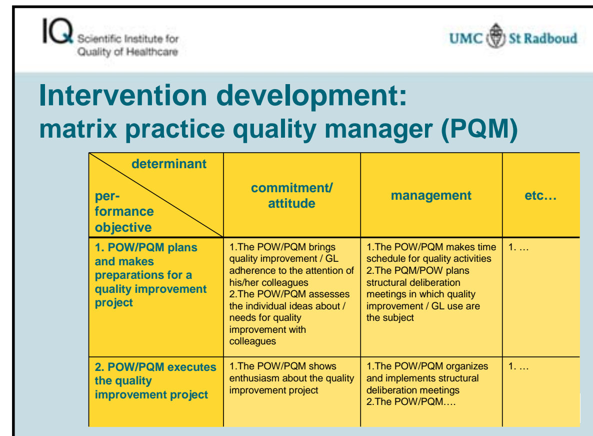



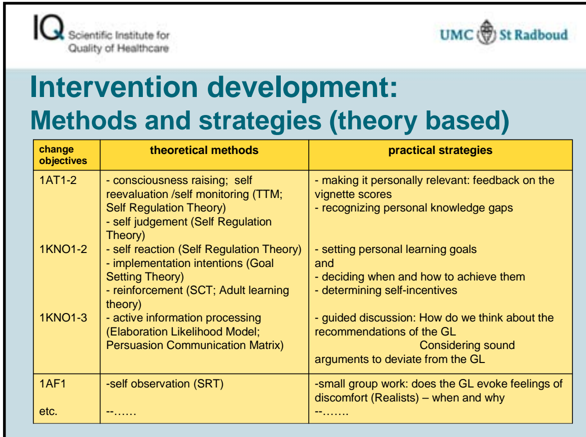



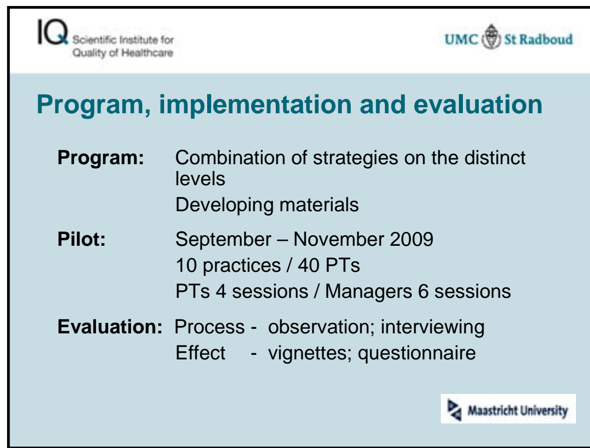

| determinant / per-formance objective | attention | knowledge | affective factors | etc. |
|---|---|---|---|---|
| 1.PTs see the GL as a valuable quality tool | 1.PTs read and recognize the procedural line of the GL<br>2.PTs recognize purpose of the GL | 1.PTs show ability to present main recommendations of GL<br>2.PTs enumerate advantages of GL<br>3.PTs can deliberate about sound arguments to deviate from GL's recommendations | 1.PTs (RL) recognize why GL evokes feelings of discomfort | 1 …..<br>2 ….. |
| 2.PTs decide to make an effort to improve their adherence to the GL | | | 1.PTs acknowledge that GL can evoke feelings of pride when they see that (parts of) their actual practice meets the recommendations<br>2.PTs recognize when the GL evokes feelings of confidence<br>3… | 1 …..<br>2 ….. |

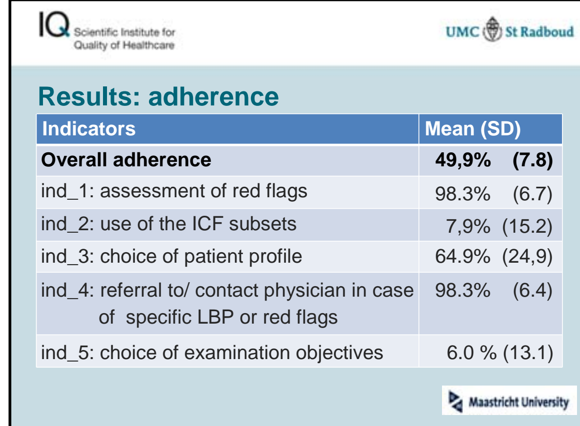



| determinant / per-formance objective | commitment/ attitude | management | etc… |
|---|---|---|---|
| 1. POW/PQM plans and makes preparations for a quality improvement project | 1.The POW/PQM brings quality improvement / GL adherence to the attention of his/her colleagues<br>2.The POW/PQM assesses the individual ideas about / needs for quality improvement with colleagues | 1.The POW/PQM makes time schedule for quality activities<br>2.The PQM/POW plans structural deliberation meetings in which quality improvement / GL use are the subject | 1. … |
| 2. POW/PQM executes the quality improvement project | 1.The POW/PQM shows enthusiasm about the quality improvement project | 1.The POW/PQM organizes and implements structural deliberation meetings<br>2.The POW/PQM…. | 1. … |

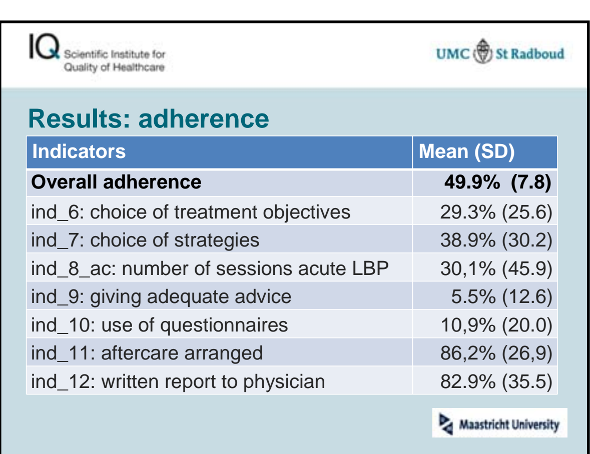



| change objectives | theoretical methods | practical strategies |
|---|---|---|
| 1AT1-2 | - consciousness raising; self reevaluation /self monitoring (TTM; Self Regulation Theory)<br>- self judgement (Self Regulation Theory) | - making it personally relevant: feedback on the vignette scores<br>- recognizing personal knowledge gaps |
| 1KNO1-2 | - self reaction (Self Regulation Theory)<br>- implementation intentions (Goal Setting Theory)<br>- reinforcement (SCT; Adult learning theory) | - setting personal learning goals and<br>- deciding when and how to achieve them<br>- determining self-incentives |
| 1KNO1-3 | - active information processing (Elaboration Likelihood Model; Persuasion Communication Matrix) | - guided discussion: How do we think about the recommendations of the GL Considering sound arguments to deviate from the GL |
| 1AF1<br>etc. | -self observation (SRT)<br>--…… | -small group work: does the GL evoke feelings of discomfort (Realists) – when and why<br>--……. |






| Indicators | Mean (SD) |
|---|---|
| **Overall adherence** | **49,9% (7.8)** |
| ind_1: assessment of red flags | 98.3% (6.7) |
| ind_2: use of the ICF subsets | 7,9% (15.2) |
| ind_3: choice of patient profile | 64.9% (24,9) |
| ind_4: referral to/ contact physician in case of specific LBP or red flags | 98.3% (6.4) |
| ind_5: choice of examination objectives | 6.0 % (13.1) |




| Indicators | Mean (SD) |
|---|---|
| **Overall adherence** | **49.9% (7.8)** |
| ind_6: choice of treatment objectives | 29.3% (25.6) |
| ind_7: choice of strategies | 38.9% (30.2) |
| ind_8_ac: number of sessions acute LBP | 30,1% (45.9) |
| ind_9: giving adequate advice | 5.5% (12.6) |
| ind_10: use of questionnaires | 10,9% (20.0) |
| ind_11: aftercare arranged | 86,2% (26,9) |
| ind_12: written report to physician | 82.9% (35.5) |