People centred research for people centred health system: translating preventive evidence into practice

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Outline

Using three examples from our own work:
• An approach to working with practitioners
• Creating system level supports to enable and sustain changes.
• How this fits with organisational theory
How can the evidence from research be translated into practice to achieve this?

Myth, opinion, poor research

Glasziou P, Haynes B. The paths from research to improved health outcomes. ACP J Club 2005;142(2):A8-10.
Working in expert ways

Not being an expert (seeking to translate what we know), but rather,

- engage and listen;
- provide information and check understanding;
- support integration with their work practices;
- support monitoring and reflection.

Providing scaffolding to guide rather than direct change.
Prevention across the 5 As

1. CVD risk
   Ask/Assess: Risk and capacity

2. Preventive evidence into Practice
   Advise/Agree: Advice, goal setting

3. Health Literacy
   Assist: Plan, treat, support

4. Referral Follow up
   Arrange: Referral Follow up
1. Assess CVD risk

Translation: the use of absolute rather than relative risk of cardiovascular disease to guide clinical decisions. 

Rationale: Moderate reductions in several risk factors will be more effective in reducing overall CVD risk than a large reduction in one risk factor alone.

Gap in current practice

• Study in 2009 found that only 23% of patients with high absolute CVD risk in general practice had been prescribed both an antihypertensive medication and a statin (Webster et al 2009).
Working with practitioners

Engage and listen and respond:

No. Umm, because if someone’s got a known high cholesterol, I will treat that. I don’t need the risk calculator to tell me that I’m meant to treat those risk factors. (GP)

Inform, check understanding & commitment

Feedback of clinical record audit and recorded consultations demonstrated gaps in practice and a focus on education rather decision support.

Support choice and integration into work practices

Meetings with practice team identified local system barriers ’Cause we have our own systems, our own medical program. To use something else on top of that is... quite cumbersome. It’s got to be incorporated otherwise it’s unlikely I’ll ever use it.. (GP)

Support monitoring and reflection on what worked or not

This actually sometimes helps me with my decision making in that you look at things that are slightly abnormal and you wonder whether or not they’re worth treating. (GP)
Scaffolding change

National
• Modify PBS criteria and MBS descriptors for Health Assessments and Practice nurse funding

Local
• Decision support systems
• Practice support and quality improvement
2. Weight management interventions

**Translation:** Behavioural interventions for weight loss to primary care patients

**Rationale:** Weight management requires more than brief advice to achieve sustained change in behaviour. Progression across the 5As increases motivation to change and likelihood of success.
Gap in current practice

Assess, Advise, Refer, Attend

% of obese patients

- Measure Wt
- Measure waist circum.
- Lifestyle advice
- Referral
- Attendance

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Working with practitioners

Engage and listen and respond:
On the whole I’d say the success rate is quite low, in terms of major changes. I tried to weigh the patients, get their BMI but sometimes because of time constraints, you can’t do that, sometimes it’s quite busy)

Inform, check understanding & commitment
Feedback from clinical record audit and patient interviews identified major barriers in follow up and communication back from referrals. Probably more organising it for them and following it up - the practice nurses would follow up because we make the referrals but they don’t come back – we don’t ever find out whether they’ve gone or not.

Support choice and integration into work practices
Met with practice team and identify priorities for changed work practice.

Support monitoring and reflection on what worked or not
This identified the importance of support from the Medicare Local especially for PNSs and the difficulty with access and communication with referral networks
Scaffolding change

National
- Practice nurse funding

Local
- Partnerships, links with local programs
- Commissioning local services
- Practice support and education
3. Tailoring preventive care to vulnerability

Translation: Appropriate care tailored to needs of vulnerable populations

Rationale: 17% of the burden of disease is due to socioeconomic disparities and some disparities are increasing.

Prevalence of obesity by quintiles of disadvantage (SEIFA)
Working with practitioners

Engage and listen and respond:

*It can because they just either don't understand the severity of what obesity can do to someone or they don't understand how it can affect other illnesses, or cause other illnesses, which then leads to co-morbidities and it just doesn't change because they just don't hear.*

Inform, check understanding & commitment

Patient feedback and surveys indicated that preventive care was provided equally frequently on the basis of income, education, SEIFA index of location and ethnicity. However GPs in low SES areas had less time and patients lacked health literacy.

Support choice and integration into work practices

Support techniques to identify low health literacy, communicate more effectively (including the use of teach-back) and support navigation to referral services. *The nurses did get the patient in and measure them and they’d get the patient back kind of every week to talk to them about their diet and some goals.*

Support monitoring and reflection on what worked or not

*Need enough time and skills in dealing with lack of knowledge*
Scaffolding change

National
- Incorporation of HL into health professional training and standards

Local
- Adopting organisation HL principles
- Targeted practice support
Normalisation Process Theory

Coherence
Does it make sense?
How does it fit?

Cognitive participation
How engaged and committed are providers?

Collective action
How will the change occur and who will do what?

Reflexive monitoring
What change occurred? Why or why not?

Engage & listen
Inform, check understanding & commitment
Support integration into work practices
Support monitoring and reflection on what worked or not
Conclusions

• Effective translation involves researchers engaging with practitioners in a way which involves listening supporting them to understand and integrate change in their work and helping them to reflect on how long term change can be achieved and sustained.

• System levels policy and programs can viewed as providing the scaffolding to guide translation.
Is this approach any better?
Thank you

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