



MOVING FROM EFFICACY TO EFFECTIVENESS & IMPLEMENTATION

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Disclosure of Interests

- Hoffman La-Roche – investigator initiated research grant

KDIGO

What do we know about dissemination and uptake of guidelines?

Steps: Awareness Agreement Adoption Adherence

%
respondents

90-98%

67-70%

46-78%

30-35%

Clin Kidney J (2014) 7: 538–545
doi: 10.1093/ckj/sfu104
Advance Access publication 24 October 2014

CKJ

Original Article

The need for improved uptake of the KDIGO glomerulonephritis guidelines into clinical practice in Canada: a survey of nephrologists

Sean Barbour^{1,2,3}, Monica Beaulieu^{1,2,3}, Jagbir Gill^{1,2,3}, Gabriela Espino-Hernandez², Heather N. Reich⁴ and Adeera Levin^{1,2,3}

Up to 45% reported treatment strategies not in keeping with KDIGO GN guidelines

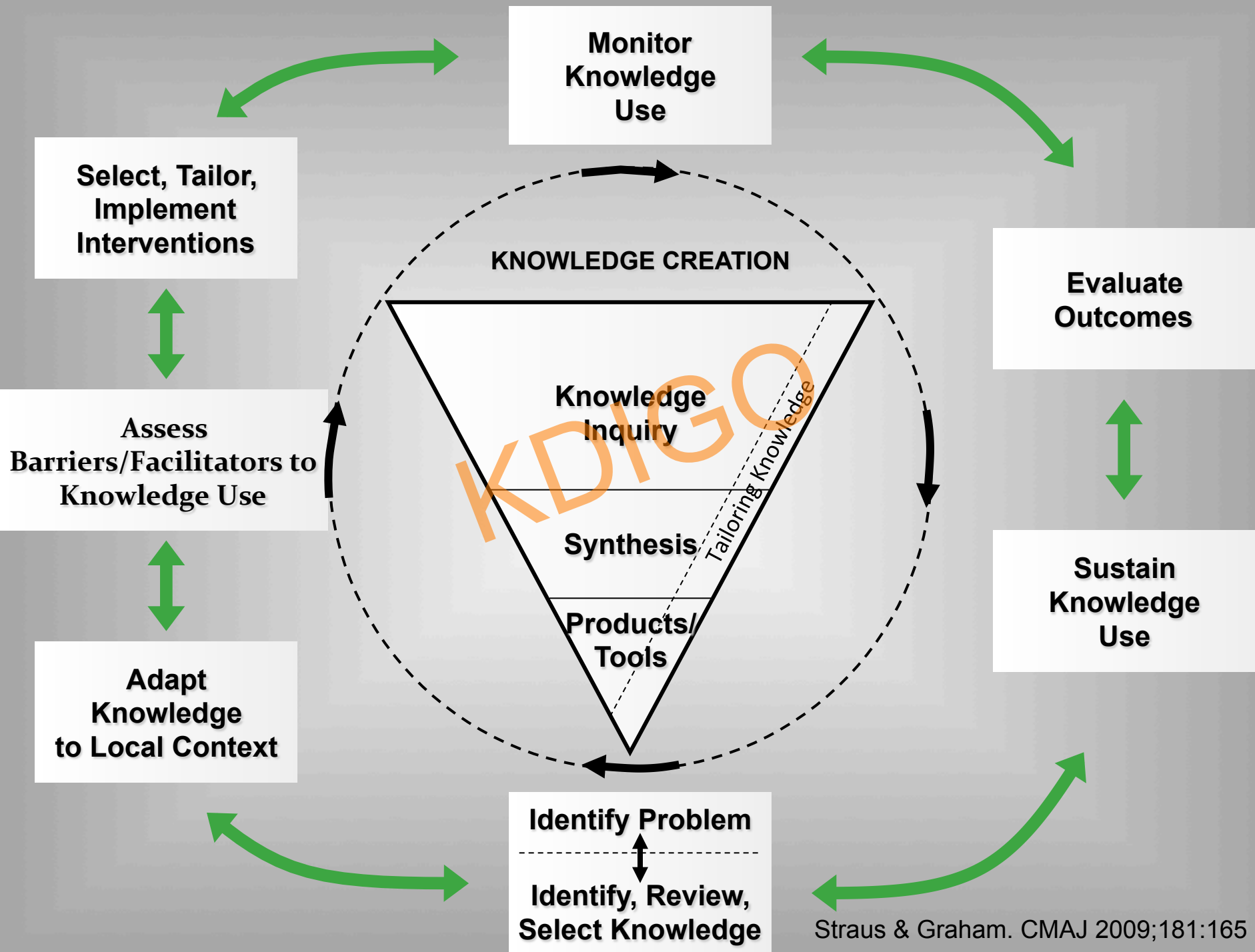


Evidence-practice gap

< 50% of Canadians receive appropriate preventative care

25% receive care that is unnecessary or harmful





CKD Guidelines: An Example



KDIGO 2012 Clinical Practice Guideline for
the Evaluation and Management of Chronic Kidney Disease

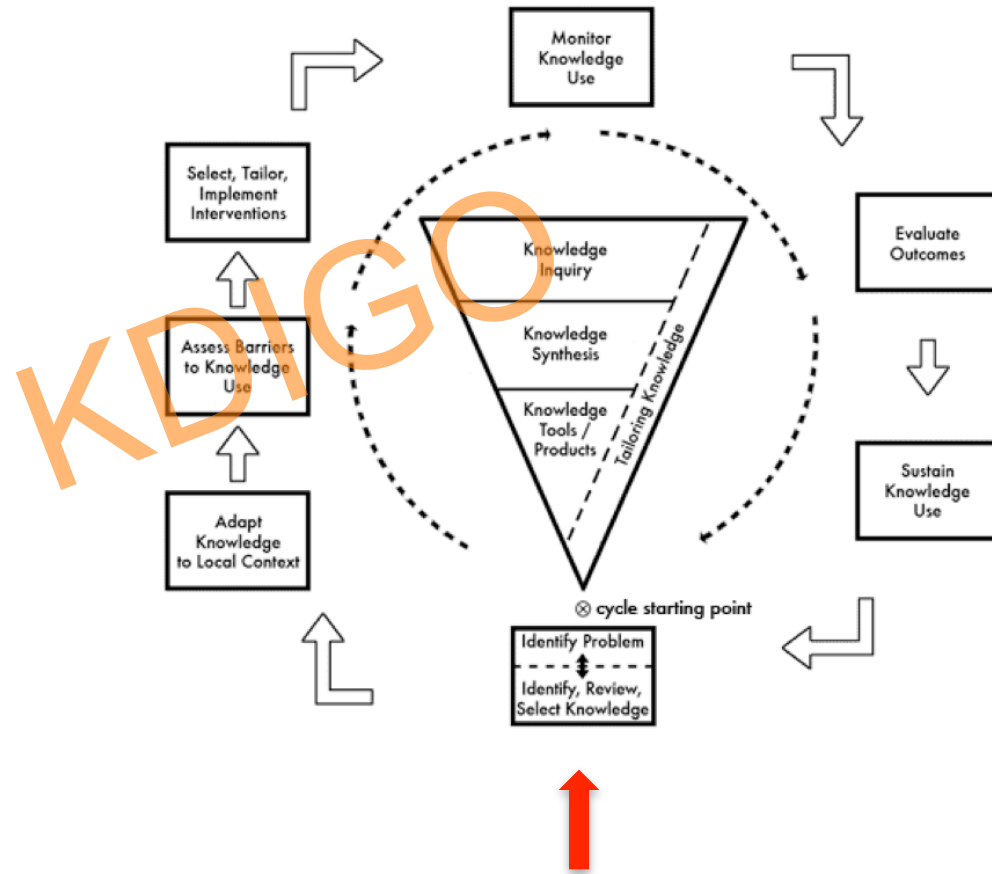
VOLUME 3 | ISSUE 1 | JANUARY 2013

<http://www.kidney-international.org>



KDIGO Diabetes Conference | February 5-8, 2015 | Vancouver, Canada

Step 1: Identify evidence-practice gap

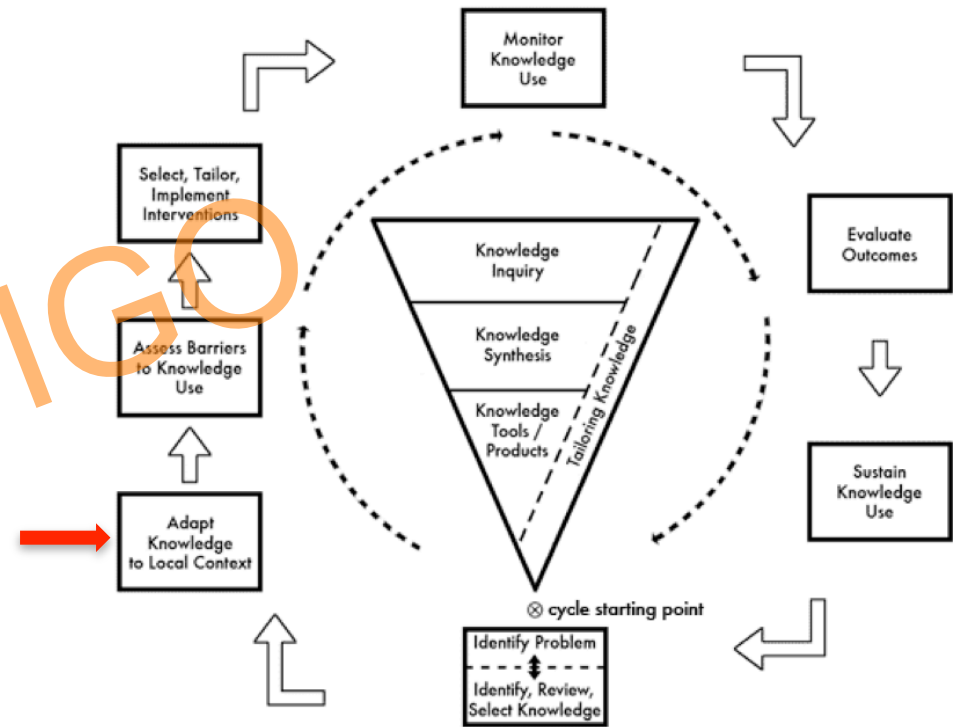


Management of CKD
in primary care

Step 2: Adapt CPG for local use

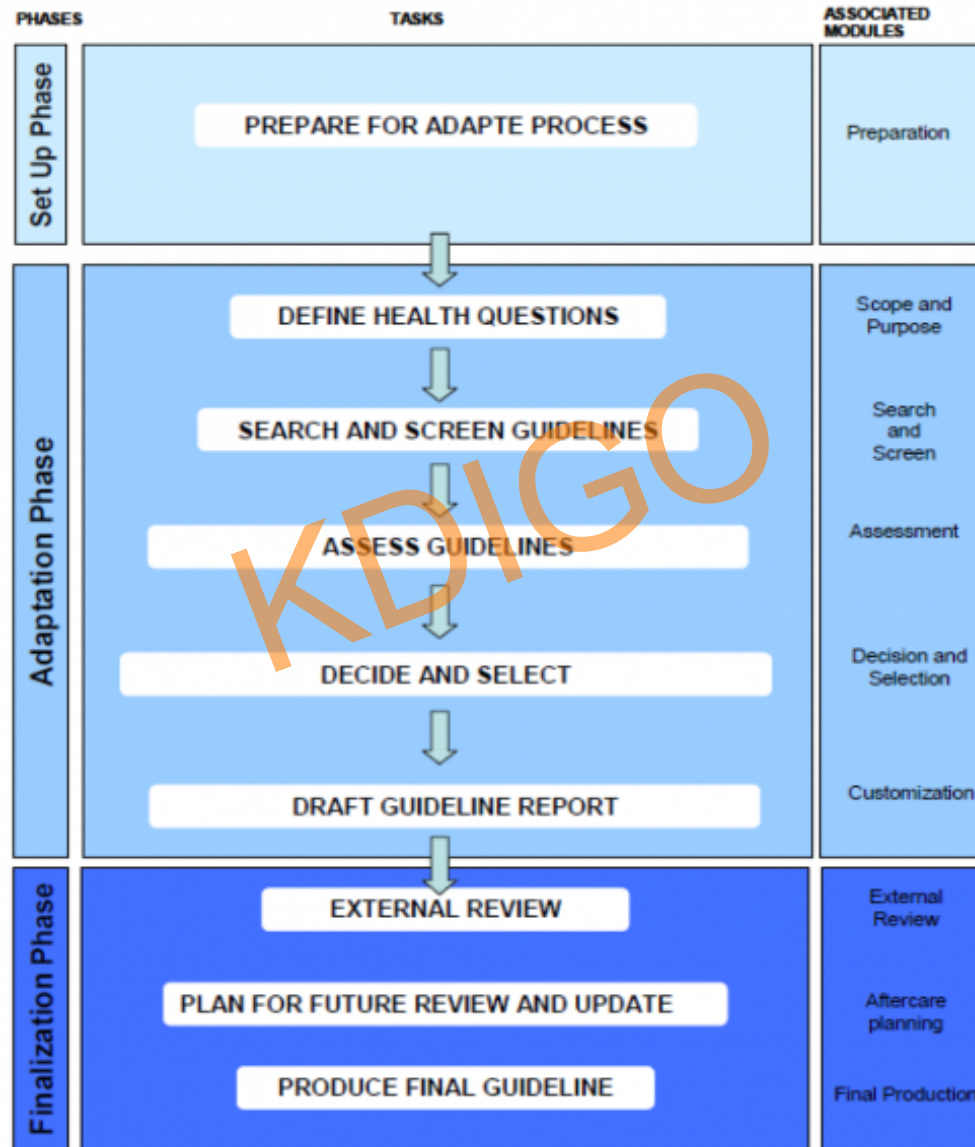
ADAPTE process (www.adapte.org)

- int'l collaboration aimed at facilitating efficient, high quality adapted CPG
- learning modules + tools available



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Summary of the ADAPTE process

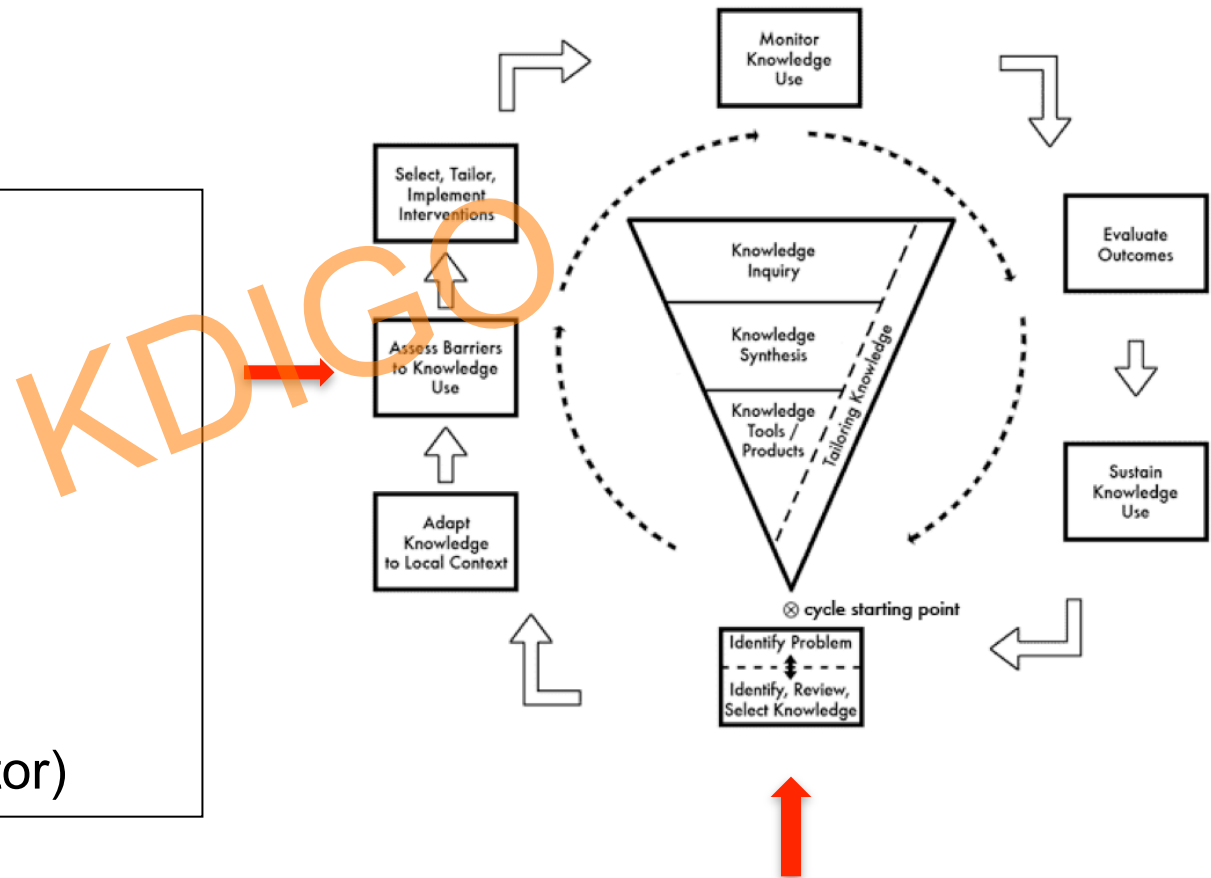


www.adapte.org

Step 3: Assess barriers to uptake

CPG Framework for Improvement

- structured framework for identifying, describing and removing barriers to CPG implementation
- (barrier = reverse facilitator)



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Multiple barriers block translation of evidence into practice

The Provider

Lack of motivation/
clinical inertia

Lack of awareness
or knowledge of the
evidence

Disagreement with
the intervention

Lack of self-efficacy
Overemphasis on
potential side effects

Competing
promotional
influences

The Patient

Preferences/
expectations/
knowledge

Patient adherence

Competing
promotional
influences

The Setting/ System

Access to health care

Affordability (for the
individual and the
system)

Emphasis on acute
symptoms rather than
prevention

Lack of time or
resources

Lack of incentives to
change

Lack of opinion leaders

Competing promotional
influences



Survey **A PATIENT SURVEY TO UNDERSTAND KIDNEY DISEASE AND ITS MANAGEMENT**

Demographics

1. First 3 digits of your postal code: ____

2. Age: Under 50 years 65-74 years
 50-64 years 75 years and older

3. Do you have diabetes?
 Yes No

Understanding of kidney disease

4. Have you ever been told you have kidney disease?
 Yes No Not sure

5. Have you ever had a blood test (serum creatinine) to check your kidney function?
 Yes No Not sure

6. Have you ever had your urine tested for protein?
 Yes No Not sure

7. If yes, was the protein in your urine higher than normal?
 Yes No

8. Do you feel that you have enough information to help you manage your kidney disease?
 Yes, definitely
 Yes, somewhat
 No, I need more information

Care for kidney disease

9. How easy is it for you to make an appointment to see your doctor or healthcare provider?
 Very easy Easy
 Difficult Very difficult

10. Would it be a problem for you to have your urine tested at a laboratory every 6-12 months?
 Yes No

11. If yes, what are some of the problems you might face? *Tick all that apply.*
 I don't know where the nearest lab is
 I don't know how to make an appointment
 The lab hours are not convenient for me
 Distance – too long to travel to nearest lab
 Travel to lab – don't have a car (would need to take public transit, cab, arrange for a ride, etc)
 I have to wait too long at the lab
 Other (specify) _____

12. How satisfied are you with the service provided to you when you go to the laboratory?
 Very satisfied Satisfied
 Unsatisfied Very unsatisfied

Cost

13. Do you have a drug plan that covers all or part of the cost of drugs needed for your treatment?
 Yes No

14. In the last 12 months, how often have you had difficulty paying for services, equipment or medications you need to help you manage your health?
 Always Usually
 Sometimes Never

Management of kidney disease

15. How satisfied are you with the level of information your health team shares with you about your kidney disease?
 Very satisfied Satisfied
 Unsatisfied Very unsatisfied

16. Do you feel that you have adequate access to your own health information (for example lab test)?
 Strongly agree Agree
 Disagree Strongly disagree

Circle one for each of the following 2 questions:

17. How would you rate your understanding of...?

	Poor	→			Excellent
Causes of kidney disease	1	2	3	4	5
Importance of medication to treat kidney disease	1	2	3	4	5
Importance of blood tests to monitor kidney disease	1	2	3	4	5
Importance of urine tests to monitor kidney disease	1	2	3	4	5

18. Which of the following would make it easier for you to obtain lab results and treatment advice regarding your kidney disease?

	No	→			Definite
Lab results mailed to my home	1	2	3	4	5
Accessing a website to view my lab results	1	2	3	4	5
Lab results sent by email	1	2	3	4	5
Lab results sent by text messaging to my cell phone	1	2	3	4	5
Lab results called to my home phone	1	2	3	4	5


April 2, 2012 Page 1 of 1



Patient-level Barriers




Physician-level Barriers




Health System-level Barriers



Patient-level Facilitators



Physician-level Facilitators



Health System-level Facilitators



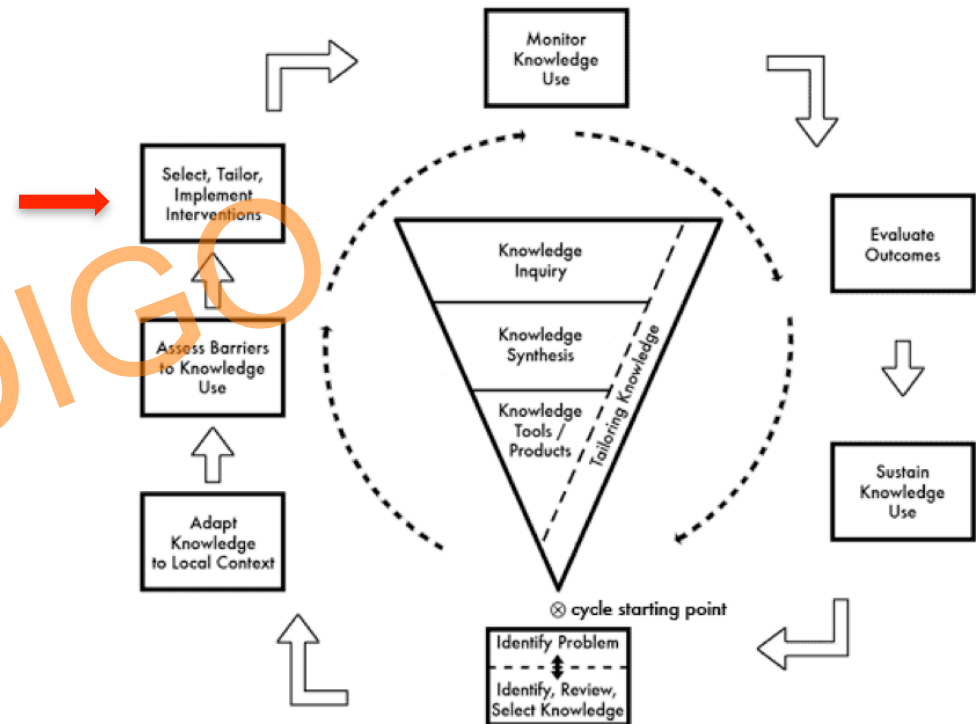
Step 4: Design an intervention

Cochrane Effective Practice and Organization of Care (EPOC) group

- international network focusing on interventions that improve the delivery, practice and organization of health care services

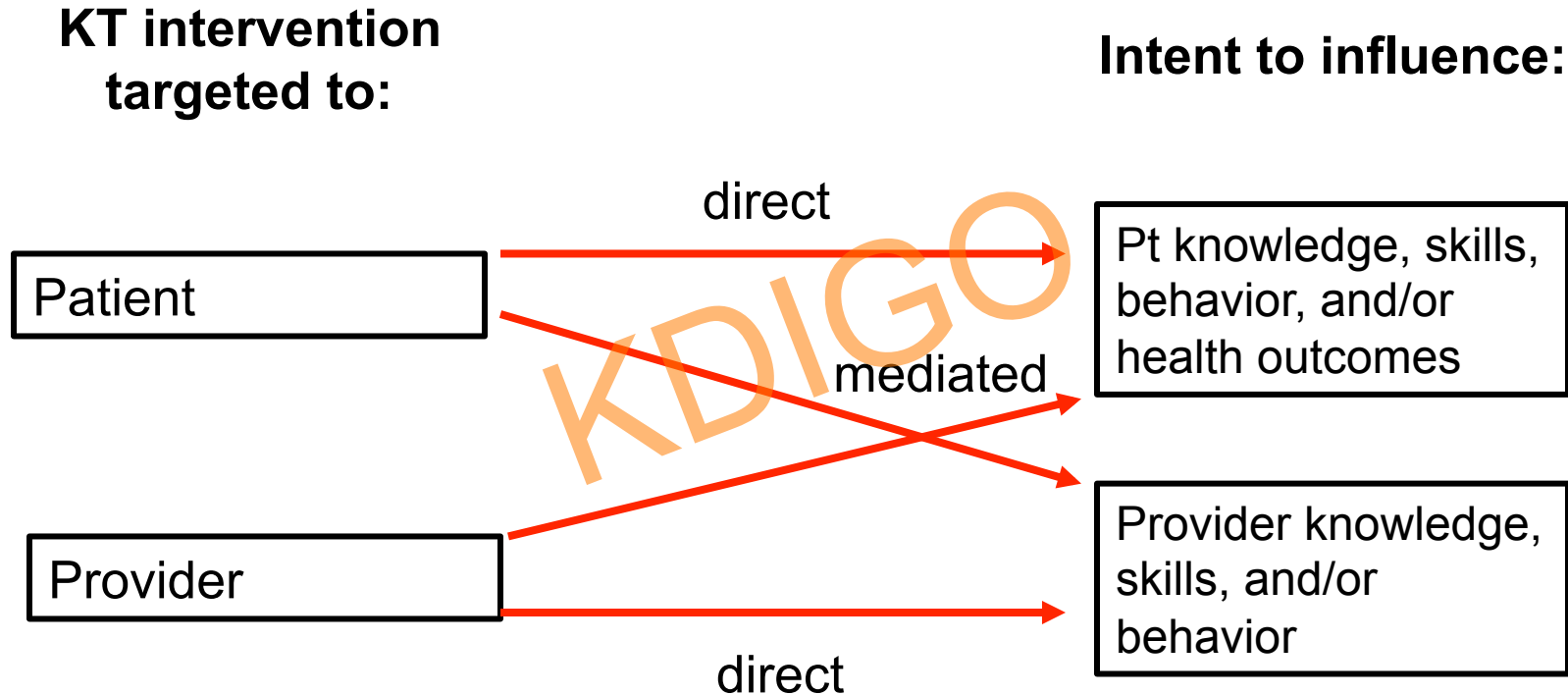
Rx for Change Database:

<http://www.cadth.ca/en/resources/rx-for-change/database/intervention>



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Direct vs mediated interventions:



Examples of patient-direct & patient-mediated interventions

Patient-direct:

- Educational materials
- Mass media campaigns
- Patient decision aids
- Self-monitoring
- Enhancing adherence
- Electronic interventions (eHealth)

Patient-mediated:

- Question cards to prompt asking questions
- Patient decision aids
- Patients providing reports to providers
- Patients reporting results to providers (BP, A1c)

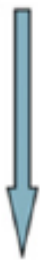

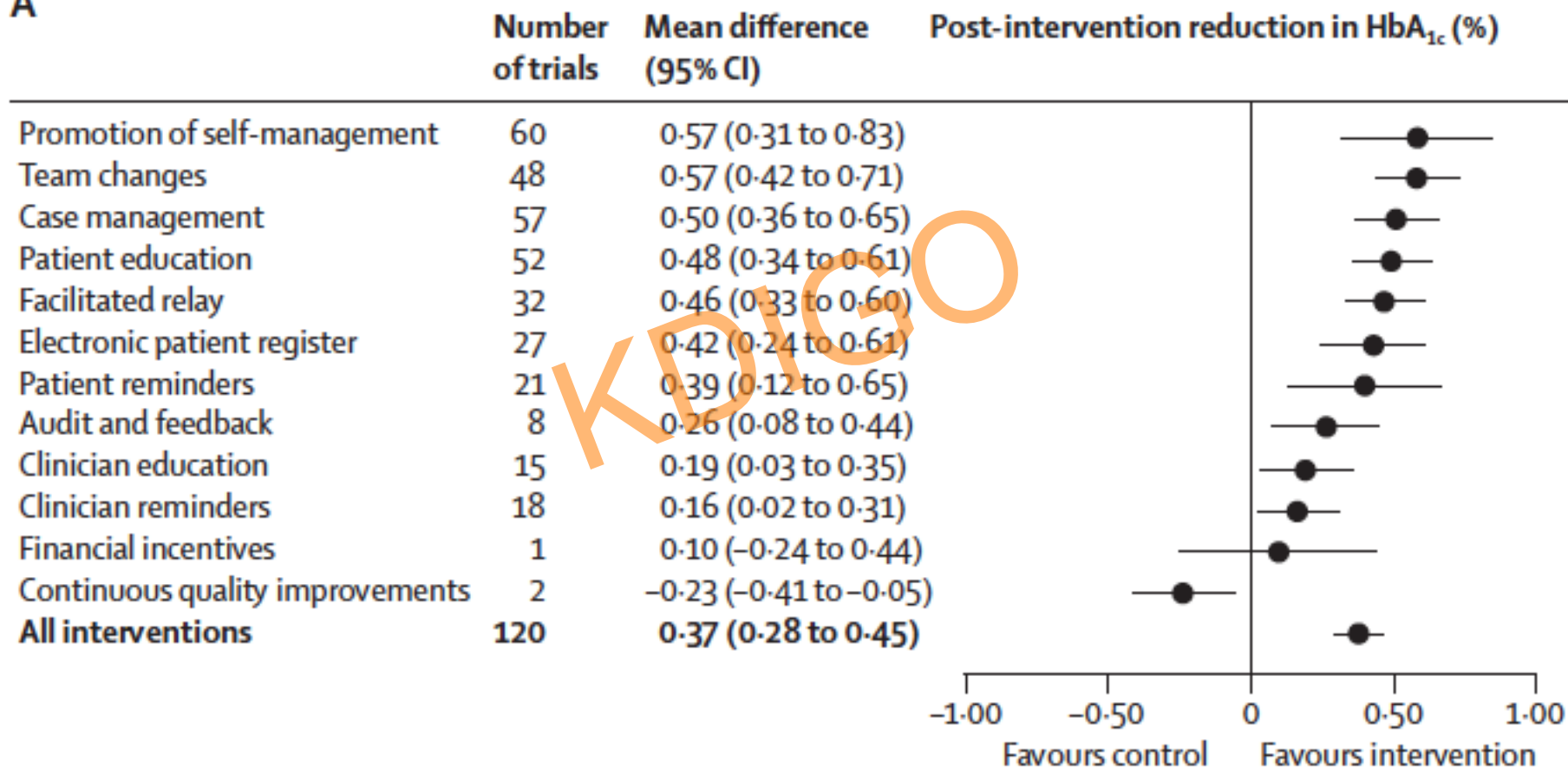
Resource Intensity 	Electronic Medical Record Related Interventions	Education Related Interventions	Personnel-Based Interventions
	Electronic Medical Record	Clinician Education	Team Changes
	Patient Reminders	Patient Education	Case Management
	Clinician Reminders	Promotion of Self-Management	
	Audit and Feedback		
	Facilitated Relay of Patient Data		
		Resource Intensity 	

Figure 2. Relationship between resource intensity and common chronic disease management interventions.



QI Strategies and glycaemic control

A



Lancet 2012;379:2252-61



Designing an intervention

Planning Meeting with Stakeholders and End-Users
May 2, 2012

AGENDA:
To develop innovative strategies
for the implementation of CKD guidelines”

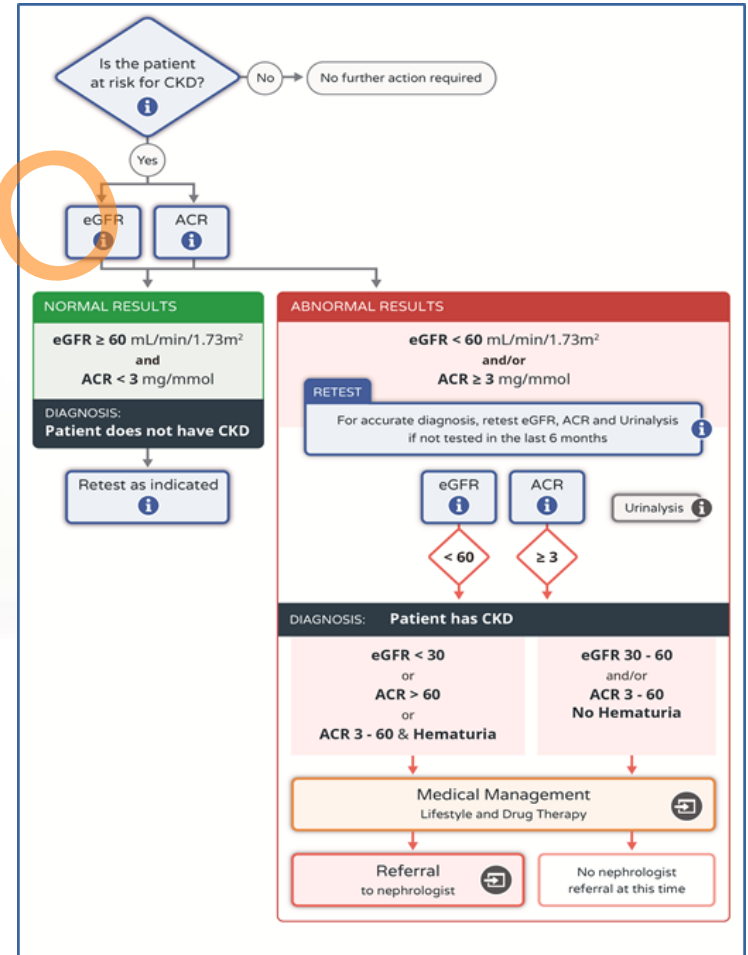


Clinical Pathway

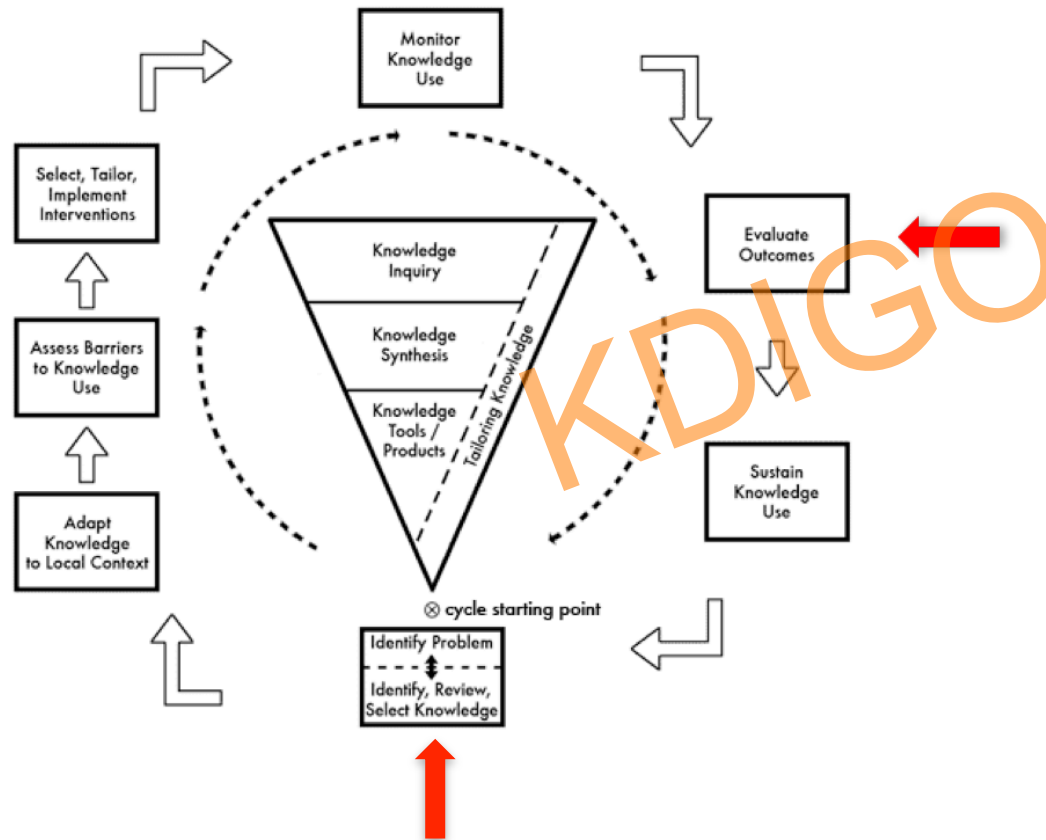
Why a clinical pathway?

- Coordination & continuity of care enhanced
- Increase clinic efficiency
- Improve patient safety
- Increase team function

www.CKDpathway.ca



Steps 5 & 6: Monitor use & evaluate outcomes

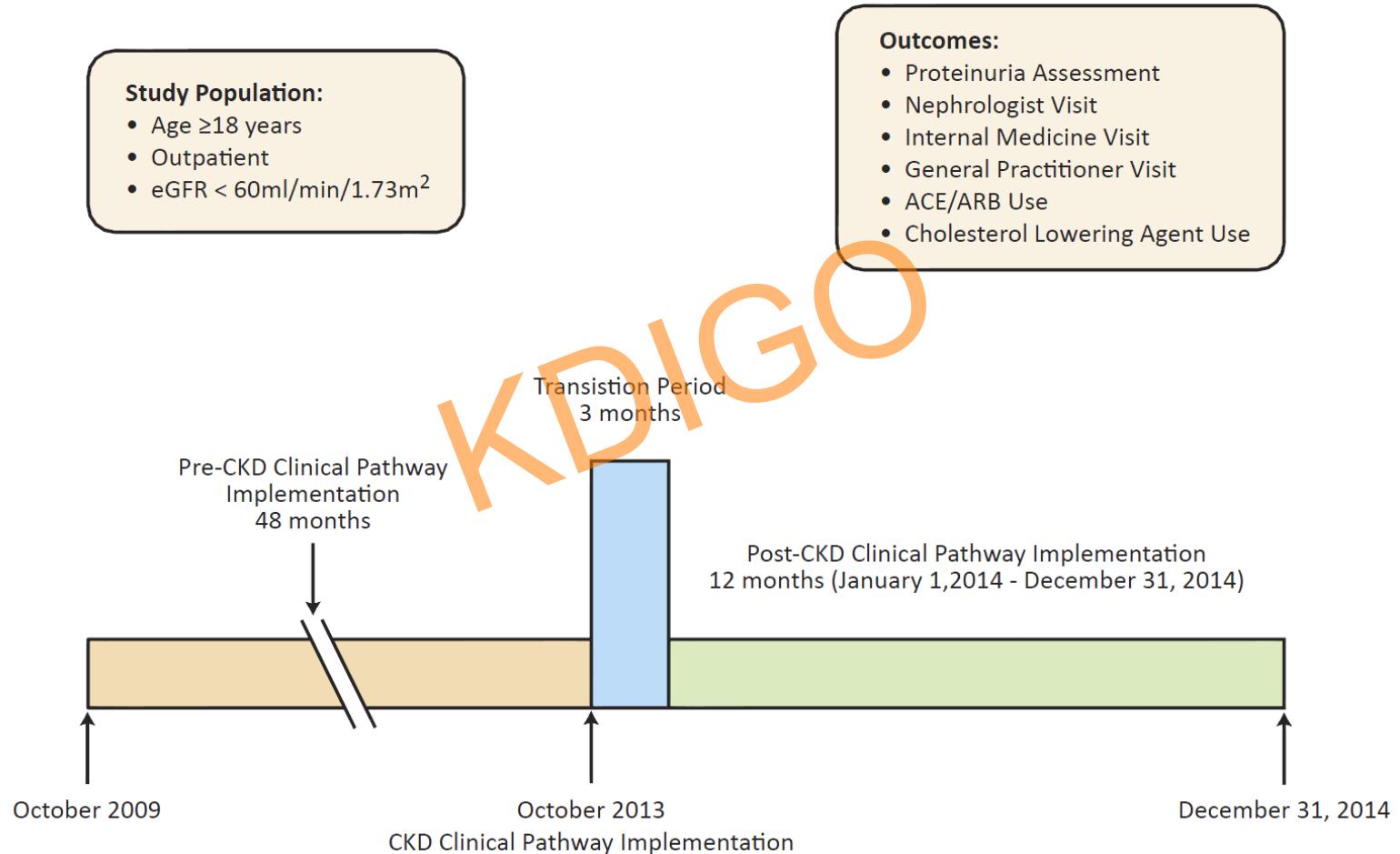


Monitor & Evaluate Outcomes:

- Cluster RCT
- Stepped-wedge RCT
- Time-series

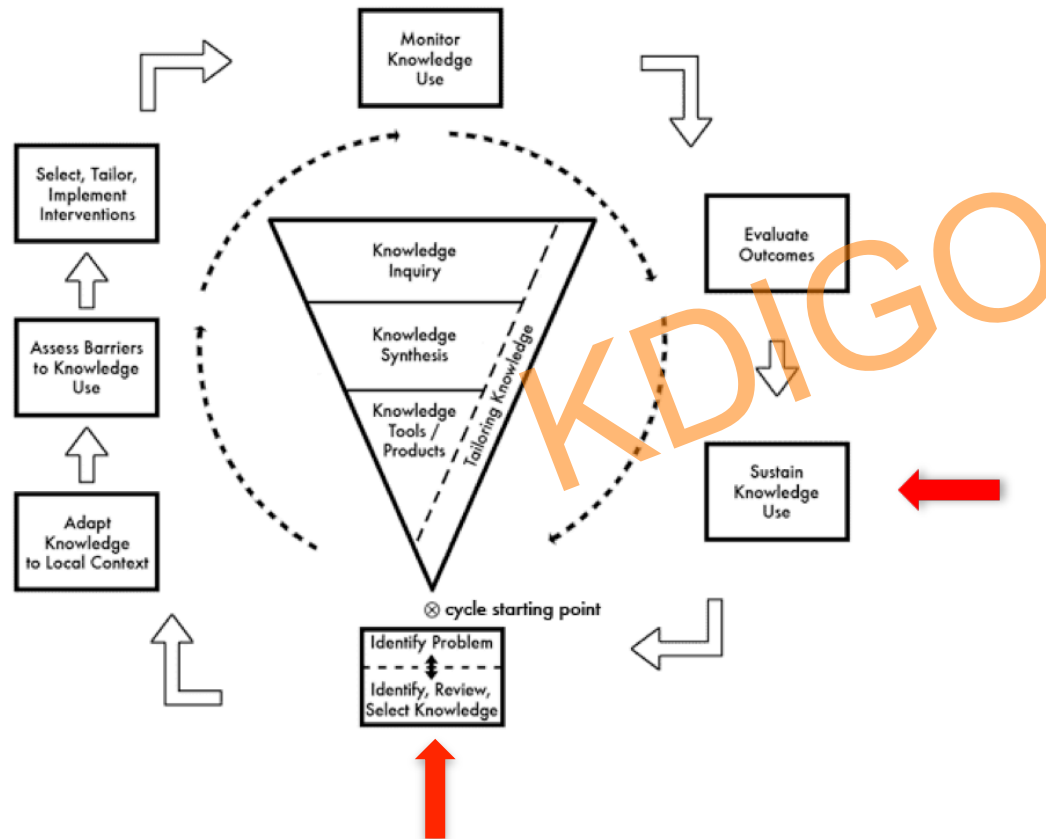
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Does the CKD pathway implemented as a Web-based tool improve outcomes?



- Info sheet (mail and fax broadcast to all GPs)
- Lab prompt reminder
- Endorsement through key stakeholders / champions
- CME

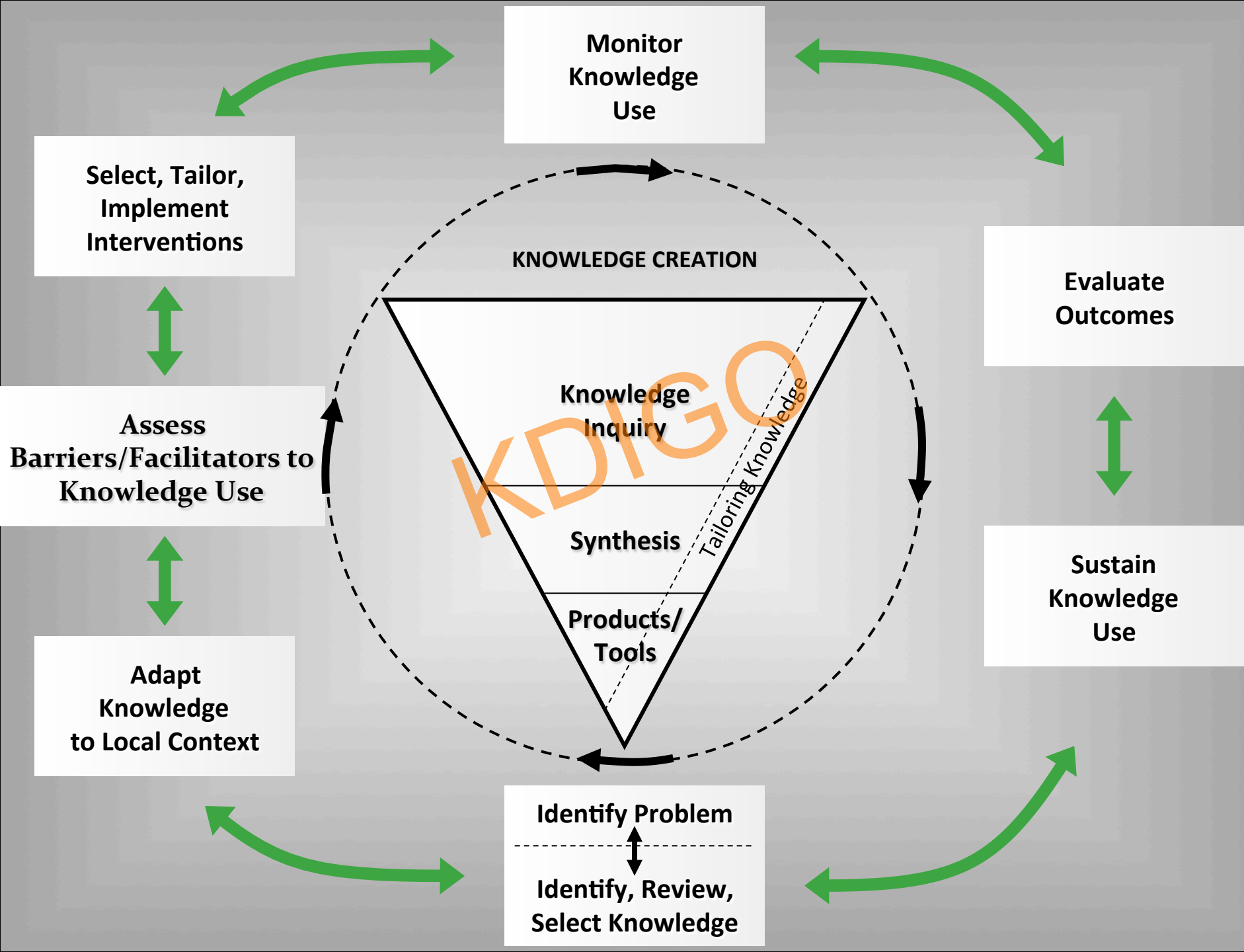
Step 7: Sustain knowledge use



Factors to consider:

- Health needs & benefits
- Adaptability / alignment of the intervention
- Resources & leadership
- Stakeholder support

Management of CKD
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It takes ~ 17 years to get evidence into practice

Demonstrate it works (efficacy)

Show it works in clinical practice
(effectiveness / implementation)

Keep it working (sustainability)

Spread it system-wide (scalability)

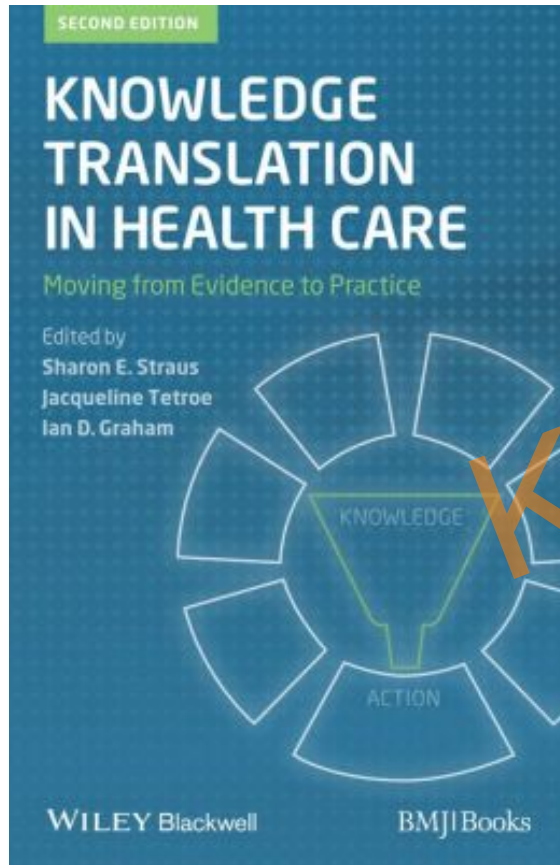


Summary:

Dissemination and uptake of CPGs are poor

The Knowledge-to-Action cycle can be used as a framework to implement knowledge into practice





Thank you!

