

DIFFICULTIES AND OBSTACLES IN GUIDELINES IMPLEMENTATION

**9th ESMO Patient Seminar,
Vienna, Austria**

Dr Heudel Pierre, Medical Oncologist,
Centre Léon Bérard, Lyon, France

Financial disclosure

- Received travel reimbursement from *Vifor Pharma, Janssen-Cilag*.

Outline

1. Variations of medical practices
2. Clinical practices guidelines (CPGs)
3. Obstacles to the implementation of CPGs
4. Implementation strategies

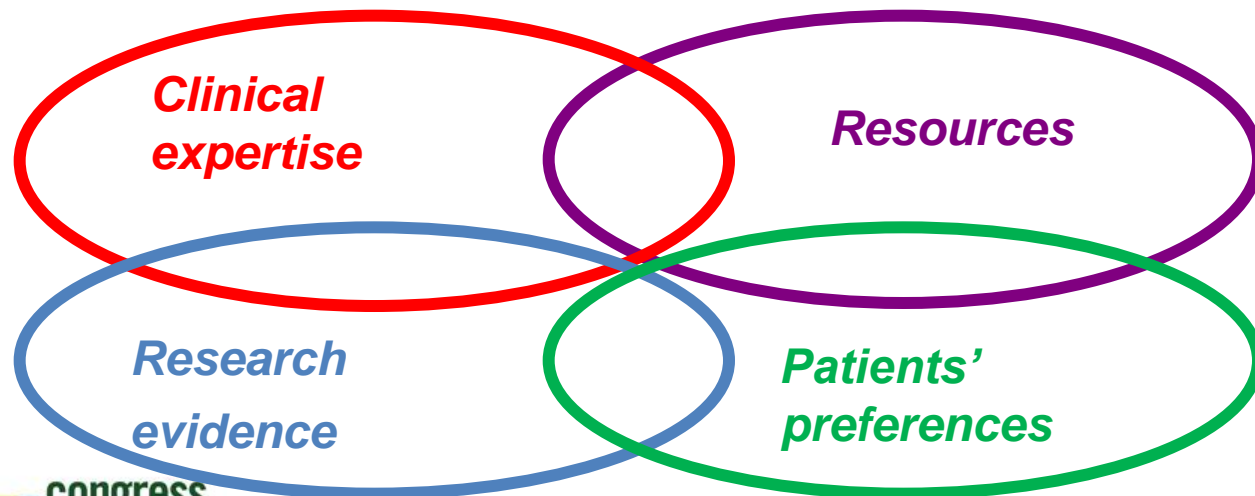
1. Variations of medical practices

→ well known and published since 1938 :

- Geographic variations (countries, regions)
- Clinical variations
- Variations linked to the structures which take care of the patients
- Variations linked to the epidemiological data

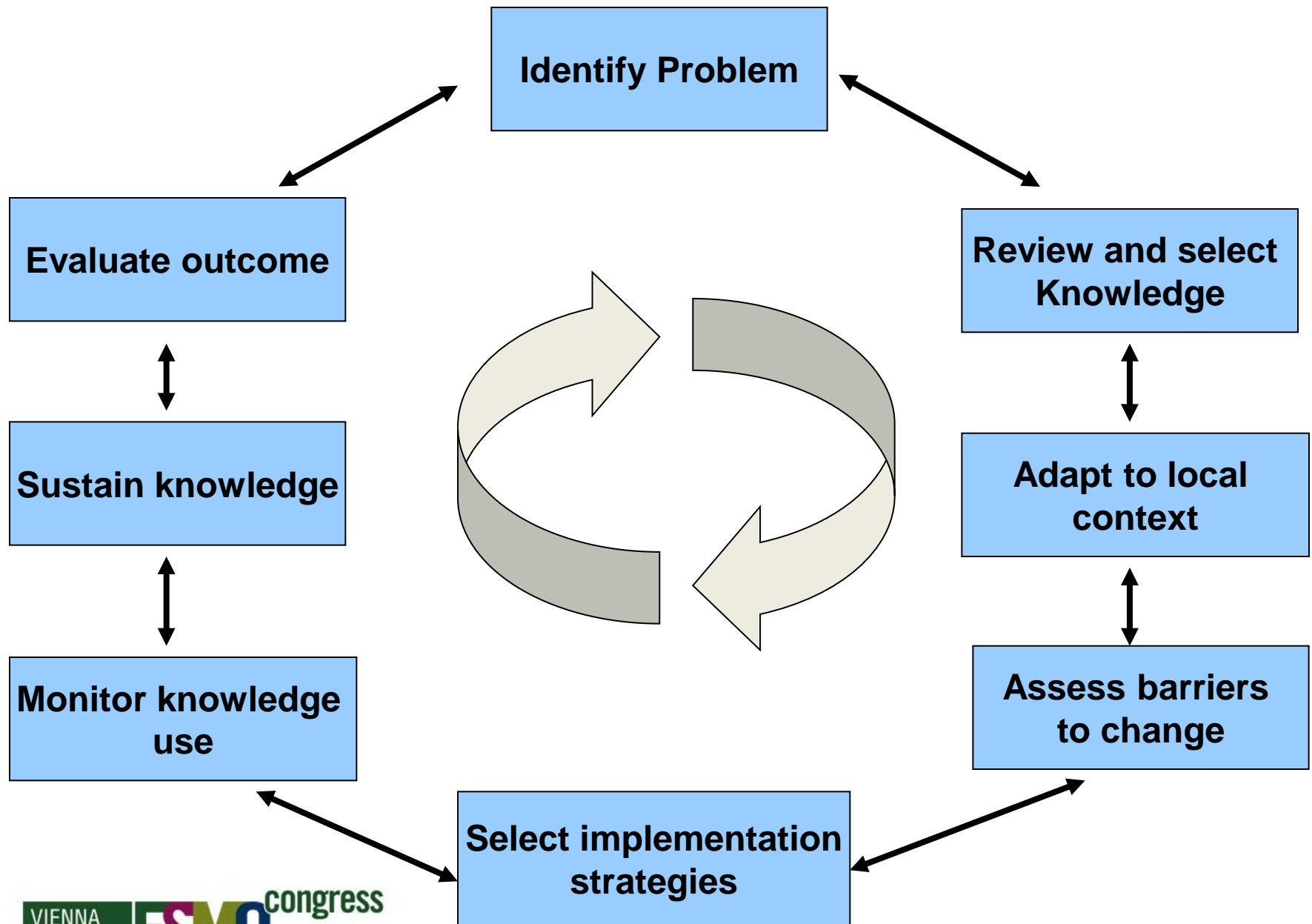
1. Variations of medical practices

- These variations seem to be correlated to
 - the organization and the volume of medical care,
 - the dissemination of medical knowledge,
 - and to the medical consensus.



2. Clinical practice guidelines (CPG)

- Assist physicians in appropriate clinical decision making
- Improve quality of healthcare and outcome for patients
- Influence national policies for efficient allocation of resources



3. Assessing the context and determining barriers to change

- Patients
- Clinical decision makers : individual practitioners caring for patients, and groups developing clinical guidelines
- Legislative decision makers : politicians, bureaucrats, engaged in developing public policy
- Administrative decision makers : managers, board members
- Pharmaceutical decision makers

3. Factors influencing the implementation of CPGs

- Characteristics of CPGs: easy to understand, clear, etc.
- Characteristics of physicians: awareness of the existence of guidelines
- Characteristics of patients: comorbidity, etc.
- Characteristics of the environment: lack of tools , insufficient staff, local opinion leaders

3. Factors influencing the implementation of CPGs

- **Characteristics of CPGs**

- Evidence based, useful, easy to use, compatible
- Adapt to local contexts
- Be linked to effective evaluation plans

Adapt CPGs to local context

- Design: management and outcomes of women with early invasive breast cancer treated in rural and metropolitan centres, in metropolitan Canberra (Australia).
- Setting: 2,081 women with early breast cancer who underwent potentially curative surgery between 1997 and 2006
- Results: women treated in rural centres were less likely to receive postoperative radiotherapy after breast-conserving surgery, or to undergo sentinel lymph node biopsy

3. Factors influencing the implementation of CPGs

- Physicians / Potential adopters
 - Awareness
 - Attitudes/intention
 - Skills/knowledge
 - Involvement

Physician involvement in the CPGs development

Impact of CPG for Breast & Colon Cancer in a French Cancer Center

	Breast cancer (% compliance)		
	1993	1995	p
Initial stage	75	86	0,09
Surgery	96	92	0,26
Chemotherapy	71	85	0,01
Radiotherapy	72	93	0,001
Hormonal therapy	83	94	0,01
Follow up	31	80	0,001
Overall treatment sequence	19	54	0,001

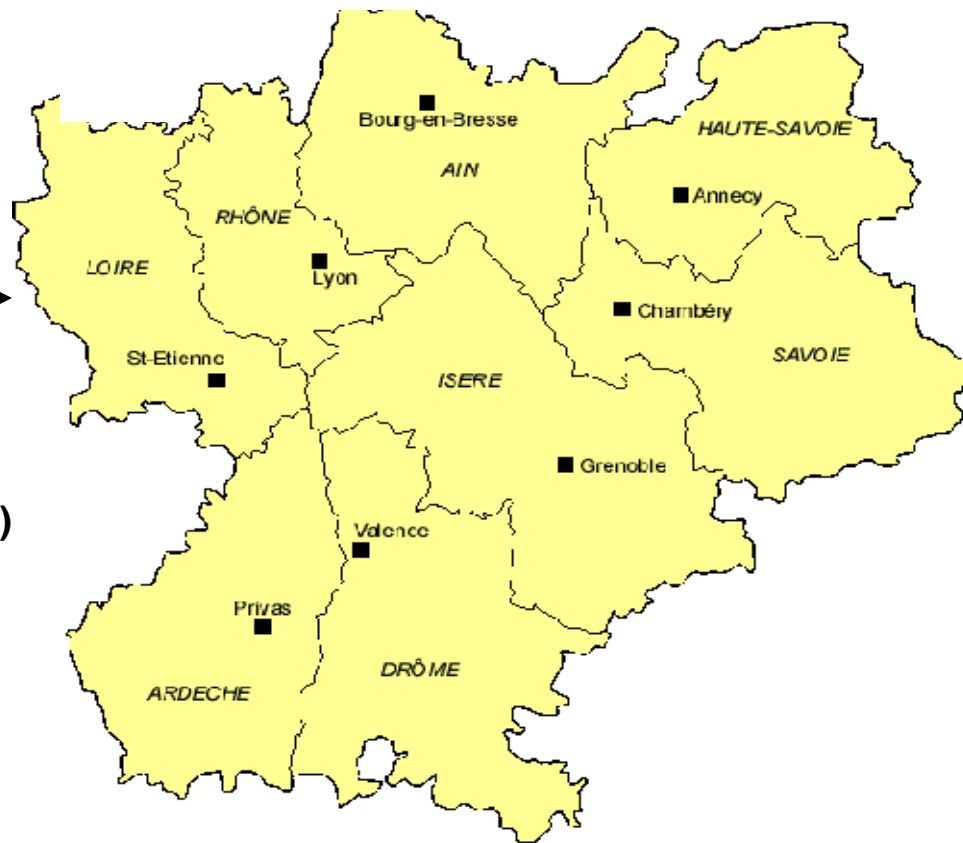
	Colon cancer (% compliance)		
	1993	1995	p
Initial stage	100	100	-
Surgery	100	99	0,56
Chemotherapy	56	78	0,02
Follow up	62	54	0,69
Overall treatment sequence	50	70	0,009

3. Factors influencing the implementation of CPGs

- **Practice environment**

- Structural factors: network, decision making, rules or laws, available technology, etc.
- Social factors: culture and belief systems, leadership, politics, peer influence
- Economic considerations: resources, remuneration, funding systems

THE RHONE-ALPES REGION IN FRANCE



- 6.2 M inhabitants (10% French population)
- 44,000 km² (half of Austria)
- ~ Surface of Denmark
- ~ Population of Switzerland

ONCORA = ONCOlogy Rhône-Alpes

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Results – Breast Cancer

Compliance rates with the CPGs for medical decisions by type of procedure.

	ONCORA Group (% compliance)			Control Group (% compliance)		
	1996	1999	p	1996	1999	p
Initial stage	86	83	0,26	58	52	0,3
Surgery	93	70	0,001	84	68	0,001
Chemotherapy	79	81	0,6	69	60	0,07
Radiotherapy	81	85	0,1	50	78	0,001
Hormonal therapy	82	93	0,001	74	89	0,001
Follow up	81	85	0,9	13	14	0,64
Overall treatment sequence	40	36	0,25	7	4	0,19

Results – Colon cancer

Compliance rates with the CPGs for medical decision by type of procedure.

	ONCORA Group (% compliance)			Control Group (% compliance)		
	1996	1999	p	1996	1999	p
Initial stage	100	88	0,003	67	70	0,44
Surgery	100	96	0,02	98	87	0,001
Chemotherapy	60	84	0,001	56	57	0,001
Follow up	84	86	0,79	57	57	0,41
Overall treatment sequence	56	73	0,003	38	67	0,001

3. Factors influencing the implementation of CPGs

- **Patients**
 - Behavior
 - Pressure/Preferences
 - Comorbidity
 - Rare diseases

Example of a rare disease: Soft tissue sarcoma

Summary of Practice guidelines for localized Soft tissue sarcoma

1. Plan biopsy first
2. Review by an expert pathologist if possible
3. Surgery by an experience surgeon in a multidisciplinary team (R0-R1)
4. Re-operation if whoops surgery in first line
5. Post operative treatment (or pre-operative)
6. Organise follow up after initial treatment

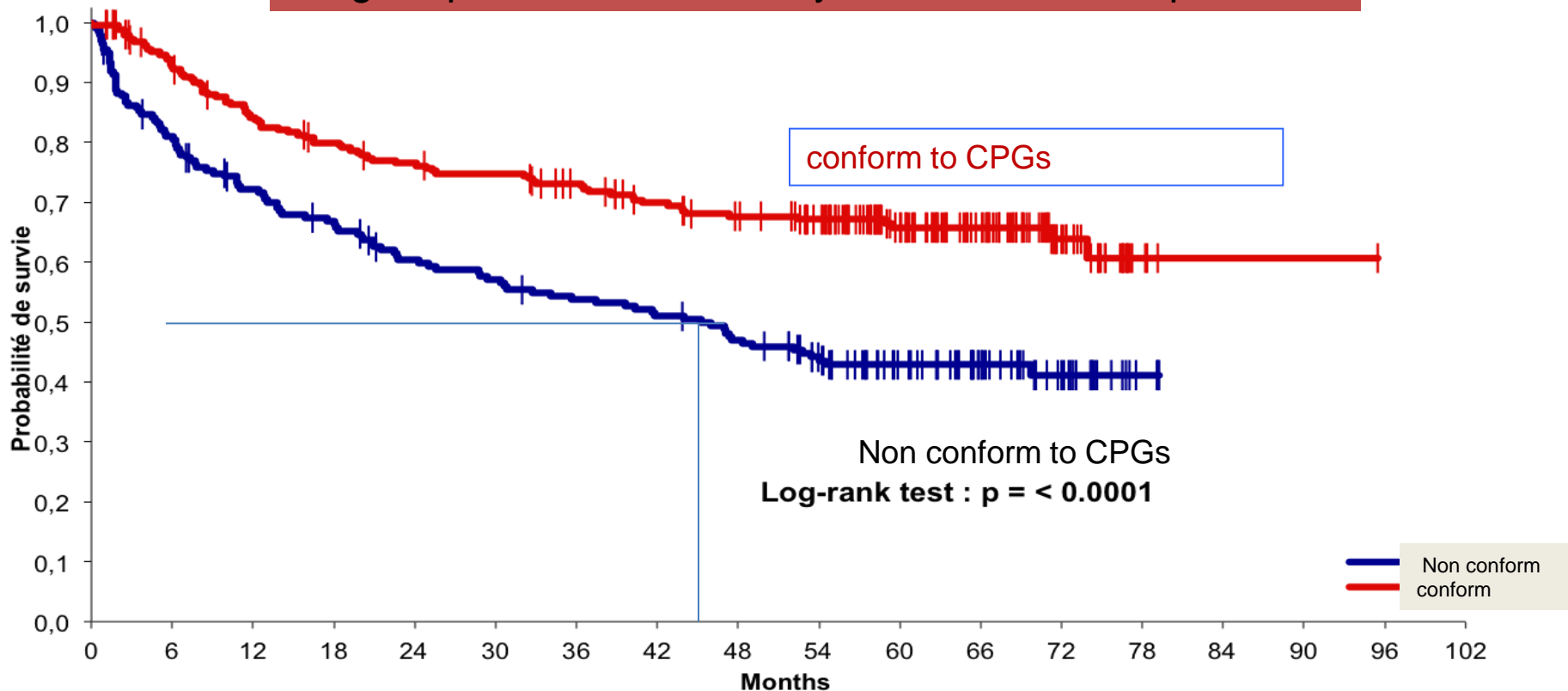
Compliance results

Conformity to CPG of sarcoma patients		N=634 (%)
optimal initial examination		409 (64.5)
initial surgery		375 (62)
radiation therapy		438 (87)
chemotherapy		534 (94)
follow-up		433 (82)

Global conformity : 254 (40%)

Progression free survival

Surgical procedure conformity and PFS for STS patients



Conformity results

Adhesion to CPGs	Specialized hospital	Private or general hospital	Chi-2 test
Diagnostic procedures	83.5%	54.2%	<0.001
Surgery	81.2%	54.7%	<0.001
Follow up	94.5%	76.1%	<0.001

Study: Facilitators and Barriers

- **Design:** Before-after study with quantitative and qualitative data collection
- **Setting:** 22 agencies in Ontario that implemented 7 best practice guidelines; 2000-2001 (6-9 month implementation period)

Facilitators

Individual:

- Learning about the guideline through small group interaction
- Positive staff attitudes

Organizational:

- Leadership support
- Teamwork and collaboration

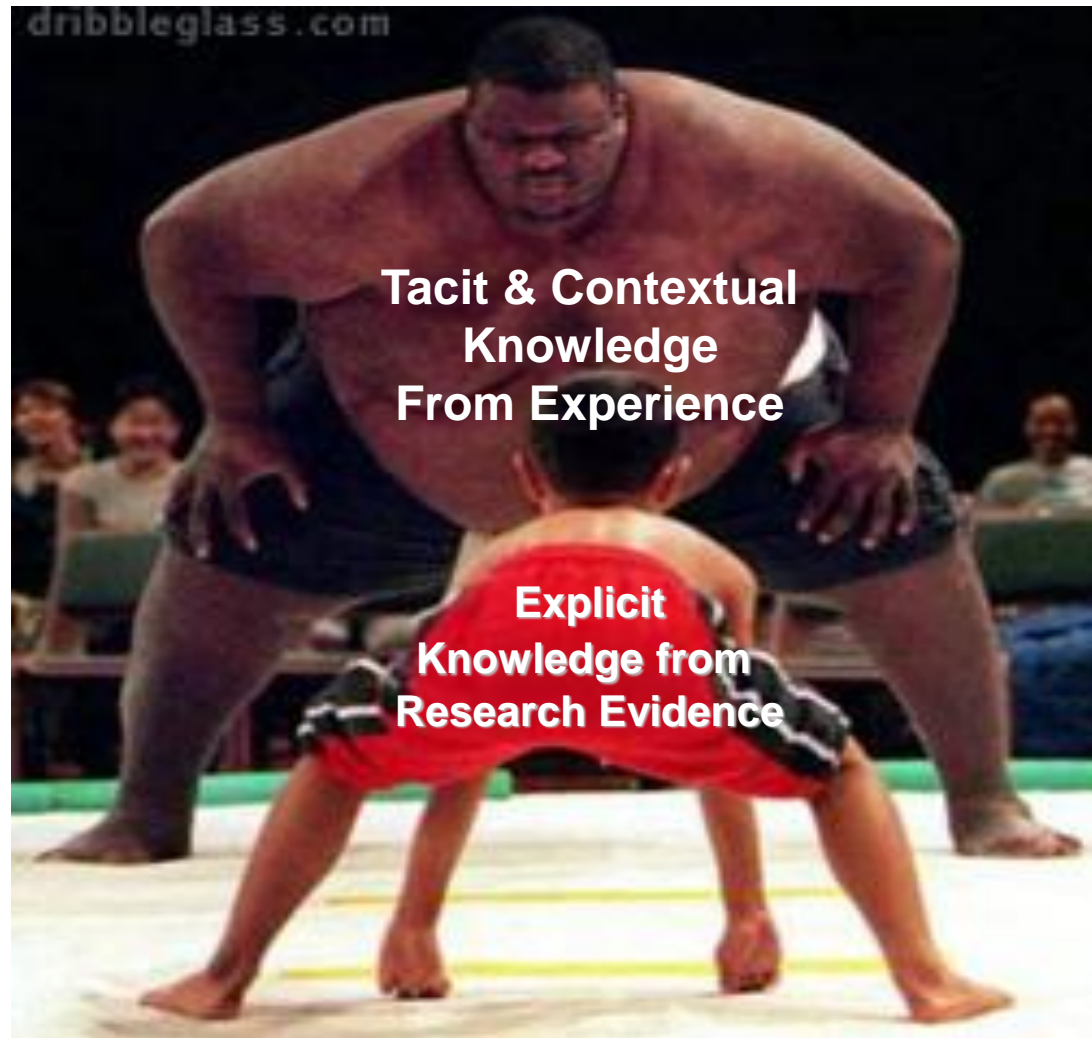
Environmental:

- Professional association support
- Inter-organizational collaboration and networks

4. Dissemination Strategies

- Making the guidelines accessible
- Publishing the guidelines in various ways
- Informing the target audience of the guidelines' availability

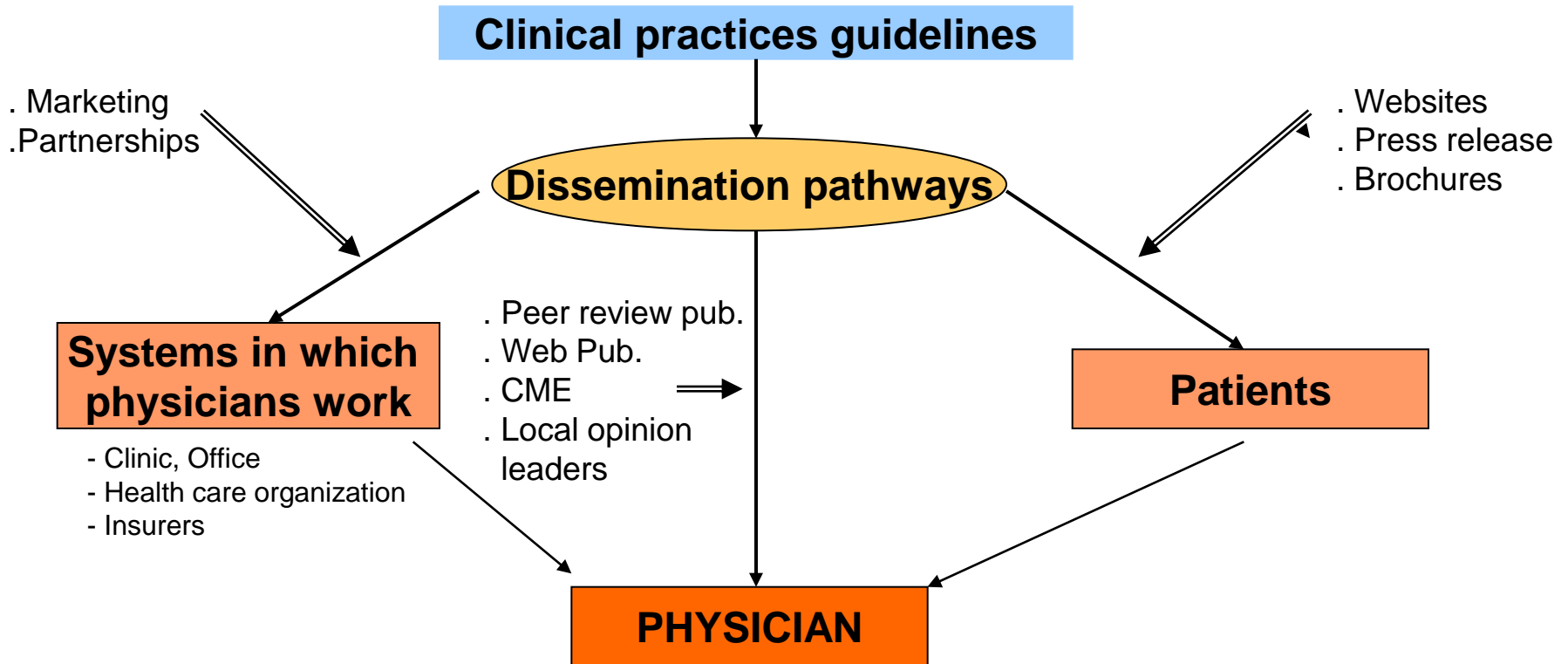
4. Dissemination Strategies



4.Implementation strategies

	Consistently effective	Variably effective	Little or no effect	Unknown effectiveness
★ Educational outreach visits		Audit and feedback	Educational materials alone	Financial incentives
★ Decision-support systems and other reminders		Local opinion leaders	Didactic educational meetings	Administrative interventions
Interactive educational meetings		Local consensus processes		
★ Multifaceted interventions		Patient-mediated interventions		
★ Mass media interventions				

4.Implementation strategies



4. After implementation

- Feedback on the draft guideline that focuses on potential adopters:
 - perceptions of guideline characteristics
 - knowledge, real-life behaviors, involvement
 - perceptions of practice setting factors that might impede adoption

4. After implementation

- **Monitor Knowledge use**
 - Instrumental (behaviour): guideline adherence
 - Conceptual (knowledge & attitudes & intentions)
- **Evaluate outcome**
 - Determine impact of using the guideline (patients health' outcomes, providers' outcome, organization outcomes)
- **Sustain knowledge use**
 - Are interventions needed to sustain ongoing use of the guideline?
 - What ongoing monitoring of guideline use and impacts are needed?
 - How long are the skills/knowledge maintained?

Assess barriers to change



CPGs



Improve clinical practice



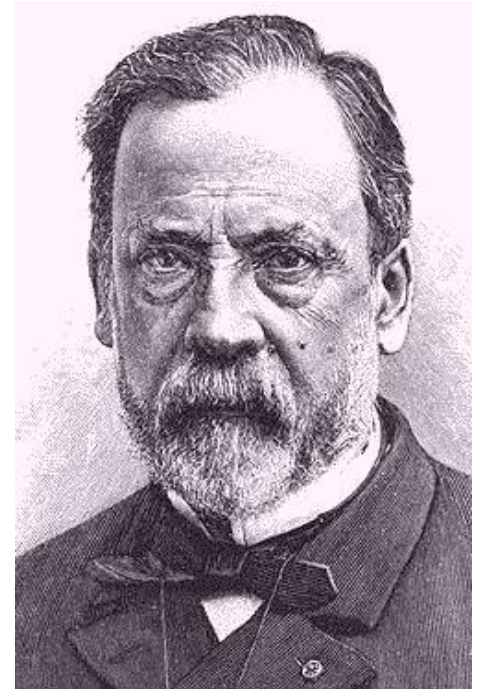
Improve overall survival

How to improve survival in cancer patients?

- Adapted drugs ‘example: trastuzumab model’
- Willing patients (screening, hygiene measures)
- Scientific guidelines (“evidence-based guidelines”)
- Top level physicians (medical practices)
- Efficient structures (hospital volume, quality program)

Our goal is to turn knowledge into applications that benefit people.

“To him who devotes his life to science, nothing can give more happiness than increasing the number of discoveries, but his cup of joy is full when the results of his studies immediately find practical applications.”



Louis Pasteur

THANKS FOR YOUR ATTENTION

→ <http://www.esmo.org/patients/guides-for-patients.html>

I am grateful to Dr Isabelle Ray-Coquard, Claire Cropet and Philippe Cousin for data management, to all the EMS team, and to all physicians of the Rhone-Alpes region for their active collaboration, more specifically Pr JY Blay, Dr P. Meeus, Dr P. Cassier, Dr P. Biron, Dr P. Thiesse, Dr G. Vaz, Dr AV. Decouvellaere, Dr D. Ranchere-Vince.

