

Generating practice change in mental health organizations

Dan Bilsker PhD
CARMHA, Faculty of Health Sciences
Simon Fraser University
Vancouver



Organizations are under pressure to change practices

- Organizations= agencies, hospitals, primary care groups
- Evidence-based practice/QI **requires** ongoing change in clinical practice
- But how to accomplish practice change?

How is change perceived by clinicians?

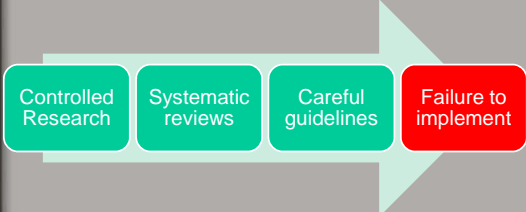
From my experience:

- Scepticism
- Demoralized doubt
- Worry
- Reluctance

What does the evidence tell us?

- Changing healthcare practitioner behaviour is **very** difficult.
- Educating providers generates little change in behaviour. "Simple educational strategies to improve the management of depression have minimal impact on clinical practice."

– Gilbody et al, JAMA, 2003



The implementation science approach

- Considers Levels of change

Policy	<ul style="list-style-type: none"> Supports the change adequately
Provider	<ul style="list-style-type: none"> Adopts the new practices Shows high fidelity
Patient	<ul style="list-style-type: none"> Adherent to prescribed intervention

- Identifies barriers/facilitators
- Applies behaviour change principles

A test of practice change

Aim: To generate uptake by family physicians of a new practice: **Supported Self Management for depression**

N= 85 family physicians

Context:

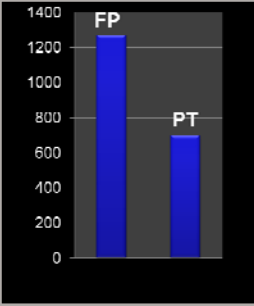
- no authority to demand change
- no incentive to reward change
- no history of prior influence

Method:

- Brief (30 minute) training in SSM for depression
- Six-month follow-up re uptake

Results

- Over 6 months, FPs prescribed the workbook to **1,272** patients (roughly 25% of depressed pts)
- **700** patients (55%) adhered to the prescription, i.e. ordered the workbook



Category	Value
FP	1,272
PT	700

Practice Change – the eightfold path

1. Clearly specify the desired behaviour
2. Measure the behaviour
3. Identify competing behaviours
4. Use positive reinforcement
5. Make use of situational cues
6. Make the desired behaviour easy
7. Use social modelling
8. Establish a collaborative relationship

Clearly specify the desired behaviour

- **PRESCRIBE THE ANTIDEPRESSANT SKILLS WORKBOOK**
 - We can work together to change how you feel
 - Others have found these ideas very helpful
 - You'll need to do some reading and practice
 - We'll set some regular visits to check how you're doing and work out problems
 - Does this seem like something you'd like to try?
- **HELP THE PATIENT FIND A STARTING POINT**
 - Inactivity >> behavioral activation
 - Overwhelmed >> problem-solving
 - Negative self talk >> realistic thinking

Measure the behaviour

- FPs gave request envelopes to patients they considered appropriate
- At 6-month follow-up, number of envelopes handed out by FPs & number of request forms received.

Identify competing behaviours

- Antidepressant medication for mild depression, not recommended by guidelines, has been only real intervention option
- We gently suggest considering supported self-management as an alternative, given the evidence

Use positive reinforcement

- Punishment (admonition, shaming by experts, exposure to tedious research reviews) >> Behavioral or cognitive avoidance
- Reward: honorarium, CME credit, good food, comfortable setting, brief stimulating presentation, conference bag with intervention materials

Make use of situational cues

- We gave out pens and bags bearing reminders plus laminated guides to the intervention
- Consider posters, prescription pads

Make the desired behaviour easy

- Feasible within constraints of time and level of skill
- We stressed that recommending the workbook with access is worthwhile, while coaching would be even better

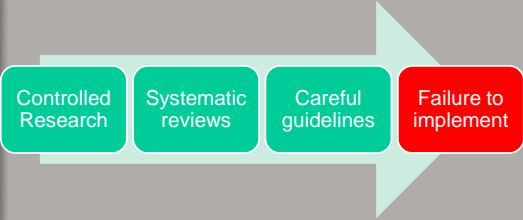
Use social modelling

- Recommendation of the practice by high credibility model (we showed video clip of a mood disorders expert)
- Demonstration of the practice by similar agent (we showed a video clip in which an ordinary FP recommends self-management to a patient)

Establish a collaborative relationship

- Deliver a plausible rationale
- Elicit clinician perspectives on barriers or solutions for integrating this practice
- Continue collaborative problem solving over time

Conclusion



- We must redirect a substantial portion of health research funding to determining the most effective ways to change clinical practice
- Or we will continue to waste much of our research spending and provide less effective care
