

Report on the 2nd Invitational Conference on clinical guidelines

Implementation of clinical guidelines: improving the quality of physical therapy care within chronic disease management

Introduction

During the annual congress of the Royal Dutch Society for Physical Therapy (KNGF) in Amsterdam on 1 December 2010, an invitational conference was organized for members of the European Region of WCPT. The theme of the conference was: 'Implementation of clinical guidelines: improving the quality of physical therapy care within chronic disease management'. In 2006 ER-WCPT organized the first invitational conference to set out strategy for development of clinical guidelines. The focus of this second conference was implementation of clinical guidelines to improve the quality of physical therapy care. Implementation of innovations requires a solid and structured strategy to change clinical practice. Around 40 participants from many different members of ER-WCPT attended the conference. The conference was coordinated and chaired by Philip van der Wees, being one of the activities of the Professional Issues working group of ER-WCPT.

Strategies for implementing change

The morning session was open for all participants of the KNGF congress and started with an overview of strategies to implement change of clinical practice and professional behaviour by Professor Richard Grol. He showed that implementation strategies should not only be aimed at individual professionals: it is also important to relate barriers for implementation to the guideline itself, to the patient, and to the social, organizational, economic, and political context. His key message was that barriers at various levels must be identified and systematically addressed with a diversity of activities that have proved effective.

Barriers for implementation were further explored using COPD as example, a chronic disease with high relevance for implementation related to multidisciplinary treatment, smoking cessation and self-management support. Professor Rik Gosselink presented the main recommendations of the Dutch COPD clinical guideline published by KNGF, and emphasized the need for multidisciplinary collaboration for diagnosis and treatment of patients with COPD. Dr. Michael Ussher presented the results of his research in the effectiveness of physical exercise to support smoking cessation. His

message was that (short) bouts of physical exercise are very effective in reducing craving for cigarettes and are a good alternative for nicotine replacements. The effectiveness of exercise programs for long term smoking cessation has yet to be confirmed. Dr. Ilse Mesters finished the morning session by showing the importance of self-management support to stimulate healthy lifestyle for chronic disease patients. This should be routine practice by physical therapists.

Development of an implementation strategy

The afternoon session was a closed workshop for members of ER-WCPT. Objective of the workshop was to take the first steps for the development of an (inter)national implementation strategy for clinical guidelines, using COPD and Parkinson's disease as examples. Philip van der Wees presented Richard Grol's six step model for implementation as basis for the workshop: (1) having a proposal for innovation, (2) to analyze current care, (3) to analyze barriers for implementation, (4) to select implementation strategies, (5) to develop and execute the implementation plan (6) to evaluate the implementation plan. The importance of a clear implementation strategy was further emphasized by Mariella Graziano, who is Chair of the European Physiotherapists for Parkinson's Disease Association (EPPDA). She showed that a systematic approach can be very successful to generate implementation activities at European level.

The workshop was led by Samyra Keus, who is also project leader of the development of a European guideline for Parkinson's Disease under auspices of ERT-WCPT. The workshop was divided in two parts: (a) problem analysis: analyzing current care and barriers for implementation; and (b) designing an implementation strategy and plan.

Problem analysis

Samyra Keus presented the international survey for Parkinson's Disease as an example to gain insight in current care and unmet needs of therapists, identifying barriers and facilitators for implementation. The results of this survey will be used in the international implementation project of the Parkinson's Disease guideline, as well as for the development of the European guideline.

In two subgroups we discussed opportunities for conducting a problem analysis for implementation at national and international level by members of ER-WCPT. The two main questions were:

- How can I conduct a problem analysis in my own country to implement guidelines or innovations?
- Is it possible to collaborate at international level for conducting problem analyses, like we are now doing for the Parkinson's Disease guideline?

Designing an implementation strategy

Samyra Keus presented an example of the Dutch implementation strategy (ParkinsonNet) and the steps taken in designing national projects for implementation

projects in European countries for the Parkinson's disease guideline. Tips and tricks for running a successful project were presented.

In subgroups we discussed the necessary steps for starting implementation projects based on a number of questions:

- In my country, should I better start small (e.g. 1 region) or big (nationwide), and who should be involved in my own country to design an implementation strategy?
- Which opportunities or barriers can we identify for international cooperation and what could the role of ER-WCPT be to facilitate collaboration?
- How could we cover finances for (inter)national implementation projects?

Conclusions and recommendations

The subgroups formulated recommendations for further strategy for guideline implementation which were discussed in the plenary closing session. This resulted in 10 very valuable recommendations which were supported by all participants. In addition we agreed that for multidisciplinary guideline development it is important to stimulate and support the participation of physical therapists in guideline development groups. We should ensure that they have the proper skills and are able to advocate the importance and position of physical therapy in multidisciplinary collaboration.

Recommendations for implementation strategies:

1. Use existing subgroups or networks in your country for initiating and conducting projects.
2. Seek international collaboration to join forces and prevent reinventing the wheel.
3. Evaluate the success of using the current survey for Parkinson's Disease: the survey is being translated in several languages and may be a good example for international collaboration.
4. Identify and appoint a committed person as leader. This person should be a respected opinion leader who is willing to take responsibility.
5. Start informal and expand the project based on a step by step approach: creating commitment from professionals takes time.
6. Seek partnerships with patient organizations (and also politicians and celebrities) to support the initiative: this provides opportunities for funding.
7. Define clear objectives and outcomes, and use innovative and efficient communication strategies such as web-based conferences.
8. Ensure proper project management with sufficient capacity and finances.
9. Embed implementation projects in overall objectives such as reducing variations in practice and improving cost-effectiveness: these objectives significantly increase opportunities for external funding.
10. Start at entry-level education: guidelines should have their basis at the very beginning.

