Hypertension guideline recommendations in UK General Practice: survey of awareness, agreement, adoption and adherence

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Evidence-Based Medicine
- Questioning
- Skills in EBM
- Evidence Resources
- Time (substitution)

Patient Choice
- Decision Aids
- Education
- Self-monitoring
- Self-management

Quality Improvement
- Skills
- Systems

Systematic Reviews and CATs
(search; appraise; synthesis)

Guidelines Synopses
(user summary of research)

Systems
(bottomline +/- ref)

Unsound Research

Sound Research

Aware
Accepted
Applicable
Able
Acted on
Agreed
Adhered to

Background
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Awareness to Adherence for Hypertension Guidelines

Non-application of guidelines may be due to several factors*:

- Lack of awareness,
- Lack of agreement,
- Lack of belief that one can actually perform a behaviour,
- Lack of outcome expectation
- The inertia of previous practice
- External barriers.

Aim
We surveyed UK general practitioners to better understand their reasons for not adopting specific guidance within the NICE and BHS hypertension guidelines.
Methods

Pathman DE

Model of the cognitive and behavioural steps physicians take when they comply with national clinical practice guidelines
Pathman, postulated that physicians, who are initially unaware of a specific piece of research or guideline recommendation, must first become *aware* of it, then *agree* with it in principle, then decide it is appropriate and feasible to use in their own practice - *adopt it*, and finally succeed in following it at appropriate times - *adhere* to it.

Methods

• A questionnaire was sent as a link in a targeted electronic clinical bulletin distributed through doctors.net.uk.

• The questionnaire was adapted from the original four steps of Pathman's ‘awareness-to-adherence’ questionnaire.

• We focused the questions on seven recommendations from the British Hypertension guidelines and the NICE guidelines.

• The questionnaire was piloted on a sample of GPs from the Department of Primary Health Care, University of Oxford.
**Methods**

Respondents were classified as unaware of a recommendation if they had heard or read ‘nothing at all’ about the recommendation.

They were considered to have adopted a guideline when they reported implementing it more ‘than half of the time’.

They were considered to adhere to a guideline when they ‘always’ or ‘more than half the time’ applied it in clinical practice and specified in their free text response the system they had in place to promote or monitor application.
Results

Respondents were similar to the GP population in terms of gender, employment status but differed in terms of GP partner principal (57% in the survey versus 83%)

<table>
<thead>
<tr>
<th></th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>161 (40.1%)</td>
<td>240 (59.9%)</td>
<td>n = 401</td>
</tr>
<tr>
<td><strong>Current position</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP registrar</td>
<td>16 (4.0)</td>
<td>24 (6.0)</td>
<td>40 (10.0)</td>
</tr>
<tr>
<td>GP partner principal</td>
<td>71 (17.7)</td>
<td>156 (38.9)</td>
<td>227 (56.6)</td>
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<tr>
<td>Non principal</td>
<td>71 (17.7)</td>
<td>57 (14.2)</td>
<td>128 (31.9)</td>
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<tr>
<td>Other</td>
<td>3 (0.7)</td>
<td>3 (0.6)</td>
<td>6 (1.4)</td>
</tr>
<tr>
<td><strong>Year of qualification</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre 1960</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1960 - 1969</td>
<td>1 (0.2)</td>
<td>6 (1.5)</td>
<td>7 (1.7)</td>
</tr>
<tr>
<td>1970 - 1979</td>
<td>17 (4.2)</td>
<td>36 (9.0)</td>
<td>53 (13.2)</td>
</tr>
<tr>
<td>1980 - 1989</td>
<td>41 (10.2)</td>
<td>73 (18.2)</td>
<td>114 (28.4)</td>
</tr>
<tr>
<td>1990 - 1999</td>
<td>70 (17.5)</td>
<td>85 (21.2)</td>
<td>155 (38.7)</td>
</tr>
<tr>
<td>2000+</td>
<td>32 (8.0)</td>
<td>40 (10.0)</td>
<td>72 (18.0)</td>
</tr>
</tbody>
</table>
71% Awareness and Agreement leads to 50% application

2 stage model

% implementation at each stage
84% Awareness, Agreement, Adoption and Adherence at every stage leads to implementation of 50%

4 stage model
Why might practitioners not agree with recommendations

My friends, as a result of our experimentation, we have just lost a dear and valued colleague....

On the other hand, we have just gained a publication.
Thank You

Awareness, Agreement, Adoption, Adherence