ebhc CONFERENCE 2026

THE ECOSYSTEM OF EVIDENCE

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in research and healthcare

11th EBHC International Conference
Taormina, 21st – 24th October 2026

#EBHC2026

A Co-Designed Digital Tool (e-HANDI) to Support the Prescription of Evidence-based Non-Drug Interventions in General Practice
A Mixed-Methods Feasibility Pilot Randomised Controlled Trial

Associate Professor Loai Albarqouni

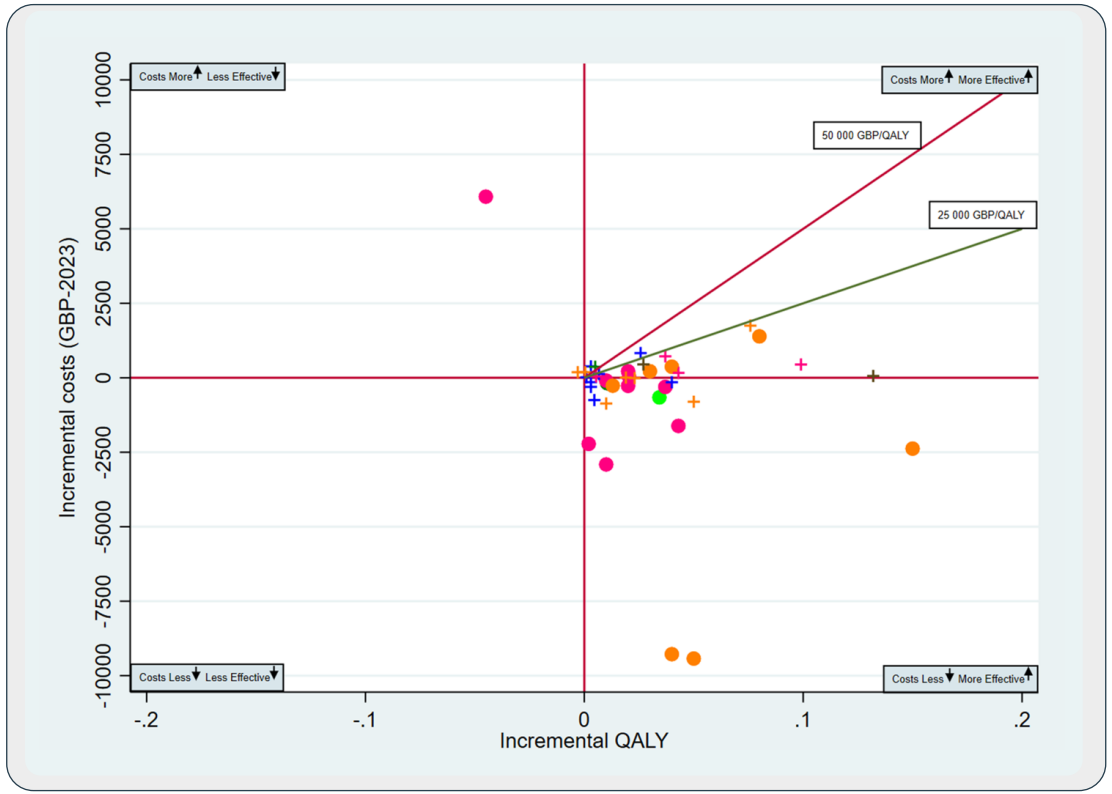
Institute for Evidence-Based Healthcare Bond University

30th 1996-2026 GIMBE EVIDENCE FOR HEALTH

International Society for Evidence-Based Health Care

Background

Most of these options are also good value



70%

cost-effective at £25,000 per QALY

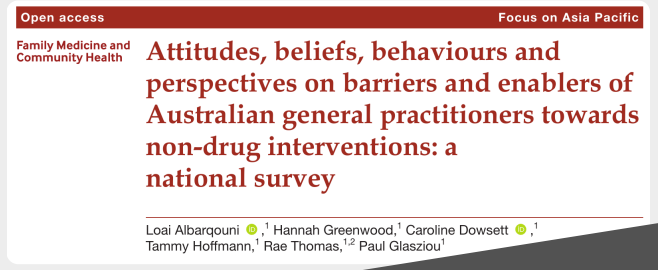
40%

dominant: more effective and less costly

156 RCTs; 150 non-drug interventions with cost-utility analyses

Background

We asked why


Open access Focus on Asia Pacific

Family Medicine and Community Health

Attitudes, beliefs, behaviours and perspectives on barriers and enablers of Australian general practitioners towards non-drug interventions: a national survey

Loai Albarqouni, Hannah Greenwood, Caroline Dowsett, Tammy Hoffmann, Rae Thomas, Paul Glasziou

Community Health 2024;12:e002457

BMC Primary Care • 2024

Common barriers and enablers to the use of non-drug interventions in primary care

Greenwood H, et al. BMC Prim Care 2024;25:108

Open access

Family Medicine and Community Health

shape NDI use

Davidson AR, et al. Fam Med Community Health 2026;14:e003741

If it cannot be prescribed simply, it will NOT be prescribed routinely.

Aims

Making NDIs as easy to prescribe as medicines

Two-stage mixed-methods study

STAGE 1

Co-design

Codesign e-HANDI with GPs and consumers, guided by COM-B and the Behaviour Change Wheel

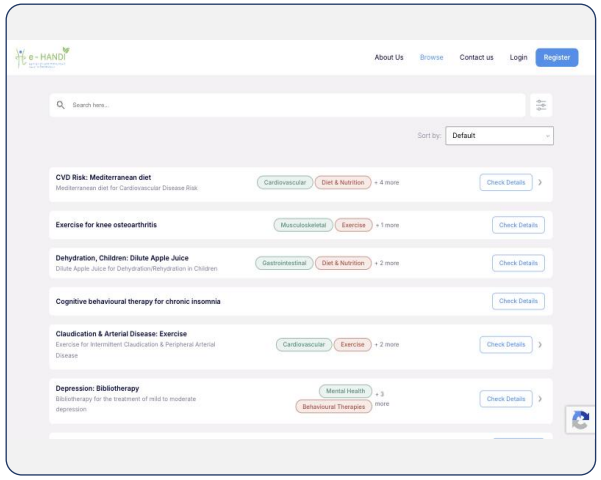
STAGE 2

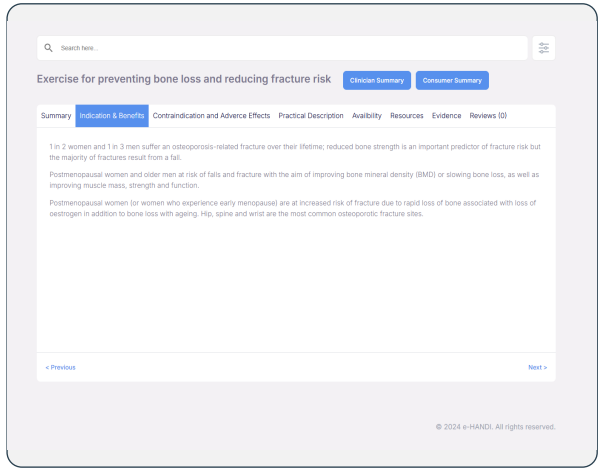
Feasibility randomised trial

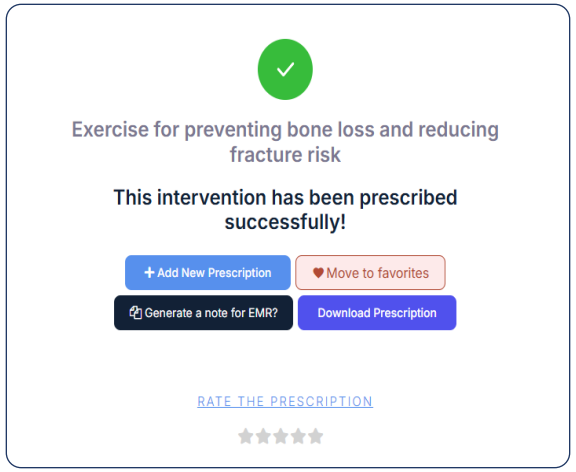
Assess feasibility, acceptability, usability, normalisation and early effects on NDI prescribing

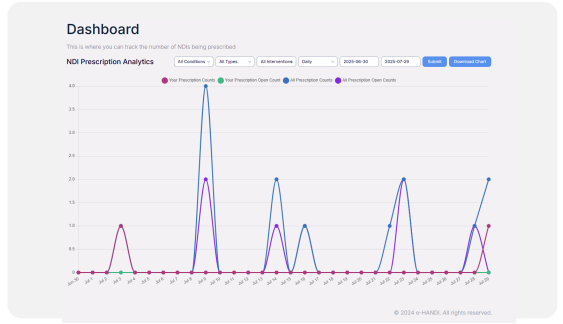
Methods

Their feedback changed the product: e-HANDI



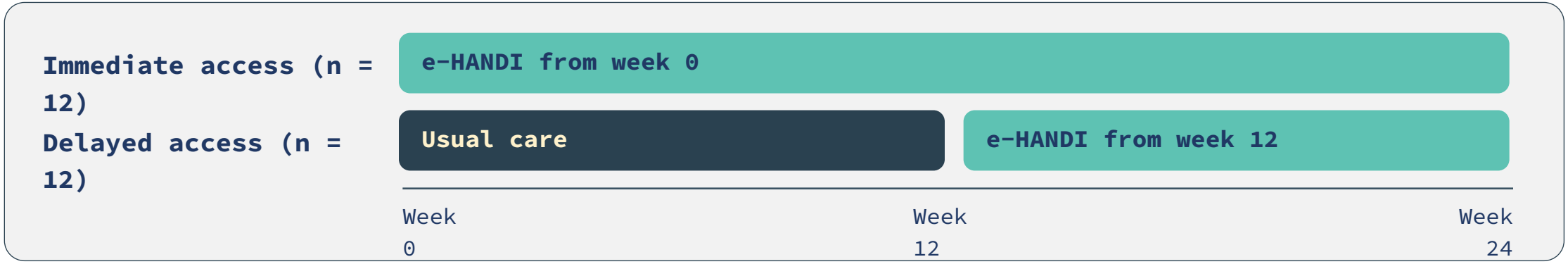






Methods

Testing e-HANDI in a feasibility randomised trial



Outcome	Measure	Timing
Acceptability, appropriateness, feasibility	AIM, IAM, FIM	24 weeks
Usability; technology acceptance	ISUS; Technology Acceptance Model (TAM)	24 weeks
Normalisation	NoMAD (Normalisation Process Theory)	24 weeks
NDI prescribing	Two-week tally; prescriptions per 100 visits	0, 6, 12, 24 weeks
Experiences of [illegible]	Semi-structured interviews (n = 9; TDF)	After 24 weeks

Results

The interviews point to workflow as the barrier

Potential of e-HANDI

Valued for patient education and for GPs' own learning

> *"I'd say [e-HANDI] is a learning tool. You could use it as both teaching resource and handout..."*

GP7

The tool

Trusted content; search, broken links and gaps for some common conditions to fix

> *"I had sort of liked that they're all RACGP endorsed and evidence-based..."*

GP16

Context and workflow

A separate program limited routine use

> *"...when I'm dealing with maybe two or three issues already, opening up a new program separately..."*

GP15

Conclusions

Back to Maria: prescribable care in practice



Evidence-based non-drug interventions will be used routinely only when they are as easy to prescribe as medicines.

…s new evidence. It needs the evidence we have to be prescribable.

Thank you