

## Theories of behavior change and guideline implementation at national level

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**WORKSHOP ON** 

NATIONAL PROGRAMME FOR GUIDELINE DEVELOPMENT AND ADAPTATION IN EGYPT

CAIRO 23-24 NOVEMBER 2022 • Knowing is not enough, we must apply; willing is not enough, we must do

Goethe

## Guidelines and behaviour change

Information-deficit models of behaviour change



- Provide good quality information
  - Behaviour change would follow
- Focus on quality of guidelines
- Focus on guideline development process

• Patient No. 1: Lev Nikolayevitch Tolstoy. Sanguine temperament. His illusion is that he can change others' lives by words

## Implementing clinical guidelines

- Alternatively, a lot of focus is given to economic theories of behaviour change
  - Financial incentives
- Side effects and durability not fully considered

Which one of these interventions you have used for improving quality of care? As a clinician or policy-maker

Catagory

Category	Intervention
Competence oriented	CME (interactive)
	Interprofessional education
	Mailed printed material
	Mailed national warnings
	Participatory guideline devel.
	Interprofessional shared care (consult-liaison)
	Mass media
Performance oriented	Audit and feedback
	Reminder systems
	Educational outreach
Social influence	Peer review
	Patient mediated
	Local opinion leaders
	Continuous Quality Improvement
Physical support	Practice support
	Essential drugs programmes
Financial incentives	Financial incentives
Non-voluntary	Reimbursement and budgetary policies
	Rules, obligations
	Restricted formulary
	De-registration / reclassification

Intervention

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## **Evidence from the overview of systematic reviews**

?+/-

?

	Intervention	Relevant theories	Effect	Cost	<b>Durability</b>
Competence oriented	CME (interactive)	Adult learning; Theory of Planned	++	Medium	?
		Behaviour (TPB)			
	Interprofessional education	Adult learning	?	Medium	,
	Mailed printed material	Social influence; TPB	+/0	Low	?Short
	Mailed national warnings	Social influence	+	Low	Medium to long
	Participatory guideline devel.	Social influence; TPB; health education	+	High	?Medium to long
	Interprofessional shared care (consult-liaison)	Health education; TPB	+/0	?High	?
	Mass media	Diffusion; TPB; social influence	+	Low	?Medium
Performance oriented	Audit and feedback	TPB; social influence; stages of change	+	Low to medium	,
	Reminder systems	ТРВ	?+	Low to medium	Short
	Educational outreach	Diffusion; social influence; stages of	?++	Low to high	Short to long
		change; TPB			
Social influence	Peer review	Social influence; TPB; Diffusion	?	?Medium to high	?
	Patient mediated	Social influence; TPB	+	Low to medium	?
	Local opinion leaders	Diffusion; Leadership; TPB	?	?Medium to high	?
	Continuous Quality Improvement	Management theories	?	?Medium to high	Ş
Physical support	Practice support	Management theories; TPB	?	?	?
	Essential drugs programmes	Management theories	?+	?	?
Financial incentives	Financial incentives	Economic; social influence	?+/-	Low to high	?Short to medium
Non-voluntary	Reimbursement and budgetary policies	Economic theories; TPB	?+/-	?	3
	Rules, obligations	Economic & management; social ecology	?	?	?
	Restricted formulary	Economic; social ecology	+	?	?Medium to long
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Economic; social ecology

De-registration / reclassification