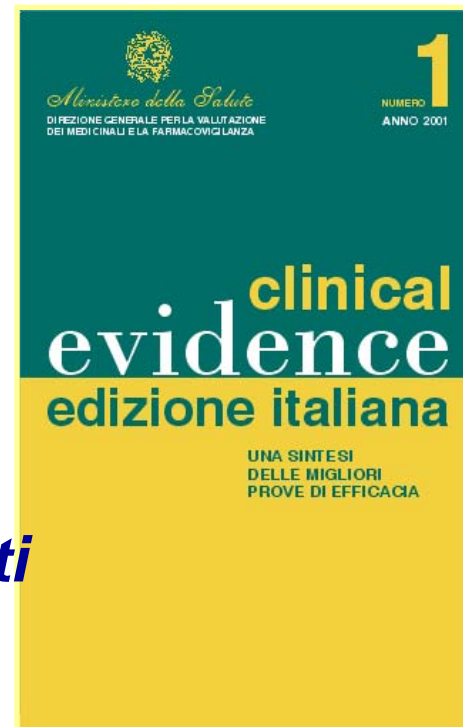


Do doctors like Evidence-Based information and prefer it to guidelines?

Hints from the pilot distribution
of Clinical Evidence
within the Italian NHS



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Who we are

CeVEAS

Centro per la **Valutazione**
dell'**Efficacia** dell'**Assistenza** **Sanitaria**



Modena, Italy



What we are and do (www.ceveas.it)

- EBHC Centre within the National Health System
- Guidelines production and implementation (www.pnlg.it), info delivery (through outreach visits and on the web – www.saperidoc.it), clinical audit, pharmacoepidemiology, EBHC teaching (University of Modena)
- Local, national and international (WHO, Cochrane) commitments

What do physicians think about Clinical Evidence and how useful can it be?

clinical
evidence



Clinical Evidence (CE)

- syntheses of the best available evidence on the effects of health care interventions in specific health care problems
- driven by practical questions rather than by the availability of research evidence
- aimed at informing health professionals on the best available evidence, rather than providing recommendations (like PGs)
- highlighting gaps in research evidence (so that physicians know when their uncertainty stems from these gaps rather than from gaps in their own knowledge)

The Italian Ministry of Health Initiative

- In 2001, the *General Directorate for Drug Evaluation and Surveillance of the Italian Ministry of Health* decided to start a pilot distribution of the Italian version of *Clinical Evidence* to all Italian doctors
- 50,000 copies of the Italian version of CE (based on English CE Issue 4) were freely distributed to Italian doctors in 10 regions as well as in some Medical and Nursing Schools

The problem

- Easy access to relevant, updated and “independent” information on the effectiveness of health interventions

Open questions

- Could *Clinical Evidence* be a useful tool?
- What do physicians think about it?
- Do they prefer recommendations (guidelines) rather than information syntheses?
- How NHSs can foster alternative and “independent” information?

Our survey

- 17 items questionnaire (face-validated)
- 6,619 questionnaires distributed to a random sample of active doctors (drawn from a list provided by the various local health departments, stratified by region)
- 1,350 questionnaires returned (20%, range 8% - 31%)
- selection bias cannot be ruled out (but the regional subgroup with the highest response rate yielded results similar to those of the whole sample)

The added value of a “weak” study

- Low response rate: should we present these data?
- Yes: they may provide useful qualitative information (especially about doctors who demonstrated some interest in CE)
- What about the other ones? We’ll run further evaluations (focus groups and phone interviews)

Survey participants

- 75% males, 25% females

Professional setting	%
General Practice	62.5
Hospital	23.1
Outpatient care	3.3
Health care management	2.7
University	1.2
Other	8.9

Yrs from graduation	N^c	%
Not specified	49	3,6
0-5	20	1,5
6-10	55	4,1
11-15	158	11,7
16-20	285	21,1
21-30	643	47,6
31-40	90	6,7
41-50	28	2,1
51-60	22	1,6
Total	1350	100,0

Frequency and reasons for consulting CE (%)

Have you ever opened CE since you received it?

YES 83.5

NO 16.5

How often have you consulted CE during the last month?

Never	Couple of times	4-5 times	Twice a week
10.4	49.2	28.3	12.1

<i>Reasons for consultation</i>	<i>Was it useful? (%)</i>				
	Very	Quite	Not much	Not at all	Don't know
General updating	30.9	54.7	4.6	1.3	0.4
Specific clinical questions	34.8	57.4	6.2	1.3	0.4
Preparing presentations/ publications	18.7	34.3	24.2	7.7	15.1

Chapters read (%)

5) Which chapters did you read?

59,2 / Cardiovascular dis. 31,0 / Infectious dis. 32,3 / Digestive dis. 30,1 / Respiratory dis.
14,8 / Ear nose throat 22,4 / Endocrine dis. 7,1 / Eye dis. 8,6 / Poisoning
29,4 / Musculoskeletal dis. 14,9 / Kidney dis. 8,3 / Men's health 18,6 / Skin dis.
14,0 / Leg ulcers 18,4 / Mental health 21,3 / Neurology 15,4 / Child health
9,6 / Pregnancy childbirth 5,8 / Sexual health 3,4 / Oral health 12,0 / Women's health

6) Which sections did you read?

63,8 / Summary pages 43,4 / Key messages
53,1 / All the details

Clinical Evidence:

what respondents

think about it

Scientific validity and understandability (%)

In your opinion, how VALID are the chapters you've read? (%)

Very	Quite	Not much	Not at all	Don't know
27.7	68.0	3.4	0.7	0.2

How clear do you consider writing style and graphical display?

Very	Quite	Not much	Not at all	Don't know
26.0	65.9	6.4	1.6	0.2

Information presented in CE are:

Too difficult	Just right	Too simple	Don't know
3.9	89.7	3.5	2.9

Relevance of information provided by CE (%)

<i>How helpful has CE information been for your professional activity? (%)</i>				
Very	Quite	Not much	Not at all	Don't know
20.4	68.2	8.5	2.3	0.6

<i>Has your clinical practice ever been influenced by any information read on CE?</i>	
Yes	No
29.2	70.8

<i>CE helped me to realise that:</i>	<i>%</i>
Some largely used interventions are NOT based on solid scientific evidence	27.5
Some effective interventions are underused	9.5
I didn't find out any unexpected news	53.7

Can *Clinical Evidence* encourage communication among physicians?

<i>Do you think CE can foster doctor to doctor communication?</i>	<i>%</i>
Yes (specialists to specialist)	19.4
Yes (GP to GP)	23.3
Yes (GP to specialist and viceversa)	54.1
NO	4.9
Don't know	13.0

Information vs recommendations (what *Clinical Evidence* is and should be)

<i>Do you regard CE as:</i>	<i>%</i>
A textbook	6.3
A collection of guidelines	37.5
A short summary of medical knowledge	11.2
A book for keeping updated	45.3
Other (not specified)	6.6

<i>In case, would you have preferred a collection of practice guidelines?</i>	<i>%</i>
Yes	16.0
No	64.0
Don't know	20.0

Do attitudes about CE differ between GPs and hospital physicians? (%)

<i>How helpful has CE information been for your professional activity? (%)</i>	<i>GP</i>	<i>Hospital physicians</i>	
Very	22.9	14.6	*
Quite	70.0	69.3	

Has your clinical practice ever been influenced by any information read on CE?

GPs	Hospital physicians	
33.1	22.8	*

* $p < 0.001$

What does this survey add?

- CE seems to have the potential to modify doctors' awareness about the efficacy and safety of some health interventions and, most importantly, to drive changes in clinical behaviour, especially among GP's
- CE is deemed to foster communication between GPs and specialists by creating a common knowledge ground (this may help smoothing the interface between primary and secondary care and enhance overall patient care)
- our data support the original objective of the book which is to not make clinical recommendations (the majority of respondents seemed in fact to prefer evidence-based summaries to guidelines)

Which lessons for NHSs?

- The pilot free distribution of CE to Italian doctors seems to have been positively welcomed. In July-Sept 2003 the Italian Ministry of Health distributed the 4th edition of the Italian version of CE (Concise) to ALL Italian physicians
- The importance of a strong endorsement from Health Authorities for the implementation of these information can be inferred from this survey
- Local implementation initiatives should be warranted to favour doctors' use of CE (e.g. through pharmacists outreach visits and Continuing Medical Education programs)
- Can CE be used as a “Trojan Horse” to foster physicians' involvement in local/multicentric research projects?



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