

## **Enhancing evidence-based strategies to maximise clinical practice change: The art of support and encouragement.**

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**Background:** Evidence supports the need for clinical practice change strategies to improve healthcare. Such strategies include local opinion leaders, audit and feedback, reminders, clinical decision support systems, and training. Systematic reviews suggest that these strategies can lead to a 10 – 18% increase in a desired clinical behaviour. However, the literature does not provide guidance on the human interface of the implementation process.

We tested the hypothesis that the effectiveness of evidence based strategies can be significantly enhanced by short-term, high-quality intensive support and encouragement in two settings: community-based drug and alcohol treatment services and community-based mental health services for older persons.

### **Method**

An intervention to increase preventive care delivery intervention was implemented in 7 drug and alcohol services and 3 mental health services in on local health district of New South Wales. Preventive care consisted of assessment, brief advice, and offer of referral for additional support for four health risk behaviours: smoking; alcohol misuse; poor nutrition; and insufficient physical activity. Initially, evidence based clinical practice change strategies were implemented for 12 months and included system changes, audit and feedback loops; training; reminders; and clinical aids. Following the 12 month period, a secondary intervention phase that focused on support and encouragement was implemented for one month. Their enhanced role focused on support and encouragement for the managers, and coaching on leadership for behaviour change by increasing motivation and overcoming barriers. The primary outcome was the prevalence of preventive care provided. Such data was collected via the clinical electronic medical record.

**Outcomes:** The initial evidence-based clinical practice change intervention resulted in an average increase of 22% in assessment for all risk factors in the drug and alcohol services, and an average increase of 19% in assessment for all risk factors in the mental health services for older persons. After the one month intensive support, the results suggest an average increase of 55% in the drug and alcohol services and 68% in the mental health services for older persons.

**Conclusions:** The initial intervention led to increases in care at a level that is consistent with systematic review evidence. The addition of focused short-term support and encouragement more than doubled the intervention effect. Further research is required to understand how evidence-based strategies can be implemented in a manner that builds motivation and overcomes barriers, and as such maximises change.