Implementing change in healthcare: evidence utilization

Despite the increase in our knowledge of evidence-based healthcare practices, we continue to see an increase in the cost needed to provide healthcare. In 2012–2013, a total of $55.9 billion was spent on hospitals in Australia, $52.9 billion on primary healthcare and $29.9 billion on other areas of health spending. All healthcare funders increased their expenditure significantly on hospitals between 2002–2003 and 2012–2013. It was also identified that the three leading disease groups were cancer (35%), cardiovascular diseases (23%) and injuries (13%), and these contributed more than 70% of total fatal burden. The increase in expenditure is consistent in other healthcare systems; for example, in the United States, it was reported that a total of $2.7 trillion was spent on healthcare alone. Moreover, it has been reported that a significant proportion of this spending in the US healthcare is inappropriate or wasteful due to the number of medical errors and deaths reported each year. The increase in expenditure over the years is believed to be due to many factors, including an increasingly ageing population, inefficiencies in the delivery of healthcare systems and slow uptake of evidence-based recommendations to improve the delivery of the various programs that are shown to positively impact on patients’ outcomes.

The focus of the research undertaken in the last two decades has revolved around the effectiveness of interventions to deliver either patient-specific outcomes or disease-specific outcomes. Research into implementation of such interventions or (evidence utilization) is still a relatively new field that has been slow to emerge. Several models have been proposed to increase our understanding of evidence utilization and these include PDSA (Planning, Doing, Studying and Acting) model, diffusion of innovation model, Transtheoretical model, Health Education theory, Social Influence theory, the Promoting Action on Research Implementation in Health Services (PARIHS) model, knowledge to action framework, Conceptual/Instrumental Continuum and Pipeline model. Most of the above-mentioned models include identifying specific barriers to change such as staff information and skill deficit; psychological barriers based on values, beliefs and past experience; organizational structure; available resources and patients’ preference. A successful strategy to help in identifying barriers is to involve all possible stakeholders to become part of the change process. This process has the potential to create a feeling of recognition and has a higher chance of success.

The process for change is never an easy progression as it requires a well planned strategy for the successful implementation of change in practice. The implementation process should include a thorough assessment of the situation using tools such as SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. An appropriate SWOT analysis would include internal and external factors that may affect the organization. Internal factors are generally described as strengths and weaknesses, whereas external factors are the threats and opportunities to implementation. An effective change implementation plan is based on a multifaceted method that targets staff education, decision support systems, a clinical audit and the use of opinion leaders to facilitate change.

Finally, an essential component of implementation projects that is frequently overlooked is the cost associated with delivering the project. The cost of implementation projects may include costs of service delivery as a result of the uptake process of the implementation project. The actual cost of execution of the strategy, any costs to providers and partners involved and any research or evaluation related expenses. To date, there are limited data on the economic evaluation of implementation strategies despite the well known types of evaluation that are currently used. A more challenging approach to implementation strategies in healthcare is to embed economic evaluation into implementation decisions to get a broader view of its true impact on healthcare.

In conclusion, most implementation programs would benefit from three essential success factors and these are engaged employees, effective leadership and an effective organizational structure.

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EDITORIAL

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