



Executive Summary

Adults in the United States receive only about half of the health care they need when they need it. The practice of medicine also varies significantly by geography – where you happen to live – for reasons unrelated to our health. Evidence-based clinical practice guidelines – rules of the road for doctors – can be a key tool for improving the quality, outcomes and cost effectiveness of health care, so understanding the barriers to the adoption of these guidelines is crucial.

How to identify and remove waste and inefficiency from the health care system has been a major area of research for the New England Healthcare Institute (NEHI). In 2007, with support from the Pharmaceutical Research and Manufacturers of America (PhRMA), NEHI began an investigation into the question of why there are gaps between agreed-upon standards of care and the actual care provided. Research methods included: a comprehensive literature review of 82 publications; key informant interviews; an online survey of 231 physicians nationwide; and an expert panel entitled “Cookbook or By the Book: A Symposium Exploring Physician Resistance to Clinical Practice Guidelines.”

BARRIERS

NEHI’s research points to four main barriers to physician guideline adherence: the payment system; the lack of information technology systems; physician culture, beliefs and habits; and the development and the function of guidelines.

Payment

The payment system is problematic for guideline adherence because we pay for *volume* of procedures rather than for *outcomes*, because most existing pay for performance programs do not provide financial incentives sufficient to change behavior, and because there is lack of uniformity in payer policies which diffuses the effect of pay for performance programs.

IT Systems

Lack of information technology (IT) systems is a barrier because, at current adoption levels, physicians have insufficient access to guidelines at the point of care; because IT can, but doesn’t yet, broadly and adequately support clinical decision-making; and because there are insufficient resources to support adoption, staff training and maintenance of IT systems, especially for small or solo practices.

Physician Culture

The culture, beliefs, and habits of physicians are barriers because many doctors receive little or no comparative feedback on their performance, as reflected by adherence to evidence-based clinical practice guidelines. As a result, they tend to rely on their own judgment and personal experience to determine whether or not they are doing the right thing for patients.

Guideline Development

The current process of development and the function of many guidelines present their own obstacles to adherence. In particular, the lack of transparency in guideline development leads to a lack of trust among physicians while guidelines themselves often lack sufficient flexibility and relevance to clinical practice. Many guidelines do not reflect the complexity and context in which real clinical decisions must be made.

STRATEGIES FOR CHANGE

Despite these significant barriers to adherence, there is reason to be optimistic about the future impact of clinical practice guidelines on quality and cost. Physicians believe that guidelines will have a major influence on clinical decision-making over the next five years. However, the system improvements we need to improve guideline development and overcome barriers to adherence will not happen unless major stakeholders pursue proactive change strategies. This report offers five recommendations to address the most significant barriers to guideline adoption:

- 1 *Pay the right amount for quality and activities that support adherence and coordinate Pay for Performance programs across payers.* Our survey data show that significant increases in Pay for Performance incentives may accelerate the adoption of guidelines. Demonstration programs are needed to determine the right level of payment incentives and as more payers implement such programs, the standardization and coordination of such programs will be critical to their success.
- 2 *Invest in and encourage IT innovations that advance clinical decision support.* To support guideline adoption, IT systems need to provide useful data to the physician at the point of care; feedback loops so physicians can measure their practice patterns against other colleagues; interoperability between inpatient and outpatient facilities and among physicians; and flow diagrams and algorithms that enable physicians to exercise autonomy and clinical judgment and respond to patient preferences.
- 3 *Encourage innovation in guideline development and use.* To improve physician “buy-in” to guidelines, physicians need to be engaged in the guideline development and review process. In addition, because guidelines become obsolete so quickly, it is important to speed the process of



guideline development so that the dissemination and use of guidelines keeps pace with medical advances. Finally, guidelines need to be actionable, brief and written in “plain English.”

- 4 *Train physicians on guideline usage.* The expert panel and literature suggest that training of medical students, residents and practicing physicians may be necessary to re-orient practice toward guidelines.
- 5 *Enable and promote comparative data sharing among physicians.* To change physician culture, beliefs and habits, data collection and data sharing are essential. While there is much debate about the value of public reporting of physician quality measures and outcomes, expert panelists and key informants agree that transparency *within* physician practices – that is, allowing a physician to compare data on his/her own practice to that of his/her peers – is extremely effective in fostering adherence to guidelines.

Only by taking these steps can we transform the status quo and move the needle on guideline adherence.