Optimising implementation of research findings in primary care: Results from a qualitative study

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Implementation problem

- Research evidence takes 17 years to be used in clinical practice
- Only one third of research evidence informing guidelines is adhered to
- 30-40% of patients do not receive care according to scientific evidence
Purpose

To better understand the process and factors determining implementation of an evidence-based enhanced osteoarthritis consultation in primary care.

Patient presents with joint pain (45 years and over)

GP makes, gives, explains diagnosis. Analgesia, promotes self-management, gives guidebook, refers to nurse

Practice nurse supports self-management, guidebook, goal setting, exercise, weight loss, pain control
RCT with 8 general practices
Receive modified training package on enhanced OA consultation

4x Intervention practices
4x Control practices

TRIAL ENDS

Trial evaluation
Focus Groups

Research Trial

Real World
Results

• Three general practices
• 6-8 participants per group
• Topic guide to prompt consideration of factors influencing implementation
• Thematic analysis using underpinning theoretical model
• Four overarching themes
1. A whole practice approach

“The importance of the training for me is that we all have the same shared concept of what we’re doing” [P1GP1]
2. Opportunity for reflection, discussion and feedback

“Just being part of the study has made me think differently about how we could do it” [P3GP1]

“I've had a couple {of patients} that have come back to me and said, 'Well, actually, the pain isn't as bad as I thought it was going to be.' It's encouraged them to carry on with the exercises. They are walking longer distances. So, they are building up their knee strength and noticing that it isn't as painful” [P1PN2]
3. The ‘fit’ of the intervention with existing systems

“We find that if you’re doing a diabetic review, it’s better to fit it into that….we’re seeing those patients anyway” [P2GP4]
4. Alignment to current healthcare policy for managing patients with multimorbidity and LTCs

“It gives you ways of approaching other things. It doesn’t only help the patient with osteoarthritis, but it helps patients with all sorts of chronic diseases; how important is that in general practice?” [P1GP2]
Unexpected finding

Focus group facilitated implementation

What works?

MDT Approach

“It need not be the GP that takes this forward…either the nurses…or access to physio” [P1PN1]
Conclusions

- Understand and explain the process of implementation at transition period

- Novel contribution to literature
- Whole practice approach
- Reflection, discussion and feedback
- Flexible delivery of intervention
Key Considerations

• Primary care MDT
• Allow HCPs to consider local context
• Facilitate opportunities to co-produce action plans for adoption of research interventions in real-life practice
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Thank you!

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