

ASSESSMENT OF THE DIFFUSION AND IMPLEMENTATION OF THE CLINICAL PRACTICE GUIDELINES IN MEXICO

Sosa-García JO, Martínez-Aldana S, Puentes-Rosas E, Pineda-Pérez D, Hernández-Santillán DL

BACKGROUND

The Clinical Practice Guidelines (CPGs) allow to have technical tools which improve the quality of the medical attention, systematizing the interventions and collaborating with the proper use of resources. In this manner, the produced documents are related to medical practice and help to decrease the variability of the clinical practice, standardizing the attention process and allowing medical doctors to take the best clinical decisions. All this with the object to homogenize the process, starting with the diagnosis and pathology classification to the treatment, at the three levels of care; to homogenize the attention in the Mexican National Health System (NHS).

OBJECTIVE

Evaluate the success level of CPG diffusion and implementation in the medical units of the Health Sector.

METHOD

480 health centers were randomly sampled, 400 primary level care and 80 second level care, which belong to the main three health institutions (Table 1). At each one of the units was verified the CPGs existence with a checklist; doctors answered a questionnaire to document their knowledge, training and perception of the CPGs; staff responsible of the diffusion and implementation also answered another questionnaire and clinical records were checked to confirm the CPGs use.

Table 1. Distribution of units by level and institution.

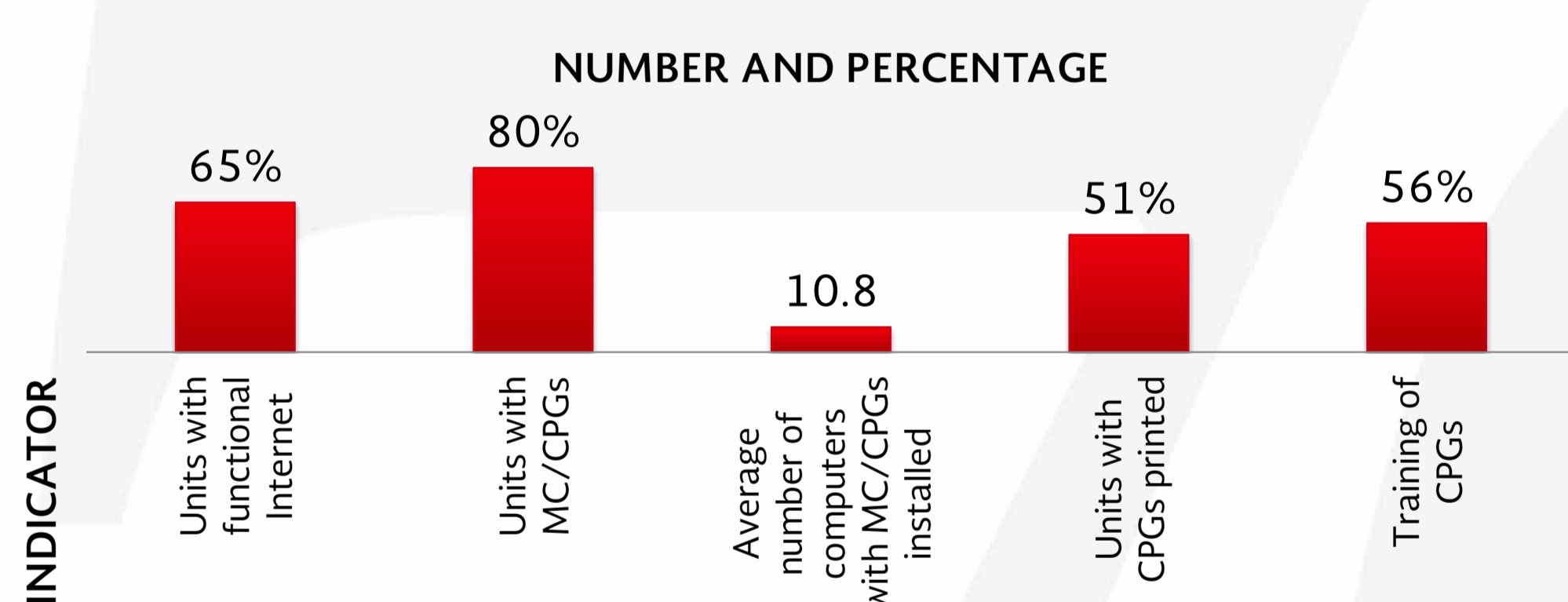
INSTITUTION	SAMPLE OF UNITS	
	PRIMARY LEVEL	SECOND LEVEL
IMSS	69	11
ISSSTE	40	11
SESA	291	58
Total	400	80

IMSS: Mexican Institute of Social Security, ISSSTE: Institute of Security and Social Services for State Workers, SESA: State Services of Health.

RESULTS

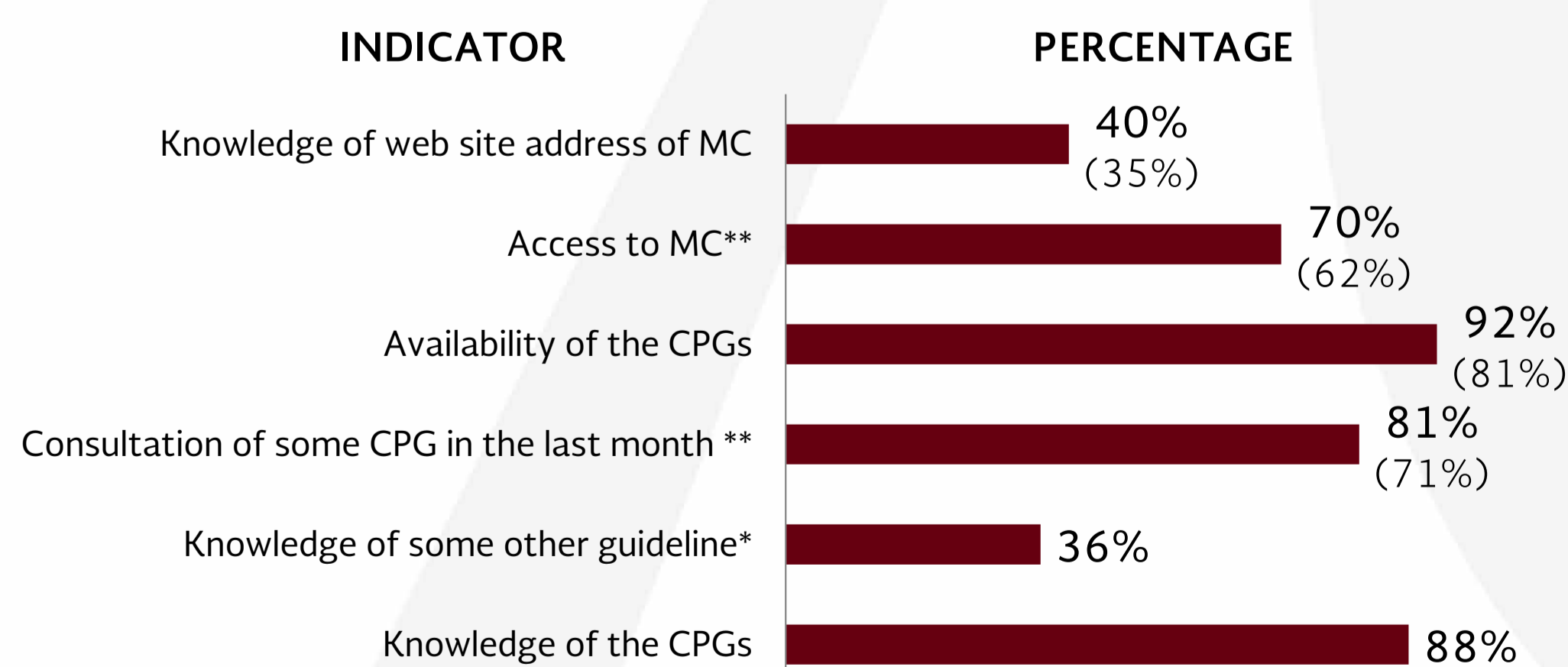
The CPGs diffusion is performed by internet through the Master Catalog (MC). The 65% of the diffusion personnel at the units report to have a functional internet. As well, 80% report to have the MC of CPGs. In average, each unit has 11 computers with MC and 1 of every 2 diffusion personnel states to have printed CPGs. The global level of training in CPG was 56%.

Table 2. Global results of CPGs distribution.



The knowledge about the CPGs existence made by NHS was of 88% of the interviewed doctors. From 12% who don't know the CPGs, 36% reported to know another guideline. Eight of every ten interviewed doctors who know the CPGs stated having consulted them during the last month. The 92% of the medical doctors who know CPGs declare that at their unit these tools are available: in printed format, 11%; electronic, 54%, and 35% both. The 40% of who know CPGs report to know the web site address of the MC (Table 3). The top list topics of the CPGs consulted by medical personnel in descending: arterial hypertension, diabetes mellitus type 2, acute respiratory tract infections, and others (Table 4).

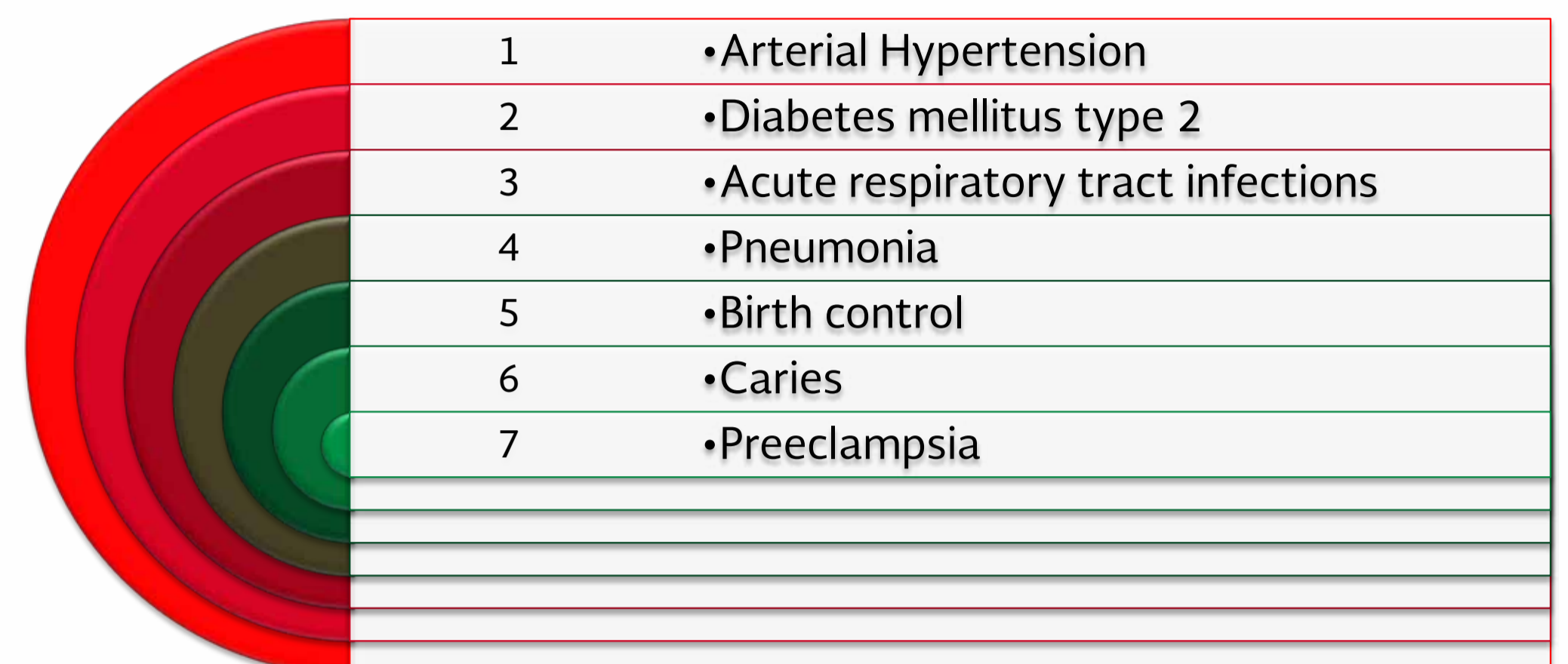
Table 3. Global results in knowledge of CPG.



*This indicator only considers the answers of interviewed who reported not knowing the CPGs; that means, 36% of the interviewed who don't know the CPGs elaborated by NHS, and know another guideline.

**The first indicator only considers the answers of the interviewed who report to know the CPGs. The indicator between parenthesis considers all the interviewed.

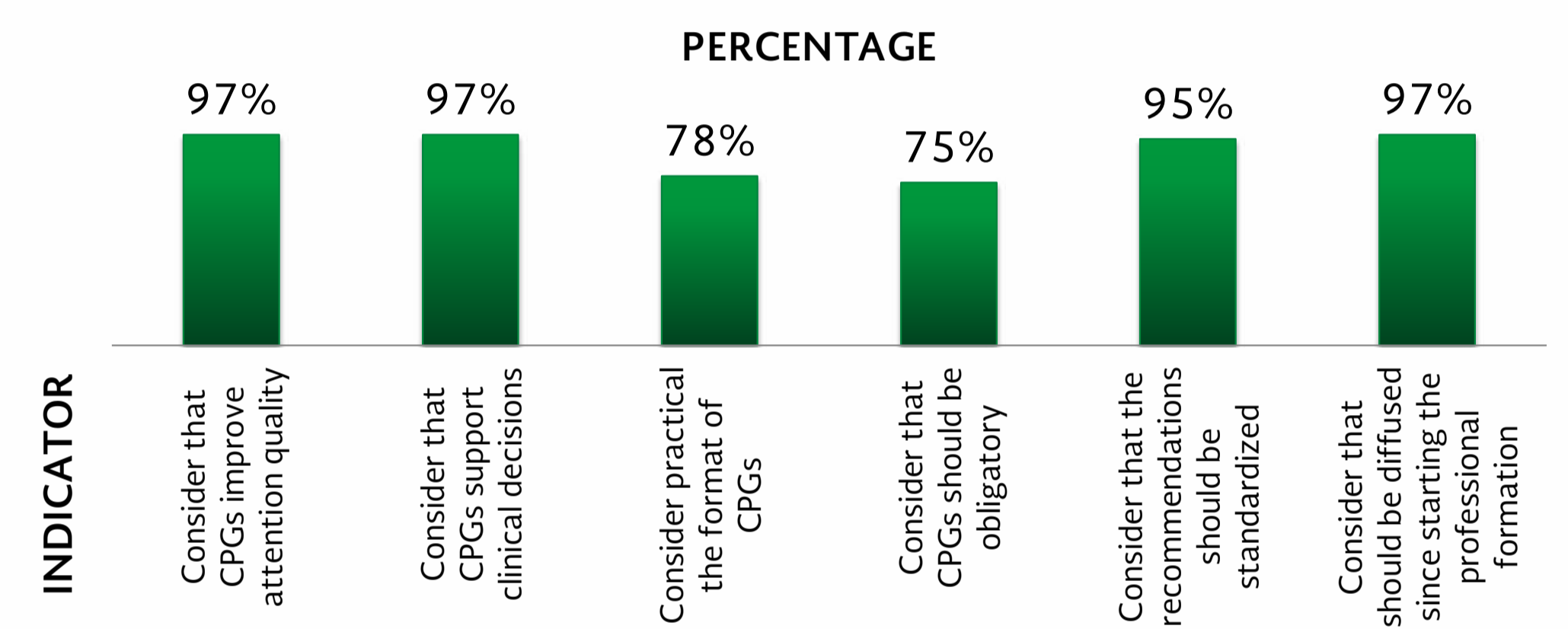
Table 4. Clinical Practice Guidelines most consulted by doctors.



The training of the health professionals only was reported in 6 of every 10 doctors who know the CPGs (53%). The interviewed doctors qualified the training as 8.6; however, only 61% of the interviewed report the training as sufficient.

The perception of the health professionals about the CPGs is that these improve the attention quality, 97%; support medical decisions, 97%; that recommendations should be standardized, 95%; and that CPG should be diffused since the beginning of the professional formation, 97%.

Table 5. Global results about the perception of CPGs.



*This indicator only considers who knows the guidelines.

The main obstacles, stated by doctors, were the lack of time, but also are remarkable the lack of training, diffusion and human resources. Meanwhile, the diffusion personnel refer that the main barrier for diffusion and implementation are the lack of physical equipment and materials, and the inertia of the previous practice.

Table 6. Main barriers to perform the diffusion and implementation of the CPGs.

BARRIERS TO DIFFUSE	BARRIERS FOR IMPLEMENTATION
Lack of physical equipment and material	Inertia of the previous practice
Lack of trained personnel to diffuse	Excess of work/lack of time
Excess of work/lack of time	Disagreement with the concept of the CPGs
Small confidence in the utility of the CPGs	Lack of physical equipment and material
Indisposed personnel to the use of the CPGs	Indisposed personnel to the use of the CPGs
Other	Other

DISCUSSION

The results demonstrate that the knowledge, training, perception and processes of the diffusion and implementation of the CPGs vary according to the level of care and institution of the interviewed staff; the number of the diffusion responsables who were interviewed and stated to count with the MC at their unit is relatively high; however, one of the identified limit for the diffusion of CPGs is the internet access; joined by the fact that only half of the diffusion staff was trained in CPGs.

The information demonstrates that the web platform is having good results in order to transmit the CPGs. However, it's necessary to overcome the infrastructure barriers, as the lack or update of the computer and functional web access, in order the strategy produce better results. A favorable indicator is the number of doctors who reported having consulted the CPG in the last month. Was noticed that the web site address is not known by the most of medical doctors.

The number of the doctors who stated that received the training in CPGs varies between the institutions; as well, they informed that the training was enough.

The doctors propose in order to overcome the barriers should be given more training/teaching, higher quantity of physical and human resources, improve the CPGs regarding information, organization, extension and presentation and, finally, to facilitate the Internet access to the CPGs.

Although important efforts have been made in CPGs diffusion and implementation, there still exist opportunities to improve. An opportunity area is the knowledge of the "Strategy for the diffusion, training, implantation and tracing of the CPG in the National Health System".

IMPLICATIONS FOR THE DEVELOPERS/GUIDE USERS

The CPG knowledge is high; however, exist barriers which limit its implementation.