125: QUALITY CONSULTATION OFFERED TO DUTCH MEDICAL SPECIALISTS ENHANCES IMPLEMENTATION OF VISITATIE RECOMMENDATIONS: RESULTS OF A MULTIFACETED INTERVENTION

Lombarts M.J.M.H., Klazinga N.S.

Objective:
To evaluate the effect of external management support (Quality Consultation) on the implementation of visitatie recommendations and to gain insight in the factors obstructing this implementation.

Methods:
Visitatie is a doctors-owned external peer review model. In The Netherlands the visitatie system produces hundreds of collegial site-visits and thousands of recommendations for quality improvement yearly. To enhance implementation of the recommendations the specialty societies of surgeons, pediatricians and gynaecologists developed Quality Consultation (QC). QC is a multifaceted, site-specific intervention. Its toolkit consists of various support methods offered by experienced management consultants. In the period 1999-2001 25 specialist groups were offered approximately 20 hours of QC support. (1) To evaluate the effect of the intervention QC, the implementation results of the 25 supported specialist groups (the intervention group) were compared to the results of 25 non-supported specialist groups (the non-intervention group).
In the period February 2000 to June 2001 a postal survey was undertaken amongst 205 participating medical specialists, representing 50 specialist groups. Questionnaires were practice specific and aimed at:
1. determining the implementation results. Specialists were asked to assess the actual degree of implementation of the recommendations. The implementation rate was scored on a 5 point action scale. Also, they were asked to rate the implementation result as well as the implementation process, using a 10 point scale (1 to 10).
2. determining the obstructing factors to the implementation of visitatie recommendations. Each recommendation was followed by 14 statements reflecting experienced implementation barriers. Specialists were asked, for example, if they had *understood*, *recognized* and *agreed upon* the recommendation, if they had had sufficient *resources, support* and *time* for implementation, if they had felt *competent* to implement the recommendation, had negative *previous experiences* and whether or not they *expected real improvements.* The statements were responded to on a 4-point scale.
Results were entered onto a database and analyzed using SPSS. Analyses of the implementation results and the obstructing factors were performed on both specialist group and individual level. Correlations were calculated using spearman's test.

Results:
1. The overall response rate was 54%. The supported specialist groups have been significantly more successful in partially or fully implementing the visitatie recommendations than their colleagues working in non-supported practices; 66.1% versus 53.8%. Further, all the supported specialist groups show higher rates than their peers in non-supported practices on both the appreciation of the implementation results and the implementation process.
2. The specialist groups in the intervention group report significantly ($p < 0.005$) less obstructing factors than the groups in the non-intervention group. There is a strong relation between the experienced obstructing factors and the implementation status (spearman correlation coefficient 0.57). The relation between the set of obstructing factors and the assessment of the implementation results and process is even stronger; spearman's rho = 0.65 respectively 0.62.

Conclusions:
1. This study suggests that QC is a powerful strategy in implementing visitatie recommendations, given the relative difference of over 22% between the implementation rates of the intervention and non-intervention group. The results confirm the successfulness of combined and site specific strategies, as has been established by other studies.
2. It is advisable that interventions to improve implementation are targeted at the set of 14 obstructing factors investigated in this study.
3. The QC approach has a moderating effect on most of the identified factors obstructing implementation, but seems the greatest for the barriers lack of time, financial resources,

implementation knowledge/skills and support, assessed self-efficacy and expected (limited) gains/advantages of implementation efforts.

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(1) Lombarts MJMH, Klazinga NS. Supporting Dutch medical specialists with the implementation of *visitatie* recommendations: a descriptive evaluation of a two-year project. *Int Journal of Quality in Health Care*, April 2003 (in press).