Supporting provider adherence to guidelines

For system leaders who want to improve provider adherence to guidelines

Supporting provider adherence to guidelines requires:

- Understanding the process and determinants of provider adherence to guidelines, and
- Interventions to address it.

This brief provides key information that highlights the process, determinants, and interventions to support provider adherence to guidelines. Full information about the methods of the review are available on request (under review at JAMA).

The process

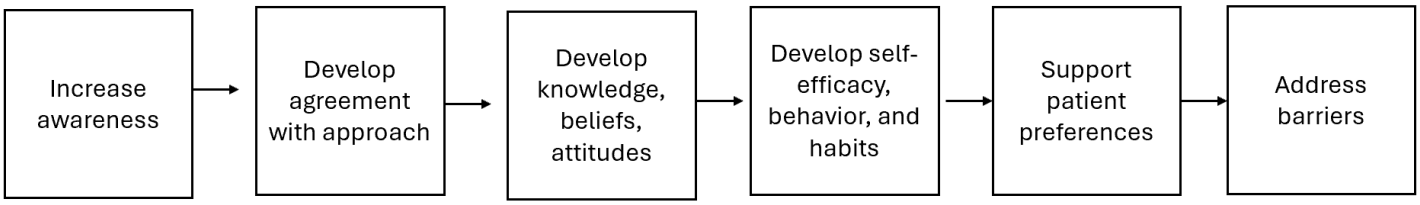
A process is a series of steps the drive the outcomes of provider adherence to guidelines.

Each step in the process is the potential target of an intervention and has factors that affect its success (called determinants).

We found no systematic reviews or meta-analyses of the process of provider adherence to guidelines[1].

	Process components from systematic reviews and meta-analyses	Strength of evidence
Process		Insufficient

A scoping review of surveys about the determinants of provider adherence to guidelines that we subsequently identified suggests the following process[2].



Cabana, 1999. 282(15):1458-1465

Scoping reviews differ from systematic reviews in that there is no assessment of the overall risk of bias or strength of evidence of included studies. Thus, while the scoping review itself is well-done, conclusions may change.

The determinants of outcomes

Determinants are the drivers of a successful process and outcomes.

They can be factors that cause outcomes (e.g. mediators) or factors that modify the chance of outcomes (e.g. moderators).

The determinants of provider adherence to guidelines have been defined by qualitative and survey studies. The summary results of a secondary analysis of a meta-review focused on scoping reviews of determinants are shown below.

Meta-analyses and systematic reviews of determinants

	No exposure	Exposure	Absolute risk	Absolute risk with mediation	Relative risk	Strength of evidence

Determinants	NR	Lack of awareness/familiarity:
		• Too much volume
		• Too little time to stay informed
		• Lack of accessibility of guideline
		
		Lack of agreement with specific guideline.
		• Don't agree:
		  ○ with interpretation of evidence,
		  ○ assessment that benefits worth risks, discomfort, costs,
		  ○ applicable to patient,
		• Not credible,
		• Biased;
		• Too "cookbook"
		• Reduces autonomy,
		
		Lack of agreement with guidelines in general
		• Oversimplified,
		• Reduce autonomy and flexibility,
		• Not applicable,
		• Biased,
		• Not practical,
		• Not credible,
		• Affects provider and/or provider/pt relationship
		
		Lack of knowledge or supportive attitudes
		
		Lack of self-efficacy
		
		Lack of outcome expectancy/motivation
		
		Patient preferences
			NR	NR	NR	Low to moderate

		Inertia of previous practice/habits External barriers related to guideline: • not easy to use • not convenient/cumbersome • confusing • complex • Insufficient trialability External barriers related to patient: • Resistance to guideline • Non-adherence • No perceived need • The guideline is offensive External barriers to practice setting • lack of reminder system • lack of educational materials • cost to patient/lack of insurance coverage • Cost to practice • Insufficient staff or consultant support • Lack of time • Lack of reimbursement • Not compatible in certain settings (e.g. home setting) • Increased malpractice liability				

NR: not reported

The interventions that improve outcomes

We found no systematic reviews or meta-analyses of interventions to improve provider adherence to guidelines[1].

Systematic review and meta-analysis of effect of interventions to support provider adherence on adherence

	Rate of delivery in intervention group	**Rate of delivery In control group**	**Absolute benefit**	**Relative benefit**	**Strength of evidence**

Adherence Interventions					Insufficient evidence

A single review that we excluded from our systematic review suggests the potential benefit of interventions that typically support adherence on clinical outcomes[3]. Whether or not the change in outcomes is related to the changes in adherence is unclear.

References

1. Sheridan SL, Jonas D, Guirguis-Blake G, et al. The effects of the process, determinants, and interventions of implementation and provider adherence on implementation and adherence outcomes:
a meta-review. *JAMA*. 2026;
2. Cabana MD, Rand CS, Powe NR, et al. Why don't physicians follow clinical practice guidelines? A framework for improvement. *JAMA*. Oct 20 1999;282(15):1458-65.
3. Grimshaw JM, Thomas RE, MacLennan G, et al. Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess*. Feb 2004;8(6):iii-iv, 1-72. doi:10.3310/hta8060

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