

Overcoming barriers to change in 30 years of annual check-up practice

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1 Issue

30 years of nationwide practice in Austria....

A free of charge annual medical check-up at GPs and specialists is available since 1974

Meanwhile it was stopped elsewhere

In 1980 S.W.Fletcher/Canada; T.L. DelBanco/Harvard, USA recommended to stop the annual "complete history and physical examination" ^{1,2}.

Standardised but **unspecific interventions**...

Since 1974 fill in forms regulate the minimal content of the annual check up in Austria.

Around 13 million check – ups have been performed in an adult population of ~ 6 million.

should be replaced by disease specific Periodic Health Examinations

Preventive Services Task forces in the UK, USA, Canada, Australia, New Zealand recommend disease targeted interventions, at specific age and sex intervals.

The proposed new Periodic Health Examination (PHE) is an evidence based mass screening activity at the primary care level.

The switch from old to new has failed often...

In the USA, Canada, and Germany the new targeted PHE could not be established nationwide ⁴.

But **how was it achieved in Austria?** ...

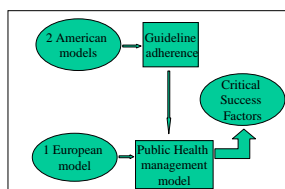
Could barriers (to change) models explain why the switch in Austria was achieved in relatively short project time from 2003 to 2005?

2 Description

Good theories enable successful change management in nationwide Public Health programmes

We found in the global medical literature 3 barrier models to be most appropriate to explain the success of the Austrian change management:

- 2 American (USA; Canada) models provide causal factors (critical factors) for guideline adherence. (M.D. Cabana/Univ. Ann Arbor; E. Hudon/Univ. Montreal) ^{3,4}.
- R. Grol's (Netherlands) model integrates Public Health management factors ⁵.
- Critical success factors (CSFs) can be identified for explaining the Austrian change.



Critical Success Factors were identified in published barrier models to explain the positive Austrian management outcome

3 Lesson -> four CSFs

Critical Success Factors (CSFs) from American models for guideline adherence.

All 6 "internal" factors proposed by Hudon 2004 are applicable to the Austrian outcome. Most important are 2 out of 6; awareness of guideline (1); agreement with the component (2).

No explicit guideline has existed for 30 years for the Austrian Periodic Health Examination (PHE).

Preparing, **publishing**, disseminating the first evidence based **PHE guideline** enables physicians for the first time clearly to understand the **manoeuvre- prevention target link**, - the **"why I am doing this"**.



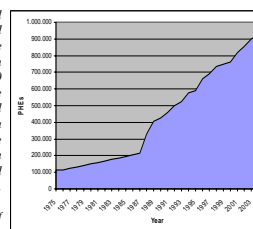
The first ever published evidence based guideline ("Wissenschaftliche Grundlagen") for the new Austrian Periodic Health Examination ("Vorsorgeuntersuchung Neu") provide physicians the opportunity to digest the vast international body of evidence regarding effective preventive activities in a relative easy way.

Critical Success Factors (CSFs) from the European model of public health management:

Two out of Grol's seven factors, both "external" and hard factors, were the key to end 30 years of practice in 2005. The new PHE starts due to organisational change (1) and economic and legal factors [short-named "coercion" by Grol] (2) Organisational change management (1) - The new fill in forms are based on research, and published reports by independent and strong "foreign" institutions like NIVEL from the Netherlands (see EUPHA 2005 abstract by W. Devillé)

Coercion (2) - The financial reward has increased to 75 Euro per basic PHE. A new agreement ("Rahmenvereinbarung") between the central association of sick funds, and the Austrian medical chamber mandates the completion of the new fill in forms in order to be reimbursed. The agreement is a binding directive ("Verordnung") for ~ 25 health insurances. The PHE performance evaluation is regulated by a new federal law.

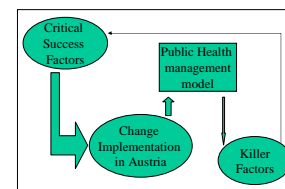
The free of charge annual check – up has been provided 13 million times in an eligible population of around 6 million inhabitants of Austria in 30 years of primary care practice. An organisational reform in the 80s lead to a surge of "acceptance" since then. The new Periodic Health Examination was implemented in 2005.



Data source: Central Association of Sick funds, Vienna, Austria

Two further external factors in Grol's model, social interaction (3) and behavioural learning (4), were perhaps not critical but important and addressed also during the implementation management. E.g. all content and fill-in forms were finally created in compromise between national representatives of service providers and financiers.

However, the full Public Health management model (16 factors), will provide the kill factors. Kill factors may indicate early when some parts of the change will falter. Their keen observation provides early warnings if the move to an evidence based PHE in Austria is unsustainable.



Models including Public Health management factors provide predictive power to identify the causal killer factors. Killer factors indicate why the change may not be sustainable.

4 Conclusion -> manage factors

Different players in health care like researchers of all sorts, financiers, managers, etc. have different theories how to bring about change. Depending from their main professional background these theories are formulated by different actors.

Public Health professionals however may consider all perspectives if change is to be properly managed.

All critical barrier factors should be addressed at once, even when resources are limited on the side of the professionals.

Management of the success factors, and carefully monitoring of the potential kill factors can greatly be supported by rigorous application of barrier (to change) models.

5 References (Literature)

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See more -> www.pico.at

-> www.zaeg.at/screening