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Changing Physician Behavior: Four Tools for “Mission Impossible”



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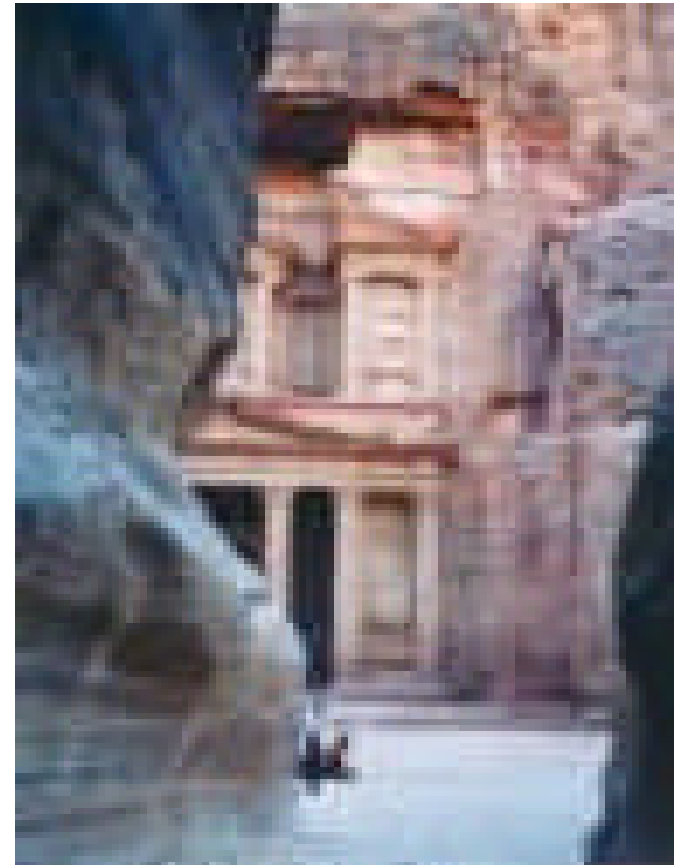


Private Sector Project for Women’s Health (PSP)

Hashemite Kingdom of Jordan



- **Capital: Amman**
- **Language: Arabic**
- **Area total 45,495 sq mi**
- **Population: 6.1million**
- **GNI per capita \$5,530**
- **Literacy 91.1%**
- **TFR 3.6**
- **Modern CPR 42%**



Private Sector Project for Women's Health (PSP)

Project Objectives

2005 - 2012

1. Increase demand for and use of modern contraception and related women's health services
2. **Improve private sector service quality and access**
3. Increase early detection of breast cancer
4. Address violence against women

Improving Private Physicians' Services

- I. **Training: in-class and clinical skills workshops**
- II. **Quality Assurance Program**
- III. **Evidence-Based Medicine Approach & Detailing**
- IV. **Policy Changes for CME**



Research Findings on Medical Education

“The most effective educational methods were the *most interactive*. Combined didactic presentations and (“hands on”) workshops were more effective than traditional didactic presentations alone. Medical education was more effective when *more than 1 intervention* occurred... Targeted education should focus on changing a behavior that is *simple*, because effect size is inversely proportional to the complexity of the behavior. “

Source: Cochrane Review of 32 trials and 3000 health professionals.

Adapted from lecture by Dr. Fred Tudiver, International Center for Evidence-Based Medicine



Private Sector Project for Women’s Health (PSP)

I. CME Voluntary In-class Training for GP's

- Training topics*:
 - Basic contraceptive technology
 - Advanced contraceptive technology
 - Hypertensive disorder with pregnancy
 - Bleeding during pregnancy
 - Diabetes mellitus with pregnancy
 - Abnormal uterine bleeding
 - Cervical cancer
 - Violence against women



* To date PSP provides 22 topics

Clinical Skills Improvement

Training Topic	Actual Project Cumulative	End of Project Target
Clinical breast exam	279	379
IUD insertion (female MDs)	97	148
Ultrasound (female MDs)	208	258
Pap smear (female MDs)	176	226

II. QA and Certification Program



- **PSP with Jordan Medical Council developed Quality Assurance (QA) and Certification Program**
- **Clinical guidelines meeting international standards for:**
 - **Family Planning (FP)**
 - **FP for Specific Medical and Personal Conditions**
 - **Breast Cancer – Clinical Exam**
 - **Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI)**
- **Participating physicians are mainly female General Practitioners, Family Doctors and OB/Gyn specialists**

Steps in Certification Process

- **Step 1: Orientation in guidelines and standards expected**
- **Step 2: Assessment of physicians and facilities using**
 - a. **Post test**
 - b. **Self assessment questionnaire**
 - c. **Facility checklist**
 - d. **Standardized patients**
 - e. **Models**
- **Step 3: Recognition and reward**



Clinical Skills Assessment



Results of Qualitative Evaluation - 2009

1. Participating MDs provide essential RH/FP services to poor, vulnerable & underserved populations
2. MDs are highly positive about the impact the QA program has had on improving the quality of care of their services
3. Routinely follow the protocols developed by PSP
4. Have access to important new clinical information and resources materials
5. Helped reduce their professional isolation



Mystery Client Study 2009

- Assessment of provider counseling and clinic resources
- Key findings:
 - 93% counseled patient in private area
 - 97% addressed rumors or misconceptions regarding FP methods
 - 83% had cover for examination bed
 - 100% had capacity for patients and staff to wash hands
- Areas for improvement:
 - 30% did not ask patient to describe her reproductive plans
 - 1 MD recommended that no method be used despite woman's wish to delay next pregnancy
 - COC was recommended to mystery client who had medical contraindications (age, smoking, migraine with aura)

What Else Do We Know About Physicians' Learning?

- **Life-Long Learning**

- **Strongest predictor of clinical knowledge is clinician's year of graduation**

Evans et al. JAMA 1984; 255: 501-4

- **Knowledge scores remained constant for those trained in lifelong learning (Evidence Based Medicine style) but declined in those not EBM trained**

Shin et al. CMAJ 1993; 148: 969-76

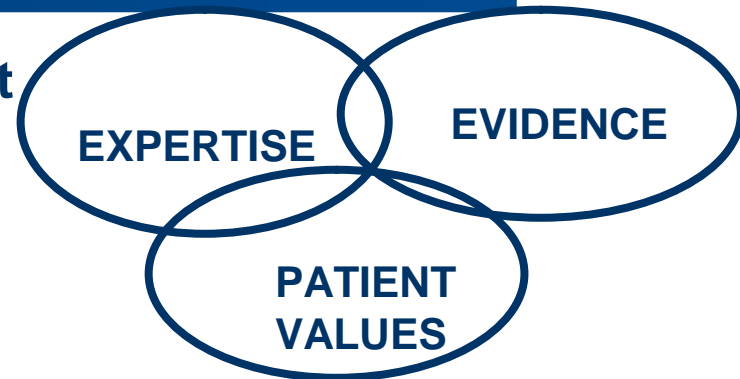
Adapted from F. Tudiver talk



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III. Evidence Based Medicine

- EBM is the integration of the best research evidence with clinical expertise and patient values.



- EBM changes the paradigm from expert opinion to evidence
- **Critically Appraised Topics (CAT)**
 - Developed by doctors at Oxford University
 - Standardized brief summary of the evidence
 - Useful product for promoting FP
 - Can discuss benefits, myths, safety of FP

Declarative title

There is no evidence supporting an association between COCs and weight gain.

Conclusion

A systematic review of randomized controlled trials suggests that there is no evidence available to determine the effect of COCs on the weight, neither an association between weight gain in women and use of combined oral contraceptives.

Conclusion

Clinical Question

Do women taking combination oral contraceptives have greater weight gain than women not taking them?

The question

Search Terms

Contraceptives, oral contraceptives, contraception, weight gain.

Citation

Gallo MF, Lopez LM, Grimes DA, Schulz KF, Helmerhorst FM. Combination contraceptives: effects on weight. (Cochrane Review). In: The Cochrane Library, Issue 1, 2006. Oxford: Update Software.

The article used

Object of research

Use of combined oral contraceptives compared to another combined oral contraceptive or a placebo.

Subject of research

Change in weight

Study Features

This systematic review evaluated the association between COCs and weight change. 570 randomized controlled trials comparing COC use to placebo or a second COC were found. After eliminating those studies that failed to follow patients beyond three cycles of therapy and those that with insufficient data regarding weight change, a final analysis was performed on 44 studies.

Change in weight

Study Features

This systematic review evaluated the association between COCs and weight change. 570 randomized controlled trials comparing COC use to placebo or a second COC were found. After eliminating those studies that failed to follow patients beyond three cycles of therapy and those that with insufficient data regarding weight change, a final analysis was performed on 44 studies

- The combined oral contraceptives evaluated in the 44 trials included 18 progestins and 3 estrogens. Sample sizes ranged from 20 to 5654 patients (median number 143). The duration of the studies ranged from 3-24 treatment cycles though most were included between 6 and 12 cycles.
- The eligibility criteria for the participants varied among the trials with most trials recruiting healthy women of reproductive age without contraindications to oral contraceptive use.

Study
Methods

The Evidence

- The three placebo-controlled, randomized trials did not find evidence supporting a causal association between combination oral contraceptives or a combination skin patch and weight gain.
- Most comparisons of different combination oral contraceptives showed no substantial difference in weight gain.
- Though most studies show no substantial difference in weight gain, in a study involving drospirenone and desogestrel, there was a significant difference between the two groups.

The
Evidence

(Comment: This difference may be due to drospirenone's action in reducing fluid retention.) However, the majority of women in both groups stayed within 2 kg of their baseline weight.

Synchronizing Messages through the EBM Program

- With Bayer Schering Pharma formed cost sharing partnership to increase use of hormonal contraceptive methods
- Speakers were trained to use EBM approach in interactive roundtable seminars for GPs and Specialists; first focus- COCs
- Trained medical representatives reinforce messages using CATs in their detailing visits to doctors
- Synergized COCs messages through outreach to women's homes, mass media and print

CATs Topics-COC

Benefits:

1. Acne
2. Benign breast masses
3. Ovarian cancer
4. Premenstrual Syndrome

Myths:

1. Breast cancer
2. Weight gain
3. Infertility

IV. Continuing Medical Education

From Voluntary to Mandatory – the Bridge to Quality

- Desired result of CME: a progressive change in practice behavior, attitudes, and development of skills and competencies to reflect new medical knowledge
- Accreditation Council for CME (ACCME):
“Highest level of evidence shows CME effective.....
.....connects current practice to best practice”
- Formalizing a CME system in Jordan:
 - Benchmarking to international standards
 - Legal mandate for all practicing physicians
 - Standards and guidelines to accredit CME institutions and courses
 - Formal tracking system for physicians’ CME credit

Comprehensive approach

- Increasing quality of services important to increasing health care utilization
- Educating providers is not sufficient: BCC helps to increase demand and promote healthy lifestyle choices
- Community outreach workers conduct home visits to discuss women's health and provide free vouchers and referrals
- FP/RH integrated with early detection of breast cancer and addressing domestic violence against women



Outreach to homes & referral



Early detection of breast cancer



Domestic violence: advocacy, detection & referral



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Questions?

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