 unify the evaluative procedures and involve peers for increasing use of guidelines in daily practices

To the Editor:

Recently, Mazmanian et al. have shown the impact of continuous medical education (CME) interventions for increasing the use of clinical practices guidelines (CPGs) in daily practices and illustrated the important issue of physician adherence to CPGs. In France, the main interventions intended to change physicians’ behavior and daily practice are included in the evaluation of medical practices (EMP) step. The EMP is a key feature of continuous quality improvement, and its aim is to help doctors to reflect on their own practices and enhance adherence to CPGs. Beginning in 2005, EMP has been a legal obligation, and French physicians have to continually evaluate their practice.

Due to the development of evaluative processes (ie, certification, accreditation of medical teams, EMP, and CME), confusion regarding who is responsible for these procedures has occurred. Many organizations are involved in the EMP (eg, hospital medical committees, specialty societies, French National Institute of Health, and private organizations), some of which are neither acknowledged nor recognized by practicing physicians.

Recently, the Ministry of Health tried to simplify EMP procedures. A first effort was made to unify EMP with the CME program. Thereafter, attempts have been made to involve medical specialty societies in the implementation of the EMP. Indeed, EMP is a “professional thing,” and the involvement of medical specialty societies in EMP is a key component of its success. The influence of medical specialty societies is probably the most important contributor to doctors’ behavioral changes. In a study carried out in 2005, we found that hospital physicians generally valued guidelines and hence adhered to them, according to their promoter, more than to the scientific consistency of guidelines.

Medical specialty societies were considered the most reliable promoter and were also the main vector of guideline dissemination. Indeed, physicians became aware of guidelines through their medical specialty society followed from afar by medical congresses, hospital colleagues, and medical publications. According to our results, peers and, particularly, medical specialty societies play a key role in informing doctors about medical guidelines in France.

We propose that the involvement of medical specialty societies also contributes to the success of EMP activities, as has been demonstrated in the literature. Grol1 has recommended targeting each specific kind of medical professional to achieve the best integration of CPGs and to have a real impact on clinical practices. Starting with this viewpoint, the national health agencies should integrate medical specialty societies into the EMP development process to enhance the participation of medical professionals in peer teaching activities, which are still an under-recognized source of education in the medical education continuum.

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Financial/nonfinancial disclosures: The authors have reported that no financial conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

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DOI: 10.1378/chest.09-0836

References


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CHEST / 136 / 4 / OCTOBER, 2009