

## Physicians' Use of Clinical Guidelines – and How to Increase it.

*Most physicians do not use guidelines consistently but could be influenced to do so.*

Harris Interactive recently conducted a survey of practicing physicians for the New England Healthcare Institute on their use and non-use of clinical guidelines with a special focus on how their use of guidelines might be increased. According to the study, the use of clinical guidelines is still not standard practice with many physicians and the survey findings strongly suggest several different ways that would increase guideline use substantially.

Those who do routinely use guidelines are most likely to be physicians considering treatment in a hospital or inpatient setting. Physicians' general views on clinical guidelines are mixed, and such factors as time involved to find or implement appropriate guidelines, and lack of awareness of relevant guidelines are cited as the most common impediments to their use.

However, opportunities do exist to greatly increase the awareness and usage of clinical guidelines. According to these findings, both greater awareness and communication of guidelines, and increased financial incentives would positively impact guideline use by physicians. The study shows that financial incentives are a strong motivator of behavior change when it comes to consistently using clinical guidelines.

It is also significant to note the variability in usage by specialty. The majority of cardiologists are much more likely to routinely use clinical guidelines than are primary care physicians or other specialties. Orthopedists are much less inclined to use guidelines unless patient safety is a significant element of their decision.

The survey is based on a nationwide sample of 231 practicing physicians who were surveyed online between April and May, 2007. The sample included oversamples of orthopedists and cardiologists but the data was weighted to provide a nationwide cross-section of all practicing physicians. In total Harris Interactive interviewed 78 primary care physicians, 50 Cardiologists, 50 Orthopedists and 53 other specialists.

### Use and Non-use of Guidelines

Most practicing physicians do not use clinical guidelines "in most cases." However a substantial 44 percent claim to do so "consistently" and most others are either "planning" to do so (12%) or are "considering" using them (26%).

About a quarter (27%) of all practicing physicians claims to use guidelines three times a day or more often. A further 27 percent report using them between 4 and 11 times a week.

Among those who use guidelines the most frequent situations in which they use them are when considering treatments in hospital settings (80%), when counseling patients in preventive care (66%), when considering treatments in outpatient settings (62%) and in diagnosis (53%).

The reasons given most often for not using guidelines are that the diagnosis was not clear (48%), the belief (accurate or inaccurate) that there were no relevant guidelines (44%), the inconvenience of using them (37%) and disagreement with the guidelines (33%).

**Table 1**  
**Current Use and Possible Future Use of Guidelines**

“Physicians sometimes find it difficult to follow clinical guidelines for most cases. For most cases means consistently taking the steps described in clinical guidelines. Please find the statement that best describes the way you feel right now about using clinical guidelines for most cases.”

Base: All Practicing MDs

	Total
	%
No, I do not use and right now am not considering using clinical guidelines for most cases.	18
No, I do not use but right now am considering using clinical guidelines for most cases.	26
No, I do not use but right now am planning to start using clinical guidelines for most cases.	12
Yes, right now I consistently use clinical guidelines for most cases.	44

**Table 2**  
**Frequency of Using Clinical Guidelines**

“How often do you use clinical guidelines when treating patients?”

Base: All Practicing MDs

	Total
	%
Never	4
Less than once a week	14
2-3 times a week	29
4-6 times a week	16
7-11 times a week	11
3-4 times a day	12
5-6 times a day	5
More than 6 times a day	10
<b>“Frequent Users” ( 3 times a day or more often)</b>	<b>27</b>

**Table 3**  
**Those Who Often Use Guidelines in Four Different Situations**  
“How often do you use clinical guidelines in the following situations? (Often/Always)”

Base: Those Who Use Guidelines

	Total
	%
When considering treatments in an inpatient/hospital setting	80
When counseling patients on preventative care	66
When considering treatments in an outpatient/office setting	62
When diagnosing patients (including reviewing test results or diagnostics)	53

**Table 4**  
**Most Common Reasons for Not Using Guidelines**  
“When you have not used clinical guidelines in the past what were your reasons for not using them?”

Base: All Practicing MDs

	Total
	%
The diagnosis was not completely determined	48
I was not aware of any relevant clinical guidelines	44
It was not convenient	37
I did not agree with them	33
I did not think they would produce the desired outcome	29
My office did not have the technology to properly implement them	23
I was not being reimbursed for activities related to guideline implementation	20
They conflicted with how I currently practice medicine	18

### Attitudes to Guidelines

The level of knowledge of guidelines varies widely. About a third (35%) of practicing physicians describe themselves as extremely or very knowledgeable, but another third (36%) describe themselves as only somewhat or not very knowledgeable.

However – and in apparent contradiction with some of the other replies given in the survey – fully 72 percent of practicing physicians claim that clinical guidelines have a strong influence on their choice of therapy.

Personal experience (89%) tops the list of factors determining therapies, ahead of clinical guidelines, peer-reviewed journals (67%) and formal education (58%).

Many physicians hold both positive and negative views of the use of guidelines. On the one hand most physicians believe they improve clinical outcomes (67%) and lead to appropriate utilization of services by their patients (63%). However a quarter of physicians believe that guidelines undermine their autonomy (25%), that they are rarely helpful (23%), that their own experience and training is more useful (26%) or that guidelines are too broad to be implemented as a standard approach (30%).

Ease of use and the time involved are clearly big issues. Most physicians believed they would be less likely to use them “if they required more effort” (68%) to find them or to access them. A third (32%) believes they would use guidelines more often if they had the time. Looking forward to the next three to five years, most physicians (67%) believe clinical guidelines will have a strong influence on their clinical decision-making, with even more (77%) mentioning evidence-based medicine.

**Table 5**  
**Knowledge of Guidelines**  
“How knowledgeable are you about clinical guidelines?”

Base: All Practicing MDs

	Total
	%
Extremely/Very knowledgeable	35
Extremely knowledgeable	9
Very knowledgeable	26
Knowledgeable	29
Somewhat/not very knowledgeable	36
Somewhat knowledgeable	34
Not very knowledgeable	2

**Table 6**  
**Factors With Strong Influence on Therapy Decisions**  
“When deciding on a course of therapy, how much influence does each of the following factors have on your final decision?”

Base: All Practicing MDs

	Total
	%
Personal experience	89
<b>Clinical guidelines</b>	<b>72</b>
Peer reviewed journals	67
Formal education (i.e., medical school)	58
Discussion with peers	56
Residency training	55
Witnessing others doing it	27
Detailing from Sales Representatives	8

**Table 7**  
**Attitudes to Guidelines: Those Who Agree With 14 Statements**  
“How much do you agree or disagree with the following statements?”  
*Agree strongly or somewhat*

Base: All Practicing MDs

	<b>Total</b>
	%
I would be less likely to use clinical guidelines if they required more effort for me to find them	68
I would be less likely to use clinical guidelines if they required more effort for me to access them at the time they are needed	68
Guidelines improve clinical outcomes for my patients	67
Guidelines lead to appropriate utilization of healthcare services by my patients	63
I would be less likely to use clinical guidelines if they required more effort for me to read them	52
I believe that experimenting with treatments other than what is in clinical guidelines can lead to innovation	49
Guidelines increase efficiency and save money	49
It would make me feel more empowered if I could order medical services different than what’s in the clinical guidelines	41
I would use guidelines more often if I had time	32
Guidelines are too broad to be implemented as a standard approach	30
My own experience and training will yield better outcomes for my patients than guidelines would	26
Guidelines undermine my own autonomy as a physician	25
Guidelines are rarely helpful because each patient or situation is different	23
I tend to use guidelines because my past experience with them did not help my patients	18

**Table 8**  
**Factors Likely to Have a Strong Influence on Therapy in Next 3 to 5 Years**  
“How much influence do you think each of the following trends will have on your clinical decision-making in the next 3 to 5 years?”  
*Strong or very strong influence*

Base: All Practicing MDs

	<b>Total</b>
	%
Evidence-based medicine	77
<b>Clinical guidelines</b>	<b>67</b>
Health Information Technology	54
Changes in reimbursement practices	39
Pay-for-performance incentives from payers	26
Consumer-directed healthcare	17

## Factors Likely to Increase Use of Guidelines

The survey findings provide many suggestions for factors which advocates of the greater use of guidelines might use. In many cases these relate to how guidelines are communicated to physicians. Large majorities believe they would be more likely to use them if they “are relevant to the way I practice medicine” (88%), if they were “written by credible sources” (82%), used “sound methodology” (79%), were “independent of commercial interests” (77%) and were “highly recommended” (71%). In so far as guidelines already satisfy these requirements – as many of them surely do – **these responses strongly suggest the need for greatly improved communications with physicians** about how guidelines are developed and approved.

As regards actual changes in how guidelines are communicated, half of all practicing physicians believe they would be more likely to use guidelines if **they were incorporated in their order entry systems**.

As regards the guidelines themselves, fully 83 percent of physicians believe they would follow guidelines for a specific therapy **when evidence is shown comparing different therapies**. Other factors which would encourage greater use include **information on the safety** of recommended therapies (61%), or when the **cost of recommended therapies are significant** elements of their decisions (45%).

**Table 9**  
**Factors Which Would be Likely to Increase Use of Guidelines**

“Would you be any more likely to use clinical guidelines if the following were true?”  
*More/much more likely to use*

Base: All Practicing MDs

	Total
	%
The findings are relevant to the way I practice medicine	88
It was written by credible sources	82
It has a sound methodology (e.g. risk adjusted)	79
It is considered independent of commercial interests	77
It is highly recommended	71
The approach is shown to be cost effective	67

**Table 10**  
**Factors Which Would Increase Use of Guidelines**

“Would you be any more likely to use clinical guidelines if they were communicated to you in the following manner?”  
*Much more, or more likely*

Base: All Practicing MDs

	Total
	%
On a physician order entry system	50
Published journal	43
Hard copy/paper	38
A customized email	31

**Table 11**  
**Likelihood of Following Guidelines in Six Circumstances**

“How likely would you be to follow clinical guidelines that recommend a specific medication therapy?”  
*Very or somewhat likely*

Base: All Practicing MDs

	Total
	%
When evidence is shown comparing the recommended medication therapy to other options	83
When safety of the recommended medication therapy is a significant element of the decision	61
When costs of the recommended medication therapy are a significant element of the decision	45
When it involves a patient registry to track and manage patients on the recommended medication therapy	34
When it is unclear if the recommended medication therapy is cost effective	22
When the recommended medication therapy conflicts with my current practice	15

## Impact of Public and Patient Access to Information on Physicians Compliance with Guidelines

Some physicians believe that if reports on their compliance with guidelines were available to the public, they would be much more likely (14%) or somewhat more likely (36%) to use them.

Similar percentages believe that patient access to their compliance reports would increase their compliance.

**Table 12**  
**Impact on Use of Public Access to Reports on Physician Compliance**

“To what extent, if at all, would reports of your compliance with clinical guidelines accessible on the internet by everyone increase your likelihood to consistently use clinical guidelines?”

Base: All Practicing MDs

	Total
	%
Much more likely	14
Somewhat more likely	36
Slightly more likely	26
No more likely	24

**Table 13**  
**Impact on Use of Patients' Access to Reports on Physician Compliance**

“To what extent, if at all, would reports of your compliance with clinical guidelines accessible by patients increase your likelihood to consistently use clinical guidelines?”

Base: All Practicing MDs

	Total
	%
Much more likely	12
Somewhat more likely	33
Slightly more likely	25
No more likely	30

## Potential Impact of Time and Incentives on Guidelines Use

Pay for Performance (P4P) is a hot topic these days. The results of this survey strongly suggest that **financial incentives to physicians who follow guidelines could have a substantial impact.** On the other hand a major disincentive is if it takes more time to follow guidelines (as shown in Table 7). The survey shows that **as the size of the incentive increases – from 2 percent to 9 percent to 20 percent – so utilization is likely to grow rapidly** even where it takes ten minutes longer to use them.

It would of course be surprising if this were not the case. Physicians, as a group, respond to economic incentives just like every other group.

**Table 14**  
**Impact on Guideline Use if it Added Ten Minutes More Time and 2% Higher Reimbursement**

“If complying with a clinical guideline for Medicare patients required an additional 10 minutes of work per patient on the part of you or your staff, to what extent would a 2% of total Medicare reimbursement bonus for being compliant with the clinical guideline increase your likelihood to consistently use it?”

Base: All Practicing MDs

	Total
	%
Much more likely	5
Somewhat more likely	14
Slightly more likely	32
No more likely	49

**Table 15**  
**Impact on Guideline Use if it Added Ten Minutes More Time and 9% Higher Reimbursement**

“If complying with a clinical guideline for Medicare patients required an additional 10 minutes of work per patient on the part of you or your staff, to what extent would a 9% of total Medicare reimbursement bonus for being compliant with the clinical guideline increase your likelihood to consistently use it?”

Base: All Practicing MDs

	Total
	%
Much more likely	16
Somewhat more likely	35
Slightly more likely	36
No more likely	13

**Table 16**  
**Impact on Guideline Use if it Added Ten Minutes More Time and 20% Higher Reimbursement**

“If complying with a clinical guideline for Medicare patients required an additional 10 minutes of work per patient on the part of you or your staff, to what extent would a 20% of total Medicare reimbursement bonus for being compliant with the clinical guideline increase your likelihood to consistently use it?”

Base: All Practicing MDs

	Total
	%
Much more likely	48
Somewhat more likely	33
Slightly more likely	15
No more likely	4

### Differences by Specialists

The survey allows for a comparison between primary care physicians and specialists and, because of oversampling of orthopedists and cardiologists. **Cardiologists are found to be much more likely to use guidelines than other specialists and than primary care physicians. Orthopedists are much less likely to use them.**

No doubt there are strong reasons in the differences between their practices to explain these differences. However even though they are less frequent users of guidelines, most orthopedists refer positively to the use of guidelines and the likelihood of following them when safety is a significant element of their decision making.

**Table 17**  
**Some Differences by Specialty**

	All MDs	Primary Care	Orthopedists	Cardiologists	Other Specialists
	%	%	%	%	%
Consistently use guidelines for most cases	44	47	25	70	34
Frequent use of clinical guidelines (3 times a day or more often)	27	31	23	47	12
Knowledge of clinical guidelines (extremely/very knowledgeable)	35	28	19	48	45
Influence of clinical guidelines (very strong or strong)	72	77	67	78	63
Likelihood of following clinical guidelines when safety of recommended medication is a significant element of decision (very or somewhat likely)	61	59	73	67	58
Inclusion of clinical guidelines on a physician order entry system would be likely to increase use	50	51	44	40	56
Increased likelihood of use of guidelines if patients have access to reports of your compliance	45	38	39	52	52

## Methodology

- This survey was conducted online among primary care physicians and specialists.
- Physician sample was obtained through the Harris Interactive physician panel. Survey duration was 20 minutes.
- A qualified respondent was currently: in practice for at least 2 years, works in an office or clinic, not affiliated with an integrated health system and is either a specialist (Cardiologist, Gastroenterologist, General Surgeon, Neurologist, Oncologist, Orthopedist, Rheumatologist, or Urologist) or a primary care physician (Family Practice/General Practice/Internal Medicine).
- A total of 231 interviews were conducted for this report:
  - 78 Primary Care Physicians (Family Practice/General Practice/Internal Medicine)
  - 50 Orthopedists
  - 50 Cardiologists
  - 53 Other specialists: Gastroenterologist (19), General Surgeon (1), Neurologist (14), Oncologist (4), Rheumatologist (1), Urologist (14)

*These statements conform to the principles of disclosure of the National Council on Public Polls.*

The New England Healthcare Institute report “Improving Physician Adherence to Clinical Practice Guidelines: Barriers and Strategies for Change” is available on their web site – [www.nehi.net](http://www.nehi.net).

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