Variation exists in the delivery and outcomes of health care

In England, per year:

>7000 strokes could be prevented

2100 lives saved

with better adherence to recommended management of atrial fibrillation
A cluster randomised evaluation of an adaptable implementation strategy targeting ‘high impact’ indicators in primary care

Tom Willis (t.a.willis@leeds.ac.uk)

Suzanne Hartley, Liz Glidewell, Amanda Farrin, Michelle Collinson, Michael Holland, Paul Carder, Cheryl Hunter, David Meads, Laetitia Schmitt, Claire Hulme and Robbie Foy
ASPIRE intervention: core components

1. Audit and feedback
   - Feedback
   - Knowledge
   - Awareness of consequences
   - Social influence
   - Suggestions for action

2. Educational Outreach
   - Knowledge/ reinforcement
   - Identify and address barriers
   - Social influence
   - Goal setting
   - Facilitated action planning

3. Computerised prompts
   - Address barriers (resources/skills)
   - Reinforcement

ACTION PLANNING

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<tr>
<th>WHO</th>
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WHERE | WHEN

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<td>Intervention</td>
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<td><strong>Risky prescribing</strong></td>
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<td><strong>Anticoagulation in atrial fibrillation</strong></td>
<td>Control</td>
<td>Intervention</td>
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Diabetes control

Risky prescribing reduced:
6.0% v 4.9%; OR 0.81 (97.5% CI 0.67 to 0.99)

Blood pressure control

Anticoagulation in atrial fibrillation
Multifaceted implementation package effective in reducing incidence of risky prescribing; likely reductions in avoidable mortality, admissions and deaths

Pragmatic trial: findings likely to be applicable to wider UK general practice

Lack of impact upon other outcomes in large part likely due to differences in nature of targeted behaviours
Disclaimer

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The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health