

# Pragmatic trials of complex interventions in primary care

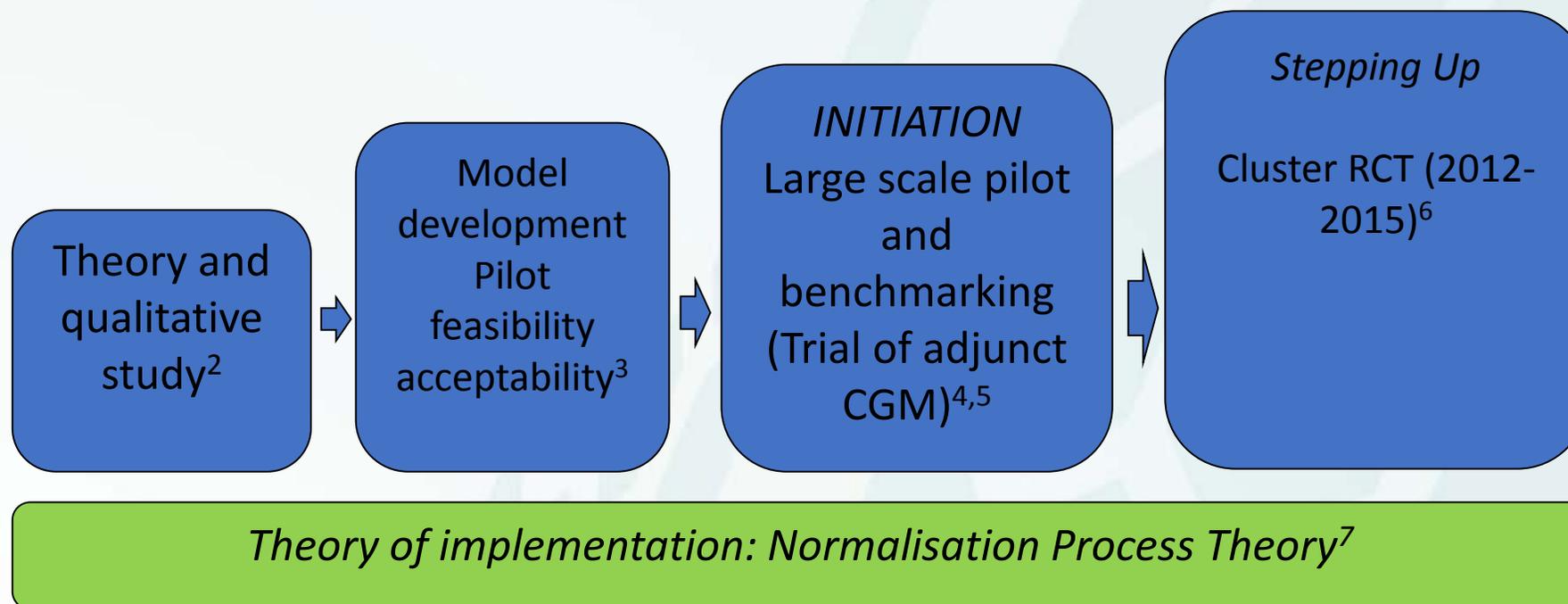
An example from Australian General Practice

John Furler, University of Melbourne

# What makes an intervention complex?<sup>1</sup>

- Number of interacting components within the experimental and control interventions
- Number and difficulty of behaviours required by those delivering or receiving the intervention
- Number of groups or organisational levels targeted by the intervention
- Number and variability of outcomes
- Degree of flexibility or tailoring of the intervention permitted

# A translational research program on insulin initiation in GP



# Stepping Up model of care



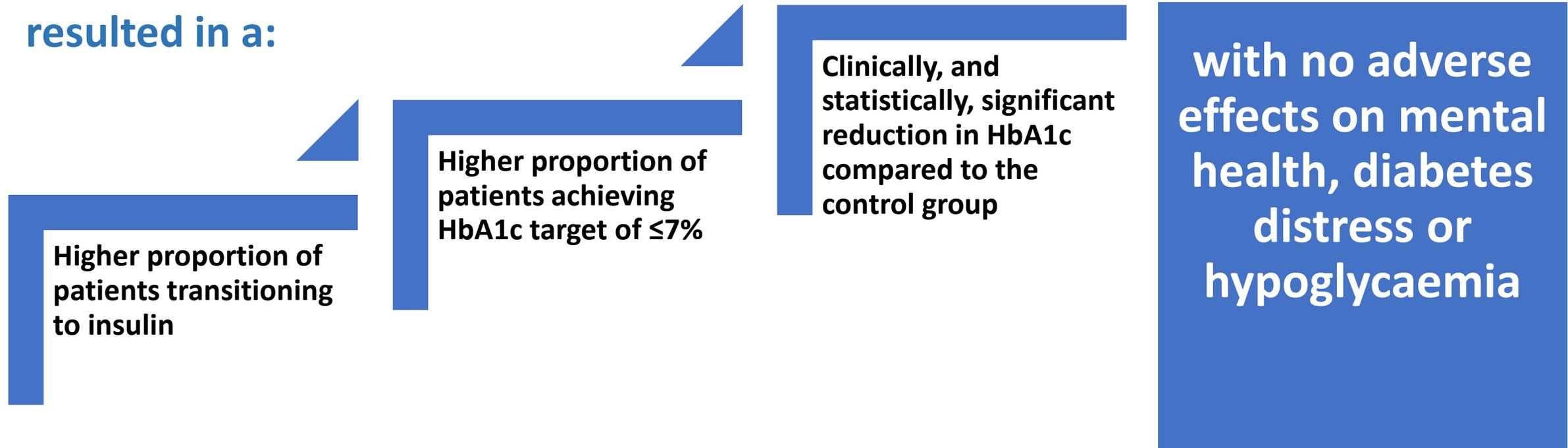
**Education for general practitioners (GPs) and practice nurses (PNs).**

**Simple algorithms & protocols to guide insulin initiation & titration**

**Enhanced role for the PN, in collaboration with the GP, in leading dialogue with patients about possible insulin initiation.**

**A reoriented role for the specialist RN-CDE in mentoring of the PN rather than providing direct patient care**

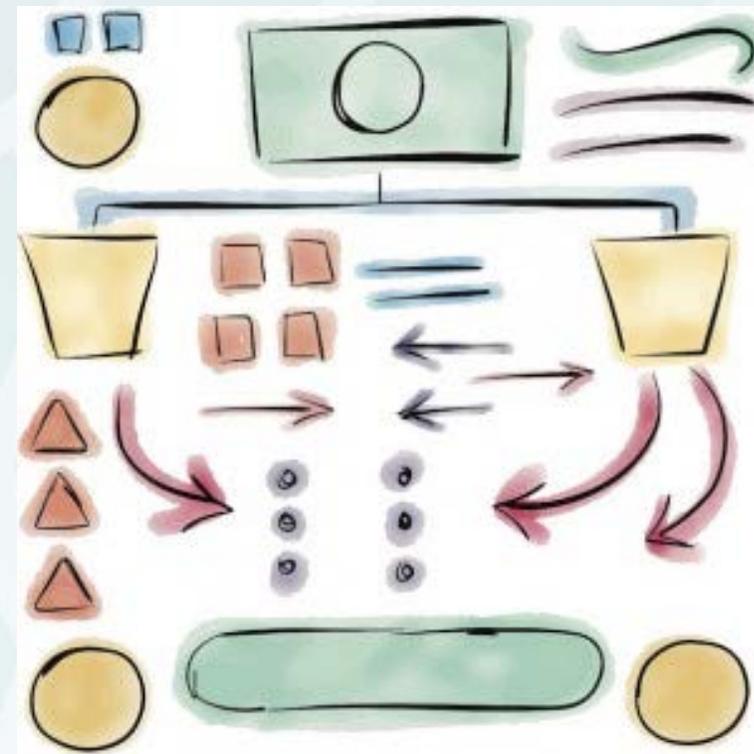
## The Stepping Up intervention resulted in a:



***With appropriate supports, resources and practice-system redesign, clinical inertia can be overcome<sup>8</sup>***

## Implications for practice and research<sup>9</sup>

- Widely varying implementation across sites
- Professional cultures & historical relationships between professional groups are influential
- Complex interventions: Is standardisation the enemy of effectiveness?
- Wider translation into practice will require flexibility



## To become part of routine practice, complex interventions need....

### Coherence:

- To make sense to patients and clinicians

### Cognitive participation:

- To support communities of practice (patients and clinicians)

### Collective action:

- To be workable in day-to-day practice

### Reflexive monitoring:

- Open to appraisal by patient and clinician as a new way of working

### And, to be sustained beyond the trial setting,

- a policy agency able to sponsor their implementation .....resource allocation and infrastructure development

<http://www.normalizationprocess.org/>

## References

1. Craig P, Dieppe P, Macintyre S, Mitchie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new medical research council guidance. *BMJ*. 2008;337:a1655.
2. Furler J, Spitzer O, Young D, Best J. *Australian family physician*. 2011; 40(8):617-21
3. Furler J, Blackberry I, Walker C, Manski-Nankervis J-A, Anderson J, O'Neal D, et al. *Family Practice*. 2014;31(3):349-56
4. Blackberry I, Furler J, Ginnivan L, Derraz H, Jenkins A, Cohen N, et al. *BMC Family Practice*. 2014;15:82.
5. Blackberry I, Furler JS, Ginnivan L, Manski-Nankervis J, Jenkins A, Cohen N, et al. *Diabetes Research and Clinical Practice*. 2014. <http://dx.doi.org/10.1016/j.diabres.2014.08.011>
6. Furler J, Young D, Best J, Patterson E, O'Neal D, Liew D, et al. *Implementation Science*. 2014;9:20
7. May CR, Mair FS, Dowrick CF, Finch TL. *BMC Family Practice*. 2007;8:42.
8. Furler J, O'Neal D, Speight J, Manski-Nankervis J-A, Gorelik A, Holmes-Truscott E, et al. Supporting insulin initiation in type 2 diabetes in primary care: results of the Stepping Up pragmatic cluster randomised controlled clinical trial. *BMJ*. 2017;356.
9. Chambers DA, Glasgow RE, Stange KC. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science*. 2013;8.