

## 2. INTERVENTIONS

EPOC reviews include professional, financial, organisational or regulatory interventions.

State all interventions for each comparison/study group. (The categories are not mutually exclusive.)

### 2.1 Type of intervention

#### 2.1.1 Professional interventions

a) Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials and electronic publications. The materials may have been delivered personally or through mass mailings.)

b) Educational meetings (Health care providers who have participated in conferences, lectures, workshops or traineeships.)

c) Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)

d) Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider(s).

e) Local opinion leaders (Use of providers nominated by their colleagues as 'educationally influential'. The investigators must have explicitly stated that their colleagues identified the opinion leaders.)

f) Patient mediated interventions (New clinical information (not previously available) collected directly from patients and given to the provider e.g. depression scores from an instrument.)

g) Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerised databases, or observations from patients.)

The following interventions are excluded:

- Provision of new clinical information not directly reflecting provider performance which was collected from patients e.g. scores on a depression instrument, abnormal test results. These interventions should be described as patient mediated.
- Feedback of individual patients' health record information in an

alternate format (e.g. computerised). These interventions should be described as organisational.

h) Reminders (Patient or encounter specific information, provided verbally, on paper or on a computer screen, which is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education; in the medical records or through interactions with peers, and so remind them to perform or avoid Page 10 checklist some action to aid individual patient care. Computer aided decision support and drugs dosage are included.)

i) Marketing (Use of personal interviewing, group discussion ('focus groups'), or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)

j) Mass media ((i) varied use of communication that reached great numbers of people including television, radio, newspapers, posters, leaflets, and booklets, alone or in conjunction with other interventions; (ii) targeted at the population level.)

k) Other (Other categories to be agreed in consultation with the EPOC editorial team.)

### 2.1.2 Financial interventions

### 2.1.2.1 Provider interventions

a) Fee-for-service (provider has been paid for number and type of service delivered)

b) Prepaid (no other description)

c) Capitation (provider was paid a set amount per patient for providing specific care)

d) Provider salaried service (provider received basic salary for providing specific care)

e) Prospective payment (provider was paid a fixed amount for health care in advance)

f) Provider incentives (provider received direct or indirect financial reward or benefit for doing specific action)

g) Institution incentives (institution or group of providers received direct or indirect financial rewards or benefits for doing specific action)

h) Provider grant/allowance (provider received direct or indirect financial reward or benefit not tied to specific action)

i) Institution grant/allowance (institution or group of providers received direct or indirect financial reward or benefit not tied to specific action)

j) Provider penalty (provider received direct or indirect financial penalty for inappropriate behaviour)

k) Institution penalty (institution or group of providers received direct or indirect financial penalty for inappropriate behaviour)

l) Formulary (added or removed from reimbursable available products)

m) Other (other categories to be agreed in consultation with the EPOC editorial team)

#### 2.1.2.2 Patient interventions

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a) Premium (Patient payment for health insurance. It is important to determine if the patient paid the entire premium, or if the patient's employer paid some of it. This includes different types of insurance plans.)

b) Co-payment (Patient payment at the time of health care delivery in addition to health insurance e.g. in many insurance plans that cover

prescription medications the patient may pay 5 dollars per prescription, with the rest covered by insurance.)

c) User-fee (Patient payment at the time of health care delivery.)

d) Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)

e) Patient grant/allowance (Patient received direct or indirect financial reward or benefit not tied to specific action.)

f) Patient penalty (Patient received direct or indirect financial penalty for specified behaviour e.g. reimbursement limits on prescriptions.)

g) Other (other categories to be agreed in consultation with the EPOC editorial team)

### 2.1.3 Organisational interventions

#### 2.1.3.1 Provider orientated interventions

a) Revision of professional roles (Also known as 'professional substitution', 'boundary encroachment' and includes the shifting of roles among health professionals. For example, nurse midwives providing obstetrical care; pharmacists providing drug counselling that was formerly provided by nurses and physicians; nutritionists providing nursing care; physical

therapists providing nursing care. Also includes expansion of role to include new tasks.)

b) Clinical multidisciplinary teams (creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients)

c) Formal integration of services (bringing together of services across sectors or teams or the organisation of services to bring all services together at one time also sometimes called 'seamless care')

d) Skill mix changes (changes in numbers, types or qualifications of staff)

e) Continuity of care (including one or many episodes of care for inpatients or outpatients)

- Arrangements for follow-up.
- Case management (including co-ordination of assessment, treatment and arrangement for referrals)

f) Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g. interventions to 'boost morale')

g) Communication and case discussion between distant health professionals (e.g. telephone links; telemedicine; there is a television/video link between specialist and remote nurse practitioners) Page 12

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h) Other (other categories to be agreed in consultation with the EPOC editorial team)

#### 2.1.3.2 Patient orientated interventions

a) Mail order pharmacies (e.g. compared to traditional pharmacies)

b) Presence and functioning of adequate mechanisms for dealing with patients' suggestions and complaints

c) Consumer participation in governance of health care organisation

d) Other (other categories to be agreed in consultation with the EPOC editorial team)

#### 2.1.3.3 Structural interventions

a) Changes to the setting/site of service delivery (e.g. moving a family planning service from a hospital to a school)

b) Changes in physical structure, facilities and equipment (e.g change of location of nursing stations, inclusion of equipment where technology in question is used in a wide range of problems and is not disease specific,



for example an MRI scanner.)

c) Changes in medical records systems (e.g. changing from paper to computerised records, patient tracking systems)

d) Changes in scope and nature of benefits and services

e) Presence and organisation of quality monitoring mechanisms

f) Ownership, accreditation, and affiliation status of hospitals and other facilities

g) Staff organisation

h) Other (other categories to be agreed in consultation with the EPOC editorial team)

#### 2.1.4 Regulatory interventions

Any intervention that aims to change health services delivery or costs by regulation or law. (These interventions may overlap with organisational and financial interventions.)

a) Changes in medical liability

b) Management of patient complaints

c) Peer review

d) Licensure

e) Other (other categories to be agreed in consultation with the EPOC editorial team).