

Using qualitative research to develop and tailor interventions

exploring the role and value of qualitative research for the development, tailoring and evaluation of interventions, through sharing good practices, discuss concerns and identify future development

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Introduction

- › Dilemmas in healthcare research
- › Developments in healthcare
 - Focus on prevention
 - Evidence Based Medicine (EBM)
 - Pragmatic modes of evaluation: Mixed Methods Research
- › Some food for thought
- › Discussion: added value of qualitative research for tailoring?

Dilemmas in Healthcare

Influence on studying and evaluating healthcare & services:

- › How to integrate and sustain complex interventions within the organisation of healthcare?
- › How to evaluate the effectiveness of complex interventions while matching the criteria of EBM and increasing dissemination and sustainability?

Developments in Healthcare: focus on prevention

prevention and health promotion

→ focus on improvement in health in populations

in history:

→ focus on improving health of entire population

→ single and simple interventions

currently:

→ focus on improving health of 'hard-to-reach' subpopulations

→ complex interventions

Developments in Healthcare: EBM

Evidence-Based Medicine

- permeating all fields in healthcare
- evidence-base in healthcare is poor
- randomised controlled trial (RCT) as 'gold standard' for establishing evidence on effectiveness and efficacy

in prevention and health promotion

- also a **growing importance** of evidence of effectiveness

but:

in prevention and health promotion **difficult** to establish evidence of effectiveness

- evaluations of complex interventions show no or minimal effect
- interventions that are effective: single and do not become embedded in routine medical practice

thus:

interventions that should fit routine medical practice **≠ not effective**

interventions that are effective **≠ do not fit routine medical practice**

Developments in Healthcare: Mixed Methods

- › strategy for improving validity and generalisability (e.g. Tones 2000, Creswell et al 2004))
 - overcoming each method's weaknesses and limitations
 - methodological sound studies

- › strategy for better understanding and interpreting growing complexities of health care and interventions (e.g. Pope and Mays 1995, Visser 2000)
 - health care more complex: more professionals, changes in health care systems
 - interventions more complex: multiple interventions targeting conglomerates of conditions

- › strategy for improving design of interventions and/or medical technologies (e.g. Lloyd 2000, Zuiderent 2002)
 - making appropriate adjustments when developing interventions
 - pragmatically tailoring interventions to better fit them to target populations and/or local practice conditions and routines
 - developing effective interventions that are sustainable in daily care

Developments in Healthcare: pragmatic evaluations

in prevention and health promotion

- search for new and pragmatic modes of evaluation
- conventional RCT too rigid

rise of the pragmatic trial methodology

- pragmatic development and implementation of interventions that fit routine medical practice
- evaluation via trial set-up to produce evidence that corresponds with practice and with scientific criteria
- addition of qualitative methods for adjustment of intervention and evaluative design

The Quattro Study; an unique project

- › tailor-made approach for improving provision of preventive services for high CVD-risk patients in primary care in deprived neighbourhoods
 - strategy “minimising intrusion into normal daily care” (document research proposal 1999)
 - considered an opportunity for primary care centres to tailor intervention to patients’ needs and organisational circumstances

- › acknowledgement of practices performing intervention differently



complementary qualitative research necessary to accommodate for adjustments to the intervention and to its evaluative design

The Quattro Study: research design

Complex intervention

→ prevention cardiovascular diseases (CVD) in primary health care centres in deprived neighbourhoods

- health educational activities, lifestyle advice, pharmaceutical treatment
- targeting hard-to-reach population, low SES
- multiple health care professionals in multidisciplinary patient care teams
- multiple primary health care centres

→ aimed to achieve reduction of risk for CVD in individual patients

→ evaluation of effectiveness



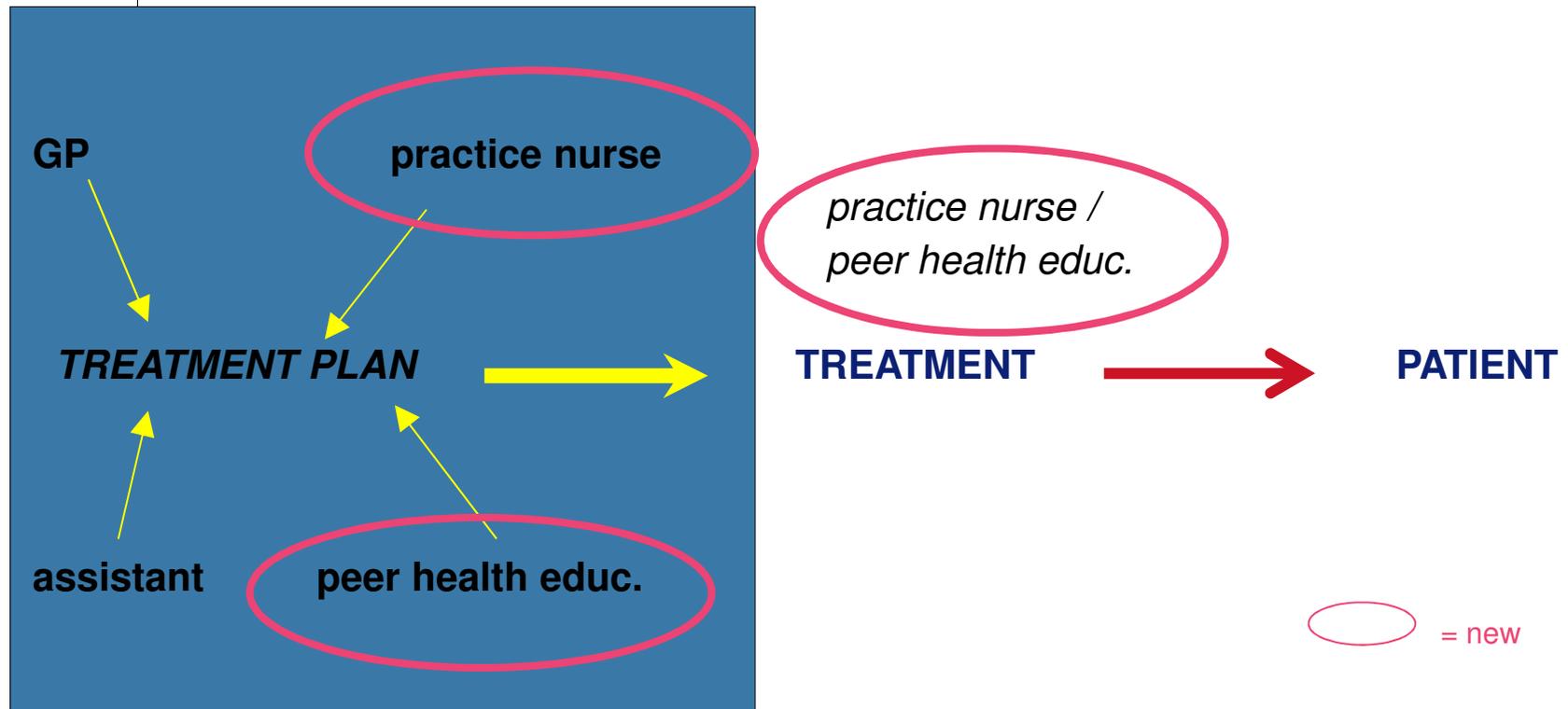
intervention group → *prevention by practice nurse / peer health educator*

control group A → *regular care by GP and assistant*

control group B = *BLIND*

The Quattro Study: new organisational structure in care

MULTIDISCIPLINARY TEAM



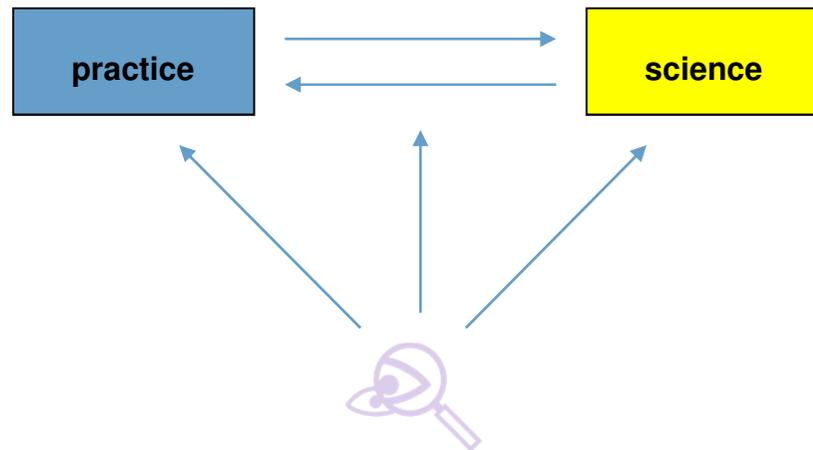
Ethnographic case study

parallel to the Quattro Study

→ action-oriented intention:

- insight into process of intervention implementation and performance
- insight into adjustments made to intervention format
- reflection on consequences for evaluative design

"[...] it is important to know the practical preconditions the intervention has to meet" (conversation project leader)



Food for thought

Indication mismatch intervention – routine medical practice

→ what is the contribution of qualitative methods?

Systematic review shows (Jansen et al 2010):

→ qual. methods used to fine tune interventions before test phase

→ qual. methods generate data on context and performance of interventions

→ used to standardise intervention performance through additional interventions on context

→ qual. methods not used to adapt evaluative design



no tailoring of intervention nor tailoring of evaluative design

Discussion: Added value of qualitative research?

- › What can we – as qualitative researchers in and alongside trials – do?
- › How do we contribute to bridge the science-practice gap?
- › Are pragmatic and practice-based evaluations as important as evidence-based evaluations?
- › What developments (such as practice-based evaluations, action-research etc.) do we see and which of them seem fruitful to explore in future?

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