

KTI 2. LOCAL OPINION LEADERS

WHAT ARE LOCAL OPINION LEADERS?

LOCAL OPINION LEADER DESCRIPTION:

- Is viewed as credible and trustworthy to their peers.
- They will be considered an influential person whose practice can be modeled by their peers.

LOCAL OPINION LEADER'S GOAL(S)

- To disseminate evidence-based practice to their peers and to facilitate the intervention's implementation by persuading their peers to incorporate it into their practice.

DIFFERENT METHODS USED BY OPINION LEADERS TO DISSEMINATE INTERVENTIONS

- Informal one-to-one teaching
- Community outreach education visits
- Small group teaching
- Face-to-face education with trained health care professionals
- Local opinion leaders sometimes used other KT interventions to help them achieve these goals (e.g. audit and feedback, reminder).

CURRENT FINDINGS FROM THE EVIDENCE

- Opinion leaders alone or in combination with other interventions may successfully promote evidence-based practice

POINTS TO KEEP IN MIND

- Across the studies, there was variability in:
 - The activities that the local opinion leader used
 - The settings
 - Outcomes measured
 - The effectiveness of the local opinion leader

SYSTEMATIC REVIEW OF THE EVIDENCE FOR LOCAL OPINION LEADERS

Source: Flodgren G, Parmelli E, Doumit G, Gattellari M, O'Brien MA, Grimshaw J, Eccles MP. Local opinion leaders: effects on professional practice and health care outcomes. The Cochrane Library. 2011 Jan 1.

EVIDENCE FROM THE SYSTEMATIC REVIEW

Description of Local Opinion Leaders	In all the studies, the Local Opinion Leader delivered an educational initiative to their colleagues/peers. For example: <ul style="list-style-type: none">• Informal discussion
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	<ul style="list-style-type: none"> • Tutorials on ward • In-service demonstration <p>Local opinion leaders delivered educational initiatives to members of their own healthcare profession, e.g. nurses provided education to other nurses.</p> <p>In some studies, the Local Opinion Leader intervention was paired with another KT intervention (e.g. audit and feedback, reminders).</p>
Setting	<p>Healthcare settings: Hospitals/inpatient, primary care practices, secondary practices</p> <p>Healthcare topic: various</p> <p>Study location: USA (n=10); Canada (n=6); China (n=1); Argentina and Uruguay (n=1)</p>
Intervention Deliverer	Physicians (primarily), nurses, and midwives
Intervention Recipient	Physicians (primarily), nurses and midwives
Quality of the Systematic Review	Low risk of bias (Assessment tool: ROBIS)
Quality of Studies Included in Systematic Review	<p>2 High quality</p> <p>6 Medium quality</p> <p>10 Low quality</p>
OUTCOMES FROM SYSTEMATIC REVIEW	
Health Care Provider Process Outcomes:	<p>Across all studies, the median level of improvement in clinician adherence to practice among those who had a Local Opinion Leader (vs. those who did not) was 12%.</p> <p>Below are the median levels of improvement in clinical adherence for the 4 different comparisons included in the review:</p> <ul style="list-style-type: none"> i) Opinion leaders compared to no intervention, +9%; ii) Opinion leaders alone compared to a single intervention, +14%; iii) Opinion leaders with one or more additional intervention(s) compared to the one or more additional intervention(s), +10%; iv) Opinion leaders as part of multiple interventions compared to no intervention, +10%.

OPERATIONALIZATION OF LOCAL OPINION LEADERS:

EFFECTIVENESS OF DIFFERENT LOCAL OPINION LEADER METHODS

- In most of the studies included in the systematic review, the role of the opinion leader was not clearly described, and it is therefore not possible to say what the best way is to optimize the effectiveness of opinion leaders.

STUDY EXAMPLE OF LOCAL OPINION LEADERS FROM THE SYSTEMATIC REVIEW:

Source: Althabe F, Buekens P, Bergel E, Belizán JM, Campbell MK, Moss N, Hartwell T, Wright LL. A behavioral intervention to improve obstetrical care. *N Engl J Med.* 2008 May 1;358(18):1929-40.

STUDY INFORMATION	
Goals of Intervention	<ul style="list-style-type: none"> • To implement a practice guideline that provides recommendations about the use of episiotomy and the management of the third stage of labor • To increase the rates of prophylactic use of oxytocin (a single 10-IU injection during the third stage of labor) and decrease rates of episiotomy in singleton vaginal deliveries
Description of Intervention	<p>Local Opinion Leader Selection</p> <ul style="list-style-type: none"> • A validated questionnaire was used to ask staff of each intervention hospital who was considered a local opinion leader • 3-6 birth attendants (physicians, residents, or midwives) were selected per hospital <p>Training Received by Local Opinion Leaders</p> <ul style="list-style-type: none"> • Attended 5-day workshop to learn about the development and dissemination of evidence-based guidelines • Details of training context: critical evaluation of the medical literature, development of clinical practice guidelines, communication skills, and methods of conducting one-on-one academic detailing visits with hospital birth attendants to discuss their views regarding implementation of the intervention at the hospital. • Had a 1-day workshop at their hospital to develop training skills <p>Activities of Local Opinion Leader</p> <ul style="list-style-type: none"> • Disseminated knowledge of the guideline among peers • Trained and visited birth attendants • Developed reminders to be placed in labor and delivery wards, inside surgical packages for birth attendants, and on clinical records • Produced monthly reports on rates of study primary outcomes • Identified barrier of implementation through discussions with birth attendants <p><i>In addition to Local Opinion Leader activities, the regional coordinators met monthly with each team to assess completion of the activities.</i></p> <p>Resources Received</p> <ul style="list-style-type: none"> • Each hospital received a computer with intervention materials installed on it to assist opinion leaders (copies of guidelines, medical journals, etc.)

	<p>Timing of Data collection</p> <ul style="list-style-type: none"> • Baseline, 3 months before randomization • Post intervention, last 3 months of 18 month intervention • Follow-up, 3 months beginning 1 year after the start of the post intervention phase
Setting	Healthcare setting: Hospitals
Intervention Deliverer	Physicians, residents, midwives
Intervention Recipient	Staff of maternity units
Quality of the Study	High quality
STUDY OUTCOMES	
Comparison	1. Local opinion leader vs. standard in-service training
Health Care Provider Process Outcomes	<p>Clinical results:</p> <ul style="list-style-type: none"> • 68% absolute increase in the prophylactic use of oxytocin during the third stage of labor • 11% absolute reduction in the use of episiotomy • 45% relative reduction in the rate of mild postpartum hemorrhage • 70% relative reduction in the rate of severe postpartum hemorrhage <p>Birth attendants' attitudes toward the active management of the third stage of labor and the use of episiotomy were changed to be in line with the recommendations of the evidence-based clinical practice guideline.</p> <p>The effects on primary outcomes were sustained 12 months after the end of the intervention.</p>