

**Title of Presentation:** Maryland Psychiatrists' Perspective on Evidence-Based Guidelines

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Adoption of evidence-based practices (EBP) is widely accepted as desirable but practitioners frequently identify barriers to adoption in their practices. In 2003 a random sample of practicing Maryland psychiatrists were sent a questionnaire on attitudes toward EBP and on specific EBP recommendations in the treatment of schizophrenia. There were 251 responses with a response rate of 57%.

Maryland psychiatrists reported being very familiar with practice guidelines. Only 16% reported not being familiar; 21% responded they were not important to use; 59% said they had not or had infrequently changed their practices as a result of guidelines; and 21% responded they were generally not ready to adopt guideline practices.

Among the 166 reporting treating patients with schizophrenia during the past year, more specific information was obtained on barriers to implementing specific schizophrenia treatment recommendations coming from the 2003 update of the Schizophrenia PORT study. When asked if the treatment recommendation was different from the usual practices of other psychiatrists in the community, those reporting "not at all different" were 60% for antipsychotic prescribing, 56% for treatment of co-occurring depression, 24% for use of cognitive behaviorally oriented psychotherapy, 19% for family education and support interventions, and 23% for supported employment. Readiness to adopt varied by specific recommendation; it was lowest among psychiatrists who reported the recommendation to differ from practice in the community and highest among those who reported the recommendation matched community practice.

Barriers to adoption of evidence-based recommendations included: 1%-12% did not agree with the content of the recommendation; 6%-31% reported their patients would be unwilling to accept the recommended care; 5%-64% reported the recommendation would be difficult to implement in their practice; 2%-15% reported the recommendation would worsen patient outcomes; 3%-45% reported not being confident that they could provide the treatment or referral; and 6%-21% reported not being ready to adopt the

recommended treatment. Responses concerning treatment of co-occurring depression and antipsychotic prescribing recommendations demonstrated the least resistance, while cognitive behavioral psychotherapies, family interventions, and supported employment were perceived to be the least acceptable to patients and more difficult to incorporate in practices. Even so, psychiatrists reported these interventions would be expected to improve outcomes. When asked about the availability of these services in their communities, a majority reported these services were difficult to obtain, specifically 67% reported family interventions difficult to obtain, 76% for cognitive behavioral therapies, and 78% for supported employment.

The survey provides insights into barriers to evidence-based treatment for schizophrenia in Maryland and identifies potential targets for enhancing adoption of treatment consistent with scientific evidence.