

9. Dissemination and implementation

This chapter will answer the following questions:

- What is the strategy to circulate and implement the guideline?
- What are the indicators for tracking the key recommendations?

9.1. Dissemination and implementation strategies

Clinical practice guidelines are useful for improving the quality of care and the results in the patients. The challenge today is to convince the professionals to follow them. For this reason, an implementation strategy aimed at breaking down the barriers that exist in the environment in which they will be applied is essential.

The plan to implement the guideline on the treatment of patients with anxiety disorders in Primary Care includes the following actions:

- Presentation of the guideline by healthcare authorities to the communication media.
- Presentation of the guideline to the directorates and sub-directorates of Primary Care and Specialized Care of the different Regional Healthcare Services.
- Institutional presentation of the guideline in collaboration with the Quality Agency of the Ministry of Healthcare and Consumption to the different scientific and professional associations involved.
- All of the presentations will highlight the materials prepared for patients in order to encourage distribution among all of the healthcare professionals, and in turn among the patients with this health problem.
- Effective distribution aimed at the professional groups involved (Primary Care doctors, nurses, and social workers, Specialized Mental Health psychiatrists, psychologists, and nurses) to facilitate Dissemination.
- Interactive presentation of the guideline in healthcare centers by local opinion leaders.
- Distribution of the guideline in electronic format through the websites of the Ministry of Healthcare and Consumers Affairs, GUIASALUD, the UETS, and the organizations involved in the project.
- Publication of the guideline in medical journals.
- Establishment of criteria for good care of anxiety patients in the program and clinical management contracts, as specified in the guideline.

- Evaluation of the effectiveness of the implementation, establishing systems to support clinical decisions, integrating the guideline and the selected indicators into the computer program used in Primary Care.

9.2. Proposed indicators

The authors of this CPG have designed a series of indicators that should be able to be measured through the Primary Care information system, for the purpose of evaluating both healthcare attention for patients with anxiety as well as the possible impact of the implementation of the guideline. It was not the intention of the authors to design an exhaustive and detailed evaluation that involves the use of all of the proposed indicators. The objective was to provide a tool for interested clinics and managers, which could be useful in the specific design of the evaluation of the care received by patients with anxiety disorders in Primary Care.

Two types of indicators are proposed:

- **Tracking indicators:** This set of indicators is intended to track the distribution of patients based on the use of the evaluation tools and treatments proposed in the guideline.
- **Compliance indicators:** These are based on the recommendations proposed in this guideline, and therefore on the available scientific evidence and the consensus of healthcare professionals. Although the proposed compliance standards should be 100%, the reality of the context of PC was taken into account when establishing these standards.

Evaluation criteria	Tracking indicators
1. Anxiety diagnosis	Percentage of patients with Generalized Anxiety Disorder, Panic Disorder, and/or Panic Attacks, out of the overall number of patients attended in Primary Care
2. Treatment options	Of the patients with Generalized Anxiety Disorder, Panic Disorder and/or Panic Attack, the number who receive psychological, pharmacological, combined (psychological and pharmacological), or other treatments
3. Use of scales	Percentage of patients with Generalized Anxiety Disorder, Panic attack and/or Panic Attack who are being evaluated with the scales proposed in this guideline
4. Referral to Specialized Mental Health Care	Percentage of patients with Generalized Anxiety Disorder, Panic Disorder, and/or Panic Attacks, referred to Specialized Care out of the overall number of patients with these disorders attended in Primary Care

Good practice criteria	Compliance indicators	Standard
1. Anxiety diagnosis	1. Percentage of patients diagnosed with Generalized Anxiety Disorder following the clinical criteria established in this guideline 2. Percentage of patients diagnosed with Panic Disorder with/without Agoraphobia following the clinical criteria established in this guideline 3. Percentage of patients diagnosed with Panic Attack following the clinical criteria established in this guideline	90%
2. Information for the patient	1. Percentage of patients with anxiety orders to whom the information on their disorders is offered: treatment options, evolution, and handling of anxiety, reflected in the guideline	100%
3. Treatment options	1. Percentage of patients with Generalized Anxiety Disorder, Panic Disorder and/or Panic Attack, who receive psychological treatment according to the proposed criteria 2. Percentage of patients with Generalized Anxiety Disorder, Panic Disorder and/or Panic Attack, who receive pharmacological treatment according to the proposed criteria 3. Percentage of patients with Generalized Anxiety Disorder, Panic Disorder and/or Panic Attack, who receive other treatments (self-help, medicinal herbs) according to the proposed criteria	80%
4. Referral to Specialized Mental Health Care	1. Percentage of patients with Generalized Anxiety Disorder, Panic Disorder and Panic Attack referred to Specialized Care based on the criteria proposed in this guideline	80%