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Non-compliance on the part of the professional community with a national guideline: An argumentative policy analysis

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Abstract

In 1997, the National Health Insurance Board of the Netherlands (CVZ) introduced a guideline for the use of a new anti-epileptic drug, Lamotrigine. The goal was to limit the use of this relatively expensive drug to patients with difficult-to-treat epilepsy. A survey had shown that only a minority of neurologists were familiar with the guideline, and even fewer applied it in practice. In the present study, interviews were held with stakeholders to obtain a better understanding of why this policy measure failed. The results indicate that the problem definitions of policy maker and practicing neurologists differed widely, and that the policy measure was conflicting with certain professional beliefs. In such cases, the theory of argumentative policy predicts that policy is unlikely to succeed, unless policy makers take actions to ensure a greater congruence in interpretative frames between them and their target population.
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Keywords: Health policy; Argumentative policy analysis; Anti-epileptic drug; Guideline development and implementation

1. Introduction

The intractable problems associated with the implementation of public policy are well known [1–3]. On the basis of an analysis of the nature and causes of these problems, policy scientists have argued that policy should be conceived as an instance of co-production between policy makers and the target audience [4,5]. A key feature of this argumentative policy theory is the recognition that different stakeholders may define policy problems quite differently, leading to different and sometimes opposing appreciations of proposed solutions. Differences in problem definition may, in turn, be related to differences in background theories and preferred ways of social organisation. Such ensembles are usually referred to as appreciative system or interpretative frame [6,7]. In this concept of policy, it is crucially important to identify the target audience (Whose co-operation is necessary to make this policy successful?) and to identify their interpretative frames (How do they define the problem and how does this relate to other elements of their appreciative system?). Argumentative policy theory predicts that when there

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is evidence of insufficient congruence in problem definition between policy makers and target audience, implementation is likely to fail. In order to succeed, policy should also be directed towards achieving better congruence in problem definition. In other words, it should also be aimed at inducing a process of social learning. This may require adjustment on the part of policy makers, target audience, or both, and may entail reconsideration of policy options, evaluation criteria, or underlying assumptions and preferences [8].

In this paper, we present the results of an argumentative policy analysis of a specific health care policy, enacted by the National Health Insurance Board in The Netherlands. This board is an advisory body to the Ministry of Health on coverage issues. In 1997 it issued a protocol for the use of a novel anti-epileptic drug, Lamotrigine, in which the use of Lamotrigine was restricted to difficult-to-treat patients. For reimbursement, Lamotrigine needs to be prescribed in accordance with the protocol. This initiative was taken since the costs of the new drug were substantially higher than those of conventional drugs, while there was no clear evidence that it had stronger anti-epileptic effect. The gist of the protocol was that the novel drug should be prescribed only to patients who show insufficient response or unacceptable side effects to (combinations of) conventional drugs. The protocol was issued to prevent that Lamotrigine would substitute conventional anti-epileptic drugs on a wide scale, with cost control as a major motive. The protocol was distributed among all registered neurologists in The Netherlands. From a survey among neurologists, we found that the policy measure had been largely ineffective: only a minority (22%) of respondents knew the protocol, and an even smaller proportion endorsed its content and put it into practice [9]. The aim of this paper was to identify the contents of the interpretative frames of policy maker and members of the target population. On the basis of this material, we discuss whether more congruence in interpretative frames should have been sought, and how this might have been used for successful policy making.

2. Methods

The method of reconstructing interpretative frames was used to elicit problem definitions, possible solutions, background theories and preferences [10]. Data were collected by anonymous semi-structured interviews with a representative of the policy making institute and with members of the target audience (seven prescribing neurologists engaged in the treatment of patients with epilepsy). One neurologist was employed in a teaching hospital, one was employed in both a teaching and a general hospital, three neurologists were employed in a general hospital, and two neurologists were employed in a tertiary centre, specialised in treatment for patients with epilepsy. Two neurologists were also involved in the development of a broader guideline on the clinical management of patients with epilepsy, to be issued by the Dutch Society of Neurology.

In the interviews, questions focused on perceived problems and reasons for actions or decisions concerning care for patients with epilepsy. All interviews were taped, summarized, and coded, making distinction between four layers of interpretative frames: appreciation of solutions, definition of problems, background theories, and normative preferences. Respondent validation was conducted by sending a summary and interpretation of each interview to the respondent for correction. After validation, all respondents received an overview of results from all other interviews.

A summary is constructed of the key problem definitions, possible solutions, background theories, and preferences according to (1) the policy maker, (2) general neurologists working in a general or teaching hospital, and (3) epilepsy specialists working in a tertiary centre. Triangulation was conducted by checking findings from interviews in literature and documents.

3. Results

The reconstructed interpretative frames of the respondents are presented in Table 1.

3.1. Policy maker

To the policy maker, the protocol was a means to prevent neurologists from prescribing Lamotrigine in patients for whom a similar seizure control could be achieved with conventional anti-epileptic drugs, at a lesser cost. The problem stems from a fixed health