

LA EVALUACIÓN COMO UN INSUMO PARA LA INNOVACIÓN: EXPERIENCIA DE LOS LABORATORIOS DE INNOVACIÓN SOCIAL

The Behavioural Insights Team

Junio 2020

Nuestro trabajo


THE
BEHAVIOURAL
INSIGHTS
TEAM



Quiénes somos

Somos una **consultora de impacto social** global que nació dentro del gobierno del Reino Unido para aplicar ideas de comportamiento a la política y la práctica.

Tenemos más de **180 profesionales dedicados de ciencias del comportamiento**, con oficinas en Londres, Nueva York, Sídney, Nueva Zelanda, Singapur y Manchester.





Nuestra experiencia

- Hemos ejecutado más de 500 proyectos de ciencias del comportamiento.
- Hemos iniciado, desarrollado e implementado políticas nacionales a través de nuestro trabajo.
- Hemos capacitado a más de 10,000 funcionarios y profesionales del gobierno en ciencias del comportamiento.



Politics & Policy

Government Without the Drama and Tumult

The most effective kind of problem-solving in the public sector? Start small.

By [Cass R. Sunstein](#)
January 27, 2019, 10:00 AM EST

Bloomberg Opinion

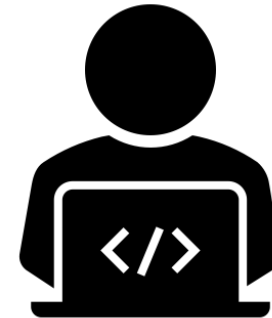


Nuestro trabajo



Ciencias del comportamiento

El estudio de cómo las personas se comportan y toman decisiones en el mundo real



Evaluaciones rigurosas

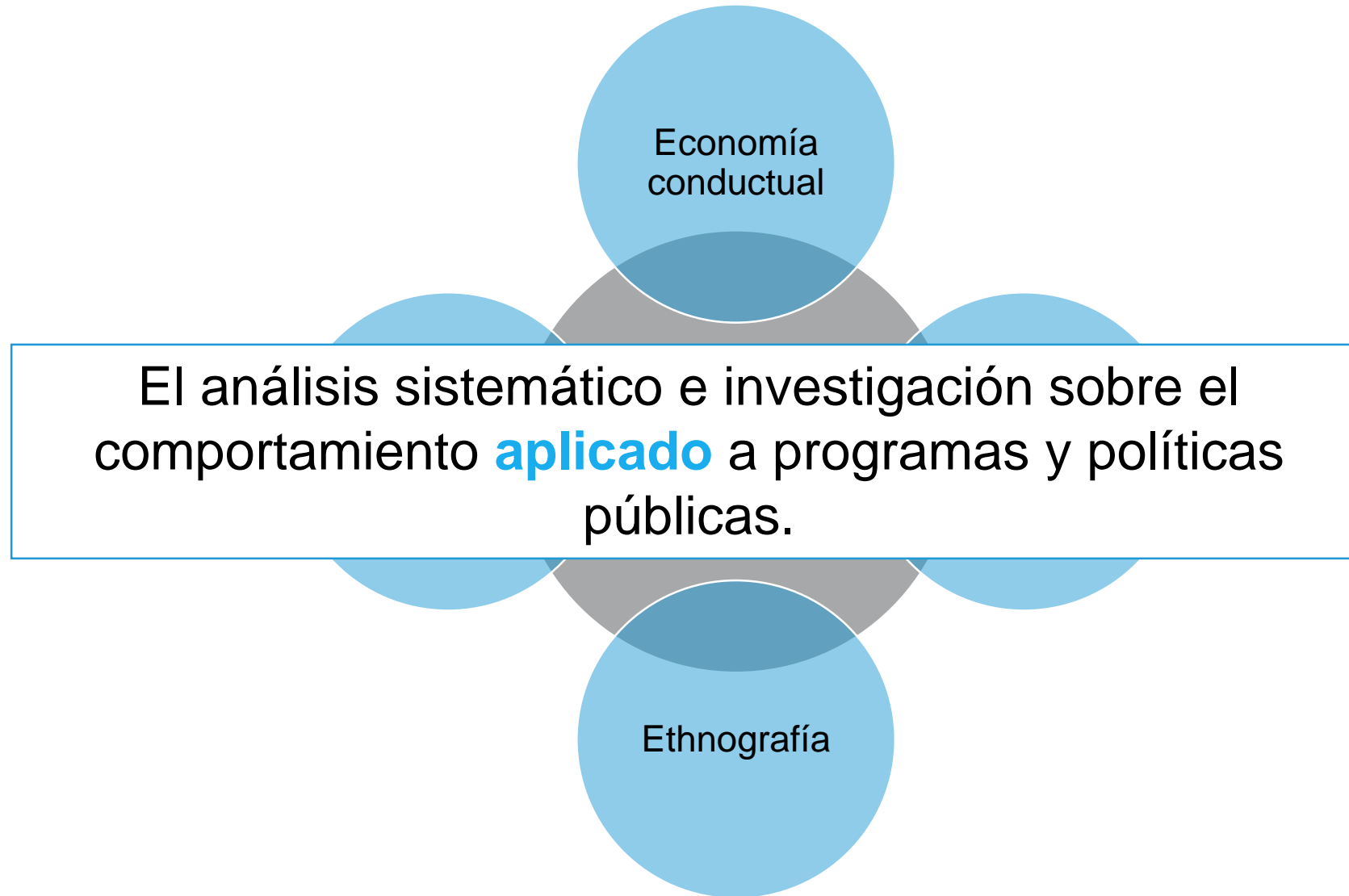
Investigar las relaciones causales entre nuestras intervenciones y los resultados

¿Qué son las ciencias del comportamiento?





¿Qué son las ciencias del comportamiento?

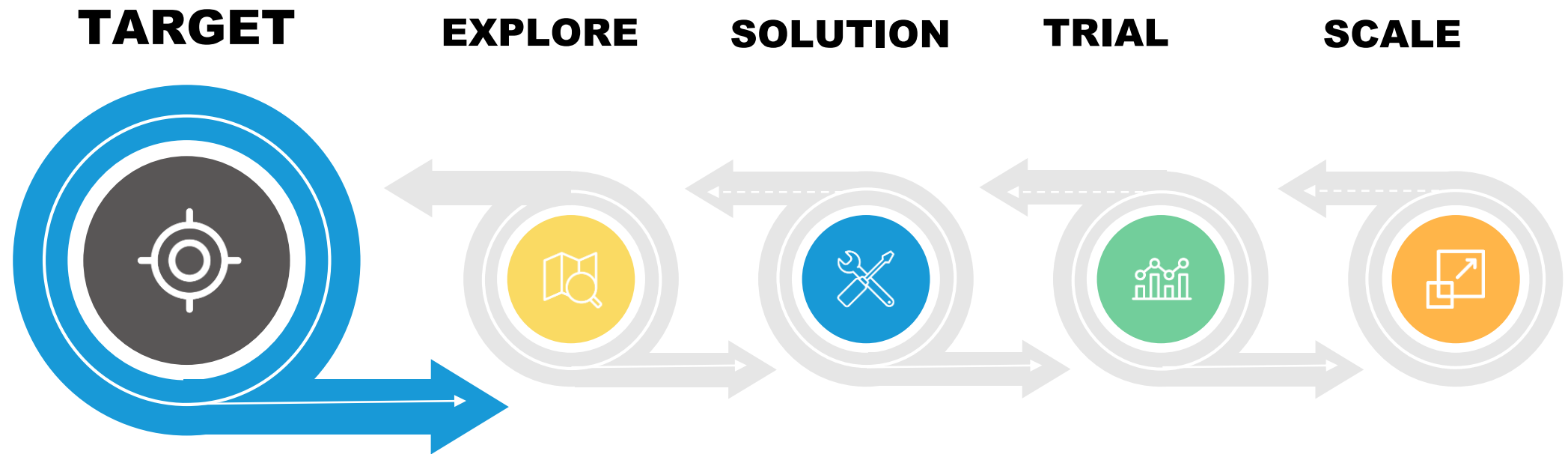




Metodología TESTS

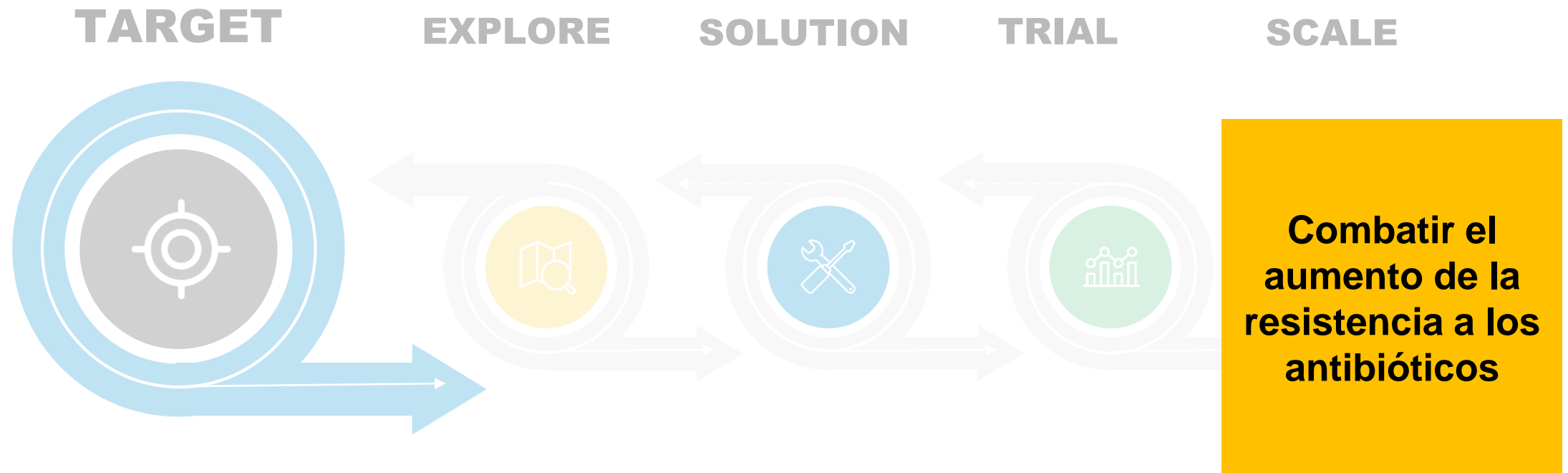


Etapa de focalización



Defina su objetivo, alcance, comportamientos y resultados medibles.

Etapa de focalización



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Etapa de focalización



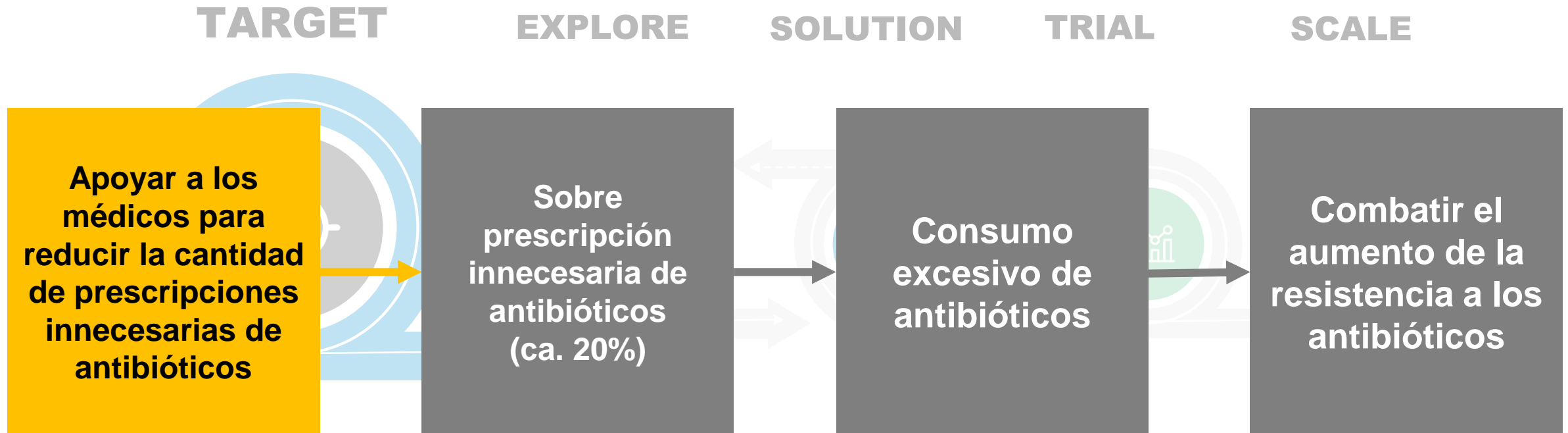
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Etapa de focalización



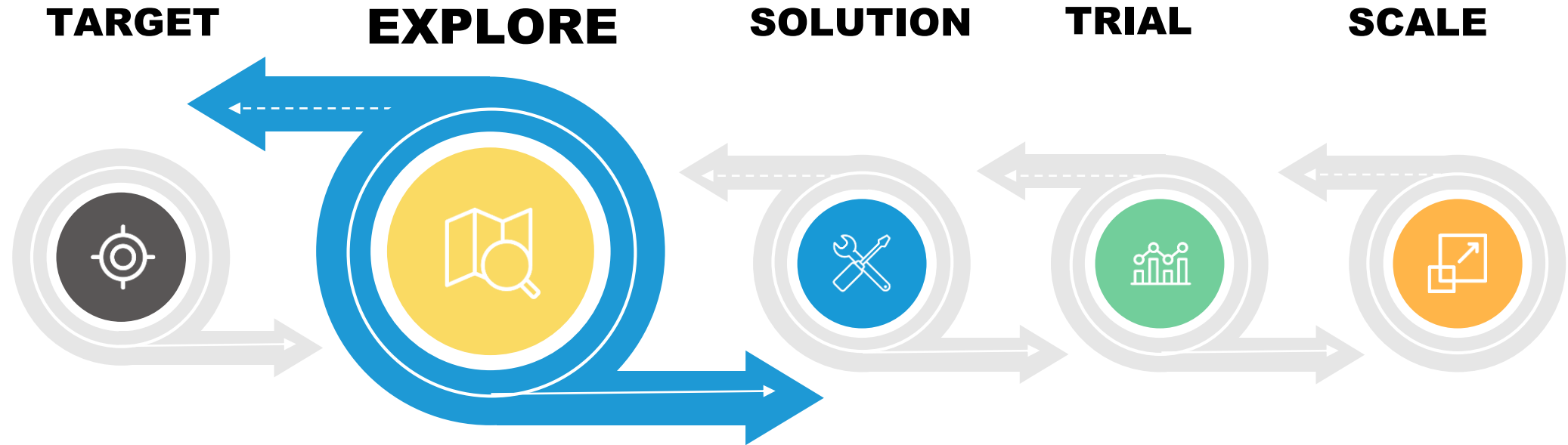
Defina su objetivo, alcance, comportamientos y resultados medibles.

Etapa de focalización



Defina su objetivo, alcance, comportamientos y resultados medibles.

Etapa de exploración



Comprender el contexto y la perspectiva de los usuarios finales y las barreras para realizar un comportamiento objetivo.

Etapa de exploración



Literatura académica



Observación



Análisis de Datos



Entrevistas a profundidad y grupos focales

Etapa de exploración



TESTS



Análisis de datos

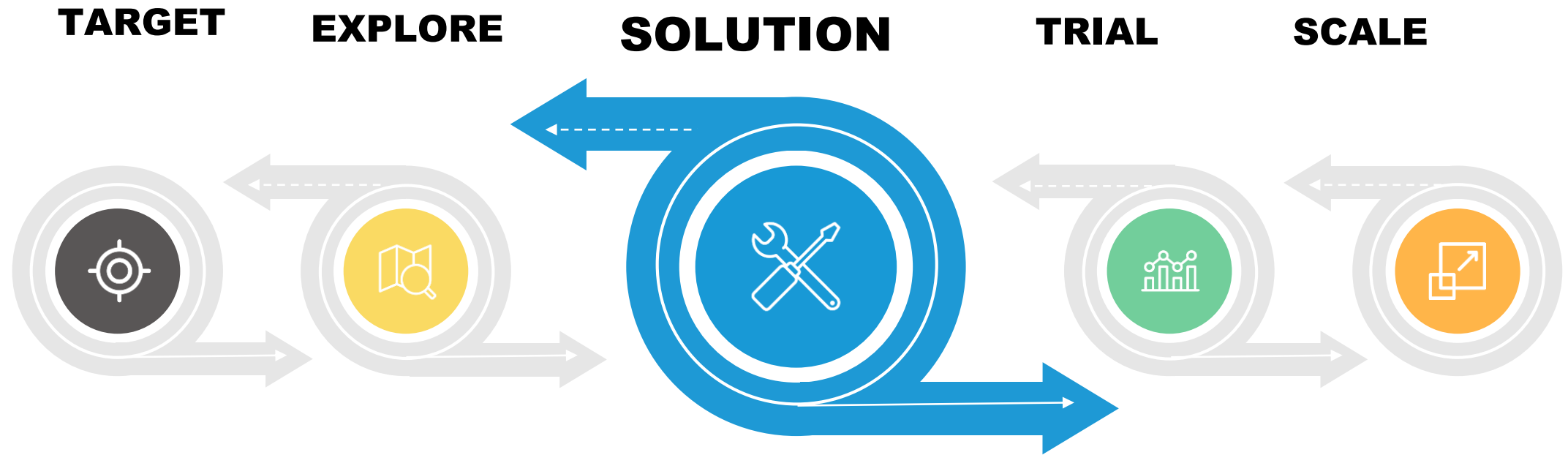


Health & Social Care
Information Centre

GP Practice Prescribing Presentation-level Data - March 2015

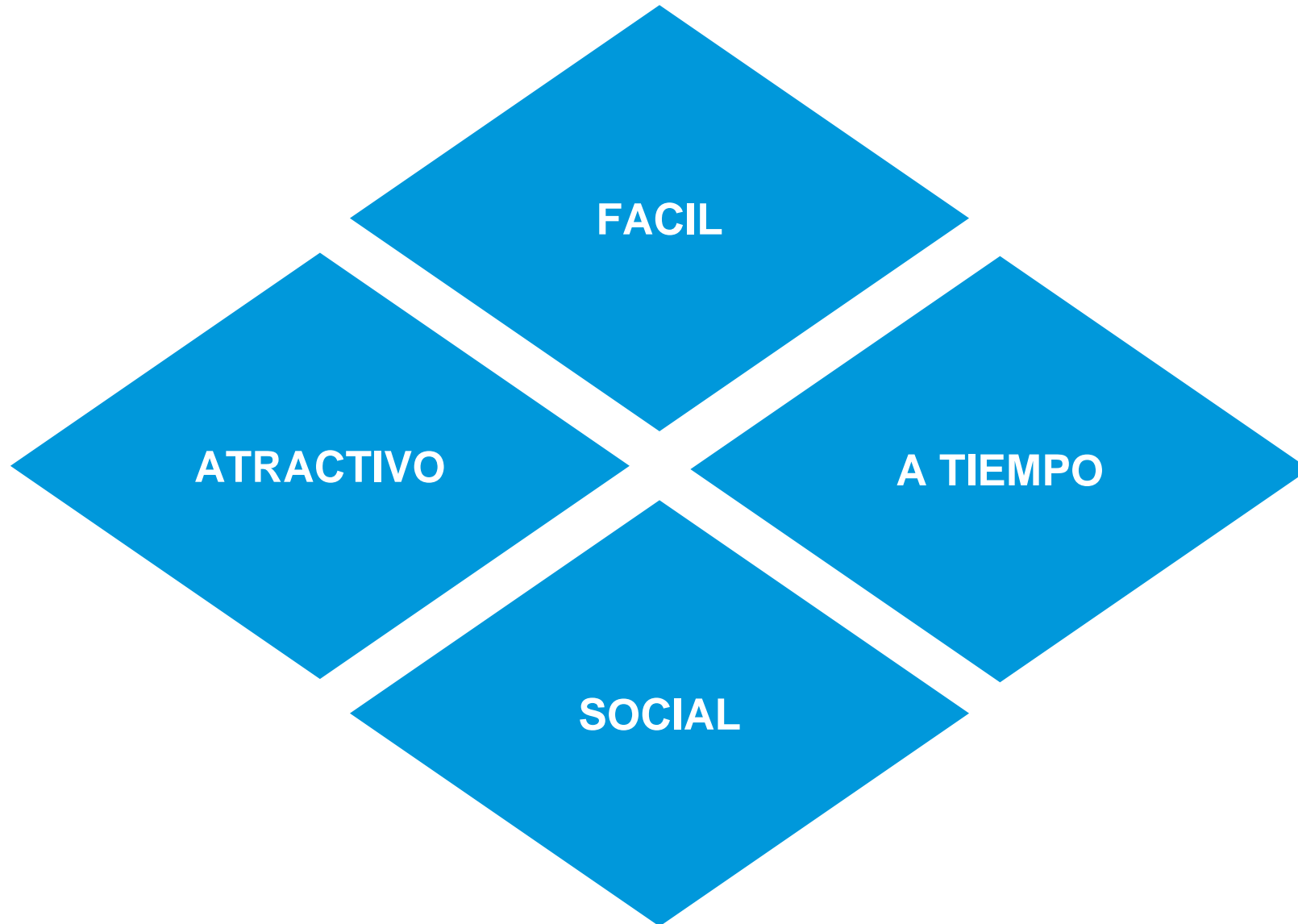
Warning: Large file size (over 1GB). Each monthly data set is large (over 4 million rows), but can be viewed in standard software such as Microsoft WordPad (save by right-clicking on the file name and selecting 'Save Target As', or equivalent on Mac...

Etapa de solución




Aplicar principios de las ciencias del comportamiento para generar soluciones que fomenten el comportamiento objetivo.

Etapa de solución



Etapa de solución



 Department of Health

From the Chief Medical Officer,
Professor Dame Sally C Davies FRS
FMedSci

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MR A B SAMP
55 Sample Stre
Sampleton
Sampleshire
S55 5SS
*0000001 11

30th March 2015

NOTE TO PR

Dear Mr Sample

Antibiotic usage

Antimicrobial resis
prescriptions in pr


The great majc

Many practices are already taking action to reduce antibiotic prescriptions while safeguarding patients' health. Please join them by taking three simple actions:

1. Give patients advice on self-care instead – you can use the leaflet enclosed or search online for the "TARGET antibiotics toolkit".
2. Consider offering a back-up (delayed) prescription instead – this could be post-dated or collected by the patient a few days later if still necessary.
3. Talk to other prescribers in your practice to ensure they are also acting – data on prescribing is recorded at practice level.

I know that prescribers are aware of this problem and that prescribing is not a simple issue. But there are small changes we can all make that will have a big effect on everyone's health. Please join us in reducing antibiotic use.

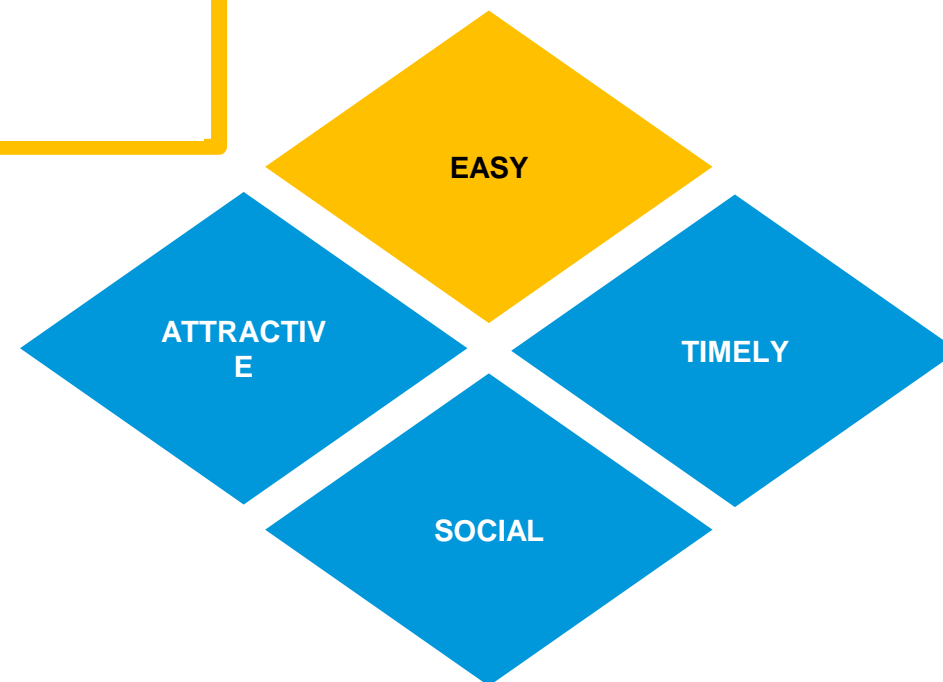
Yours,



PROFESSOR DAME SALLY C DAVIES
CHIEF MEDICAL OFFICER


* Your practice's prescribing data are available online. Data were taken from <http://www.hscic.gov.uk/gpprescribingdata> and adjusted to take into account patient load and demographics. The 80% figure excludes outliers judged to be created by measurement error and does not include out-of-hours services. For more information on the consequences of antimicrobial resistance, see the UK 5 Year Antimicrobial Resistance Strategy.

1. Proporcione a su paciente consejos sobre cómo cuidarse en casa - puede usar el folleto adjunto.
2. Ofrezca una receta tardía a los pacientes - que puedan recoger luego si aún es necesario.
3. Hable con otros médicos en su consultorio para asegurarse que ellos estén alineados.



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MR A B SAMPLE
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Sampleshire
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30th March 2015

NOTE TO PRACTICE MANAGERS

Dear Mr Sample

Antibiotic usage in your practice

Antimicrobial resistance is a serious problem caused by over-prescriptions in primary care medicines.


The great majority (80%) of antibiotic prescriptions are made in primary care practices.

Many practices are already taking steps to improve patients' health. Please join the following initiatives:

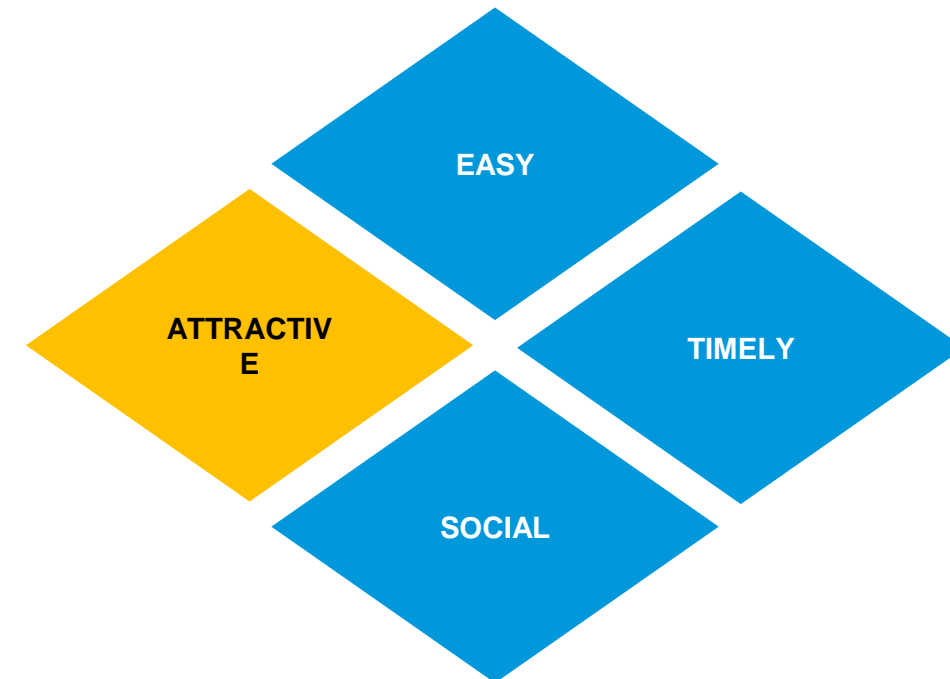
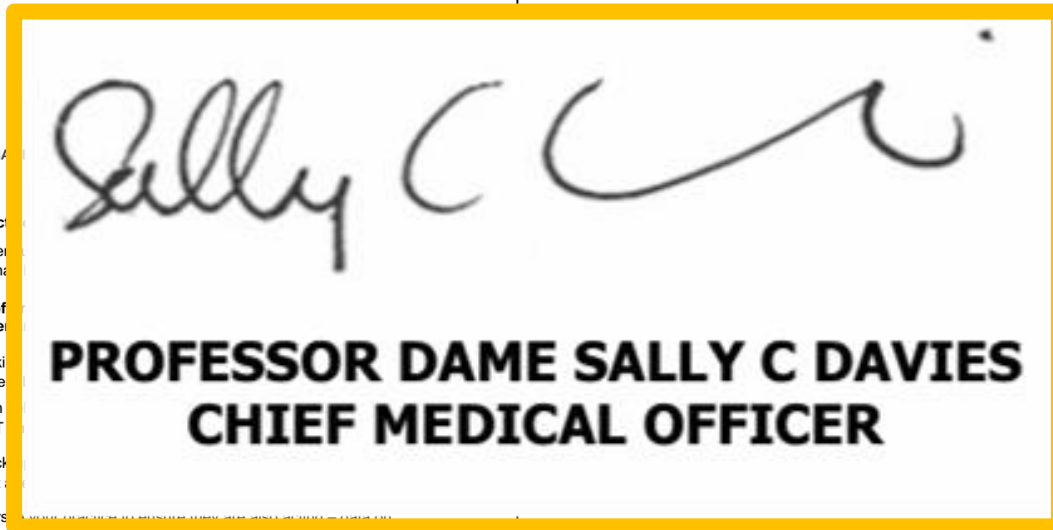
1. Give patients advice on antibiotic use on the NHS website online for the "TARGET" campaign.
2. Consider offering a back-up service for antibiotics collected by the patient.
3. Talk to other prescribers in your practice to ensure that antibiotic prescribing is recorded at practice level.

I know that prescribers are aware of this problem and that prescribing is not a simple issue. But there are small changes we can all make that will have a big effect on everyone's health. Please join us in reducing antibiotic use.

Yours,



PROFESSOR DAME SALLY C DAVIES
CHIEF MEDICAL OFFICER

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30th March 20

NOTE TO

Dear Mr Sample

Antibiotic usage in your practice

Antimicrobial resistance is a serious and growing threat to our health. Reducing unnecessary prescriptions in primary care may help prevent a public health catastrophe.

The great majority (80%) of practices in Birmingham & the Black Country prescribe fewer antibiotics per head than yours.*


Many practices are already taking action to reduce antibiotic prescriptions while safeguarding patients' health. Please join them by taking three simple actions:

1. Give patients advice on self-care instead – you can use the leaflet enclosed or search online for the "TARGET antibiotics toolkit".
2. Consider offering a back-up (delayed) prescription instead – this could be post-dated or collected by the patient a few days later if still necessary.
3. Talk to other prescribers in your practice to ensure they are also acting – data on prescribing is recorded at practice level.

I know that prescribers are aware of this problem and that prescribing is not a simple issue. But there are small changes we can all make that will have a big effect on everyone's health.

Please join us in reducing antibiotic use.

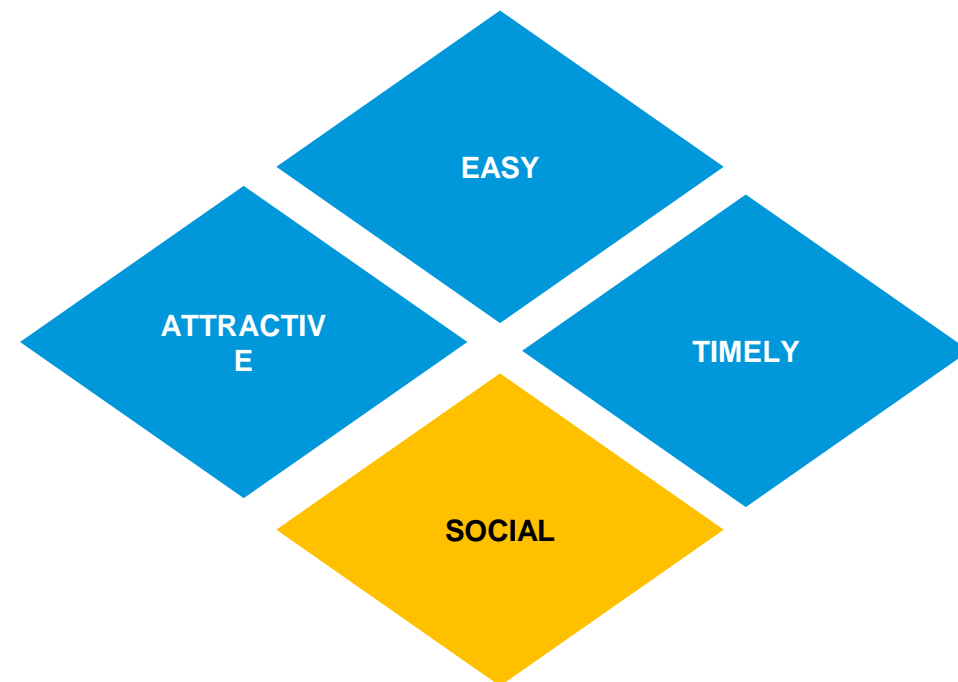
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La gran mayoría (80%) de los consultorios en Londres recetan menos antibióticos por cabeza que el suyo.



Etapa de solución



Treating your infection

Crystal Mark 20454
Quality approved by Plain English Campaign

Patient Name

Your doctor or nurse recommends that you self-care Back-up antibiotic prescription issued

Your infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get help: Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0845 4647)
<input type="checkbox"/> Middle-ear infection	4 days	<ul style="list-style-type: none"> Have plenty of rest. Drink enough fluids to avoid feeling thirsty. Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol (or ibuprofen) if you or your child are uncomfortable as a result of a fever. Other things you can do suggested by GP or nurse: 	<p>1. to 8. are possible signs of serious illness and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> If you develop a severe headache and are sick. If your skin is very cold or has a strange colour, or you develop an unusual rash. If you feel confused or have slurred speech or are very drowsy. If you have difficulty breathing. Signs can include: <ul style="list-style-type: none"> breathing quickly turning blue around the lips and the skin below the mouth skin between or above the ribs getting sucked or pulled in with every breath. If you develop chest pain. If you have difficulty swallowing or are drooling. If you cough up blood. If you are feeling a lot worse. <p>Less serious signs that can usually wait until the next available GP appointment:</p> <ol style="list-style-type: none"> If you are not improving by the time given in the 'Usually lasts' column. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. Other
<input type="checkbox"/> Sore throat	7 days		
<input type="checkbox"/> Common cold	10 days		
<input type="checkbox"/> Sinusitis	18 days		
<input type="checkbox"/> Cough or bronchitis	21 days		
<input type="checkbox"/> Other infection: days

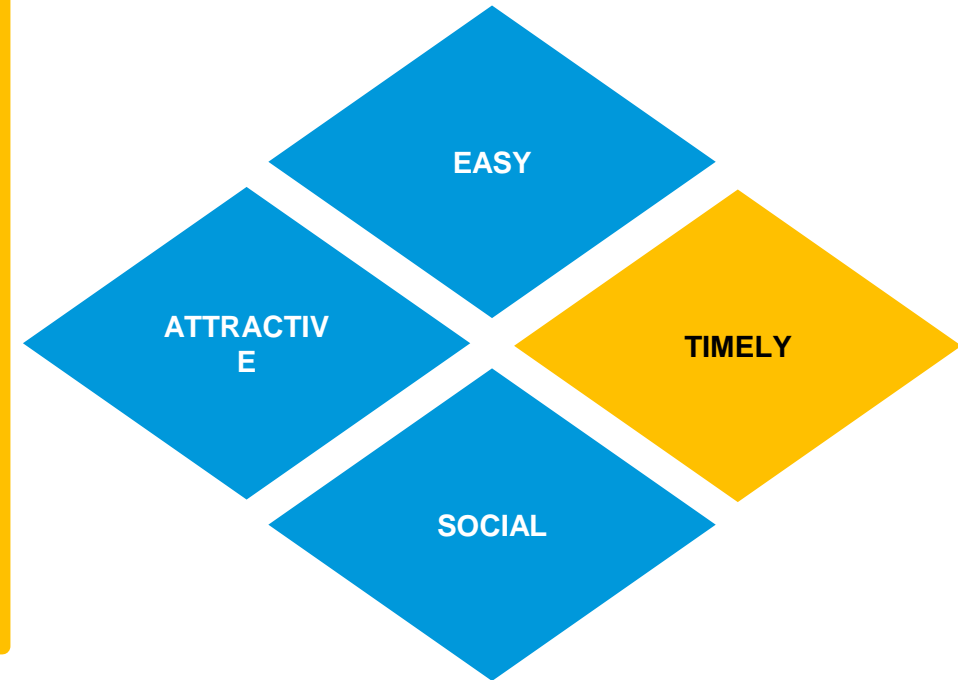
Back-up antibiotic prescription to be collected after days only if you do not feel better or you feel worse.

Collect from: GP reception GP or nurse Pharmacy

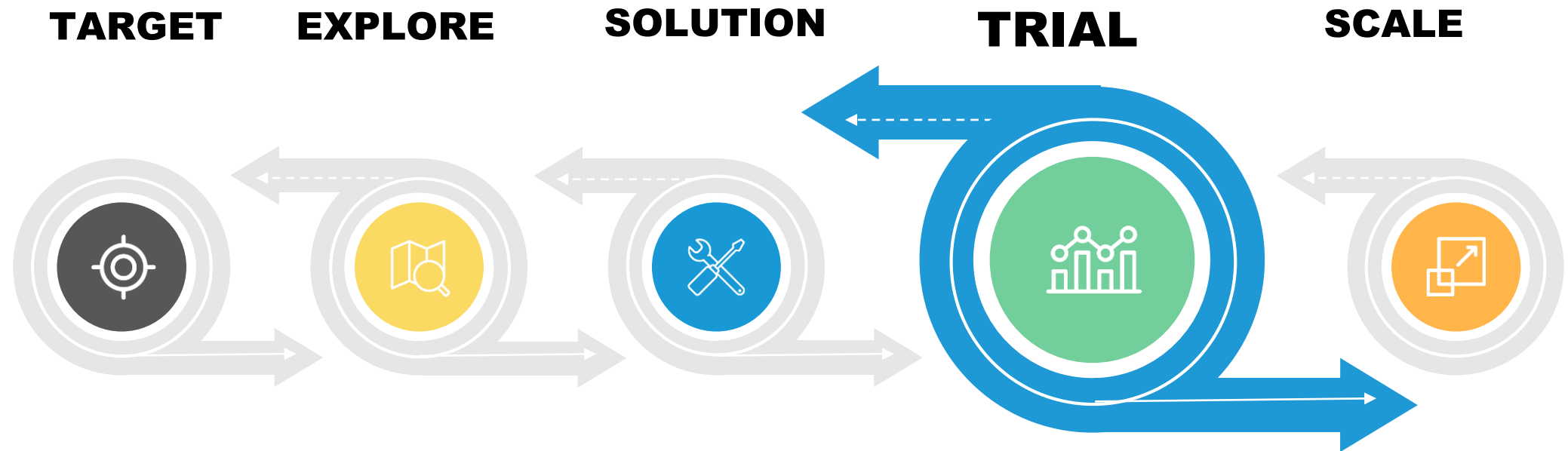
- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
- The more we use antibiotics, the greater the chance that bacteria will become resistant to them so that they no longer work on our infections.
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal

Leaflet developed in collaboration with these professional societies.



Etapa de evaluación

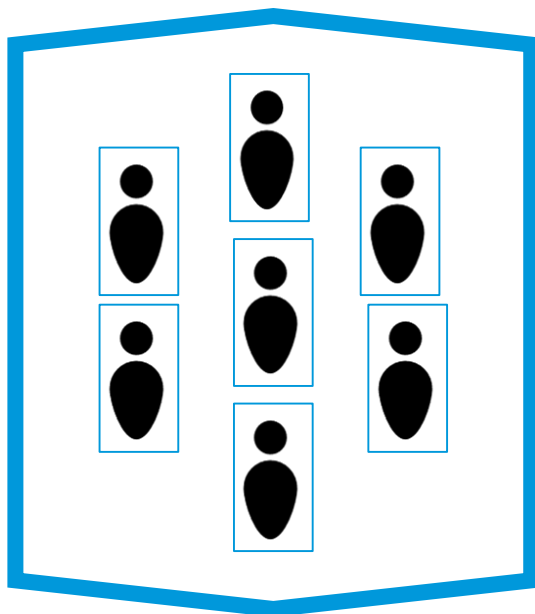


Desarrolle una estrategia para evaluar si los resultados que observa se deben o no a su intervención y evalúe la efectividad de su intervención.

Ensayos controlados aleatorios

The image features a person in profile, seated on a train and looking out a window. The scene is overlaid with a blue-tinted geometric pattern of hexagons and diamonds. In the foreground, there are several overlapping, semi-transparent geometric shapes, including a diamond and a hexagon, which contain text. One diamond contains the text 'North West' and one hexagon contains 'POCH TIS'. The overall aesthetic is modern and technical.

Eligiendo una muestra

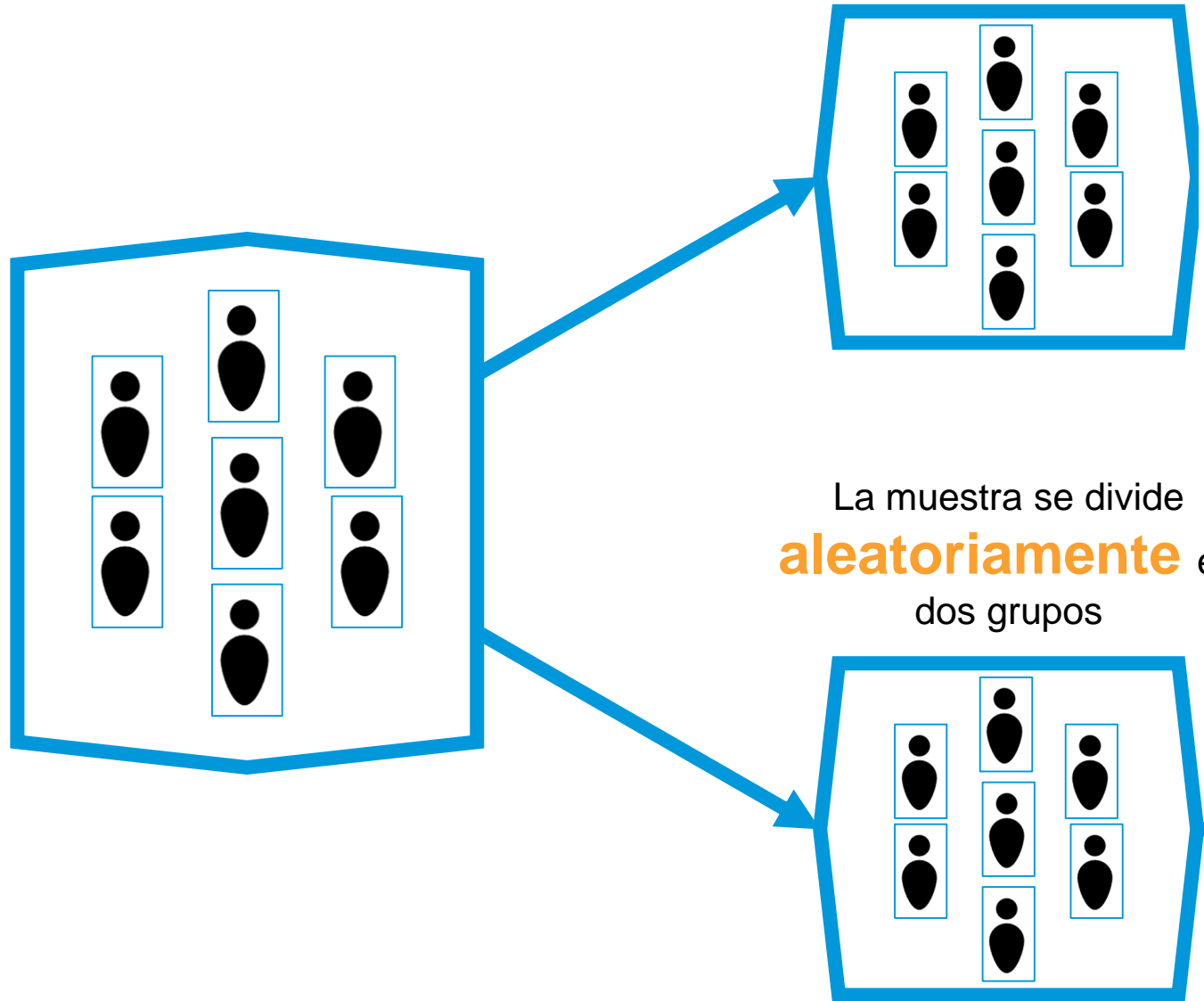


Muestra eligibile:

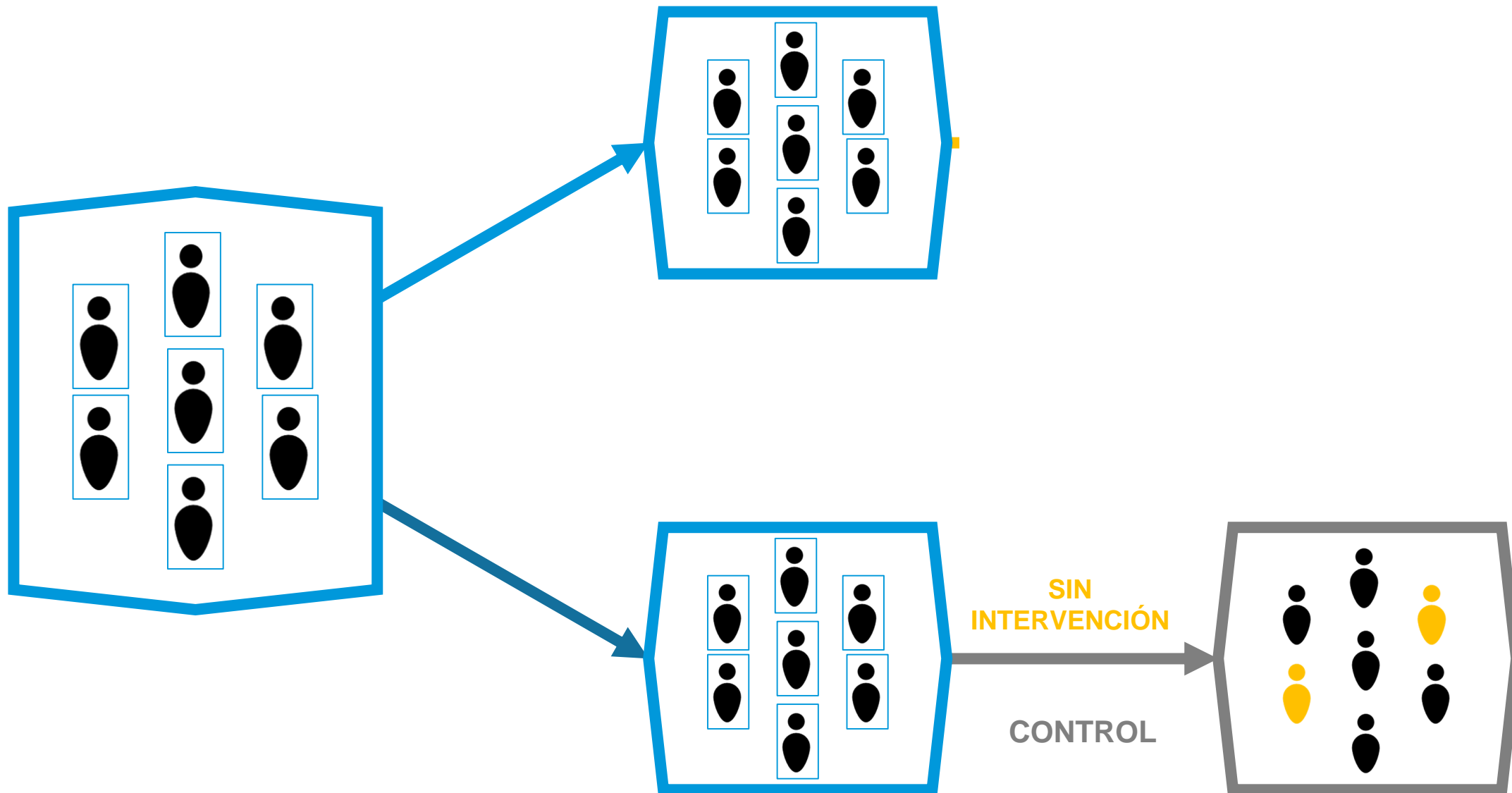
1581 consultorios

en el 20% superior de los
doctores que prescriben la
mayor cantidad de antibióticos

Aleatorización



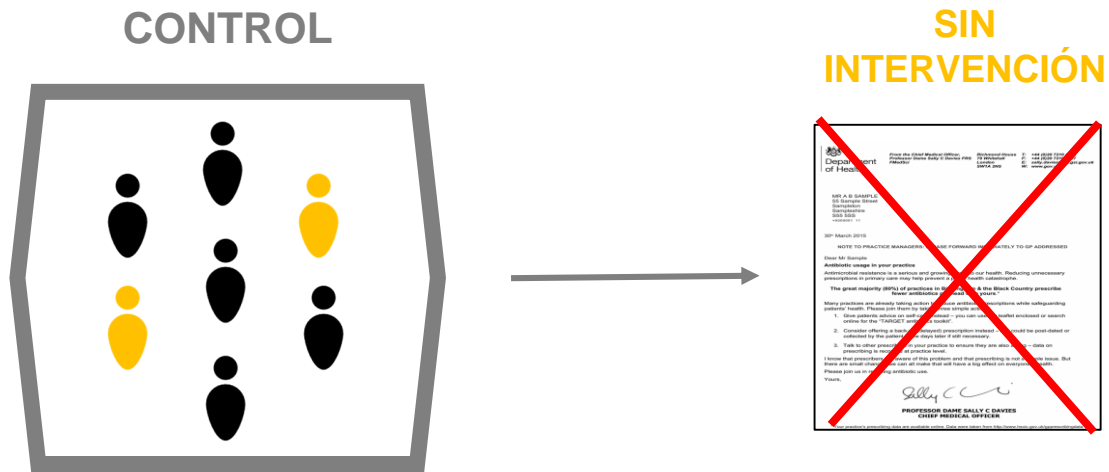
Grupo de control



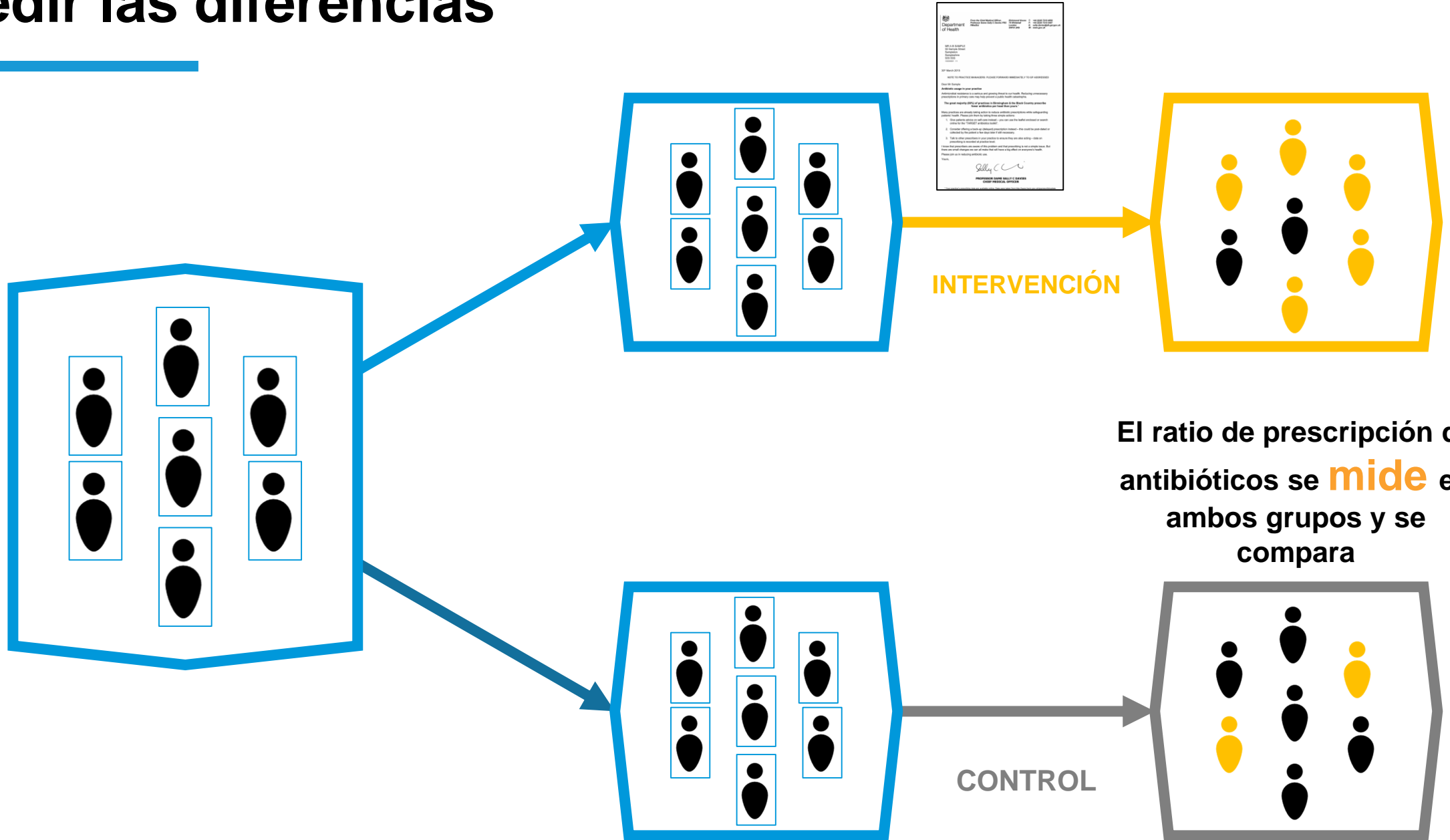
Grupo de control



¿Cómo podemos asegurarnos de que el grupo de control no se exponga a la intervención?



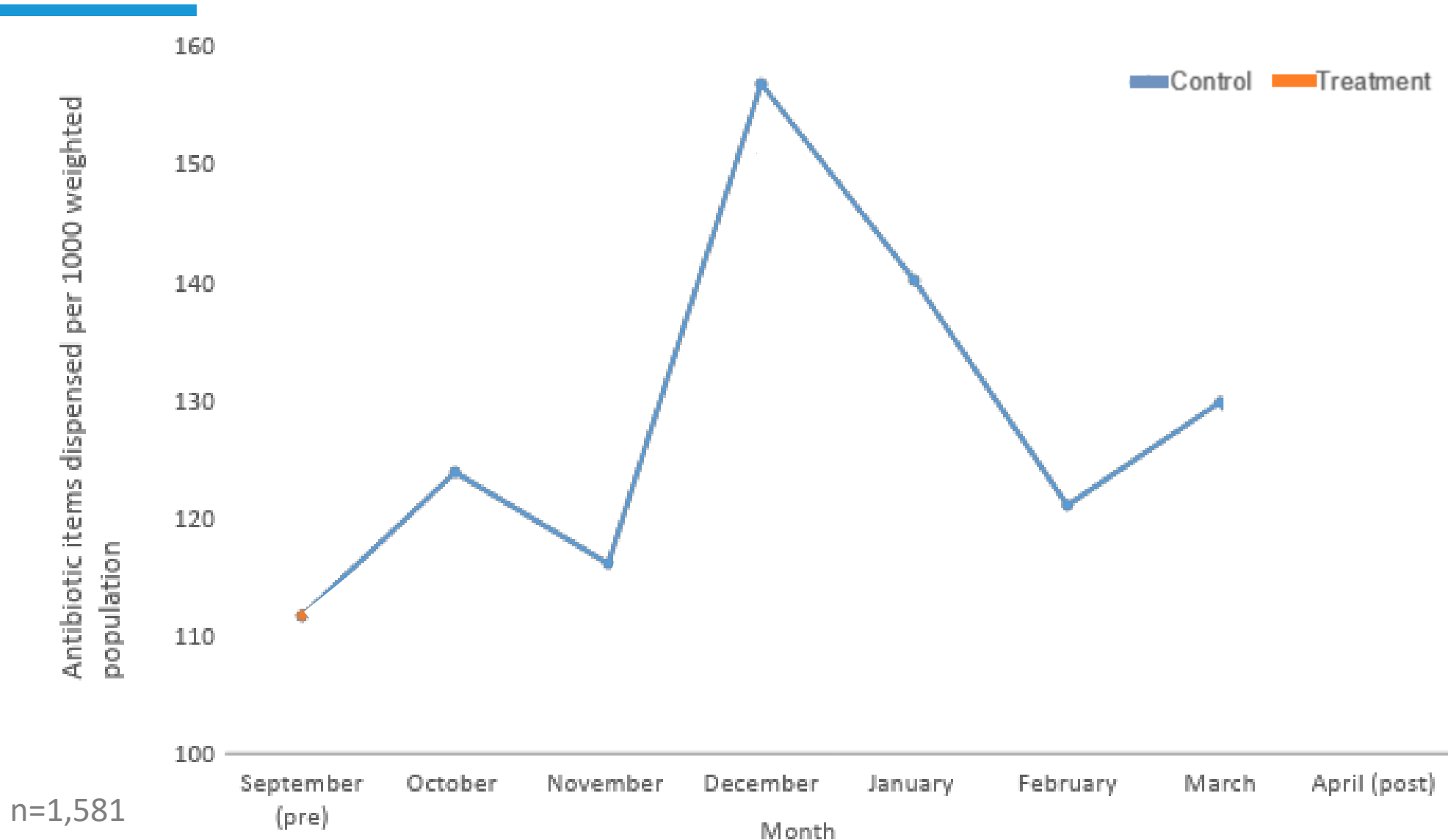
Medir las diferencias



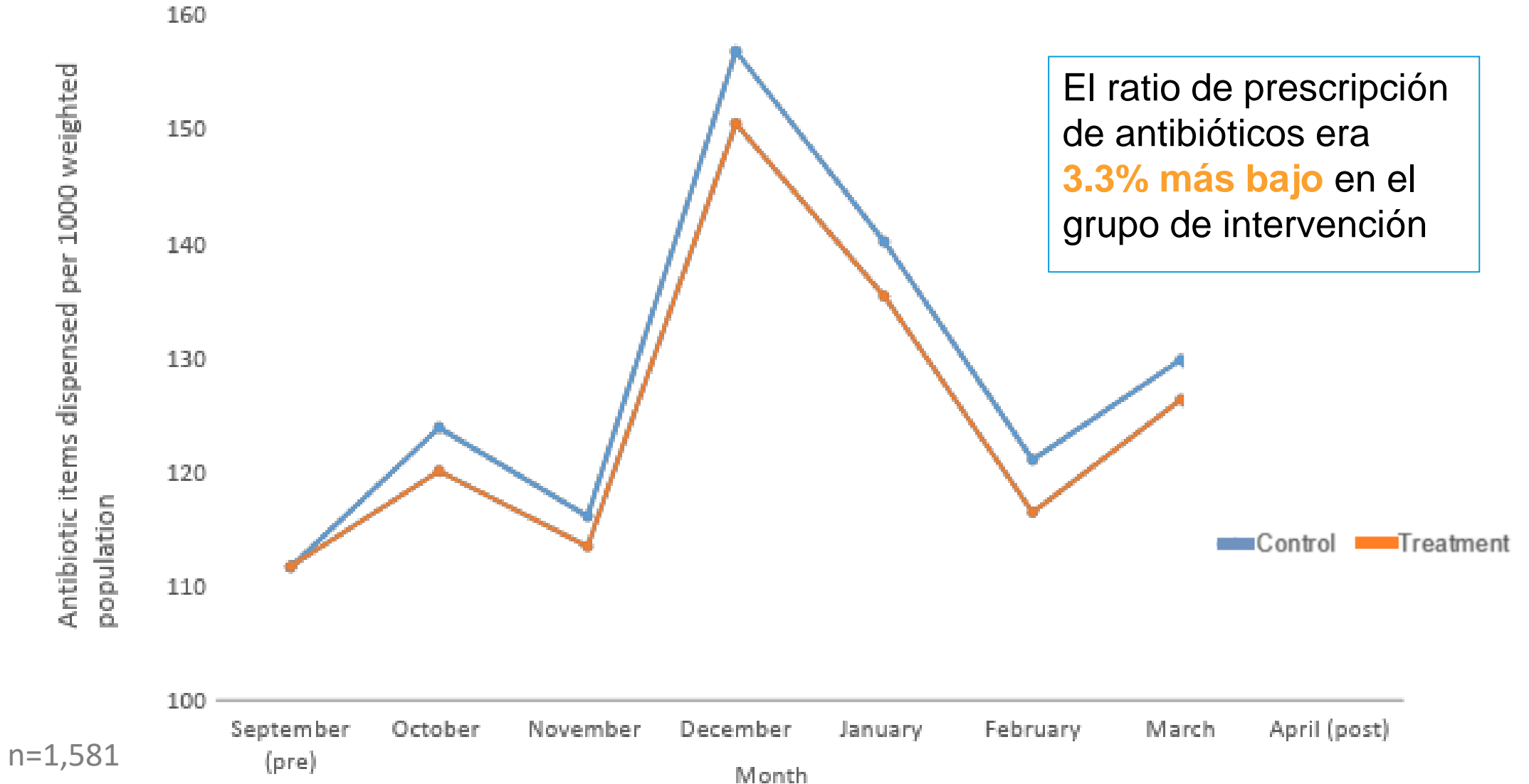
El ratio de prescripción de antibióticos se **mide** en ambos grupos y se **compara**



Reducción de prescripción de antibióticos



Reducción de prescripción de antibióticos



La carta llevó a
73,406
menos dosis
recetadas en
791 consultorios



Ahorro directo de
£92,356 en costos de
recetas del sector
público

**El costo total para el
estado de imprimir y
enviar las cartas- £4,335**

**£0.06 por
prescripción
prevenida**



Si el grupo de
control hubiera sido
tratado, esto
hubiera llevado a
una reducción de
0.85% en la
prescripción de
antibióticos en
Inglaterra



En contexto:

**Se alcanzó el 85% del
objetivo de NHS Quality
Premium por menos del
1% del presupuesto**



Etapa de escalamiento



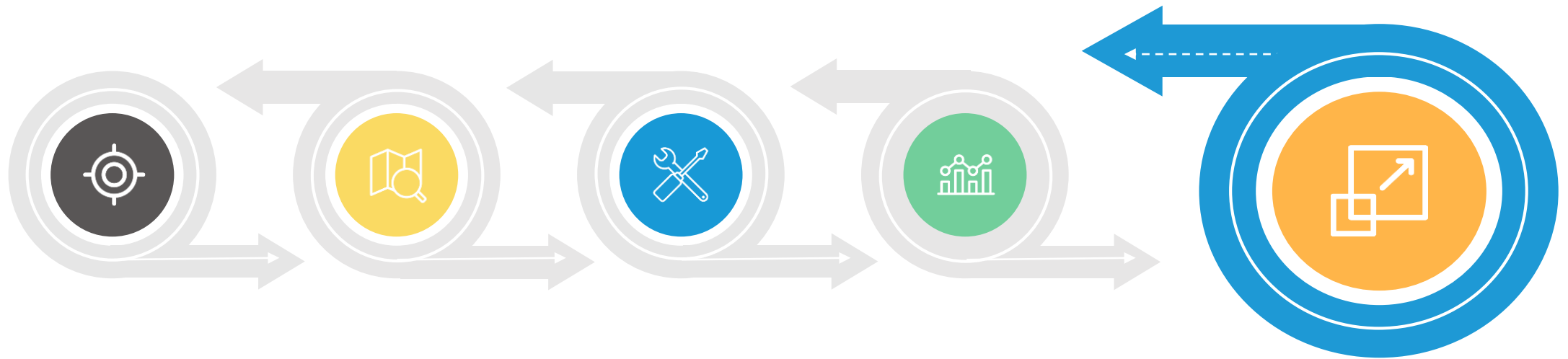
TARGET

EXPLORE

SOLUTION

TRIAL

SCALE



Evalúe si se puede escalar su intervención y cómo, y desarrolle un plan para escalarla.

Etapa de escalamiento

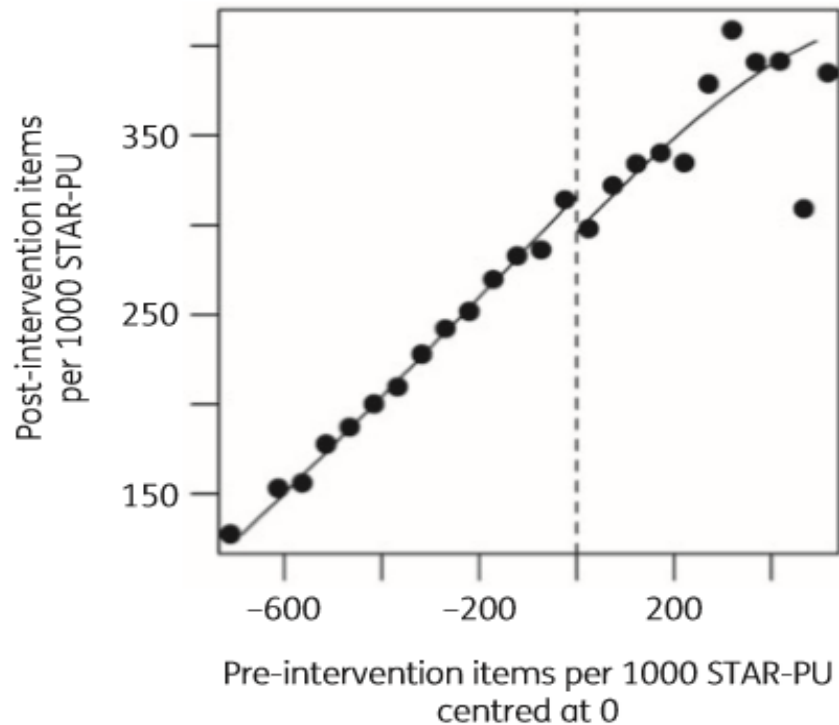
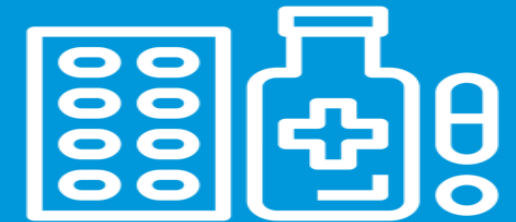


Figure 2. RD plot showing local averages of binned pre-intervention and post-intervention total antibiotics items per 1000 STAR-PU, the intervention threshold and separate fitted regression lines, October to December 2017.

(Bradley et al 2019)

El estudio de 2019 con la misma carta reprodujo el mismo efecto en 67 consultorios en Irlanda del Norte.



**Reducción
del 4.6%**

**19,000
menos
antibióticos**

¿Por qué es necesario evaluar?



En nuestra experiencia, 2 razones principales:

1. No podemos asumir que es lo que funciona en la práctica



1. Lo que funciona en un contexto no necesariamente funciona en otro





¡Gracias!

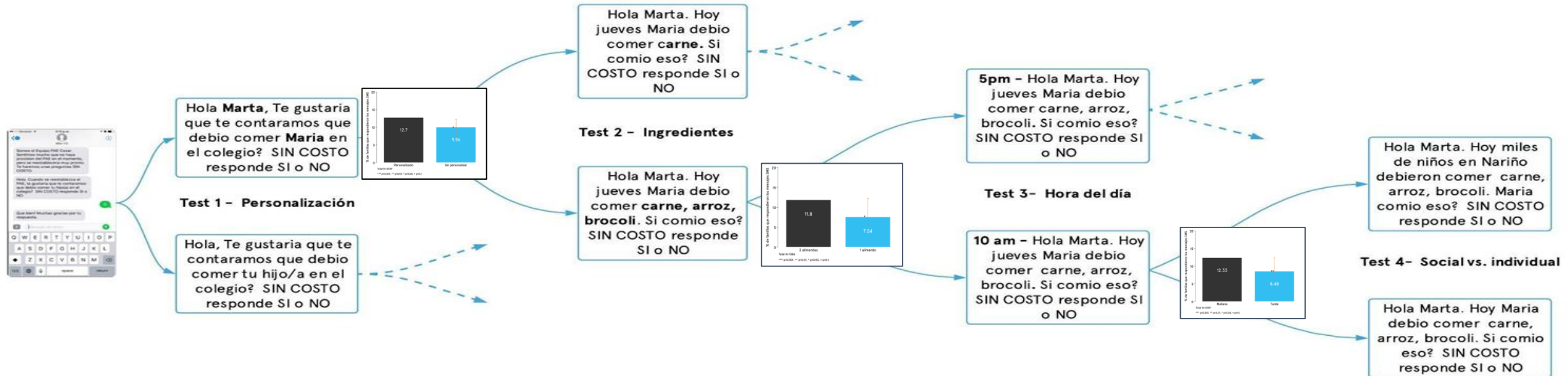
Paloma Bellatin
paloma.bellatin@bi.team

Evaluaciones en tiempo real

Ejemplo: Envío de SMS a padres para mejorar su monitoreo del programa de alimentación escolar en Colombia



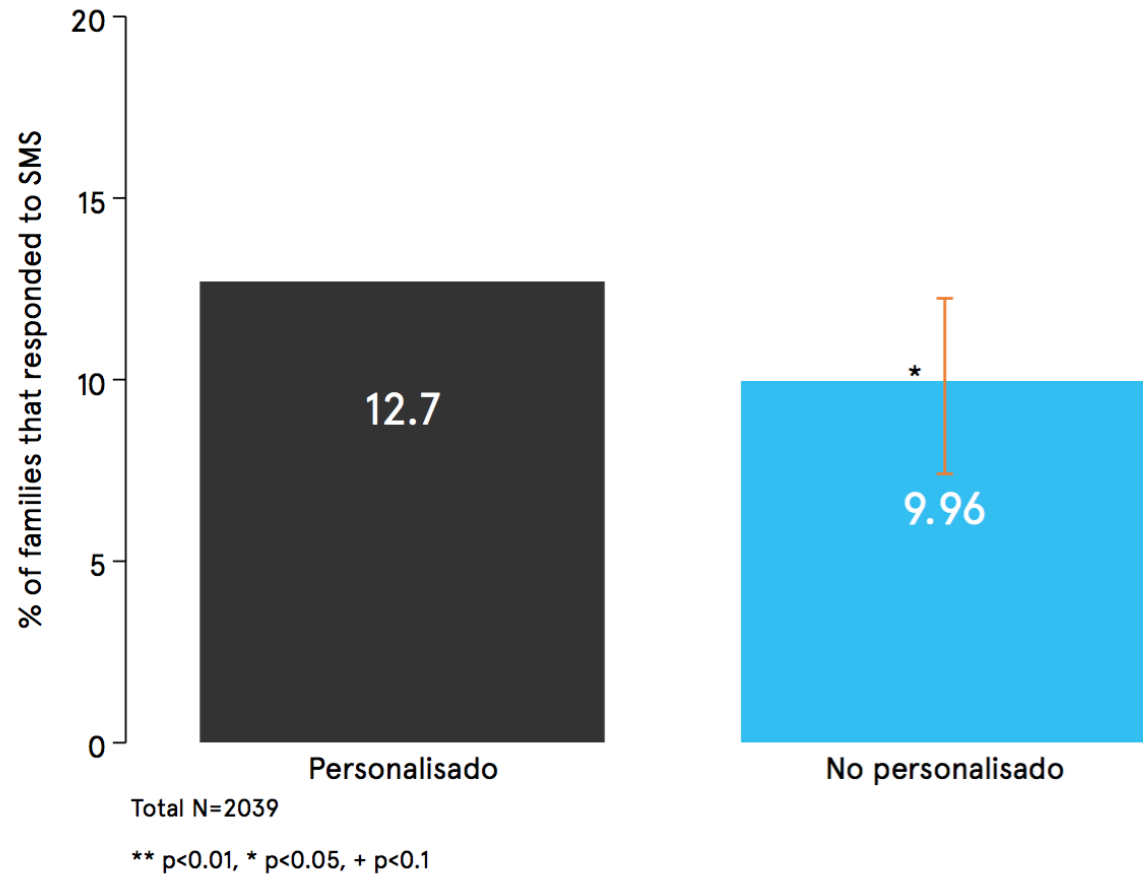
Aumentar el involucramiento de los padres en el monitoreo



‘Winner stays on’ design

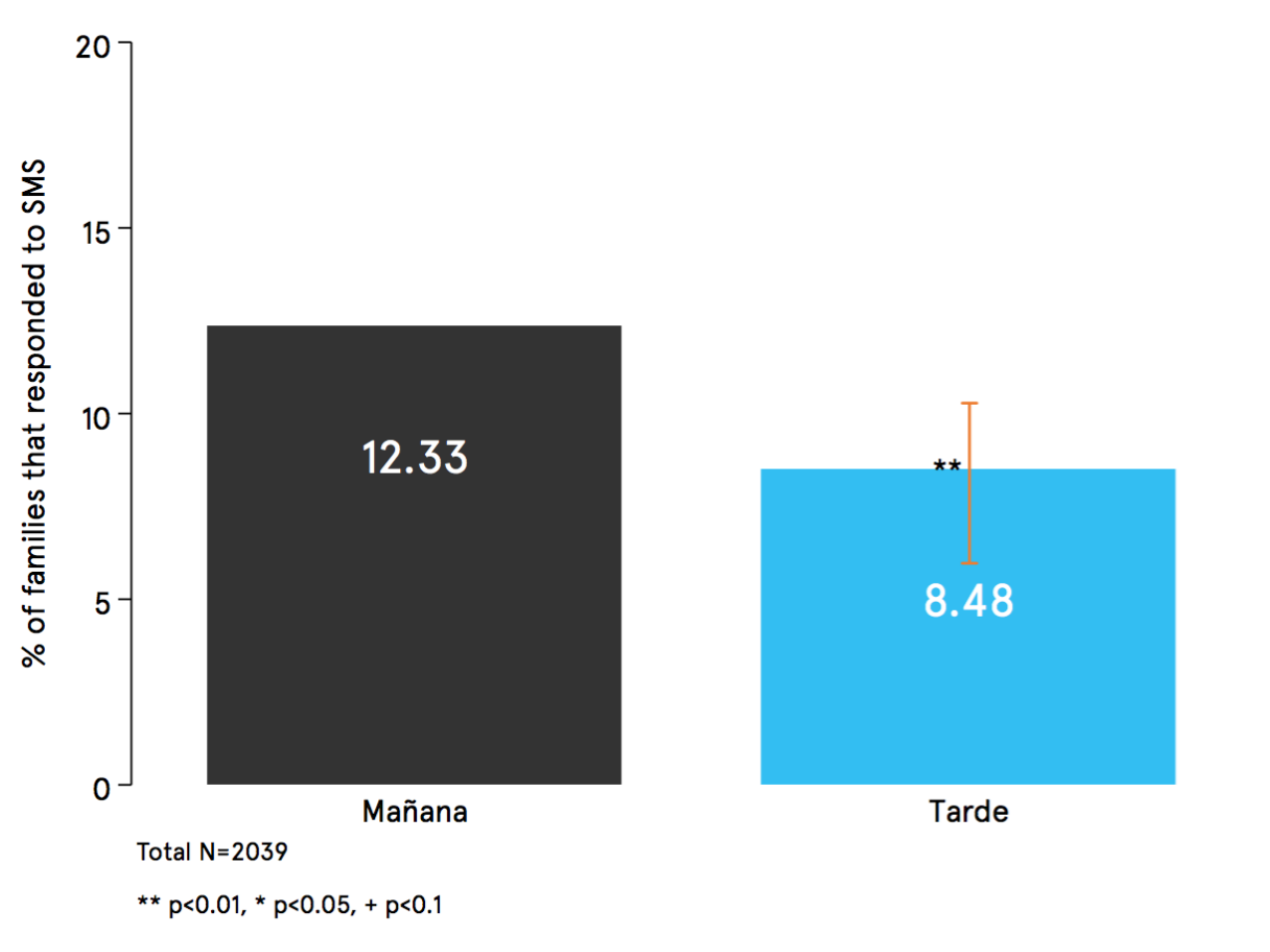


Fase 1: ¿Personalización?



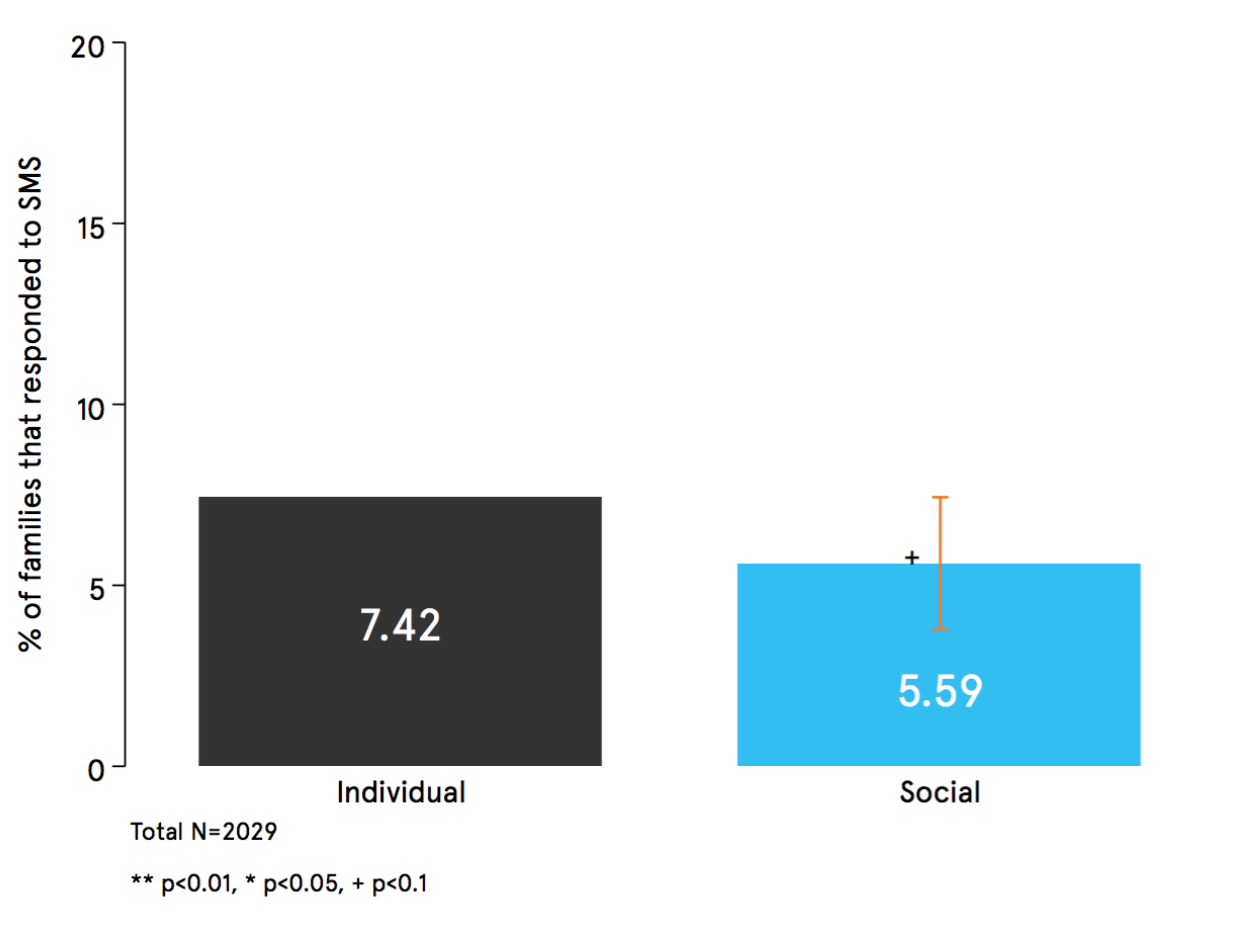


Fase 2: ¿Hora?



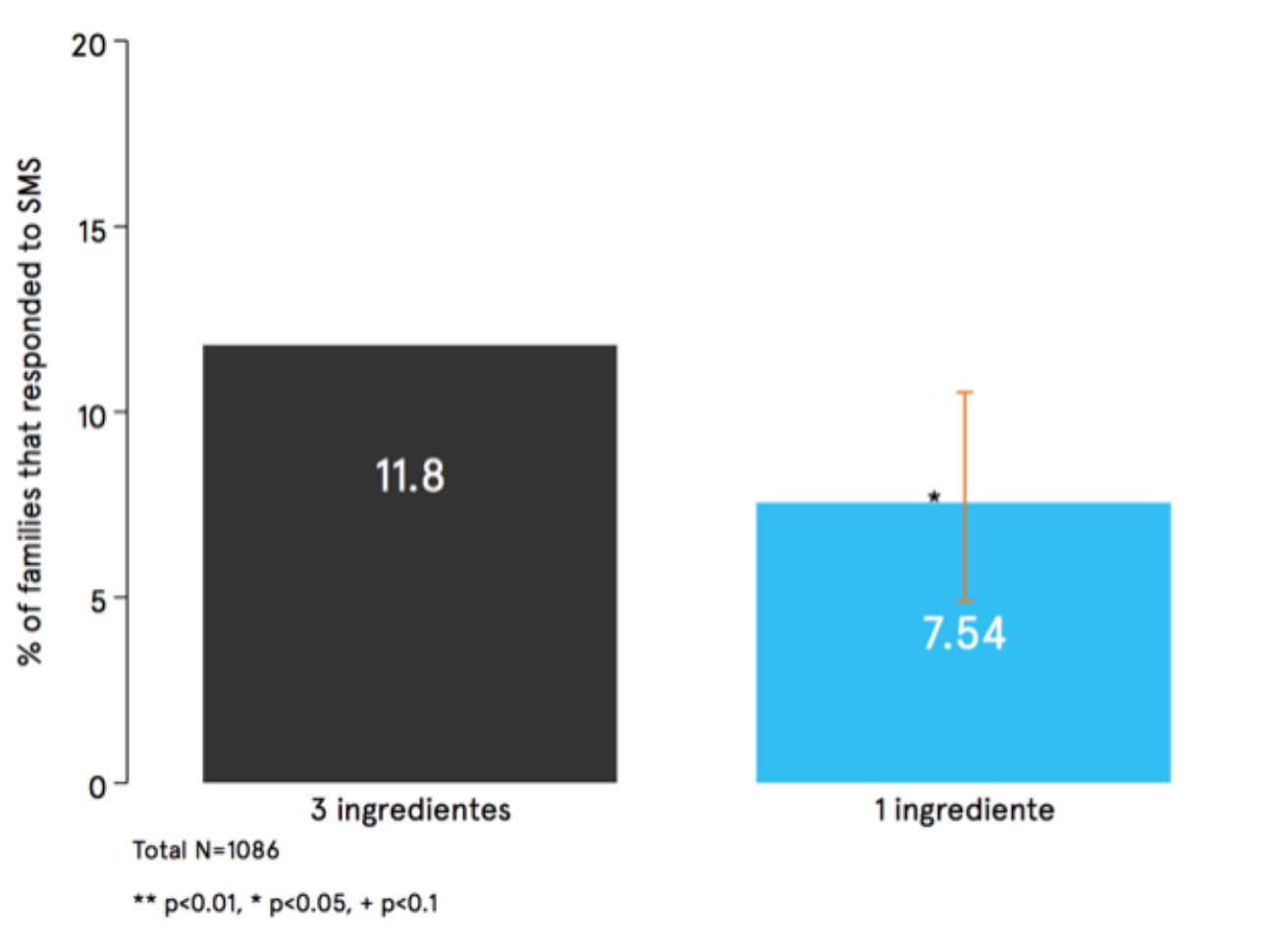


Fase 3: ¿Individual o social?





Fase 4: ¿Número de ingredientes?





Mensaje final: Mayor impacto

