Embedding clinical practice guidelines into the mosaic of care: Engaging Key Stakeholders in Guideline Development and Dissemination

CADTH Symposium April 2009
IHE is a non-profit organization committed to producing, gathering, and disseminating health research findings from health economics, health policy, health technology assessment and comparative effectiveness to improve the delivery of health care and support a sustainable future.

http://www.ihe.ca/
March 2\textsuperscript{nd} 2009, Low Back Pain Guideline available on TOP website

http://www.topalbertadoctors.org
Journey back in time

- Mar 2\textsuperscript{nd} 2009: low back guideline available on TOP website
- Nov 2007: professional provincial agencies/organizations (buy in)
- Feb 2007: Research Team process options (generating the evidence)
- Jan 2007: Alberta Know Do Gap survey (do we need a guideline)
- Nov 2006: Guideline Development Group established (foundation)
- June 2006: needs assessment survey (do we need a guideline)
- Oct to Nov 2004: ambassador workshops (finding the right people)
- June to Sept 2004: Research Team Evidence in Brief (generating the evidence)
- Apr 2004: established infrastructure (foundation)
- Mar 2004: CADTH capacity building grant ($)
Who was engaged (Phase 1)

- Core – government, clinicians, researchers, (CPAC)
- Role of HTA program with the RTNA
- Infrastructure – SC, AC and consultants
- Ad hoc expert group – development of KT strategy
- Behind the scenes making it happen
Finding the right people

- 11 workshops
- 8 or 9 Health Regions
- 130 participants:
  - RNs 30%
  - MDs 22%
  - PTs 14%
  - Pharm. 9%
  - Admin. 9%
  - Other 18%
Research Team (Phase I) – generation of the evidence

Research Team

Clinicians
Identification, definitions

Information specialists
Comprehensive searches for systematic reviews

Communications/KT expert
Development of the tool (evidence in brief – researcher and clinician boxes)

Multidiscipline review
Validation of interventions

http://www.ihe.ca/research/ambassador-program/phase-1/
Who was engaged (Phase 2)

- New network of pain clinicians identified
- Establishment of guideline development group (Alberta Family Physician Research Network)
- Expansion of Advisory Committee
Research Team (Phase 2)

- **Steering Committee**: Development of evidence tables, Interpretation of the evidence, Actionable recommendations
- **Provincial agencies/organizations**: Awareness and acceptance of guideline
- **Research Team**: GAC, IWH, CADTH (Methods development AGREE tool), Information specialists (Comprehensive guideline search)
- **Clinical experts**: Final selection of guidelines
- **Toward Optimized Practice**: Interpretation of the evidence
- **Subgroups**: Presentation of additional evidence
- **Guideline Development Group**: Pilot guideline with colleagues
- **Patient focus group**: Pilot patient information sheets
Principles of engagement

- Respect of each others’ areas of expertise
- Respectful of each others’ time allocation to meetings
- Flexibility in meeting each others’ timelines
- Openness to engagement with all stakeholders
- Awareness of others’ initiatives and projects
- Willingness to contribute and share expertise
- Creating a space in time to make it possible
Calgary Regional Pain Program

ACH

Sara Pereira, Director, RPP
Dr. Chris Spanowski, Medical Leader, RPP
Regional Pain Program

Long Term Care Consult
Primary Care Networks

Dr. Werner Becker, Medical Director
Marg Sorge, Manager
CHAMP

Medical Director
Neurologists
Admin Support
Manager
Nurse Coordinator
Staff Nurse
Occupational Therapist
Psychologist
Kinesiologist
Research Nurse

Dr. John Clark, Medical Director
Marg Sorge, Manager
Chronic Pain Centre

Admin Support
Psychologists
Pharmacist
Social Worker
Dietician
Nursing Attendants
Transcriptionists
Physical Therapists
Kinesiologists
Occupational Therapists
Registered Nurses
Physicians

Acute Pain
Admin Support
Clinical Nurse Specialis
Nurse
Clinicians
Anesthesia

Chronic Pain Consultation Service
Admin Support
Nurse
Practitioners
Clinical Nurse Specialis
Nurse Clinicians
Physicians

Judy Boyd, Manager
Hospital Pain Services
Medical Director (vacant)
Hospital Pain Services

Alberta Health Services
Calgary Health Region

Institute of Health Economics
Alberta Canada
The challenge

Build a CPG for a pervasive complex health problem:
Where the science is leading practice and
The healthcare environment has
  – Multiple stakeholder agencies
  – Multiple provider groups
  – No established network linking patients, providers, regulators, funders, scientists or KT expertise
Our approach

• Expand and re-orient the network established for the 2004 Ambassador Program CADTH capacity building grant (Phase I)

Ambassador website:
http://www.ihe.ca/research/ambassador-program/
Form follows function

Engagement and linking of agencies  >  Advisory Committee

Project management and research support  >  Steering Committee

Clinical experts and primary care clinicians  >  Guideline Development Group
Advisory committee

Who’s involved:

- Ministry, health regions, physician’s college,
- provincial guideline group, KT agencies (e.g. bone and joint health institute), patient advocacy, host (IHE)

Why:

- General health or spine specific mandate
- Passion for KT
- Advocacy
Infrastructure

Guideline Development Group
Physicians, nurse
PT, OT, Psychologists
Pharmacists
Health Authority administrators
KT specialist
Researchers

Steering Committee

Advisory Committee
Unanticipated outcomes

• Precipitated the linkages that resulted in the national initiate to generate a single Canadian opioid guideline for chronic pain

• ABJHI spine project uses the guideline as part of it’s provincial spine care pathways project
Unanticipated opportunities

- Involvement of the chiropractic community
- Controversial
- Initial decision to wait until dissemination
- ABJHI spine project served as model and created a positive peer experience
- Led to engagement and endorsement
Guideline Development Group

• Who’s involved?
  Multidisciplinary primary care providers, pain experts
• Why?
  Passion for improving clinical pain care
• How recruited?
  Past ambassador participants, informal network of primary care researchers, pain clinic staff
Guideline Development Group (Cont’d)

• What was the process?
  – 10 half day provincial videoconferences
  – Consensus on evidence achieved:
    • Brief discussion or parking lot item
    • Sub-committee consideration of relevant research
  – Consensus on recommendations achieved:
    • Sign off by GDG
    • Consultation with extended peer networks
    • GLIA tool

• How to keep it current?
  – IHE Research team
  – Update committee
Unanticipated outcomes

• Senior clinicians are a pathway for engaging their professional colleges
• Pain centre supports development of rural regional pain service
• Rehab clinician has knowledge and credibility to solve a local clinical dispute
• Invitation to publish papers on the guideline in CMAJ and CPT
Learnings

• Professionals and agencies will contribute to a common cause if treated with respect:
  – Contributions valued and acknowledged
  – Timelines are clear and respected
  – Time committed is well utilized
  – They derive value from the activity

• Broad engagement in development provides a solid foundation and commitment for dissemination
Advancing bone and joint health through partnerships

Our goal
A sustainable system of patient-centred health care delivery that efficiently provides the best quality of bone and joint care to all Albertans.
Sort Out the Spaghetti
Back & Spine Project: Phase 1

- Analyze, design, evaluate an improved provincial continuum for all types of back and spine conditions
- Prepare for next phase

**TIMELINES...**

- Analyze existing demand/available resources
- Design Prev/Well, Non-surgical Care, Surgical Care Sections
- Evaluate new section standards, compare with existing services
- Prepare for Phase II – selective implementation

16 mo
Project Timeline and Activities through Phase III
(identical for Prevention & Wellness, Non-surgical
and Surgical Working Groups)

Section Working Groups

- Prevention and Wellness
  - Chinook Health Region
  - Palliser Health Region
- Non-surgical Care
  - East Central Health
  - Aspen Regional Health Authority
  - Peace Country Health
  - Northern Lights Health Region
- Surgical Care
  - Calgary Health Region
  - David Thompson Health Region
  - Capital Health

Full Provincial Implementation of New Back & Spine Care Continuum

- Phase I (0-16 mo)
  - Design Prevention & Wellness, Non-surgical Care and Surgical Care sections
  - Analyze existing demand and available resources
  - Evaluate new section standards and compare them with existing services

- Phase II (16-34 mo)
  - Selectively implement new care sections
  - Prepare for Phase II - selective implementation

- Phase III (34+ mo)
  - Prepare for full provincial implementation
  - Refine new care section
  - Evaluate new section outcomes and compare with existing services, national and international benchmarks
Make Care Patient-Centred, Collaborative and Sustainable

- Community-based
- Local primary care initiatives
- Assessment, diagnosis and treatment clinics
- Shared care and collaboration
- Evidence-based decision making
- Team approach in a bone and joint focused facility
- Benchmarked for continuous improvement
- Transparent and accountable
An Integrated Continuum of Care

Focused on care from referral to recovery

- Empowered & accountable patients - contracts
- Aligned, consolidated & linked services organized around patients
- A planned & managed approach to service delivery using provider teams coordinated by case managers
- Standardized care path based on best medical evidence
- Common information sharing systems – moving to electronic
Principles of Collaborative Approach

• Multidisciplinary teams provide clinical services
• Integration of specialist & generalist expertise
• Clear role distinction within multidisciplinary teams
• Shared responsibility for patient care
• Patients share in their care *under contract*
• Regular info exchange among providers
• Ongoing education – understand other team members’ skills & abilities
Partners Engaged in All We Do

- Develop comprehensive provincial service delivery models (with partners)
- Design fully integrated continuums of care
- Drive continuous improvement
- Evaluate health services (access, quality, cost)
- Advance innovative health care strategies
- Conduct value-add activities
Established by the Government of Alberta in 1980, the Alberta Heritage Foundation for Medical Research (AHFMR) supports a community of researchers who generate knowledge, the application of which improves the health and quality of life of Albertans and people throughout the world.
Task?

- Develop a dissemination and implementation (read Knowledge Translation) plan for APII

- What do we know about knowledge translation and CPGs?
Generally works best if …

• existing relationships
• users/stakeholders are involved in guideline development
Structure of Plan or Planning Steps

- Intro, definitions and context
- Audience
- Content
- Strategy and Tactics
- Evaluation process and outcomes
Audiences – who they are

• primary care providers
• specialist physicians and other health providers
• patients
• health system management
• general public
• professional associations and colleges
• government
• insurers
What we know about them

Primary Care Physicians

• practice-based challenges
• how they get and use information challenges
• environment-based challenges
What we know about them

Other health professionals

• access to information challenges
• practice-based challenges
• environment challenges
What we know about them

**Patients**

- knowledge or lack of
- preferences
- lack of agreement between professions
What we know about them

Public

- size
- cultural diversity
- different populations within this audience
Content

• Content of the guidelines themselves; i.e. implementability

• Content of the dissemination plan; i.e. key messages
Strategies and Tactics

• What helps – generally:
  o existing relationships
  o active engagement in developing and implementing guidelines
  o opportunities for exchange
  o supported by mass media
  o regular, constant, repeated
  o a variety of products – brochure, video, etc
  o phased
  o costs and benefits
Strategies and Tactics (cont’d)

- What helps - specifically for physicians
  - They know and respect the source
  - In forms that match their local practice needs and respect their autonomy
  - Guidelines that actually help
  - Patient support materials
  - Respected messengers
Strategies and Tactics (cont’d)

Other health professionals

- multiple strategies are used,
- strategies are interactive, and
- strategies take into account local circumstances and practice considerations
Strategies and Tactics (cont’d)

Patients

• Representation from Chronic Pain Association

• Develop patient support material
  – Information sheets
    • Focus Group test
  – Pamphlets
  – DVD
  – Web site
Chronic Pain Association of Canada

The goals:

- Advance the treatment and management of chronic pain.
- Increase the understanding of how pain affects the lives of those who suffer and use this understanding to improve their quality of life.
- Educate all who are involved in the field of pain management; patient, caregivers, families, friends, employers, and co-workers.
- Develop partnerships between patients and caregivers.
- Ensure patients realize their responsibilities within the partnership of pain management.

The major activities:

- Provide a meeting place for the consideration and discussion of questions concerning pain that affects the interests of the community.
- Provide information to the general public concerning the treatment of chronic pain.
- Work towards establishing multi-disciplinary Pain Centres that use all the methods of treating and managing pain.
- Improve the way the medical profession is educated about the treatment and management of pain.

http://www.chronicpaincanada.com/
Evaluation

• At several levels
• Changes in physician behaviour (Knowledge Gaps)
• The evaluation supports continuous feedback and adjustments to this strategy.
• To be developed further
# The Plan

<table>
<thead>
<tr>
<th>Target audience</th>
<th>How will they be engaged and when</th>
<th>Key messages</th>
<th>How will messages be packaged and delivered</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Family practice physicians | 1. Develop source product in response to identified need. *project beginning*  
2. Involve stakeholders and opinion leaders in development from the beginning and maintain throughout project. *Initial and ongoing*  
3. Guidelines are based on best evidence. Clarity in defns, do/do not, etc *Initial*  
4. Guidelines are kept up to date *Ongoing*  
5. Provide a variety of materials that take into account local circumstances and respect physician practice considerations [1 and 10 pager complete, 100 pager for Sept 08, medication chart revisions in progress June 08] | Responds to identified need.  
Made every effort for this to be an inclusive process *(except chiros)*  
Chose not to reinvent the wheel but to use existing guidelines from around the world, to rate their quality, and to be open to new evidence as it becomes available.  
This is a living document and are committed to regular updates.  
We’ve created different versions to cater to the needs of different users.  
E-tools would greatly support the integration of the guidelines into practice. | a. CPG was asked for by participants in API workshops  
b. Informal needs assessment, conducted as part of the formal evaluation of Phase 1, to discern further areas of primary care practice that would benefit from the dissemination of evidence based-information.  
   a. **Advisory Committee**  
      Representation from key stakeholders: AHW, TOP, College, Associations and Colleges for other disciplines  
   b. **Working Committee**  
      Representation from practitioners in family practice, pain specialists, physio, pharmacy.  
      Regions represented *(except NLHR)*  
c. At Nov 2007 meeting, associations and | Pilot tested at CHA conference. Further pilot testing to be done through Working Committee. Guidelines revised depending on feedback.  
Consider consultation with Hayward and MacPhail.  
a BC physician at KT08 who has done some excellent work in guideline implementation through PDAs *(Paul)*  
Need to connect with PCNs  
**TOP to launch?**  
Christa and Paul presenting at the Calgary Pain Conference in December 08  
Meeting with faculties of |
## Ambassador Program on Chronic Low Back Pain Dissemination – Focus of Activities

<table>
<thead>
<tr>
<th>Tactic/Audience</th>
<th>Primary Care Physicians</th>
<th>Physiotherapists</th>
<th>Chiropractors</th>
<th>Other Physicians</th>
<th>Patients</th>
<th>Govn’t</th>
<th>Associations</th>
<th>Public</th>
<th>Researchers</th>
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<td>Patient brochure</td>
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Gantt

- Activity
  - Oct 08
  - Nov 08
  - Dec 08
  - Jan 09
  - Feb 09
  - Mar 09
  - Apr 09

- 1-pager
- 10-pager
- 100-pager
- TOP launch
- Opioid Guideline
- Information Sheets
- Patient Brochure
- DVD
- Presentation to Advisory Committee
- Packages for GDC
- Articles
- Conference Presentations
- Ambassador Workshops
- Media campaign
# DISSEMINATION OF LOW BACK PAIN GUIDELINE

## Summary Table

**Updated November 13, 2008**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsibility</th>
<th>Status</th>
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<tbody>
<tr>
<td>1 pager</td>
<td>All</td>
<td>Complete. Pilot tested and medication chart reviewed and revised.</td>
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<tr>
<td>- Written</td>
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<td>Web sites</td>
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<td>Associations will link to TOP</td>
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<td>- Content – words for links to TOP web site</td>
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<td>- Link for EMR</td>
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<tr>
<td>Patient support materials</td>
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<td>Information sheets written, designed and pilot tested. Rough draft of</td>
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<td>- Patient brochure</td>
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<tr>
<td>Guideline Development Committee to champion in their regions</td>
<td>SC with IHE Communications help</td>
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</tbody>
</table>
Key messages

- Integrated KT

- Complex piece of work that requires a complex KT plan

- Audience, audience, audience
Thank you

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