AN INTERACTIVE APPROACH TO KNOWLEDGE TRANSFER FOR DECISION MAKING

CCOHTA Invitational HTA Symposium
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Objective

Sharing a model of an interactive approach to knowledge transfer for decision making and discuss its transferability to other settings
What is AETMIS?

- A scientifically independent advisory council to the Québec Minister of Health and Social Services
- With the mission to promote and support informed decision-making concerning health technologies and health services
- And the mandates of producing assessment reports, transferring and disseminating knowledge, training and national and international cooperation
Knowledge transfer at AETMIS

- Sustained emphasis on KT since 2001
- Shared reflexion between HTA professionals (KT Committee since 2003)
- Broad understanding of KT (encompassing all HTA activities)
- Ongoing development
- Based on real life experience
- Optimizing existing structures and processes
A concept of interactive knowledge transfer

Evidence-informed decision-making

Interactions

Knowledge production

Evidence

Interactions

Context
Decision-making levels

- Policy making
- Medicare coverage
- Regulation

MSSS, RAMQ, etc...

- Organization of services
- Institutional management

Teaching hospitals, regional authorities, local healthcare networks, etc.

- Professional practices
- Patient behaviours

Health professionals, patients
Institutional liaison with DMs

Structures

Agency Council
Advisory Committee
CCS-AETMIS

Agency Council
Advisory Committee
Evaluation units in university hospitals (upcoming forum)

Agency Council
Advisory Committee
Public participation

2006 : Symposium
Origin of HTA projects

- Request from decision-maker
- Feasibility study
  - Evidence?
  - Context?
- Environment analysis
  - Identify issues
  - Identify stakeholders
- Validating or redefining HTA question with the decision-maker
- Elaboration of a logical model of evaluation
Interactive and iterative model of knowledge transfer

Decision

Evidence

Policy question

Planning

Execution

Reporting

Dissemination

Knowledge transfer

CONTEXT

Agence d'évaluation des technologies et des modes d'intervention en santé
Québec
Contextualized evaluation

Formal and informal interactions with stakeholders and decision-makers

Definition/refining of question(s) and dimensions

Evidence

Literature review and critical analysis

Context
The use of electroconvulsive therapy
Québec

Example of interactions and impacts during and after the assessment process
Overview of the HTA

- Highly controversial treatment
- Request: efficacy, safety, comparison with psychotherapy and drug therapy, comparison Québece/Canada/International, alternatives
- 1000 reference articles, 300 referenced in the report
- Multiple interactions (300 emails, stakeholders)
- History, technique, efficiency, safety, epidemiology, regulation, ethics, legal, social perspectives
- Important media impacts
Interactions during the assessment with different stakeholders

- **Public organisations**
  - Quebec College of Physicians
  - Quebec Public Curator
  - MOH England
  - Quebec Hospital Association

- **AGIID (community group for the defense of the rights of patient in mental health)**

- **ECT Practitioners (Quebec, France, Germany)**

- **Academic**
  - Mental Health Research Network of the FRSQ
  - Center for Evidence-based psychiatry (Oxford)
  - Individual Researchers

- **Journalists (Zone libre, Radio-Canada)**
Selected impacts on stakeholder during the assessment process

- Quebec College of Physicians → Policy on ECT
- Quebec Public Curator → Revision of ECT consent process
- MOH England and Oxford University → Coherence of British and Quebec HTA on ECT
- AGIID → Moderate and well-informed training material on ECT
- Journalists → Prime time public affairs TV program on patient’s experience with ECT
Selected impacts from stakeholder during the assessment process

Quebec College of Physicians and practitioners of ECT → Real world practice

MOH England and Oxford University → Limits of an evidence-based approach in psychiatry

AGIID → Awareness of present malpractice in psychiatry

Journalists/TV program → The importance of patients' experience
Selected impacts after the assessment process

- **Media impact**
  - 12 TV (11 in French, 1 in English)
  - 7 Radio (6 French, 1 English)
  - 13 Articles

- **Initial distribution of 700 paper copies of the report, around 200 downloads per month since 26 months**

- **References on web pages** (Quebec Association of Psychiatrists, CHU-Rouen, Suggested Reading and Resources of the Ethics Journal of the AMA, Quebec Mental Health Community Group)

- **Training material for residents in psychiatry**

- **Continuing work on this issue between the College of physicians, the Association of psychiatrists and the Ministry**
Lessons of knowledge transfer

- Producing multi-faceted assessments is time intensive
  - Building relationships with stakeholders
  - Making sense of multiple sources and types of information and evidence

- Change through knowledge transfer can be slow, but continuing over time

- Impacts from assessments can be caused by other mechanisms than knowledge transfer
Introduction of advanced life support in prehospital care in Québec

Example of a context informed Health Technology Assessment
Overview of the HTA

- Issue focused on saving lives by allowing 18 advanced care paramedics to work at Urgences-santé in Montréal
- Political stalemate between the organizations representing ambulance technicians and the Ministry of Health and Social Services
- Timeframe of 4 months between the initial request and the final report
- Context-informed recommendations
- HTA report broke the political stalemate
- Rapid move towards implementing the recommendations
Initial public perception of the issue

« How can the minister maintain his technocratic stubbornness to deprive the Québécois from services offered everywhere else in North America? »

Louise Harel, Opposition Critic on Health
National Assembly of Québec, November 10th, 2004
(free translation)
Reactions after the release of the report

- Complete endorsement of the recommendations by the Minister
- Delighted reception by the different organizations representing the ambulance technicians
- Negligible media attention to AETMIS
HTA as tightrope walking

Request in November 2004

Report in April 2005
Interactions with stakeholders

- December 2004: Meeting with the Medical Director of Emergency Medical Services at the Ministry
- December 14th, 2004: Meeting with Medical directors of Urgences-Santé
- February 2nd, 2005: Meeting with the College of Physicians
- February 3rd, 2005: Phone conversation with the president of the Québec Association of Paramedics (re expert for external review)
Sources of contextual information

- Daily Press review (statutory activity) + web watch with Google Alerts (www.google.com/alerts)
- Meetings with stakeholders
- Team work with two researchers specialised in prehospital care
“DISCLOSURE OF CONFLICTS OF INTEREST

Dr. François de Champlain is also a physician with the Corporation d’urgences-santé. André Lavoie was in charge of research and quality assurance for the Corporation d’urgences-santé from 1992 to 1999. He worked as a consultant for JSS Medical Research, especially in the context of a binding contract between this firm and the Corporation d’urgences-santé. Dr. de Champlain and André Lavoie informed AETMIS of this situation well before this work began.”

Citation from the HTA report
Knowledge transfer from HTA of advanced life support

- Exceptional uptake of knowledge by the Minister
- Immediate public endorsement of recommendations by the Minister
- Uptake of knowledge by the College of physicians still unknown
- What is the knowledge being transferred? What is the knowledge being used by what decision-maker?
  - Report of 105 pages?
  - Summary of 16 pages (including recommendations)?
  - Press release of 2 pages?
  - Foreword of 1 page?
Observations

- HTA offers more opportunities for interaction with stakeholders than the traditional research process.

- Building on its experience, AETMIS KT approach tends to incorporate context information from the onset of each HTA project (context-informed HTA).

- Both the assessment model and the KT process are specific to each project.

- Knowledge utilization results from a multidirectional KT process, right from the beginning of a HTA project.
Conclusions

Knowledge transfer:

- Results from sustained continuing interaction, both in quantity and in quality
- Relies on permanent and functional liaison structures and initiatives
- Needs a mutual engagement towards interaction and exchange
- Is facilitated by contextualization

Next steps?

- Theoretical development of knowledge transfer and contextualization
- Methodological development (social sciences, qualitative research) to better take context into account
Questions

Is this model of knowledge transfer transferable to other HTA settings?

Are there other tools or initiatives that could help enhance knowledge transfer?
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