

Strategies for Knowledge Translation and Mobilization to Inform Hospital Health Technology Use

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Alberta Health Services
HTA Symposium, November 19 2013, Ottawa

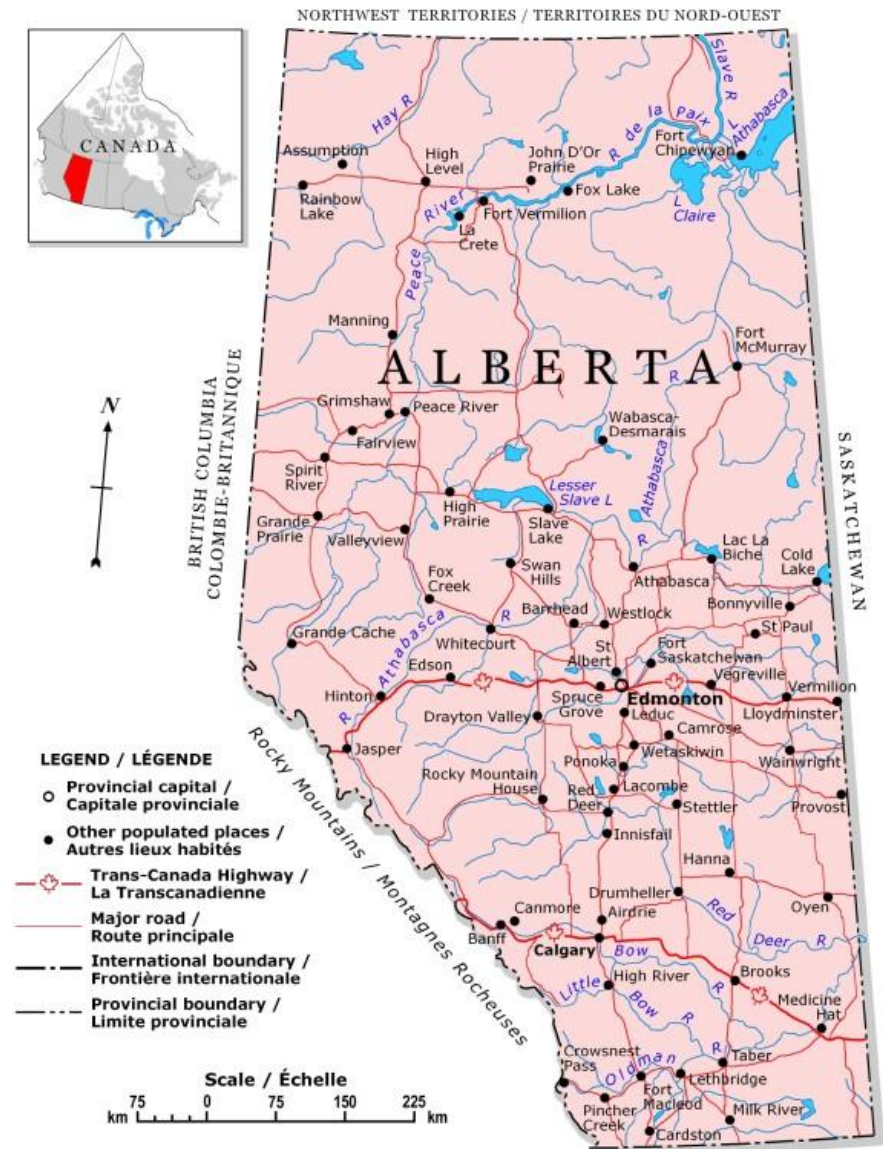
Key Message

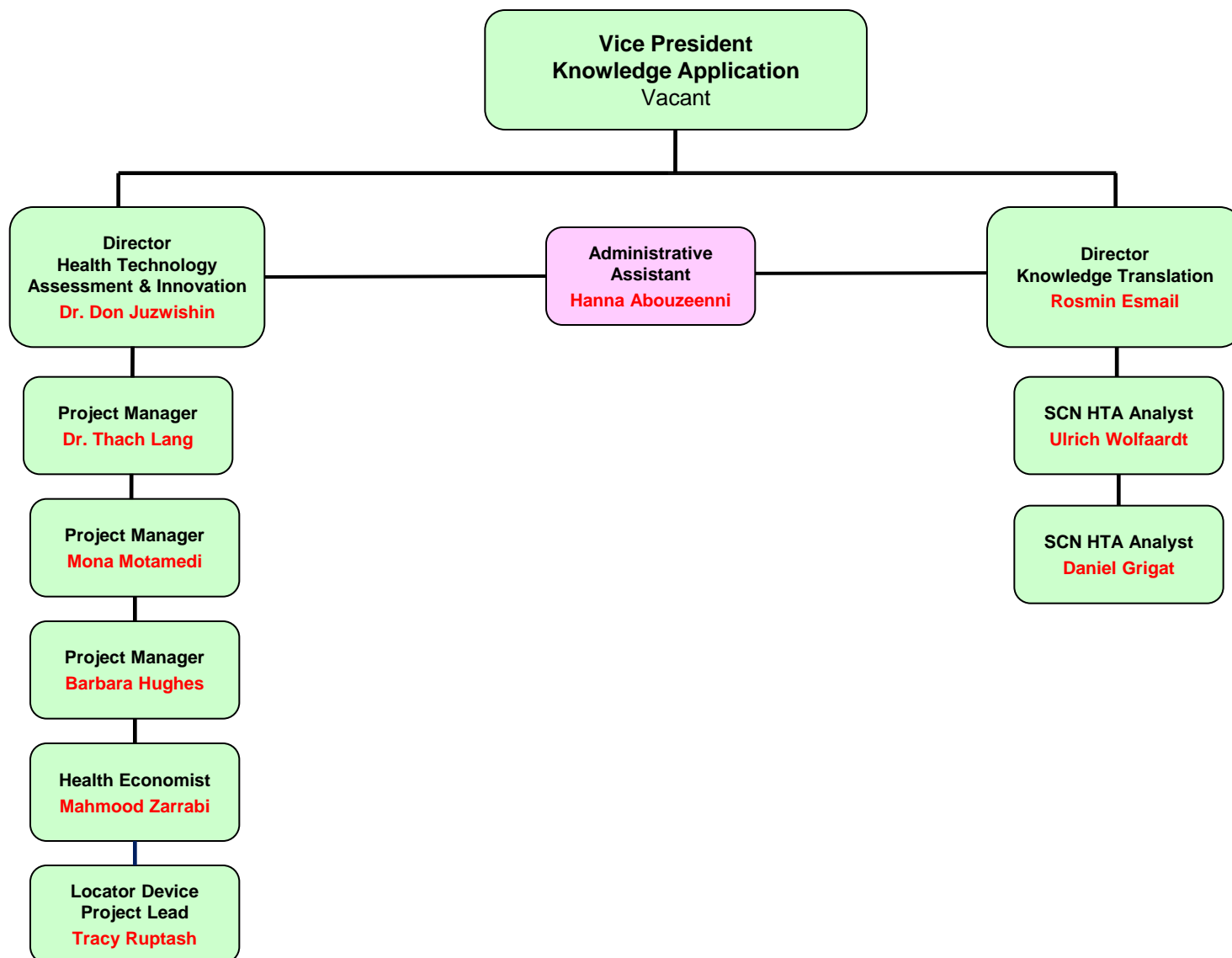
To share strategies for knowledge translation and mobilization to inform the use of health technologies at the hospital level.



Background

- Formation of Alberta Health Services (2009)
- 117 000 employees
- 7400 physicians
- 3.9 million
- Still reorganizing





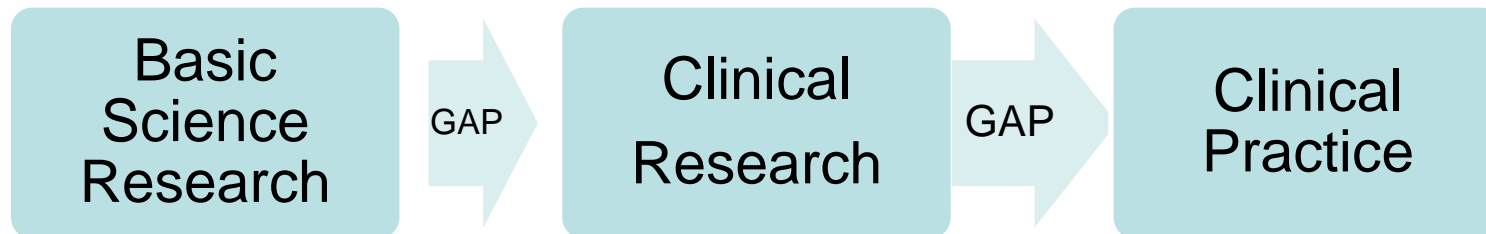
HTA & Innovation – What We Do

- Support an evidence-informed decision model for managing health technologies
- Identify, prioritize, assess health technology (devices and processes) expected to significantly impact patient safety, clinical/cost effectiveness, health outcomes, clinical practice, human resources, and/or policy
- Investigate innovative alternatives for current health technology to improve safety, quality, and/or outcomes
- Promote effective and appropriate uptake of technologies
- Validate effectiveness of promising health technologies with access through evidence development initiatives (field evaluations, trials and pilot projects)

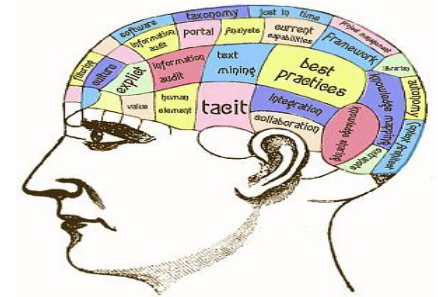
KT – What We Do

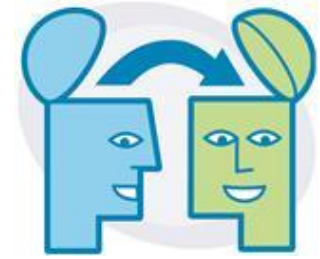
- Planning health technology assessment and reassessment projects.
- Development of knowledge translation, implementation and dissemination plans for HTA and HTR projects.
- Supporting the use of KT practices
- Evaluation and Linkage
- Delivery of an education program on the awareness and application of HTA and KT

Why is KT important?



World Health Organization, 2009





Knowledge Translation

Knowledge translation is a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to the improve health of Canadians, provide more effective health services and products, and strengthen the healthcare system.

CIHR, 2012

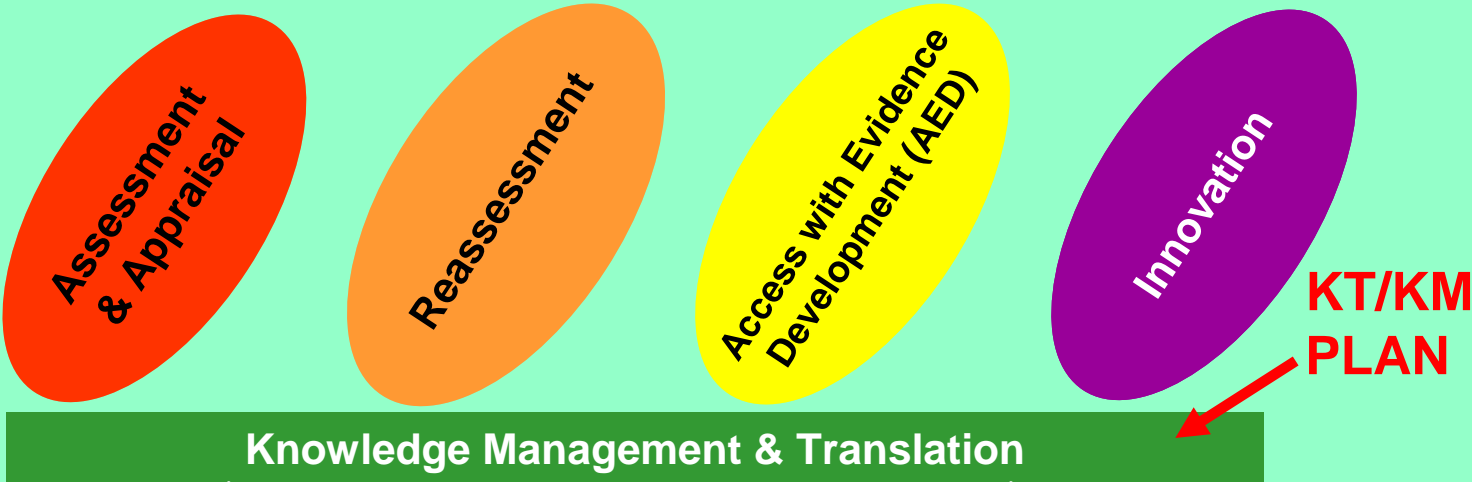
How are they connected?

- HTA and KM/KT are inter-related
- HTA is an ally, a knowledge-broker
- Both are needed for evidence-informed decision making

UNIT

Alberta Health Services
Health Technology Assessment and Innovation

FUNCTION



AHS
PROGRAM
OR
SERVICE



Strategy #1

Connect people to evidence-informed decision making through dissemination

- Technology briefing notes
- Operational financial impact analysis
- Reviews



Example Lymphedema



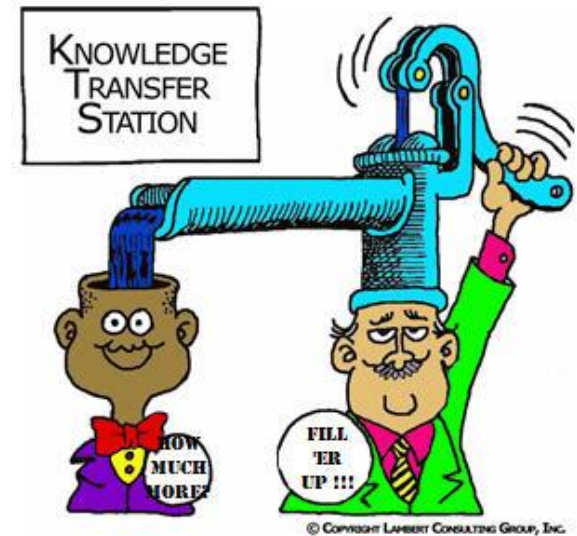
Strategy #2

Provide skills and tools to use, apply and evaluate evidence from HTAs



Strategy #3

Support sharing of HTA knowledge by engaging stakeholders through knowledge transfer activities





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Health Technology Assessment & Innovation (HTAI)

Putting Health Technologies into Practice

HTAI provides important policy tools and effective approaches to help teams improve access, quality and sustainability in health care delivery.

The HTAI team provides expertise and skills in the areas of health technology assessment and appraisal, innovation, clinical epidemiology, project and knowledge management.

Health Technology Assessment and Innovation (HTAI) department is included in the Research section of the AHS Strategy and Performance portfolio.

About HTAI

In January of 2011, The Health Technology Assessment and Innovation Team joined the Research Division, Strategy and Performance.




Mission


Forms

- [Assessment Request](#)
- Submit to HTAI@albertahealthservices.ca

Contact

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Knowledge Translation (KT)

- Netcare and Research
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Knowledge Translation (KT)

The Knowledge Translation (KT) department was formed in July 2012 under the Knowledge Application area of the Research Portfolio. The Director of KT position was created reporting to the VP of Knowledge Application. Knowledge translation in Alberta Health Services will support evidence-informed decision-making through exchanging, synthesizing and applying knowledge in an ethically sound way to quickly capture the benefits of research. The department is about putting research evidence into evidence-informed practice and policy.

How are we defining Knowledge Translation?

The KT department has adopted the Canadian Institute for Health Research Definition on KT (2012): "Knowledge translation is a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to the improve health of Canadians, provide more effective health services and products, and strengthen the health care system."

How can the KT department assist you?

The key areas of focus are:

- Assist with planning for health technology assessment and reassessment projects.
- Development of knowledge translation, implementation and dissemination plans for health technology assessment and reassessment projects.
- Contribute to the implementation of leading best practices in knowledge translation, implementation science and supporting the use of KT practices.
- Evaluation of knowledge translation plans and strategies.
- Linkages and knowledge brokering to areas within AHS i.e. Strategic and Operational Clinical Networks, REST, Knowledge Management-library services, DIMR.
- Linkages to areas outside of AHS i.e. Alberta Innovates - Health Solutions Health Research Transfer Network of Alberta (RTNA) program, KT Canada, HTA partners, Alberta Health.
- Linkages with other KT resources including tools, frameworks, and methodology.
- Assist with the delivery of an education program on the awareness, assessment and application of HTA and KT.
- Contribute to the planning, development and implementation of an Integrated Knowledge Translation Framework.

Communities of Practice



A process of learning when a group of people with a common interest or problem come together regularly to share ideas, find solutions and build innovation.

Strategy #4

Facilitate, review and implement,
evaluate best and innovative
practices in HTA



What is our Role in AHS?

- To support Strategic Clinical Networks (SCNs), zones and Leaders in Alberta Health Services (AHS) in optimizing the use of health technologies and increasing appropriateness of care interventions in health and health care in Alberta.
- Bridge & Hub
 - AH - Macro
 - AHS - Mezzo
 - SCNs - Micro



MACRO LEVEL-Alberta Health

- Alberta Health Technologies Decision Process
 - Established in 2003
 - To develop policy regarding public provision of non-pharmaceutical health technologies and services using robust scientific evidence and information
 - High impact, provincial perspective

Alberta Health Technology Decision Process

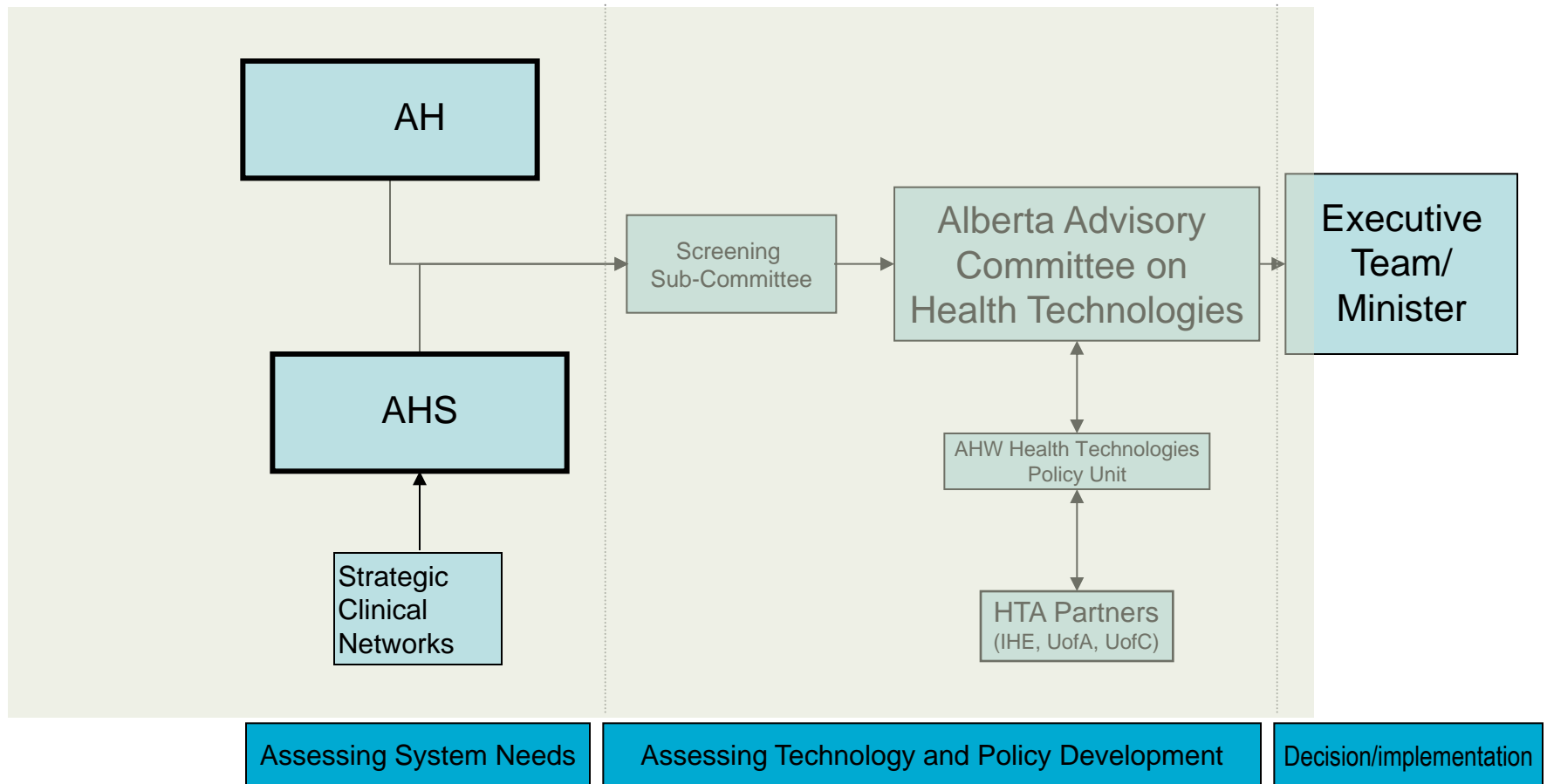
- Principles
 - Timeliness
 - Rigor
 - Transparency
 - Flexibility
- Setting priorities (selection of health technologies and services for provincial review);
- Conducting reviews (health technology assessments) of selected health technologies and services;
- Consulting on findings, followed by formulating advice and implementing (communication) the decision; and
- Evaluating the impact of policy decisions on the Alberta healthcare system.



Alberta Advisory Committee on Health Technologies

- Advises Alberta Health (AH) on decisions from the Decision Process
- Technologies and services requiring provincial review
- Makes policy recommendations
- High level representation

Health Technologies Decision Process



From Alberta Health

Screening Sub-Committee

- Reviews technologies submitted for consideration by the Decision Process
- Supports the AACHT in the prioritization of selected technologies
- **Criteria include:**
 - Population wide impact
 - Anticipated requirement for change in legislation
 - Anticipated change in access/unequal access among health sectors
 - Significant impact on health or quality of life
 - Cost
 - Impact on fee schedule
 - Impact on cost allocation between Alberta Health and Alberta Health Services
 - Significant potential investment in Alberta, and controversy or political sensitivity

HTAI and KT Linkage with Macro Level

- AACHT Screening Subcommittee
- All requests that come to the HTAI department are shared with this committee
- Screening criteria are applied



HTAI and KT Role in AHS-Micro level

HTAI and KT will support the Strategic Clinical Networks, zones, and Departments in AHS in optimizing the use of technologies in health and health care in Alberta and assist with knowledge translation.

What are the SCNs?

- Collaborative clinical strategy groups
- Perspectives of all stakeholders
- Develop improvement strategies
- Achieve improvements in
 - patient outcomes and satisfaction
 - improved access to health care
 - sustainability



The First Nine launched June 2012

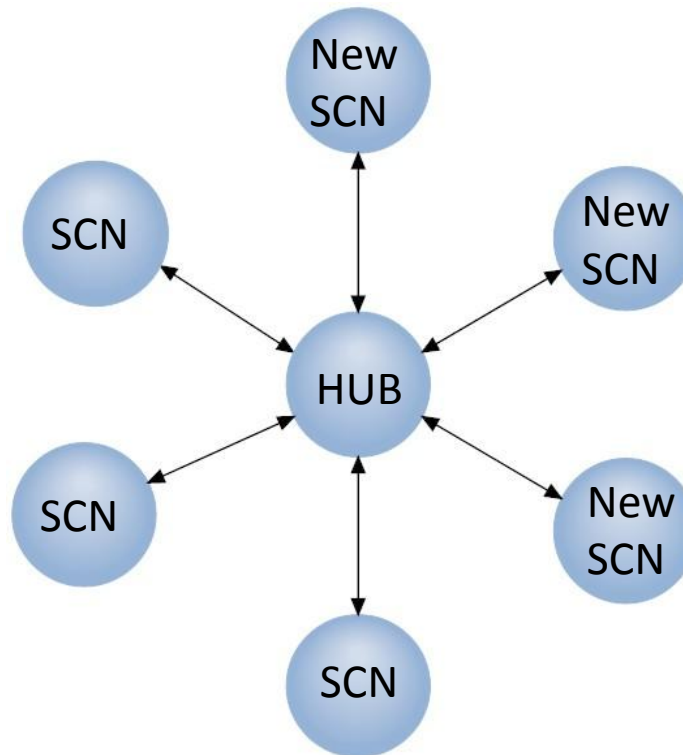
- Obesity, Diabetes & Nutrition
- Seniors' Health
- Bone and Joint Health
- Cardiovascular Health and Stroke
- Cancer Care
- Addiction and Mental Health
- Formerly Operational Clinical Networks
 - Emergency Care
 - Critical Care
 - Surgery

How will we Support SCNs?

- Evidence synthesis (rapid and scoping reviews)
 - Full systematic reviews and HTAs through our HTA producers
 - Health economics advice
- Provide HTA and health technology reassessment support
- Development of KT/dissemination and implementation plans
- Linkage with Alberta Health and policy decisions
- Linkages to other areas and
- Tracking and horizon scanning of technology trends

Hub and Node Model

Node: HTAI Satellite
units for high level
support



Node: HTA analyst
to support
developing SCNS

Hub Responsibilities

- Core expertise and capacity in HTA methodology accessible to SCNs
- Support nodes (HTA analysts or HTAI satellite units)
- Processes and tools
- Linkage and exchange with AHTDP process and AH AACHT

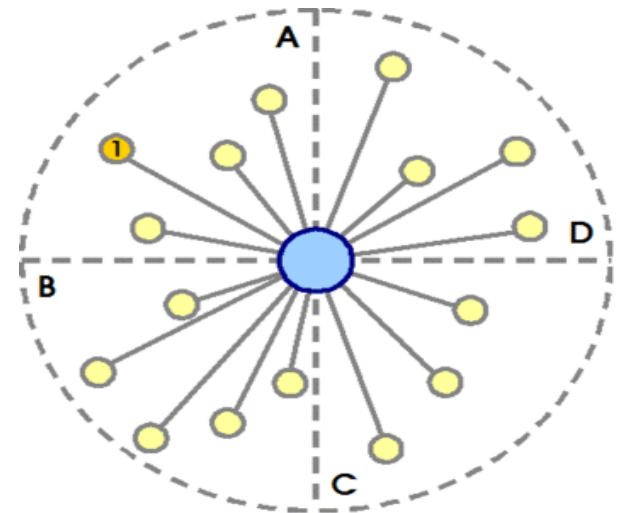
Who is in the Hub?



- Director HTAI
- Director, KT
- HTA Analysts
- Health Economist
- Project Manager
- Administrative Support

Node Responsibilities

- Lead, coordinate, assist and support SCNs with HTA priorities
- Make recommendations for action to the hub
- Assist with mobilizing resources for HTA and HTR
- Assist with recommendations on adoption of technologies with minor impact



Practical Examples

- Enhanced Recovery After Surgery (ERAS) KT plan
- Grant KT support-Critical Care; CV and Stroke
- Appropriate Use of Antipsychotic Drugs in Long term Care participation on KT working group

Next Steps

- HTAI/KT is committed to working with the SCNs, zones and other AHS departments to use evidence in managing health technologies
- Awaiting approval of further resources for hub and node model
- SCNs are still developing and refining
- Continual linkage with AH AACHT

Challenges Ahead...

- Constant reorganization
- Building a knowledge sharing culture
- Getting buy in
- Resistance to change
- Human & Financial Resources



Final thoughts...

- HTA and KM/KT are both required in evidence-informed decision making to managing technologies
- Both will also be needed in determining future health technologies that will become part of Canada's health care system

“A little knowledge that acts
is worth infinitely more than much knowledge
that is idle.” ...Khalil Gibran