

# Embedding KT research within a provincial quality improvement program for chronic diseases in primary care

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# Learning Objectives

1. Describe the provincial CoMPAS+ quality improvement program and some of its key components
2. Describe how different KT research methodologies are being used in different phases of this program
3. Summarize the benefits and challenges of **embedded research** within Canadian healthcare agencies like INESSS



# **My journey with INESSS and the CoMPAS+ program**

# INESSS

- National Institute for Excellence in Health and Social Services
- Created in 2011
- Mission is to promote clinical excellence and the efficient use of resources in the health and social services sector
- Public healthcare agency involved in assessment of health technologies, medications and interventions, as well as issuing guidance and recommendations about their adoption and optimal use

# My role in INESSS

- **Health System Impact Fellowship opportunity**
  - New CIHR Fellowship launched in 2017
  - Experiential learning within health system organizations
  - Apply PhD skills to ‘real-world’ challenges
  - Training in an expanded set of core competencies
- Began fellowship with INESSS in September 2017
- Project = Develop and evaluate new CoMPAS+ program workshops on the theme of **mental health**

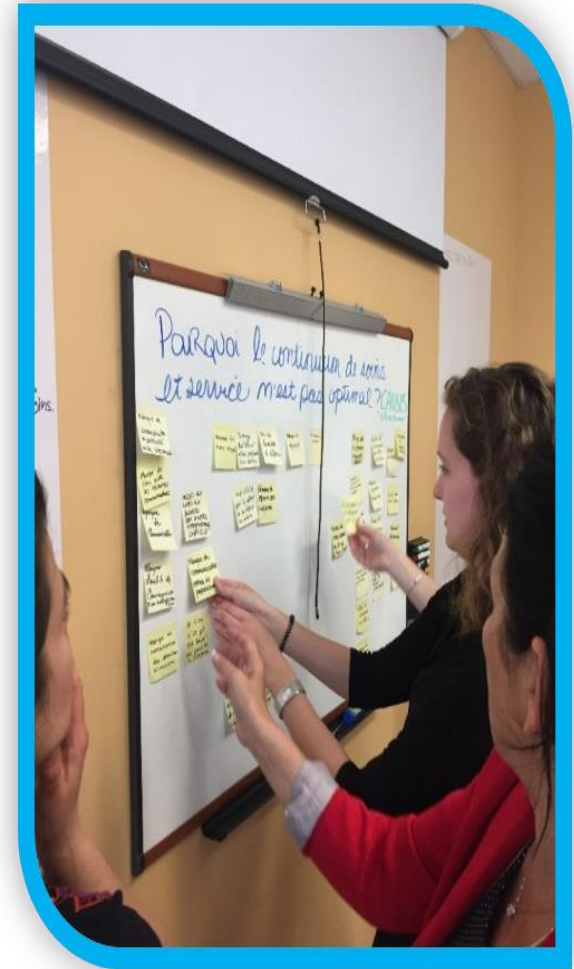
## Le **C**ollectif pour les **M**eilleures **P**ratiques et l'**A**mélioration des **S**oins et **S**ervices de proximité

Collective for best practices and improvement  
in primary and community care

# The CoMPAS+ Program

- A QI program aiming to foster a culture of continuous improvement in primary care for populations with or at risk of developing chronic conditions
- **Objectives:**
  - Facilitate adoption of evidence-based clinical practices
  - Enhance interprofessional and inter-organizational collaboration
  - Enhance clinical governance for chronic diseases
  - Improve **'value'** of care, i.e. best care at the best cost

***‘Reflective practice’  
workshops supporting the  
emergence of quality  
improvement initiatives for  
chronic disease prevention  
and management in primary  
and community care services  
within a given territory***





# History of CoMPAS+

2008

COMPAS Program launched by regional health authorities in the Montérégie region

2010

Researchers join CoMPAS team

Develop 3-hour workshops promoting reflective practice

2012

Hold 10 workshops on **diabetes** care involving over 200 health professionals

2013

Hold 5 workshops on **COPD** care

Researchers develop initial program theory

2014

**Ministry of health develops an interest for the program and wants to scale it up**

2015

INESSS assumes the scientific coordination of the program

Workshops are enhanced – now last a full day with new content + patient involvement

2017

New workshops piloted in 4 regions

2017

INESSS develops a Business Plan for the CoMPAS+ Program

Mandated to deliver at least 10 workshops a year across the province of Quebec

2020

**Goal to develop workshops in new thematic areas → 'Mental Health' a priority**

# CoMPAS+ Mental Health

## Project aims

- Develop a new patient-oriented COMPAS+ workshop prototype in the thematic area of mental health
- Pilot the new workshop prototype in primary care and assess its acceptability/feasibility
- Identify factors influencing a broader implementation of the workshops



# **KT research methods in COMPAS+ Mental Health**

# KT methods

*Realist evaluation and interviewing*

*Organizational participatory research*

*Evidence briefs*

*Scalability assessment*

# The CoMPAS+ intervention

**Asking a simple question:**

***What is the COMPAS+ intervention?***

**... leads to lots of different answers!**

# The CoMPAS+ intervention

## *What is the COMPAS+ intervention?*

**Educational intervention**

Reflective practice workshops

**Audit & feedback intervention**

Quality improvement program

**Quality improvement *collaborative***

Clinical governance program

**Chronic disease management program**

# 1. Realist evaluation

A theory-driven approach to evaluation that aims to define, test, and refine hypotheses about how, when and for whom programs and interventions ‘work’

*An approach well-suited for evaluating the development, implementation and effects of complex interventions*

# Understanding intervention components, contexts, mechanisms and outcomes

## Sources of information

- COMPAS+ Program Business Plan
- Presentations and publications
- Reports from the implementation team
- Materials from workshops
- Observations during workshops and meetings
- ***Realist interviewing***



# Realist interviewing

A theory-driven approach to interviewing for realist evaluation

## Three phases

- Theory gleaning interviews
- Theory refinement interviews
- Theory consolidation interviews

# Realist interviewing

## Theory gleaning interviews

“What are the active ingredients of COMPAS workshops that make them a successful and effective intervention?”

“Why is (*component X*) important? What were you trying to achieve?”

“What do you think are the most important outcomes sought by the program?”

“Are these desired outcomes actually being achieved? If not, why not?”

# Realist interviewing

Theory refinement interviews → Feedback component

## PROXIMAL OUTCOMES

Intrinsic motivation to change

Reflection and openness to new ideas

New perspectives on sources of problems

## MECHANISMS

Cognitive dissonance

Positive emotional reaction to data (non-defensiveness)

Ease of data interpretation

## STRATEGIES

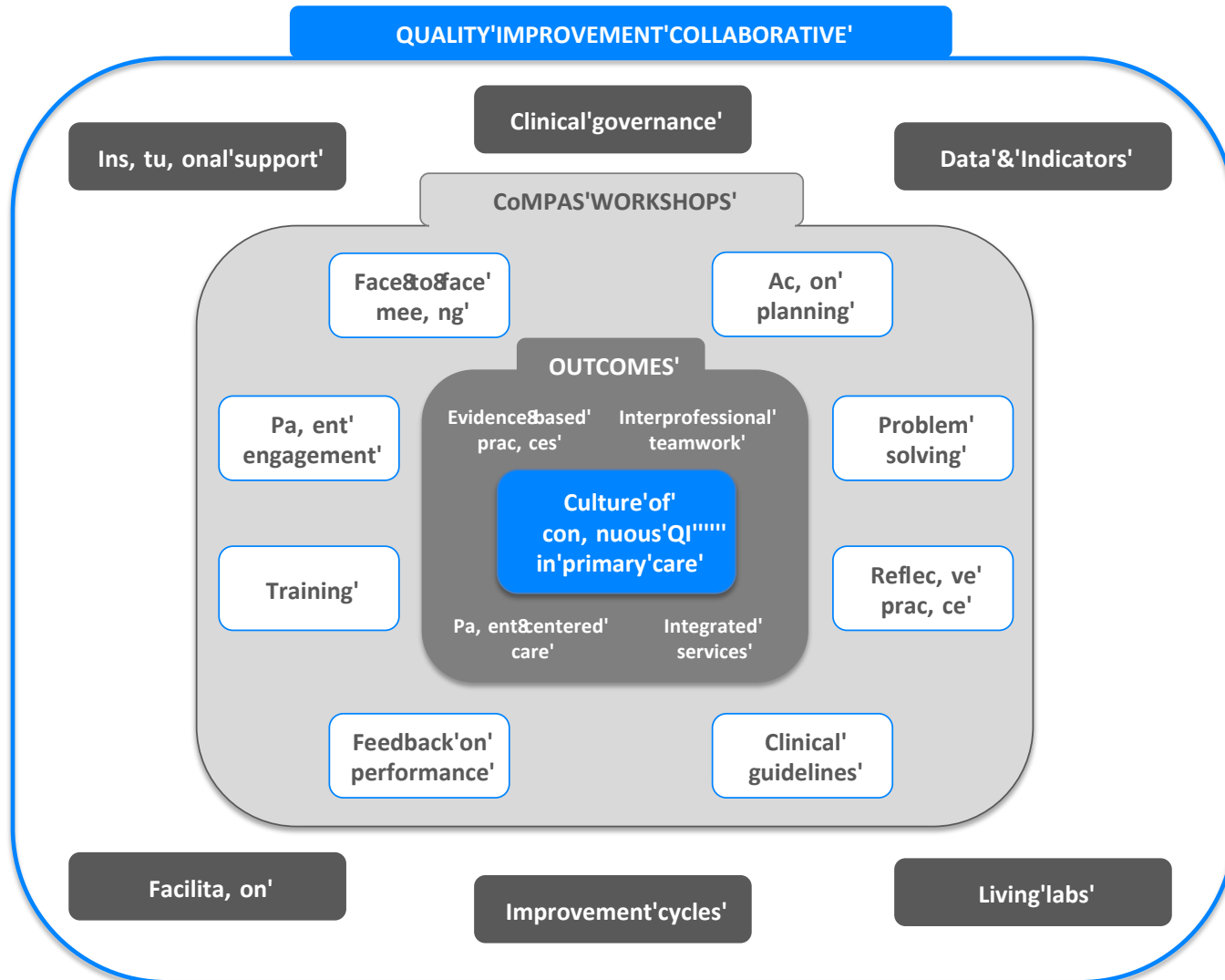
Relevant indicators and comparators

Emphasis on non-judgment during presentation

Feedback delivered visually & verbally in person

Feedback is presented with clear graphic design

# CoMPAS+ intervention



## 2. Organizational participatory research

- A form of integrated KT ***conducted in healthcare organizational settings*** with non-academic partners
- OPR blends ***action research*** with ***organizational learning*** in order to improve existing organizational practices or design and implement new organizational interventions

***We're using an OPR approach in the co-design, implementation and evaluation of CoMPAS+ Mental health***

# Steps in our OPR process

1. Prepare for OPR process
  - Initial project definition
  - Identify organizational partners
  - Initial contact process (top down or bottom up?)
  - Present (i.e. sell) the project
  - Receive formal support
2. Form working groups and establish work processes
  - Ensure a common understanding of the project
  - *Project Team, Implementation Team, Evaluation Team*
  - Diverse stakeholder representation
  - **Patient partners!**

# Steps in our OPR process

3. Initial meeting – **Selecting a workshop theme**
  - What mental health condition(s) will be covered during the workshop?
  
  - **Deliberative, multi-criteria approach to decision-making**
    - ❑ Define decision problem and options
    - ❑ Identify decision criteria
      - *Need, Potential impact, Context, Impact on resources and costs, Feasibility, etc.*
    - ❑ Prepare ‘performance matrix’ and decision-support tools
    - ❑ Organize meeting with facilitation
    - ❑ Deliberate on options and consider evidence, contextual knowledge and experiential knowledge
    - ❑ Make a **shared decision**

# Steps in our OPR process

## 4. Co-design meetings

- Grounded in an understanding of key intervention components
- Clarify key decisions that need to be made
- Consider evidence and different perspectives
- Breaking into smaller working groups
  - Indicators, Best practices, Evaluation

## 5. Implementation and Evaluation processes

- Implementation team managers implementation logistics and documents barriers/facilitators
- Evaluation team considers evolving program theory, implementation processes, factors to consider when scaling-up



## 3. Evidence briefs

Evidence (or policy) briefs are a way of packaging information (mainly) from systematic reviews in order to mobilize the best possible research evidence in support of decisions on high priority issues

# Evidence briefs

## Characteristics of evidence briefs

- Employ systematic and transparent methods to identify, select and assess research evidence (*systematic reviews*)
- Explicitly identify the high priority issue or problem
- Present options for addressing the issue, with pros and cons to each option
- Include implementation considerations
- Consider the quality of the evidence (e.g. AMSTAR)
- Include a reference list and relevant appendices
- Reviewed by both a researcher and decision-maker

# Evidence briefs

## Example: Audit & Feedback Evidence Brief

- What is Audit & Feedback?
- How effective is Audit & Feedback
  - Generally
  - In the area of mental health
- How does Audit and Feedback work?
- How can Audit and Feedback interventions be optimized?
- What are the implications for COMPAS+ Mental Health?

## 4. Scalability assessment

A multi-method approach to evaluation that aims to assess the ability of a health intervention shown to be effective on a small scale or under controlled conditions to be expanded under real-world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

# Scalability assessment

## 1 – Alignment with strategic contexts

Interviews with health region leaders  
Meeting minutes & notes  
Analysis of organizational documents

## 2 – Feasibility and acceptability

Questionnaires (post-workshop,  
6 month follow-up)  
Meeting minutes & notes

## 3 – Fidelity, adoption and reach

Observations  
Meeting minutes & notes  
Implementation team reports  
Content analysis of action plans

## 4 – Effectiveness

Local indicators of success  
Focus groups



# The embedded researcher experience

# Embedded research

## Recognized benefits

- Knowledge co-production in real-world contexts
- Leads to tailored, context-sensitive approaches
- Promotes greater relevancy and impact of research
- Overcomes obstacles (e.g. lack of organizational buy-in)
- Helps the researcher understand organizational culture and practices

# Embedded research

## My perceived benefits

- A better understanding of how the health system (really) works
- Skill and capacity building
  - For me: change management, project management
  - For them: KT methods
- My knowledge and expertise is valued
- Opportunities to build relationships and networks
- Feeling that you may actually make a real difference through your research

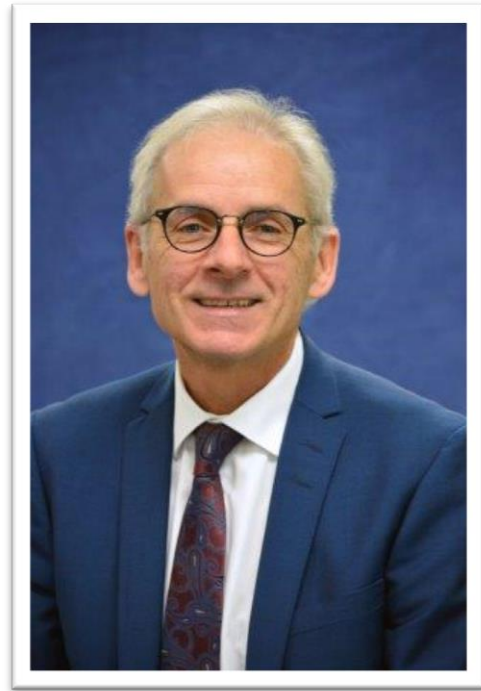


# Embedded research

## My challenges

- Everything takes longer, but timelines are shorter!
- Trade-offs between rigour and pragmatism
- Who decides things? How are decisions made?
- Lack of research infrastructures and resources in non-academic settings
- Scientific productivity can take a hit

# Thanks to my mentors



Dr. Denis A. Roy

Vice President  
Science and Clinical Governance  
INESSS



Dr. France Légaré

Canada Research Chair in Shared Decision  
Making and Knowledge Translation  
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# Questions?



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