

WF1: Developing Methods to Advance Community-based Health Information Exchange

Michael S. Klinkman, MD, MS; Donald E. Nease, Jr., MD;

PRESENTATION CATEGORY: Community Engaged Research

TYPE OF PRESENTATION: Skill Development Workshop

SESSION DESCRIPTION:

Fragmentation and sequestration of information causes significant gaps in our understanding of the interplay of social determinants, behavioral health and chronic illness in achieving better health outcomes. Over the past few years, we have worked to develop Communities of Solution in Michigan and Colorado to address this 'wicked problem' and have learned there is no single linear path to success. In this workshop we will collectively develop methods to guide and support this type of work.

SESSION SUMMARY:

Fragmentation and sequestration of information related to personal health at the local community level causes significant gaps in our understanding of the interplay of social determinants, behavioral health and chronic illness in achieving better health outcomes. The unfortunate result is that care providers operate in largely dissociated care 'siloes' and unintentionally create complex pathways of care. This is a classic 'wicked problem'. It will not be solved by simply adding Social Determinants of Health screening to the medical enterprise EHR. It will require long term community-based partnerships that can bring together lay community members, stakeholders, care providers, and researchers to untangle complex problems and bridge longstanding silos. Over the past few years, we have worked to develop a handful of Communities of Solution (COS) to address the problems of fragmentation and sequestration. Our COS work seeks to develop community-grounded solutions through shared local conversations that identify problem sheds and asset sheds, focusing on ways to share information so that the complex work of clinical integration and care coordination across siloes can take place. This work has taken the form of a Community-Based Research Network (CBRN) in Jackson, Michigan, a new community-centered PBRN in Grand Junction, Colorado, a regional 'connected cities for health' initiative in Newcastle, England, and community conversations in Durango, Boulder, and Castle Rock, Colorado. Our primary aim in each of these communities is to co-create a 'locally-owned' infrastructure to support information exchange between medical, behavioral, social, public health providers, and community members to improve the health and well-being of the community at large. We have collected a large bucket of successes, false starts, setbacks, and failures along this path - more than enough to conclude that there is no single linear path to success in this work. This workshop seeks to bring together anyone engaged in - or interested in - partnering with communities to better integrate care to collectively develop methods to guide this work. We will begin with a brief description of core learnings from our work to date: concepts of opportunistic discovery and emergent communities, issues of community resolve and trust, and methods for community exploration, mapping, and activation. We will then open the floor for full group participation, where participants can share their own experiences and learnings, provide additional perspectives, and propose new approaches/ methods/ techniques for developing effective COS partnerships. We have 2 goals for the session:(1) to collectively fill a methods toolbox to guide researchers and communities willing to take on this challenging work(2) to form a collaborative community of researchers engaged in this type of work: it is difficult, humbling, often frustrating, and peer support can be a lifeline

MEASUREABLE OBJECTIVES:

This session will help participants:

- (1) understand the complexity of the problem and the pros and cons of the Community of Solution approach
- (2) learn how at least one PBRN (GRIN) has developed infrastructure to support a CBRN
- (3) collectively develop a methods toolbox to support their own efforts to carry out this type of build long-term community partnerships
- (4) build collaborative relationships with the small community of PBRN researchers actively working in this area

AGENDA/TEACHING METHODS:

Session will begin with introductions of all participants (5-10 min)Presenters will briefly describe some core learnings from their work to date (15-20 minutes): some examples- concepts of opportunistic discovery and emergent communities- issues of community resolve and trust- methods for community exploration, mapping, and activation. Full group session (50-60 minutes):Full group participation, facilitated by presenters.Participants can share their own experiences, provide additional perspectives, and propose new approaches/ methods/ techniques for developing effective COS partnerships. Depending on number and experience of participants, we may divide into small groups for more in-depth discussion (for example, basic approaches to community discovery vs. methods for community mapping).Summing up, and next steps (10 minutes).

NEEDS ASSESSMENT:

We will assess needs of participants during introductions.We will ask participants to describe of their current work in this area, challenges they are facing. If inexperienced, we will ask them to describe background/interest and questions they would like addressed in the session.Presenters are highly experienced facilitators, and will use responses to shape content and group discussion in session. For example, if a sufficient number of inexperienced participants are present, group session can be broken into smaller groups - one to discuss methods in depth, another to work through some basic issues in beginning to work with communities to create COS.

AUDIENCE ENGAGEMENT:

Opening introductions of all participants, including description of their current work in this area or background/interest in this area - this will allow presenters to shape session and carry out needs assessment.Open encouragement for questions and discussion at any point in session, including initial presentationFull-group participation for majority of session to share ideas and collectively develop methods to carry out this type of work. This will be organized as small-group, or full-group, depending on number of participants.

EVALUATION:

- We will ask participants to complete a BRIEF evaluation asking about their level of experience in this area, their level of agreement as to whether the session met its 4 measurable objectives, and a brief description of what they would like to see as a next session on this topic
- We will offer to host a virtual learning collaborative on this topic; the response will provide another measure of our success in engaging participants in this work.

DISCUSSION/REFLECTION/LESSONS LEARNED:

This session grew out of the cumulative field experience of the presenters over several years of work in this area. The primary lesson learned is that there is no single, linear pathway to success in this work. We need to be able to bond with our partners and adapt to local conditions and needs. That requires both a full methods toolbox and a diverse learning collaborative to fill it.

RELEVANCE STATEMENT:

Partnering with communities to study and solve 'wicked problems' such as effectively sharing information to support integrated health care is very important - and incredibly challenging. In this session, we will collectively explore and develop methods to guide and support this work.

WF2: Engaging Patients in PBRN Research Agenda Setting

Sarah Brewer, MPA; Natalie Crump, MS; Sean O'Leary, MD, MPH

PRESENTATION CATEGORY: Stakeholder Engagement

TYPE OF PRESENTATION: Skill Development Workshop

SESSION DESCRIPTION:

This workshop will describe a method for patient engagement in research agenda setting with the context of a PBRN, using a pediatric PBRN example. We will present methods for community partner collaboration, patient and parent engagement, a working group model, and processes for collaborative research question and proposal development with stakeholders. Attendees will apply these methods to their PBRN and develop plans and action steps for patient engagement in research agenda setting.

SESSION SUMMARY:

Stakeholder engagement in PBRN research is a component of research that improves the public health impact of public health research and interventions. Numerous funders now seek stakeholder engagement in research proposals. Many researchers have questions about how to successfully design, implement, and evaluate stakeholder engagement within research projects in the PBRN setting. Led by researchers and patient stakeholders currently funded by the Patient Centered Outcomes Research Institute (PCORI), this workshop will use a variety of didactic and hands-on activities to walk participants through various key steps needed to successfully plan and execute a PBRN-based research projects with meaningful patient and stakeholder engagement. Worksheets, group, and individual activities will be used to guide participants through a series of exercises to allow them to strategize about how to incorporate patient engagement and PCOR into their own PBRN research projects. This workshop will describe a method for patient engagement in research agenda setting with the context of a PBRN, using a pediatric PBRN example. PBRN leadership, patient/parent leaders and stakeholders will present methods for developing a patient-driven research agenda. Topics will include developing community partner collaboration beyond PBRN member practices, recruiting parents and patients to engage with the PBRN, fostering sustainable patient and parent engagement at various levels, identifying and prioritizing research topics from patients using a Network Advisory board, facilitating topic-specific working groups through a collaborative engagement model, and processes for collaborative research question and proposal development with stakeholders. We will describe each of these aspects of our parent engagement model and how they've been implemented in our PBRN. Participants will learn to apply these to other PBRN settings to increase stakeholder engagement in the early stages of research. Attendees will apply each method to their PBRN and develop plans and action steps for stakeholder engagement in research agenda setting.

MEASUREABLE OBJECTIVES:

Attendees will be able to:

- Understand the fundamental elements of stakeholder engagement in PBRN research.
- Identify why stakeholder engagement is important to one's own research interests.
- Identify key elements for successfully incorporating patient engagement into research agenda setting, grant writing and study design in the PBRN context
- Develop strategies for successfully engaging specific patients or other stakeholder populations into one's own research project.
- Plan specific steps needed for stakeholder engagement in the research agenda setting process in their home PBRN setting

AGENDA/TEACHING METHODS:

This workshop will use a variety of didactic and hands-on activities to walk participants through various key steps needed to successfully plan and execute a stakeholder engagement plan in PBRN-based research projects. Worksheets, group, and individual activities will be used to guide participants through a series of exercises to allow them to strategize about how to incorporate patient and stakeholder engagement into their

own PBRN research projects. Presenters will divide the workshop into three parts of roughly 30 minutes each. In each part, the leaders will present key concepts of stakeholder engagement for 10 minutes, facilitate a 10-minute group activity to apply those concepts and then facilitate discussion and sharing for approximately 10 minutes. The three parts of the workshop will cover (1) the importance of stakeholder engagement in the PBRN setting and specifically in the research agenda setting process; (2) methods for engaging stakeholders in a PBRN with examples for a pediatric PBRN; and (3) developing and evaluating stakeholder engagement plans in attendees' own PBRNs.

NEEDS ASSESSMENT:

Stakeholder engagement in PBRN research is a component of research that improves the public health impact of public health research and interventions. Numerous funders now seek stakeholder engagement in research proposals. Many researchers have questions about how to successfully design, implement, and evaluate stakeholder engagement within research projects in the PBRN setting. This session aims to demystify stakeholder engagement in PBRN research, outline the concrete steps necessary for engaging patients and stakeholders in the PBRN research process. In addition, this workshop will create a space for PBRN researchers to share their ideas and lessons learned about engaging parents, patients and other stakeholders in the research process from agenda setting to dissemination.

AUDIENCE ENGAGEMENT:

This workshop will engage audience participants to apply the learnings of our workshop to their PBRN setting. Our workshop team will consist of a combination of (a) short presentations led by PBRN researchers and parent/patient stakeholder partners and (b) interactive application. This workshop will use a variety of didactic and hands-on activities to engage the audience as active learners in applying stakeholder engagement principles and steps to their own PBRN needs.

EVALUATION:

This workshop will use a short paper-based post assessment to assess the extent of participants' learning about stakeholder engagement. This assessment has been used in previous workshops on PCOR and patient engagement and includes Likert-items on specific learning objectives as well as open-answer feedback on the content and presentation of the workshop.

DISCUSSION/REFLECTION/LESSONS LEARNED:

The researchers and stakeholder partners leading this workshop will share our own learnings from a two-year process to identify and synthesize stakeholder-driven research questions and set a PBRN research agenda. We will describe our methods, identify the strengths and weaknesses of our stakeholder engagement process, and explain the resulting infrastructure which ensures the sustainability of stakeholder engagement in our PBRN.

RELEVANCE STATEMENT:

This workshop will help PBRN researchers, patients and other stakeholders to develop plans for collaborative stakeholder engagement throughout the research process in a PBRN setting. Attendees will actively engage in worksheets, group, and individual activities and discussion to learn the importance of stakeholder engagement in PBRN research and develop plans for stakeholder engagement in their own PBRN research projects.

WF3: How-Tos in Pairing Project ECHO and Performance Improvement to Advance Pain Management Across a Rural State

Eve-Lynn Nelson, PhD; Mary Beth Warren, MA, RN; Carla Deckert, MA

PRESENTATION CATEGORY: Practice Facilitation/Quality Improvement

TYPE OF PRESENTATION: Skill Development Workshop

SESSION DESCRIPTION:

Rural states such as Kansas mirror the nation in substantial gaps in evidence-based assessment and treatment of chronic pain. Because of the complexity of pain management and no "quick fixes," we will describe pairing Project ECHO telementoring with a broader multi-component learning model to maximize practice change. The interactive session will focus on "how to" approaches to recruit, support, and retain rural primary care practices in the combined project ECHO/QI approach.

SESSION SUMMARY:

Rural states such as Kansas mirror the nation in substantial gaps in evidence-based assessment and treatment of chronic pain. Because of the complexity of pain management and no "quick fixes," we paired the successful telementoring Project ECHO approach with our broader hybrid, multi-component learning model in order to maximize practice change. This is particularly true in our rural practices where there may be no/limited referral options for thorough interprofessional assessment and treatment in pain management, as well as challenges associated with stigma around disclosing pain and seeking help. The presenters will describe leveraging guidance from a statewide pain management coalition across academic, governmental, patient advocacy, and other partners. They will engage the audience in discussing and role playing the practical steps in implementing the Project Extension of Community Healthcare Outcomes (ECHO) telementoring approach, paired with each practice's own practice performance improvement project. Strategies associated with recruiting and retaining rural and frontier practices across the 6-month intervention will be shared. This includes gaining buy-in both to Project ECHO and to performance improvement data that brings the ECHO-training to life and maximize practice change. The presenters and audience will share information about navigating the human subjects process as well as best practices in data collection. This included knowledge (Know Pain-12, CDC Guideline Adherence, QI knowledge), practice (adapted from the Academy of Integrated Pain Management assessment), and implementation readiness. The presenters will also dialogue with audience about developing the ECHO panel, across pain medicine, family medicine, nursing, behavioral health, pharmacy, public health, and other specialties, including using technology to link experts from multiple campuses/sites. Technology needs and customer friendly supports will be described. Rural practice visits informed the ECHO implementation, including content most relevant to the full primary care teams, timing of ECHO sessions, and the case presentation form tailored to project sites. The AHEC partner will describe the accreditation steps as well as ongoing practice facilitation in supporting the practice performance improvement projects.

MEASUREABLE OBJECTIVES:

- Identify challenges rural practices face in addressing pain management
- Utilize the Project ECHO telementoring model to improve providers' competence and confidence in pain management from an interprofessional perspective
- Integrate a practice based performance improvement initiative to strength practice change

AGENDA/TEACHING METHODS:

How-Tos in Pairing Project ECHO and QI to Advance Pain Management Across a Rural State: Skills Development Workshop
0-20 minutes Introduction to the Project ECHO approach and tailoring the approach to meet the rural primary care practice needs in Kansas. Share practical tools in the ECHO Pain Management approach, including the accredited didactic series and the de-identified case presentation form. Group discussion about how participants may tailor ECHO needs assessment and readiness assessment to inform ECHO for pain management in their own settings.
21-40 minutes Description of supporting participating ECHO primary care practices in pairing performance improvement projects with ECHO to make the training

highly relevant to their own practice settings. Group discussion about supporting rural primary care practices with performance improvement projects through practice facilitation and other strategies. 41-60 minutes Share strategies to recruit and retain rural primary care practices throughout the ECHO/Performance Improvement intervention, as well as evaluation strategies in the ongoing waitlist-control study of the approach. Group discussion about the recruitment, retention, and evaluation needs of the participants, including peer-to-peer input about strategies to address barriers.

NEEDS ASSESSMENT:

A 30-person interprofessional steering committee and a 19-person expert panel was created to guide a pain management educational initiative that resulted in the ECHO/QI approach. The Partnership developed a statewide needs assessment/gap analysis with broad healthcare input from academic, governmental, and private organizations. Paired with site visits across rural primary care practices, the 22-item assessment received 574 responses that helped determine knowledge and performance gaps of health professionals in Kansas who deal with chronic pain patients. A comprehensive educational approach to translate knowledge into practice around pain management again emerged as the leading priority across primary care providers (e.g., MD/DO, ARNP, PA, others). The survey was sent electronically broadly to primary care providers and other healthcare providers who see patients with chronic pain, with an 85% return rate. Across respondents, the statewide assessment found substantial gaps in evidence-based assessment and treatment of chronic pain, particularly in rural and other underserved primary care practices. While the majority of the responding primary care providers reported confidence in overall diagnosis, they identified gaps in training related to evidence-based assessment, treatment planning, managing abuse risk, effectively utilizing opioids, and gaps in a team-based approach to pain management. The findings reflected overall interest in a menu of training options focused on putting training into practice, resulting in the ECHO/practice performance approach that is the focus of the skills development session.

AUDIENCE ENGAGEMENT:

As a "how to" session, the presenters will briefly introduce the ECHO paired with practice performance improvement approach that has been utilized in Kansas to advance pain management best practices throughout the state. They will provide practical tools. The presenters will engage the audience in talking about facilitators and barriers in implementing the components in their unique settings.

EVALUATION:

This Skills Development Workshop will share evaluation strategies that have been utilized in Kansas' waitlist control design with rural primary care practices. The data management approach as well as the HSC-approved quality improvement information will be shared. Evaluation measures included knowledge (Know Pain-12, CDC Guideline Adherence, QI knowledge), practice (adapted from the Academy of Integrated Pain Management assessment), and implementation readiness. Utilization of patient-focused measures in the practice performance improvement projects will also be shared.

DISCUSSION/REFLECTION/LESSONS LEARNED:

As a skills development workshop, the discussion/lessons learned will focus on how to adapt the ECHO and practice performance improvement information for the participants' own settings. The presenters will share lessons learned in the development, implementation, and evaluation of the approach. Reflection will occur through group discussion and encouragement to consider barriers ahead of time and ways to address, thus working together to avoid "reinventing the wheel."

RELEVANCE STATEMENT:

Rural primary care practices face a growing number of patients and families impacted by chronic pain. Providers are often eager to explore strategies to implement evidence-based pain management best practices and to support patients in staying close to home. The presenters will share information about how pairing the ECHO telementoring approach with performance improvement projects yields a sustainable approach for enhancing primary care knowledge about pain management as well as system-related team skills to put learning into practice. The ultimate goal of developing such a technology-supported community of practice is to improve pain management and patient outcomes in rural primary care practices.

WF4: Identification of Successful Participants in PBRN Projects

Rosa Hand, MS, RDN; Jenica Abram, MPH, RDN

PRESENTATION CATEGORY: PBRN Infrastructure/Network Operations

TYPE OF PRESENTATION: Skill Development Workshop

SESSION DESCRIPTION:

PBRNs think frequently about what they can do to ensure engaged project participants (individuals or practices). Less is known about characteristics of participants that make them predisposed to success, and how PBRNs can identify and enroll participants who will be successful. This interactive discussion will use the collective experience of PBRNs to identify the characteristics of successful PBRN project participants and strategies PBRNs can use to recruit and enroll these participants.

SESSION SUMMARY:

PBRNs think frequently about what they can do to ensure engaged project participants (individuals or practices). Less is known about characteristics of participants that make them predisposed to success, and how PBRNs can identify and enroll participants who will be successful. This interactive discussion will use case studies from the presenters' network and the collective experience of the audience to identify the characteristics of successful PBRN project participants and strategies (surveys, interviews etc) PBRNs can use to recruit and enroll these participants. The session will draw upon the literature describing characteristics for successful members of a research team, including creativity, judgement, communication, organization, and persistence, to determine whether these characteristics also describe successful PBRN participants.

MEASUREABLE OBJECTIVES:

Participants will identify characteristics of successful PBRN project participants. Participants will compare and contrast characteristics/skills identified for PBRN researcher success with those identified for other researchers. Participants will describe strategies their PBRNs have used to recruit and enroll successful project participants.

AGENDA/TEACHING METHODS:

(10 min) The presenter will introduce topic with case study of a successful and unsuccessful project participant from their network. The presenter will then prompt the audience to think about their experiences of what characteristics that make a successful and unsuccessful PBRN project participant. (15 min) Participants divide into groups and discuss the prompt. Depending on the size of the audience, there will be 2 or more groups. At least one group will be asked to think about characteristics of practices while the other group will consider characteristics of individuals. Groups will record their thoughts on large sheets of paper. (10 min) Groups will share out. (15 min) The presenter will share literature on characteristics of successful researchers at different levels in an academic context (undergraduate, graduate, new investigator, senior investigator) and how these roles correlate to those of researchers and participants in a PBRN project. The audience will be asked to share their thoughts on how the characteristics necessary for academic research compare with the characteristics they identified for PBRN participants (individuals and practices). (10 min) The presenter will share some ways that their PBRN has attempted to filter and select project participants when interest exceeds available opportunities, including surveys and interviews. Groups will be prompted to think about the strategies their PBRNs use to identify participants, and also to reflect back on the characteristics identified in part 1 to determine whether the methods they have used before are successfully filtering for those characteristics. (15 min) The same groups will break out and will share their experiences in filtering participants including successful and unsuccessful strategies and new ideas they would like to try. (10 min) Groups will share out. (5 min) The presenter will summarize the conclusions to the three objectives.

NEEDS ASSESSMENT:

In a project that our PBRN of registered dietitian nutritionists (RDNs) recently recruited for, we had three times more interested participants than could be accommodated in the research. (Participants spots were limited by

budget for training and incentives). Therefore, we had to make difficult decisions about who to include in the project and who to turn down. While our usual process includes a survey to determine eligibility, we realized that these questions were not necessarily based on evidence for who was likely to be a successful participant. When we searched the literature there were suggestions on characteristics for successful traditional biomedical researchers, but not for PBRN participants. The characteristics of successful PBRN participants may be different given that they often have less direct supervision, fewer monetary incentives for participating, and other roles to balance. In a meeting of our PBRN team we discussed these topics and came up with differing views; therefore we believe that these same topics will be of interest to other networks.

AUDIENCE ENGAGEMENT:

This session is truly meant as a discussion to generate and share ideas. The presenters have two small group prompts and one large group prompt that will form the bulk of the session, as described in the outline.

EVALUATION:

The presenters will take notes to identify frequently used and new strategies among participating networks and determine whether there is consensus. If there is consensus we may use the notes to publish a white paper on the topic.

DISCUSSION/REFLECTION/LESSONS LEARNED:

In our discussion of these topics, we identified the characteristics of detail-orientation, persistence, good communication, and ability to see the bigger picture/patient benefit as important for successful participants. We thought that characteristics of other researchers such as creativity were less important. There was some disagreement about whether previous research participation was an important characteristic on which to base participant selection. One team member suggested using machine learning to identify characteristics of previous successful participants. We expect these same themes and more to come up in the discussion.

RELEVANCE STATEMENT:

PBRNs have the ability to conduct research that is very meaningful to patients and their care providers. However, a critical component of this ability is enrolling participants who will stick with the study, follow directions, and remain actively involved. We know what PBRN researchers can do to help with engagement, but this discussion will identify whether there are predictors of engagement at the participant (individual and practice) level and how to identify those characteristics before a project begins.

WF5: Scaling up QI support in Ontario's Primary Care Sector: Co-design a Stepped-Wedge Clinical Trial

Carol Mulder, DVM, MSc, CUTL, DBA (cand); Rick Glazier, MD, MPH, FCFP; Michelle Greiver, MD, CCFP, FCFP

PRESENTATION CATEGORY: Practice Facilitation/Quality Improvement

SESSION DESCRIPTION:

Collaboratively shape the design of a stepped-wedge randomized trial for deploying QI support in primary care in Ontario. Members of the Association of Family Health Teams of Ontario (AFHTO) have leveraged their extensive QI support to implement Data to Decisions (D2D), an ongoing, membership-wide, voluntary performance measurement report. Participants will consider this information to inform the design of a trial to spread QI support and performance measurement across the sector.

SESSION SUMMARY:

The Association of Family Health Teams of Ontario (AFHTO) has just released the 5th iteration of Data to Decisions (D2D), a membership-wide performance measurement report (see attachment). Voluntary participation remains high at nearly two thirds of members for the last 3 iterations. The initiative has caught the interest of others in Ontario's primary care sector, creating an appetite for broader spread beyond AFHTO. This trial is in response to requests to spread QI support and the associated performance measurement activities across the sector. The challenge lies in designing a spread strategy when it is not yet entirely clear what the crucial enablers of success are. AFHTO members have indicated a number of characteristics that are attractive to them about D2D. These include the focus on only a small number of indicators (<12) and the ability to compare to self-selected peers, among many other features. Also very clear from member input is the vital role that QI specialists play in facilitating participation in D2D. These characteristics emerged either by design or in response to member input. However, they were not tested or evaluated individually to determine which was most important in achieving the persistently high participation and increasing impact on team conversations and QI activities. Nonetheless, as resources become available, efforts will be made to respond to primary care providers interested in participating in the QI support and performance measurement efforts. The choice of tactics from among those used to date with this initiative may or may not be the most effective strategies for spread and scale to the entire province. This is not uncommon in an operational setting such as AFHTO. The healthcare sector has a bad habit of running from one shiny penny to the next without fully evaluating the success or lessons learned that could inform subsequent steps. This forum will provide detailed background information about the initiative and learnings to date. This will equip participants to collaboratively consider design features for a stepped-wedge clinical trial to guide the expansion of QI support in primary care in Ontario such that knowledge about the most important enablers can be generated and shared at the same time as front line providers start to benefit from expanded support.

MEASUREABLE OBJECTIVES:

At the end of this session, participants will

- 1) Be able to describe key features of a successful ongoing, voluntary performance measurement initiative in primary care teams across Ontario
- 2) Be able to describe key elements of a stepped wedge randomized clinical trial
- 3) Have applied these elements to the design of a trial to assess strategies for deployment of QI support for primary care in Ontario

AGENDA/TEACHING METHODS:

- Background about D2D and opportunity for scale/spread (presentation)
- Key elements of stepped-wedge clinical trials, including pros/cons (presentation)
- Consider outstanding questions regarding application of stepped-wedge design to this scale/spread project (small group discussion)
- Compile recommendations (full group discussion and prioritization)
- Reflect on implications of performance measurement approach, stepped wedge clinical trial format and/or collaborative approach to trial design for participants' own settings (practice or research)

NEEDS ASSESSMENT:

The audit and feedback literature (of which performance measurement is a part) is characterized by studies which end with implementation. This makes it difficult to demonstrate the relative effectiveness of different strategies to support improvement. Policy makers frequently decry the extent to which healthcare transformation is dependent on pilots that rarely are spread to achieve the promise they show in tightly limited settings. The gap is not in the science of clinical trial design, which is well-developed, but in its under-utilization, particularly in practice based research. AFHTO is composed of a manageable number of teams (ie <200). Together, they represent 25% of the primary care sector in Ontario. These combined characteristics make AFHTO uniquely positioned to use the science of clinical trials to contribute to the knowledge regarding effectiveness of QI strategies.

AUDIENCE ENGAGEMENT:

Following presentation of the background of the D2D initiative and key elements of stepped-wedge clinical trials, participants will discuss outstanding questions related to the design in small groups. The small groups will share design recommendations. The collective wisdom of the small groups will be assimilated into a draft design shared with participants for reflection and comment after the session.

EVALUATION:

Since this is collaborative design exercise, not explicitly a skill-development workshop, the evaluation will center on the potential applicability of the collaborative experience, performance measurement approach and/or stepped wedge trial design to the ongoing work of the participants in their own settings.

DISCUSSION/REFLECTION/LESSONS LEARNED:

To (shamefully) quote the PBRN web site: "The PBRN Conference welcomes PBRN researchers from the US, Canada, and many other nations to come together to share strategies, methods, and results" for the purpose of "Taking practice transformation to scale with quality improvement". It is impossible to imagine a better forum for getting the best possible advice to guide Ontario's efforts to scale its success with QI support in interdisciplinary teams to the entire primary care sector.

RELEVANCE STATEMENT:

Participants will learn and also share what they already know to create a research plan. This plan will help make sure that primary care providers in Ontario get more of the help they want to improve outcomes for patients and at the same time, learn what the best ways are to provide that help.

OPTIONAL: Upload any relevant figures or documents:

https://s3.amazonaws.com/files.formstack.com/uploads/2223863/41260756/318125123/41260756_what_and_how_is_d2d_infographic_-_final.pdf

WF6: Utilizing Evaluation Theories for Practice Based Research Applications

Laura Myerchin Sklaroff, MA

PRESENTATION CATEGORY: Proposal Development/Study Design/ Analytic Methods

TYPE OF PRESENTATION: Skill Development Workshop

SESSION DESCRIPTION:

This workshop covers similarities and differences in research and evaluation, evaluation terminology, and four theoretical approaches to program evaluation (Empowerment Evaluation, Utilization Focused Evaluation, "Program Theory" Focused Evaluation, and Deliberative Democratic Evaluation). Uses of the approaches for research design and grant writing will be covered. Attendees will understand the fit of approaches through group-based activities, mapping methods to PBRN research scenarios.

SESSION SUMMARY:

This workshop provides an overview of program evaluation: similarities and differences to research processes; evaluation terminology; methods of incorporating evaluation concepts into practice based research design (both bottom up and top down research); methods of differentiating various approaches to conducting program evaluation; and will cover four theoretical approaches to conducting an evaluation. The four approaches to conducting an evaluation that will be covered in depth are: Empowerment Evaluation (Fetterman), Utilization Focused Evaluation (Patton), "Program Theory" Focused Evaluation (Weiss), and Deliberative Democratic Evaluation (House). This will review the role of stakeholders, tools to assist in the evaluation, if the approach is more "bottom up" or "top down," and pros and cons to the method. Methods of incorporating each approach into a research design or grant application will be discussed. Attendees will have the opportunity to demonstrate knowledge of these approaches through group-based activities. Groups will be presented with scenarios typical to practice based research and asked to determine the fit of each approach to their specific research context and methods of application. This workshop is recommended for those unfamiliar with program evaluation theory and application or those who wish to "brush up" on specific methods of evaluation application. About the instructor: Laura Myerchin Sklaroff holds a master's degree in Psychology and Evaluation, is a member of the American Evaluation Association, a Researcher/Grant Writer at the Los Angeles County Dept of Health Services, and teaches graduate level evaluation courses at California State University, Northridge. Ms. Sklaroff has more than a decade of evaluation experience primarily conducted in safety-net populations focused on improvements to quality of care.

MEASUREABLE OBJECTIVES:

- Through the completion of this workshop, attendees will learn the concepts and demonstrate the applications of integrating four approaches to evaluation into practice based research.
- Through the completion of this workshop, attendees will understand similarities and differences in research and evaluation processes and outcomes.
- Through the completion of this workshop, attendees will be able to incorporate evaluation terminology into research design and grant applications.

AGENDA/TEACHING METHODS:

The workshop consists of four sections:

- Lecture describing similarities and differences between research and evaluation and evaluation terminology, with Q&A.
- Review of four different approaches to evaluation that focus across emphasis on outcomes use, processes/methodology, and stakeholder values, with Q&A.
- Attendees will break into groups of 4 or 5 people and be presented a practice based research scenario. They will be asked to determine how each of the four covered approaches fits with their scenario. Each group will be presented different funding mechanisms (ex: PCORI, NIH, private foundation) and asked how the evaluation approach fits within the context of a potential funder.
- Groups will present their scenario, evaluation methodology choice, and ideal funder given the evaluation approach to the entire workshop group.

NEEDS ASSESSMENT:

Practice based researchers often are trained in standard research processes (ex: randomized controlled trials, etc.) and have some experience with bottom up focused research (ex: community based participatory research), but they often confound research work with program evaluation. This workshop offers insight into how research and evaluation are similar and how practice based researchers can utilize evaluation concepts into their PBRN. Understanding the role and importance of obtaining PRBN project funding, this workshop will cover methods of evaluation and their relevance to various types of funders. Methods of incorporating in evaluation constructs to grant applications will be covered. This workshop is designed to provide an introduction to evaluation for those who are unfamiliar or need a refresher.

AUDIENCE ENGAGEMENT:

Questions from audience members are welcome throughout and encouraged. All attendees will be broken into groups and asked to apply concepts discussed during the workshop. They will then be asked to present the outcomes of their group work, presenting to the rest of the workshop. This workshop is modeled after the graduate course I teach on evaluation and is designed to be highly interactive (the see one, do one, teach one approach).

EVALUATION:

This workshop will be considered successful if attendees: 1. Understand the role of evaluation in relation to research. 2. Are made aware of various theoretical approaches to evaluation and how they can be apply (fully or in part) to their PBRN work. 3. Leave the workshop with resources to enable them to continue learning about evaluation (references, constructs, handouts, etc.) 4. Understand the role of stakeholders within evaluation constructs. 5. Understand the value of specific types of evaluation to specific types of research funders.

DISCUSSION/REFLECTION/LESSONS LEARNED:

Evaluation and Research have many similarities and differences. Understanding these and the role of evaluation within the context of practice based research, particularly when applying for funding, is critical to creating a useful study design. This introductory workshop will provide attendees with hand's on evaluation experience, useful methods of incorporating aspects of evaluation, and knowledge that will allow for future education.

RELEVANCE STATEMENT:

This workshop will provide attendees with a useful "tool box" of evaluation related concepts, vocabulary, and approaches that can be applied fully or in-part to their Practice Based Research Network's studies or programs.