

IMPACT



Effective Teamwork for Collaborative Primary Health Care Research: Coordination Strategies to Achieve Shared Goals and Outcomes in Multi-Sites, 5-Year International Participatory Research Programme

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NAPCRG – November 18

Workshop Roadmap

- Workshop Goals
- Overview of Impact and Impact's Approach to Participatory Research (PAR)
- Key concepts and tools for challenges
- Presentation of challenges (3)
 - Small Groups face challenges and aim to resolve
 - IMPACT presents how they responded
 - Discussion
- Final Discussion & Conclusion



Challenges structure

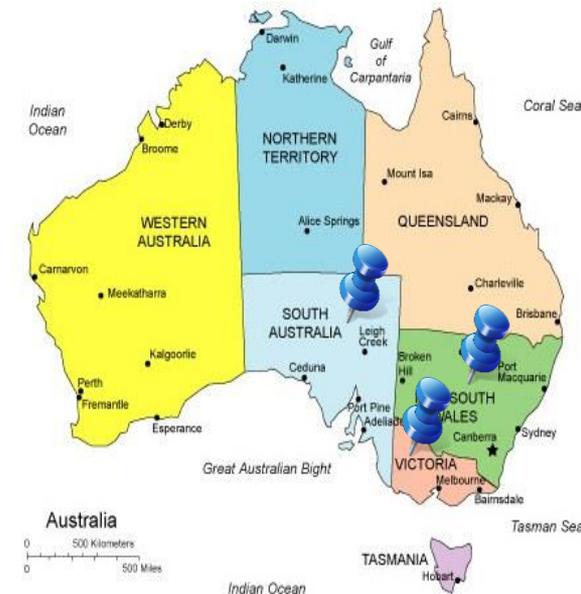
- 3 rounds x 15 minutes: Simulation Activity on Coordination
 - In small groups
 - Presentation of a challenge at each round
 - Supporting documents for decision making
- After each round...
 - Impact presents the strategies and tools we used to respond to the challenge
 - Each group reports back on their findings



Overview of IMPACT

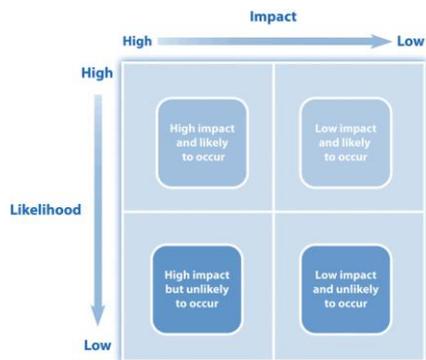
5 year Canadian-Australian research program that aims to improve access to primary health care for vulnerable populations

- 6 sites; 2 countries; 7 Principal Investigators
- About bringing organisational innovations in community-based primary health care to improve access to care for vulnerable groups



IMPACT's Approach to Participatory Research

IMPACT has adapted coordination strategies from



- **Collective impact**
- **Risk & project management tools** to achieve its goals.



Collective Impact

CI is a structured approach to managing complex collaboration through 5 core conditions.

Common Agenda

- Keeps all parties moving towards the same goal

Common Progress Measures

- Measures that get to the TRUE outcome

Mutually Reinforcing Activities

- Each expertise is leveraged as part of the overall

Communications

- This allows a culture of collaboration

Backbone Organisation

- Takes on the role of managing collaboration

Backbone Organisation

A defining feature of the **Collective Impact** approach is

- The role of a **backbone organisation**, a “separate organisation dedicated to coordinating the various dimensions and collaborators involved in the initiative”.

Backbone infrastructure = essential to

- “ensuring the collective impact effort maintains momentum and facilitates impact”.



6 functions of a Backbone Organisation

- Guided vision and strategy
- Support aligned activities
- Established shared measurement practices
- Build public will and develop capacity
- Inform policy
- Mobilize Funding

Guide Vision and Strategy	<ul style="list-style-type: none">• Partners accurately describe the common agenda• Partners publicly discuss / advocate for common agenda goals• Partners' individual work is increasingly aligned with common agenda• Board members and key leaders increasingly look to backbone organization for initiative support, strategic guidance and leadership
Support Aligned Activities	<ul style="list-style-type: none">• Partners articulate their role in the initiative• Relevant stakeholders are engaged in the initiative• Partners communicate and coordinate efforts regularly, with, and independently of, backbone• Partners report increasing levels of trust with one another• Partners increase scope / type of collaborative work• Partners improve quality of their work• Partners improve efficiency of their work• Partners feel supported and recognized in their work
Establish Shared Measurement Practices	<ul style="list-style-type: none">• Shared data system is in development• Partners understand the value of shared data• Partners have robust / shared data capacity• Partners make decisions based on data• Partners utilize data in a meaningful way
Build Public Will	<ul style="list-style-type: none">• Community members are increasingly aware of the issue(s)• Community members express support for the initiative• Community members feel empowered to engage in the issue(s)• Community members increasingly take action
Advance Policy	<ul style="list-style-type: none">• Target audience (e.g., influencers and policymakers) is increasingly aware of the initiative• Target audiences advocate for changes to the system aligned with initiative goals• Public policy is increasingly aligned with initiative goals
Mobilize Funding	<ul style="list-style-type: none">• Funders are asking nonprofits to align to initiative goals• Funders are redirecting funds to support initiative goals• New resources from public and private sources are being contributed to partners and initiative

Challenge 1 – Reaching common grounds

Context:

- ✓ Impact research project just received funding.
- ✓ You need to set it into motion.

What do you do?

Goal:

To make a... *Collective Impact*



Challenge 1 – Reaching common grounds

Context:

Your research project received funding.

You need to put it into motion.

What do you do?

- ❑ As a PI on the project, you are ready to...
 - Implement the research project
 - Organize your teams
 - Identify an innovation
 - Identify a vulnerable population
 - Constitution a partnership
 - Recruit patient participants



Challenge 1 – Your task

What you get:

- ❑ IMPACT research program overview

What you must do:

- ❑ Define key concepts (1) vulnerable populations; 2) innovations)
- ❑ Decide on ONE innovation and ONE vulnerable populations



What happened? What we did?

Developed and agreed upon key concepts and definitions

- **Vulnerable consumers:**

- Groups whose demographic, geographic, economic, and/or cultural characteristics impede or compromise their access to CBPHC services

- Focus is not on subgroups at greater risk of poorer health outcomes
- Excludes specific illnesses, except where they are determinants of poor access.

- **Innovation? Or... organizational Intervention in Primary Health Care**

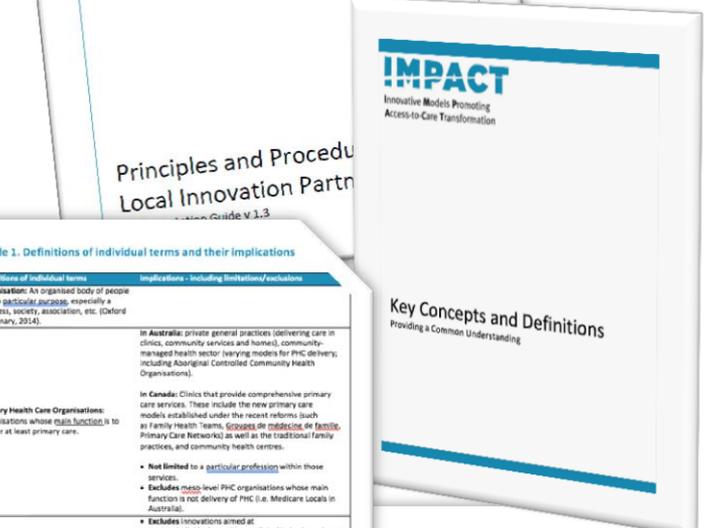


Table 1. Definitions of individual terms and their implications

Definitions of individual terms	Implications - including limitations/exceptions
Organisation: An organised body of people with a <u>specific purpose</u> , especially a business, society, association, etc. (Oxford Dictionary, 2014).	In Australia: private general practices (delivering care in clinics, community services and homes), community-managed health sector (various models for PHC delivery, including Aboriginal Controlled Community Health Organisations). In Canada: Clinics that provide comprehensive primary care services. These include the new primary care models established under the recent reforms (such as Family Health Teams, <i>Groupes de médecine de famille</i> , Primary Care Networks) as well as the traditional family practices, and community health centres.
Primary Health Care Organisations: Organisations whose <u>main function</u> is to deliver at least primary care.	<ul style="list-style-type: none">• Not limited to a particular profession within those services.• Excludes <u>mega-level</u> PHC organisations whose main function is not delivery of PHC (i.e. Medicare Locals in Australia).• Excludes innovations aimed at:<ul style="list-style-type: none">◦ individual practitioner clinical behaviour change (e.g., clinical practice, treatment innovations) if they are not intended to address one of the dimensions of service accessibility.◦ community members (e.g., general health literacy strategies).• Requires action to be planned and coordinated.• May include behaviours or routines provided off-site or externally that improve accessibility of the CBPHC organisation (e.g., routine access to telephone translation services).
Organisational Innovations: A novel set of behaviours or routines implemented through planned and coordinated actions (Greenhalgh & al., 2004).	<ul style="list-style-type: none">• Requires action to be planned and coordinated.• May include behaviours or routines provided off-site or externally that improve accessibility of the CBPHC organisation (e.g., routine access to telephone translation services).
Access: the consequence of the interface between the five dimensions of <u>consumer skills</u> and the dimensions of <u>service availability</u> (Levesque & al., 2013).	See proposed PHC Model (Levesque & al., 2013; Opat & al., 2007). Access is a consequence of a dynamic process. Contextual and demographic factors are assumed to influence the service and consumer dimensions. These

Vulnerable consumers: groups whose demographic, geographic, economic, and/or cultural characteristics impede or compromise their access to CBPHC services	Focus is not on subgroups at greater risk of poorer health outcomes (except as a <u>consequence</u> of poor access to CBPHC). Excludes specific illnesses, except where they are determinants of poor access.
Equity: The extent to which access to health care and quality services are provided on the basis of health needs, without systematic differences on the basis of individual or social characteristics (Terry & al., 2007).	Focus of IMPACT is access to CBPHC organisations.

What happened... [con't]

Developed and agreed upon key concepts and definitions

- Documents shared with overall IMPACT team (composed of more than 40 investigators in 5-6 countries)
- New IMPACT team members introduced to key documents when they join
- Key concepts and terms revisited yearly at face-to-face meetings



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	Equity: The extent to which access to health care and quality services are provided <u>on the basis</u> of health needs, without systematic differences on the basis of individual or social characteristics (Terry & al., 2007).



Factors will need to be measured/monitored in evaluation partnership (LIP).
Focus of IMPACT interventions should be on these dimensions ("organisational interventions").
For projects, operationalisation of each dimension is required. <ul style="list-style-type: none">• To be discussed further.
Focus of interventions will NOT be on dimensions of consumers.
For projects, operationalisation of each dimension is required. <ul style="list-style-type: none">• To be discussed further.
Definition for IMPACT is in relation to access to CBPHC organisations.
Focus is not on subgroups at greater risk of poorer health outcomes (except as a <u>consequence</u> of poor access to CBPHC).
Excludes specific illnesses, except where they are determinants of poor access.
Focus of IMPACT is access to CBPHC organisations.

Take home message

- None withstanding the need for some harmonisation and commonality...
- **We need to be flexible!**



Challenge 2 – Creating a partnership

Context:

- ❑ Researchers have their site, their population, their context
 - Next step: to constitute local partnerships
- ❑ IMPACT developed guidelines to support partnership set up
 - Key document: *Local Partnership implementation guide*

❑ Your task:

- To recruit partners, create partnership, *and make it live!*



What happened?

Quebec Partnership composition and roles

Partners	Roles
Researchers	<ul style="list-style-type: none">• Make scientific decisions• Participate in intervention decisions• Ensure coherence with IMPACT overall
Coordinator	<ul style="list-style-type: none">• Lead partnership development, needs analysis, intervention design, implementation and evaluation• Facilitate exchanges between researchers and other partners• Organise and facilitate partnership meetings
Patient representative	<ul style="list-style-type: none">• Attend partnership meetings• Provide contextual information• Represent organization's/ community's perspective• Make decisions about the design and implementation of the intervention• Provide input on scientific decision• Help find resources for intervention• Facilitate contacts with other stakeholders
Family physician representatives	
Community organisation representative	
Regional public health representative	
Provincial public health representative	
Representatives from two local health authorities (primary care, multidisciplinary care and upper management)	

Initial Intervention Rationale

A health service broker, assigned to participating primary care practices.
Health service broker's role:

- To connect **socially vulnerable patients** to the **family physician** (and needed social and community services)
- To support primary care practices
 - Provide acceptable and appropriate care
- To help patients develop **navigation skills** and **overcome barriers to access**.

★ **Broker:**

- 1) Reaches out to **selected unattached patients** on the list,
- 2) Assesses their health and social needs
- 3) Plans and accompanies the patient to the first visit and;
- 4) Supports continued navigation in the system, including facilitating referrals and access to health, social and community services.



What we did

- Identified the different sources of the problem (rapid cycle evaluation)
- Conducted a risk management assessment
- Transparently presented the situation to our partners
- Used facilitation techniques to break down the challenges and find feasible solutions
- Reduced the intervention to the bare minimum our partners “could live with”.



Take home message(s)

❑ Book keeping is critical!

- ✓ Charter; Partnership Agreement
- ✓ Memorandum of understanding
- ✓ Partnership Coordinator (for minutes; to capture arising challenges, communication issues, modes of resolution, and recruitment strategies; Diary-ing)

❑ Clear engagement guidelines

- ✓ From the organization (i.e., not the individual)

❑ Well defined roles and responsibilities of all partners

- ✓ Partner responsible to find a replacement when/if they leave the partnership



Take home message(s)[Con't]

- ❑ Walkthrough presentation of partnership's historic
 - ✓ For new members
 - ✓ Yearly updates (e.g. recaps of the project and various steps taken)
 - ✓ Dynamic presentation that encompasses:
 - All past processes
 - Partnership composition and shift in membership
 - Challenges and modes of resolution
 - Rationale; changes in project

- ❑ Reorganisation of the partnership's vision, when partners change
 - **Rationale:** allow new partners to have ownership of the project and its components



Challenge 3 – Evaluation of Interventions

Context:

- Each partnership has its intervention, vulnerable populations, sites, and partners ✓
- Implementation and evaluation of the interventions to start ✓
- Evaluation tools must be developed
 - *and agreed upon*
- We need a process! ✓

Goal:

- ❑ To evaluate and enable *comparison* of interventions

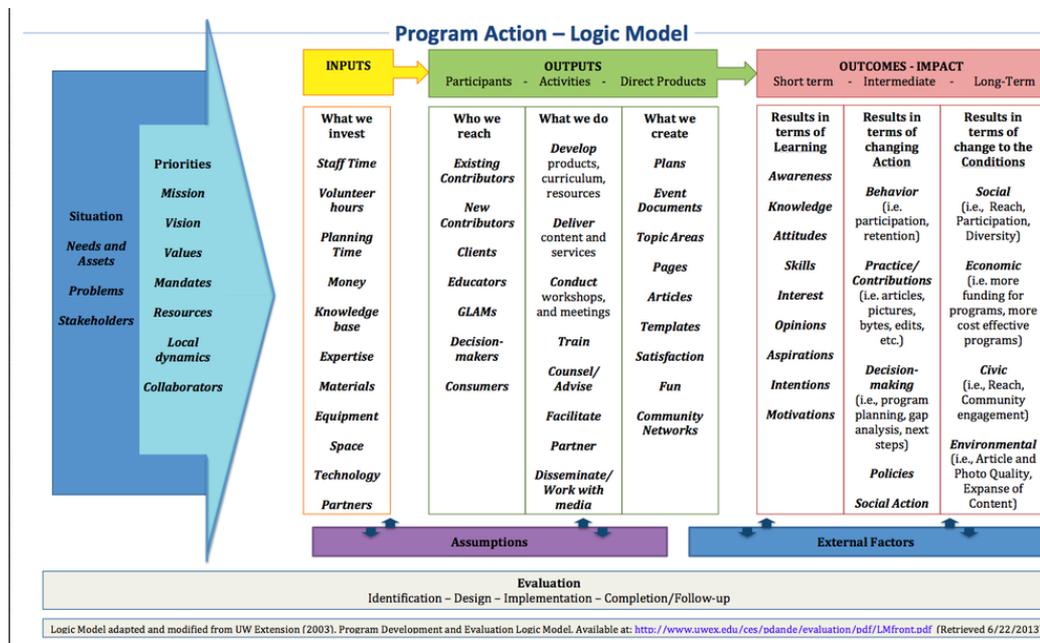


Challenge 3 – Evaluation of Interventions

[con't]

How to evaluate interventions to allow comparison?

➤ *Develop a Logic Model!*



Evaluation of Interventions: Impact's Logic Model

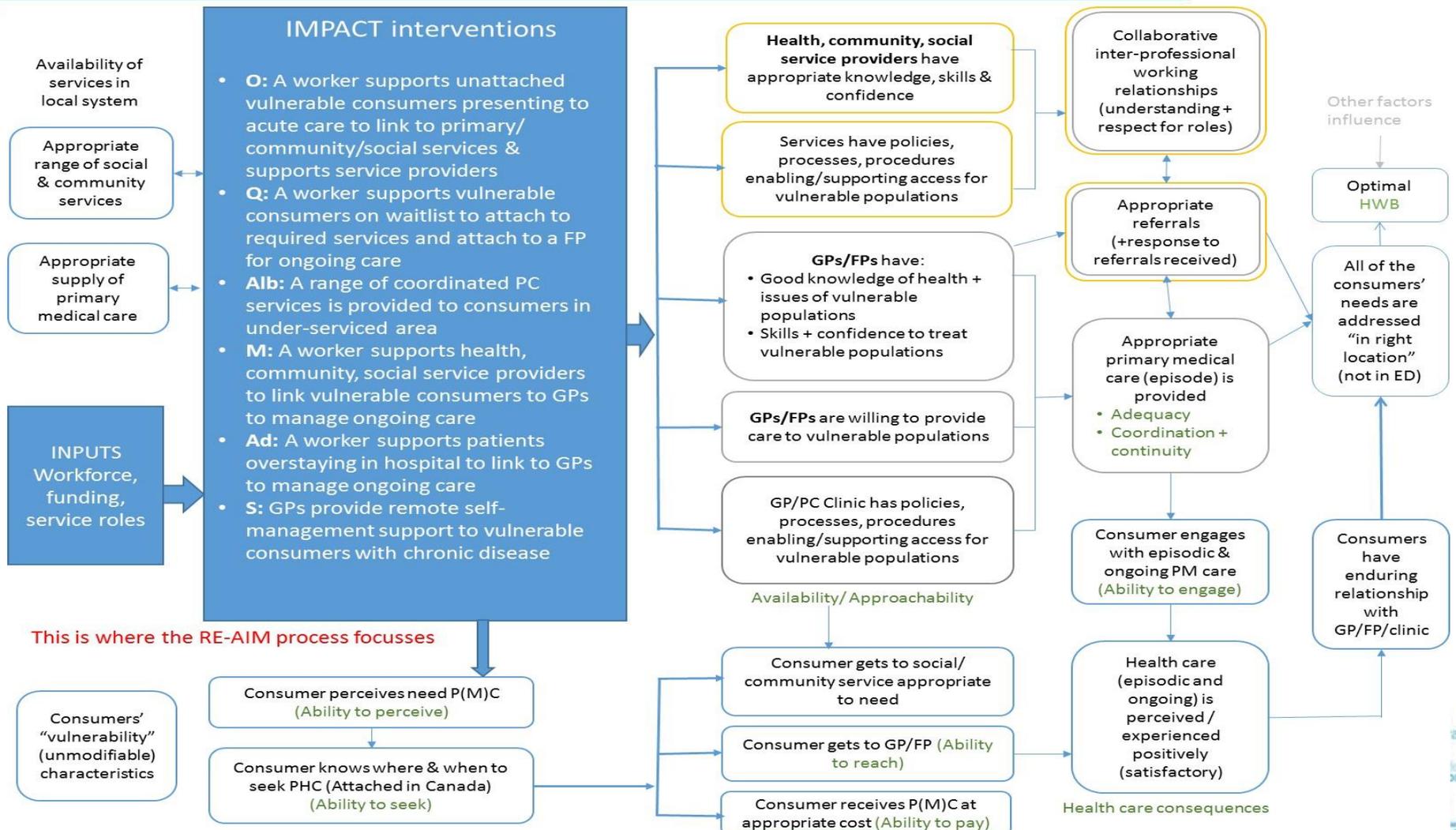


Diagram 1: Overall Logic Model: Explanation

The logic model represents a broad overview of the intended consequences of all the IMPACT interventions combined.

- Each box expresses a domain at a general level on the pathway to enhance PHC access for vulnerable populations. Nearly all of these domains are relevant to several interventions
- The **dark blue box** represents inputs and activities from all the interventions. Each LIP will have an implementation map that informs the LIP-specific implementation evaluation (explained later)
- There is a general underlying temporal/causal flow from left to right. Arrows have been included to provide a guide to the kind of causal pathways that have been expressed. However, arrows are likely to be redrawn when you do an individual logic map.
- Domains relevant to key stakeholders are arranged in vertical layers, with colour used systematically:
 - **Orange** boxes relate to health, community and social service providers other than GP/FPs
 - **Green** boxes relate to GPs/FPs and their organisations (clinics)
 - **Blue** boxes relate to consumers/patients
- There are references to the Access conceptual model in **purple text**, and these will connect to a more detailed mapping later



Challenge 3 – Your task

What you get:

- ❑ Group: A too long post-intervention patient survey
- ❑ Group: Impact Logic Model
- ❑ Each: a description of one/their local intervention

What you do:

Decide as a group:

- Which questions to remain in common tools
- Which questions are local ones



Take home message

- A logic model ensures rigor and validate in evaluation research
 - Enables the evaluation of the IMPACT intervention in light (rather than in spite) of their local variation
- Logic model supports research team in making scientifically sound decisions
 - *And efficiently, making our project managers are happy!*



Our Partners



Funding Agencies



IMPACT

Programme de recherche international Approche intégrée de soins de santé de première ligne
Canada Evaluation Revue de littérature
Communication Partenariat local pour l'innovation
Populations vulnérables Reduce Unmet Needs Hospitalisations évitables
Contexte organisationnel
Innovation Australia Improve Access Australie
Avoidable Hospitalizations Knowledge exchange and translation Primary Health Care
Innovative Actions Soins de santé communautaires de première li
Accès Réduire les besoins non comblés
Typologie des innovations Soins de santé de première ligne
Health Equity Local Innovative Partnerships Organisational Con
Évaluation Comprehensive Primary Health Care
Intervention Implementation Community-Based Primary Health Care
Mise en oeuvre des interventions Literature Revi