

**Supporting Primary Care
to Act on A&F:**

**The Canadian
Experience**



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**International
Audit &
Feedback
Summit**

Leading Change

Faculty/Presenters Disclosure

- Session
 - Overcoming Barriers to Engagement & Behaviour Change
- Kelly Burak and Shawn Dowling
 - Nothing to Disclose
- Physician Learning Program
 - Funded by a grant from AH to the AMA



Disclosure of commercial support

- This program has received no commercial support

Mitigating potential bias

- Not applicable

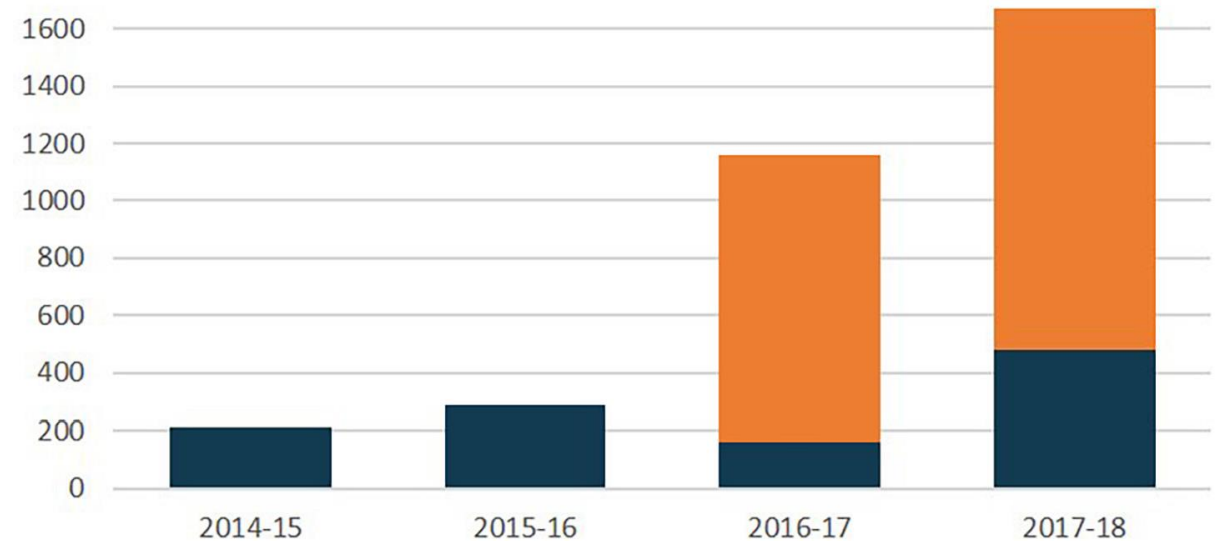


Physician
Learning
Program

Physician Learning Program

Vision

To focus and customize physician professional development to achieve the best possible outcomes for Albertans



What makes PLP unique?

- The Data
- The Approach
 - Driven by physicians
 - Supported by PLP resources
 - Confidential & non-judgmental
 - Includes facilitated A&F in groups
 - Commitment to change with defined action plans
 - Eligible for self-directed CPD credits

Evidence-Informed, Theory-Driven



Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD.
Audit and feedback: effects on professional practice and healthcare outcomes.
Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD000259.
DOI: 10.1002/14651858.CD000259.pub3.

Annals of Internal Medicine

ACADEMIA AND THE PROFESSION

Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness

Jamie C. Brehaut, PhD; Heather L. Colquhoun, PhD; Kevin W. Eva, PhD; Kelly Carroll, MA; Anne Sales, PhD; Susan Michie, PhD; Noah Ivers, MD, PhD; and Jeremy M. Grimshaw, MD, PhD

Ann Intern Med. 2016;164:435-441. doi:10.7326/M15-2248 www.annals.org

Facilitated Reflective Performance Feedback: Developing an Evidence- and Theory-Based Model That Builds Relationship, Explores Reactions and Content, and Coaches for Performance Change (R2C2)

Joan Sargeant, PhD, Jocelyn Lockyer, PhD, Karen Mann, PhD, Eric Holmboe, MD, Ivan Silver, MD, MEd, FRCPC, Heather Armson, MD, Erik Driessen, PhD, Tanya MacLeod, MSc, Wendy Yen, MA, Kathryn Ross, MSc, and Mary Power, MBA

Acad Med. 2015;90:1698-1706.
First published online July 21, 2015

Calgary Audit & Feedback Model



TXA use in hip and knee replacements

IV TXA Use

	Pre-intervention (n=2298)	Post-intervention (n=722)	Absolute Change	Relative Change
Total Hip Arthroplasty	67% (615)	74% (289)	↑ 7%	↑ 10.4%
Total Knee Arthroplasty	62% (857)	82% (275)	↑ 20%	↑ 32.3%

RBC transfusions within 72 hours post-op

	Pre-intervention (n=2298)	Post-intervention (n=722)	Absolute Change	Relative Change
Total Hip Arthroplasty	5.2% (48)	3.3% (13)	↓ 1.9%	↓ 36.5%
Total Knee Arthroplasty	2.5% (34)	0.6% (2)	↓ 1.9%	↓ 76.0%

Facilitated Group A&F



① Individual Receives
Data Report



② Discuss the Findings
in a Group



③ Identify an Action Plan
for Change

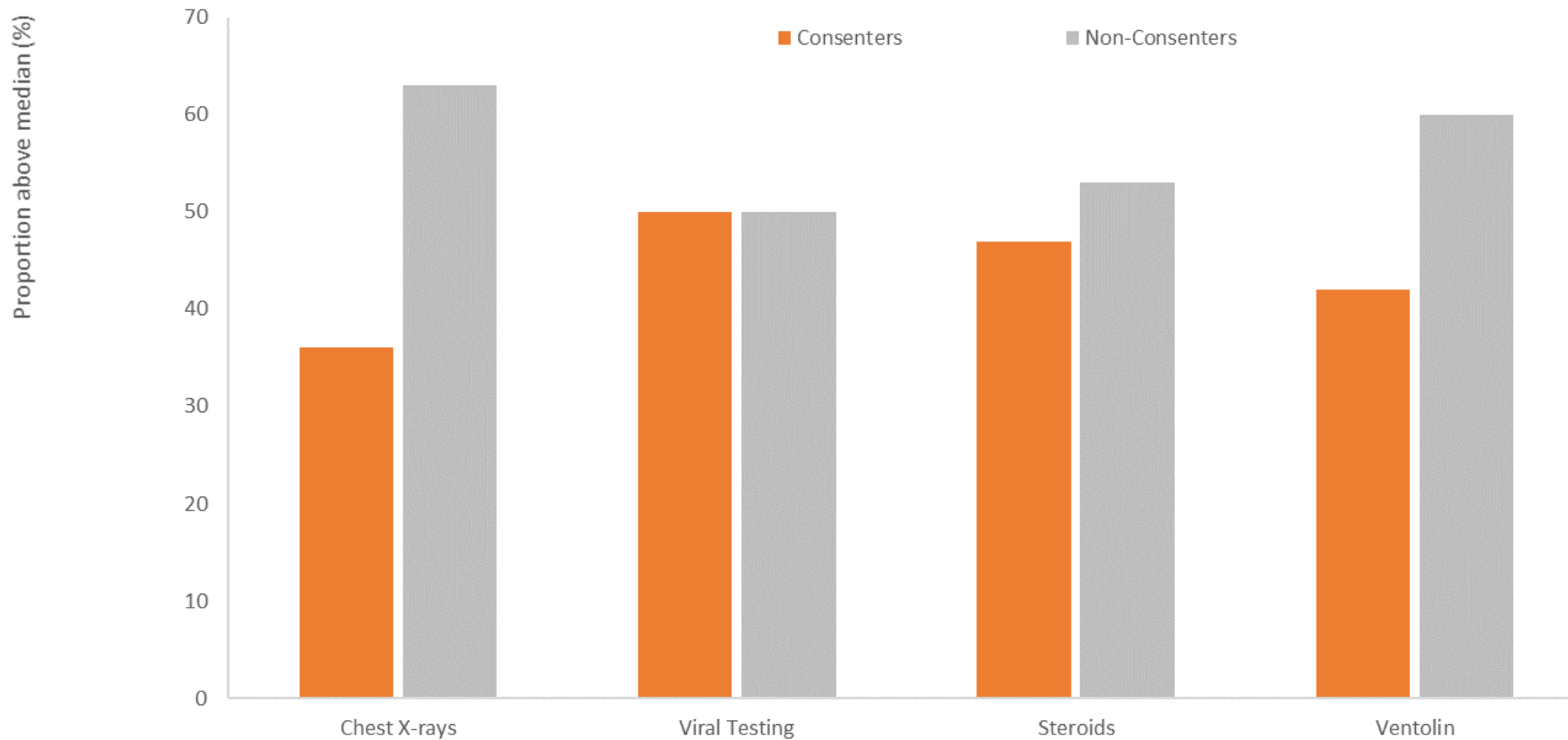
Facilitated Group Discussions

- Normalize reactions to data
- Safe learning environment
- Circle of influence
 - discussion about people not in the room will be placed in the parking lot



GROUND RULES

Influence of Consent



Family Physician Engagement



Choosing Wisely AB-PCN project

- 3 CWC recommendations (PCN chooses one)
 - Lumbar Spine Imaging
 - DEXA scanning
 - Cervical Cancer Screening
- 3 hour session with family physicians and team
 - Subject Matter Expert (traditional CME)
 - A&F reports with individual and peer comparator data
 - Facilitated Group Feedback Session

CWA-PCN project



Keys to Engaging Family MDs

- Co-design A&F project with Family MD's
- Identify local champions to co-facilitate
 - Pre-brief with co-facilitators
- Choose the right AF questions
- Socialize the process of AF and reviewing data

Keys to Engaging Family MDs

- Considering pairing A&F sessions with traditional CME
 - CME credits is an incentive for some
- Have local champions share their data
 - not Department Head

Tips for Feedback Sessions

- Normalize reactions to data
 - acknowledge that data has limitations
- Support reflection and interpretation of data
 - related to evidence and local context

Feedback Sessions

- Identify
 - keys to success
 - opportunities for improvement & potential barriers
- Action Plans
 - assign ownership of action items
 - support actions plans by logic models



Commitment to Change

Management of bronchiolitis in Calgary Emergency Departments COMMITMENT TO CHANGE

As a result of this session, identify 3 **concrete, measurable changes** you will employ in your practice of bronchiolitis management in infants. Following each change you specify, check the number on the scale which most accurately indicates your commitment to successfully implement the change. The intent of having you put this into writing is to allow us to review the specific areas of impact this program may have on your practice. In three months you will be asked to read this commitment and review, if in fact, these changes did occur.

Change 1

Commitment level for Change 1	1 <input type="checkbox"/> (lowest)	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> (highest)
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Challenges

- Balance between starting small and scaling up vs starting at scale
- Choosing a project with “enough of an impact” yet meets aligns with clinician values
- Facilitated group A&F is resource intensive

Summary

The A&F clinical
question must be
chosen carefully

Engage
physicians
early and often

Co-develop
pragmatic
action plans

Repeated
measurement/
sustainability

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THANK YOU.

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