Identifying and Maximizing the Impact of the OSSU Demonstration Projects

OSSU Research Round Table: Volume 1

Date: 11/26/2019

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Table of Contents

Introduction

The **O**ntario **S**POR (Strategy for Patient Oriented Research) **S**UPPORT (Support for People and Patient-Oriented Research and Trials) **U**nit (OSSU) ([1](#),[2](#)) funded 17 Ontario-based health research projects designed to demonstrate a meaningful approach to Patient-Oriented Research (POR) ([3](#)), hereafter referred to as the 'demonstration projects' ([4](#)). A supplement published in the Canadian Medical Association Journal (CMAJ) in 2018, titled *Engaging Patients in Healthcare Research: The Ontario Experience,* provided an overview of the POR work being executed by the demonstration project teams (click *here* to explore the CMAJ supplement, [4](#)).

As these demonstration projects are now nearing completion, OSSU developed the Research Round Table initiative to provide project teams with an opportunity to showcase the overall outcomes of their demonstration projects (including projects that stemmed from the initial demonstration projects) and identify strategies to maximize the impact of their findings on healthcare research and decision-making. The Research Round Table was designed using an integrated KT approach to engage relevant stakeholders including OSSU leadership, researchers and patient partners, and was guided by SPOR's guiding principles of mutual respect, co-building, inclusiveness, and support ([3](#)).

Objectives

Specifically, the objectives of the OSSU Research Round Tables are to:
1) Disseminate knowledge to relevant stakeholders through brief presentations by research teams about their projects.
2) Facilitate collaboration between the demonstration project research teams and relevant stakeholders through a guided discussion on the potential applications and impact of the demonstration projects' work, including all usable evidence, potential key messages, strategies to tailor messages and reach target audiences, and potential barriers and facilitators to dissemination and implementation.
3) Use discussions to co-create case studies describing each project, their main findings, and potential avenues for impact.

September 13 Research Round Table

The first OSSU Research Round Table occurred on September 13th, 2019, from 12:00-3:00 pm at St. James Cathedral in Toronto, Canada. Three OSSU demonstration project teams presented at the first Research Round Table (see Table 1).

Table 1. Overview of research teams in the September 13th Research Round Table

Project title	Principal Investigator	Research Focus
CLEANMeds	Dr. Nav Persaud	This research team focused on designing a clinical trial of medicine access, to assess the impact of providing free access to medicines to individuals who cannot afford them. The overall aim of this project was to inform policy changes to improve access to medicines.
YouthCan IMPACT	Dr. Peter Szatmari	This research team focused on designing and implementing a 'multi-component community-based integrated collaborative care team (ICCT) model' for youth mental health and substance use challenges. The team applied a pragmatic randomized control design to evaluate this new model in comparison to hospital-based out-patient treatment.
COACH	Dr. Douglas Lee	This research team explored the effectiveness of (1) a heart failure algorithm in predicting mortality for patients presenting to the emergency department (ED), and (2) a rapid heart failure clinic in providing early access to heart specialists for patients discharged from hospital.

Knowledge User Engagement

Selected key stakeholders from relevant organizations, as well as the OSSU and SPOR-EA teams attended the September 13 Research Round Table. See Table 2 for a summary of the organizations that were represented at the Round Table.

Table 2. Overview of stakeholders at the September 13th Research Round Table

Stakeholder Group	Representative Organizations
Federal Government	Health Canada
Provincial Government	Ministry of Health Ministry of Long-Term Care Health Quality Ontario
Patient Partners	CLEANMeds Community Guidance Panel
Non-Profit Organizations	Diabetes Canada The Change Foundation
Professional Associations	Ontario Hospitals Association
Hospitals	University Health Network St. Michael's Hospital-Unity Health Toronto Hospital For Sick Children Centre for Mental Health and Addiction
Industry	Medtronic
Universities	Ryerson University University of Toronto
Research Networks	Ontario SPOR SUPPORT Unit

Methods

In partnership with the SPOR Evidence Alliance (SPOR-EA), the Knowledge Translation Program (KTP) at St. Michael's Hospital (Toronto, Canada) facilitated the execution of the Research Round Table data collection and analysis activities.

Data collection

The Research Round Table meeting was facilitated by Dr. Steini Brown, Chair of OSSU and Dean of the Dalla Lana School of Public Health at the University of Toronto. At the onset of the meeting, all research teams provided a brief summary of their project using a standardized presentation template (see Appendix A for the presentation template). After each presentation, Dr. Brown led a large-group discussion on potential impact and avenues of dissemination for this work. See Appendix B for an agenda of the Research Round Table discussion.

Development of plain language case studies
Prior to the Round Table, all research teams completed a Knowledge Sharing Template (see Appendix C) that outlined their project and their results to date. The KTP used the information from the Knowledge Sharing Templates to develop one-page, plain language case studies summarizing the demonstration projects. All case summaries were reviewed by a patient partner who was recruited and engaged by the KTP. See Section 3.0 for the case summaries. All Research Round Table attendees received these case studies 1 week prior to the meeting.

Facilitated round table discussion
To capture diverse, individual and collective participant experiences (5), Dr. Brown, an experienced facilitator selected by OSSU, used a semi-structured discussion guide developed by the KTP and OSSU and reviewed by a patient partner (see Appendix D). The guide was informed by the Research Round Table objectives, as well as core principles of KT and patient engagement. The guide was designed to provide an opportunity for research teams to receive feedback from attendees on the following topics:

- Potential project impacts from a patient to policy level
- Opportunities for future stakeholder engagement
- Potential target audiences, and key messages for each target audience
- Strategies to disseminate key messages to each target audience
- Potential challenges and opportunities to disseminating and/or implementing project findings

Three KTP team members with expertise in KT and qualitative methods attended the Research Round Table and took detailed notes of all discussions. Additionally, Round Table discussions were audio recorded for reporting purposes only.

Data analysis

The KTP used a rapid analysis approach to analyze the Research Round Table discussion. Rapid analysis is a form of qualitative content analysis that offers a feasible and rigorous method through which to categorize qualitative data on a limited timeline (6). Our rapid analysis approach involved the following steps:

Data management

1. Directly after the Research Round Table, three KTP members met to debrief, and review any points of confusion.
2. Each KTP member typed their notes from the Research Round Table, and then two staff members (KQL and JC) compared the transcripts and created a final consolidated version, reviewing audio recording in the case of conflicting information.

Data analysis

A coding framework was developed by the research team a-priori (see Appendix E). The framework was designed to directly inform the objectives of the OSSU Research Round Table. This coding framework was then used to code the data, as described below:

1. Two KTP staff members (KQL and JC) independently assigned certain pieces of text to the different parent-node categories using colour-coded highlighting directly on the interview notes. Further, these sections were assigned to child-node categories within the parent node categories, where applicable, through tracking comments in the interview notes.
2. Two KTP staff members (KQL and JC) reviewed the coded transcripts for discrepancies, which were discussed until consensus was reached. They then inputted the coded data into a summary table, organized by node from the coding framework.

Using these coded data, two KTP staff members (KQL and JC) sorted data into common categories informed by the objectives of the Research Round Table. Once data was categorized through this approach, staff members independently identified and summarized prominent project-specific topics of discussion. Each OSSU Demonstration project differed in its topic area, project progress, and experienced or anticipated challenges and opportunities, which is reflected in the structure of the report findings. Where applicable, the topics of discussion were delineated specifying information provided by the project researcher and information provided by other Research Round Table attendees. The topics of discussion from each project were then used to modify the plain language case study summaries, as well as inform overall themes that emerged across all of the project-specific round table discussions.

Individual Project Case Studies

The following three sections outline the project-specific outcomes from the Research Round Table plain language case studies and facilitated round table discussion. Each section can be independently sent to each project team to assist them in **(1)** developing their plan for dissemination and/or implementation, and **(2)** making the project findings more accessible to decision-makers and the general public.

CLEAN Meds

Presented by Dr. Nav Persaud

Introduction

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The purpose of the OSSU Research Round Table was to **(1)** collaborate with relevant stakeholders to identify strategies for dissemination and/or implementation and, **(2)** disseminate project findings to relevant stakeholders and make project findings more accessible to decision-makers and the general public. Patient partners, as well as key stakeholders from the federal and provincial government (e.g., Health Quality Ontario), non-profit organizations (e.g., the Change Foundation), professional associations (e.g., Ontario Hospitals Association), hospitals (e.g., Hospital for Sick Children), industry (e.g., Medtronic), universities (e.g., University of Toronto), and research networks (e.g., Ontario SPOR SUPPORT Unit) attended the Research Round Table.

In partnership with the SPOR Evidence Alliance, the Knowledge Translation Program (KTP) from St. Michael's Hospital attended the Research Round Table and took detailed notes on the research presentations and stakeholder discussions, capturing content relating to usable evidence and potential for impact, strategies for dissemination and/or implementation as well as spread and sustainability, and anticipated challenges and strategies to leverage. This information was then analyzed and used to **(1)** identify prominent project-specific topics of discussion relating to the potential applications and impact of their project work (see Section 3.2), and **(2)** supplement information in the knowledge sharing template completed by their team to inform the development of a 1-page project case summary (see Section 3.3).

The research team can leverage the pertinent stakeholder perspectives outlined in the OSSU Research Round Table findings and project case summary to inform their dissemination and implementation plan, and maximize the impact of their project findings on healthcare research and decision-making.

Research Round Table findings

Usable evidence and potential for impact
The Research Round Table attendees did not focus on this content area during the discussion period for the CLEANMeds project.

Anticipated challenges and potential strategies to overcome challenges
The Research Round Table attendees provided insight on messaging about publicly-funded medicines in Canada that has introduced challenges in the past. Attendees encouraged the research team to consider these historic challenges while planning for dissemination in order to increase the impact of their messaging.

1. **Uncertainty around financial benefits of publicly-funded medicines.** Attendees shared that the Pharmacare panel has had trouble with public engagement, which has partially been attributed to the

fact that a majority of Canadians are satisfied with their private drug plans. This may limit the public's perceived value of the Pharmacare benefits. Additionally, other reports have previously shared the economic message with estimates for cost savings in similar ranges and it has not been enough to motivate change. The research team agreed that the economic analysis would most likely be the least impactful of their results. Instead, the research team planned to use their messaging to highlight the impact that their medicines access model had on medication adherence and other health and quality of life metrics. The attendees also highlighted that this barrier could be addressed by tailoring the metrics on economic savings to the individual target audiences, so that groups can appreciate the financial benefit would provide them specifically.

2. **Difficulties with sustaining long-term engagement of key stakeholders.** The attendees highlighted that it can often be a challenge to sustain awareness and engagement (for e.g., of the general public, decision makers, and advocacy groups) over the long-term towards goal achievement. In order to sustain these efforts, there must be resources dedicated to ensuring continued involvement of these stakeholders.

Strategies for dissemination and/or implementation
Identified by research team:

The research team had planned multiple dissemination strategies to increase the spread of their work, including:

1. **A media engagement event** in early October around the release of a journal article (click *here* to view the publication) to inform the general public and relevant stakeholders of their Year 1 trial findings.

2. **Engagement of key political decision-makers** to convey their trial findings ahead of the Canadian federal election.

3. **Their online website** to share their key messages in an engaging and accessible manner.

The Research Round Table attendees were supportive of these dissemination strategies, and reinforced the importance of leveraging the 2019 federal election to increase the spread and impact of their project work, specifying that publicly-funded access to medicines was an important component of the parties' electoral platforms.

Identified by Research Round Table attendees:

The Research Round Table attendees offered the following additional suggestions to maximize the impact of this project:

1. **Advocacy activities as a dissemination strategy.** Due to the pre-existing public investment in the topic of publicly-funded medicines, as well as the scale of change that this study is targeting at the political level, attendees identified advocacy work as an important avenue through which to disseminate the results of this study. The team can consider leveraging the activities and experience of multiple groups involved in this type of advocacy work (e.g., Canadian Health Coalition, Canadian Doctors for Medicare, and Better Pharmacare Coalition) who can build relationships with political decision-makers or other government stakeholders to support and spread the study messaging. Attendees also suggested building

a coalition of stakeholder groups who could support a coordinated campaign through multiple outlets including social media. Engaging groups already conducting advocacy work in this area could help with sustaining long-term stakeholder engagement with project findings.

2. **Additional target audiences for dissemination.** In addition to groups involved in medicines access advocacy work, the attendees identified many additional relevant groups that the research team could consider targeting with their messaging to increase the spread of their dissemination strategies. These groups included: pharmaceutical companies, patient advocacy groups (i.e., Diabetes Canada, T1 International, and HIV/AIDS groups such as ACCESS Network, HIV/AIDS Resources and Community Health, and Ontario AIDS Network), members of Pharmacare panels or advisory councils, researchers interested in the social determinants of health, and the general public.

3. **Strategies for tailoring key messages.** The attendees provided critical insights on how to tailor key messages to different audiences. These insights can be used to address the anticipated barrier regarding uncertainty of the financial benefit of publicly funded medicines.

    a. **Decision makers:** Attendees working in government shared that it can be challenging to develop strategies to align current practices such as policies and funding platforms with new evidence-based recommendations. The attendees recommended framing policy discussions of study findings in a way that seems feasible and actionable to decision makers.

    b. **General public:** As this trial is aiming to contribute to a large-scale change in the Canadian health system, attendees reinforced the importance of engaging the general public to garner support for the initiative. To promote interest and increase engagement, attendees suggested tailoring messages to the public in the following ways:

        i. Communicate the impact of free medicines access at the local and individual level rather than a national level to make the impacts more meaningful to community members. For example, put health systems savings outcomes in terms of how much money will be added to an individual's paycheck if they do not need to buy into a company drug plan.

        ii. Ensure that messaging includes information about both the health and social outcomes from the study (e.g. the participants reported an increased ability to "make ends meet" in addition to having decreased blood pressure). Personal stories from study participants could be an effective and engaging means to communicate key study messages.

    c. **Overall:** The research team can consider taking an incremental approach with their messaging in order to ensure their goals and intended impacts appear feasible to key stakeholders (i.e., start with the message that offering a few, inexpensive essential medicines for free can have a large impact on health outcomes, rather than pushing for offering all medicines for free to everyone).

Strategies for sustainability and spread
The Research Round Table attendees shared strategies on how to ensure sustainability of project funding over time. This included applying for a social bond project through the Ministry of Health and Long-Term Care, and

creating a follow-up study where the team develops a mobile app about medication adherence that becomes integrated into the trial.

Plain Language Case Summary

OSSU team: Dr. Nav Persaud and Dr. Baiju Shah, and colleagues.

Project name: The impact of providing carefully selected essential medications at no charge to primary care patients on patient experiences, medication adherence, prescribing appropriateness, health outcomes and health care costs: a randomized controlled trial (RCT)

What did this demonstration project focus on?

A potential strategy to make medicines more accessible to those who cannot afford them.

What did the team want to accomplish with their demonstration project?

The team aimed to engage community members in order to design an RCT evaluating a proposed model to increase the accessibility of medicines by providing free access. Through the RCT, the team wanted to evaluate the effect of this new model on multiple measures, including relevant health outcomes. They also wanted to use the RCT findings to inform policies to increase access to medicines.

What did they accomplish?

The team created a community guidance panel that steered the development of the RCT. Throughout the RCT, the team was able to assess the impact of their medication access model on health outcomes. Early results showed that free access increased how well participants adhered to their prescriptions and improved some health outcomes, such as diabetes control. Additionally, they were able to engage decision makers in discussions about policy implications.

How did/could this project have an impact on healthcare in Ontario?

Patient/public level: Patients who were randomized to the intervention in the RCT had increased access to medicines, reduced financial burden, and some improved health outcomes.

Healthcare provider level: Clinicians prescribed more appropriately using this new model and patient-provider relationships improved.

System/policy level: The RCT findings showed that public funding of medicines could save an estimated three billion dollars/year, improve some health outcomes and increase health equity.

What can be learned from this project?

Engaging patients and community members can ensure the design of a relevant and meaningful study for participants. The team engaged with clinicians at rural sites to make sure that participants outside of urban settings were included in the RCT. The team found that it was sometimes challenging to negotiate accessible prices for the medications they were providing in the RCT.

Who should know about these findings?

Health policy decision makers, patients, patient advocacy groups, community members (especially those who have trouble affording medicines), clinicians and clinical groups, and research funders should be made aware of the findings of this study.

What is the team doing next?

The RCT team will complete their evaluation of the new model for access to medicines in 2020. The team is also conducting various related studies using their evaluation data. They are continuing to discuss policy changes with decision makers and are planning several follow-up studies.

YouthCan

Presented by Dr. Peter Szatmari

Introduction

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The research team can leverage the pertinent stakeholder perspectives outlined in the OSSU Research Round Table findings and project case summary to inform their dissemination and implementation plan, and maximize the impact of their project findings on healthcare research and decision-making.

Research Round Table findings

Usable evidence and potential for impact
Identified by research team:

In addition to their research outcomes, the research team identified additional usable evidence and related potential for impact that arose from their project work, including:

1. **Lessons learned from executing a community-based model of care.** The research team identified that they gathered valuable lessons learned through engaging youth and families, and implementing an intervention that required collaboration across many sites and sectors (e.g., the impact of different ethical and legal considerations on project timelines, such as multiple research ethics board applications and legal agreement development).

2. **Exploring impact on public-sector costs.** The research team highlighted that that preliminary results are indicating that the intervention may be more cost effective than the current model of care, which they identified as a key message to government stakeholders.

Identified by Research Round Table attendees:

From the description of the research processes and outcomes shared in the research presentations, attendees identified what they perceived to be important areas of usable evidence that could be impactful for key stakeholders working in the area of youth access to mental health and addiction services including;

1. **Youth experience with access to care.** Round Table attendees emphasized the importance of the impact of the care model on access to youth mental health services. In addition to eliminating wait times for these services, the model was able to provide care for typically marginalized groups, such as youth involved in the justice system. The stepped-care component of the model for youth mental health services allowed youth to receive supports for related challenges such as conflicts with the law or homelessness that are not often available in typical out-patient care models. Additionally, youth who were not participants but were identified as in-need by advocates such as public health nurses at schools were able to receive care through the community-based model. Due to these notable changes in access to services, attendees encouraged the research team to document and communicate patient perceptions of access to care specifically in their study.

2. **Model of community access with psychiatrist.** Another notable outcome, as perceived by the attendees, was the facilitated access to a psychiatrist in community organizations where such access was not previously available. Attendees believed this would be of interest to community mental health organizations that express a desire to work closely with psychiatrists, but are often unable to given the current out-patient care model for psychiatry.

3. **Impact of care model on community building.** The community-based stepped-model of care involves many different community organizations that work together to provide a tailored care pathway depending on the needs of youth. The attendees encouraged the research team to highlight that an important impact of their study and model of care was effective collaboration between community groups at the different intervention sites. These relationships fostered a desire for organizations to work together more formally and demonstrated that such partnerships do not threaten the health of individual organizations (i.e., their ability to secure funding). For decision makers, it would be important to highlight that the intervention has the potential to decrease fragmentation of care, and increase cross-sector collaboration.

Anticipated challenges and potential strategies to overcome challenges
Round table attendees encouraged the research team to consider strategies for mitigating challenging research outcomes:

1. **Possibility of negative trial results.** Attendees asked the team to think about how they will ensure that their work has impact, in the event that the results of the study show that their community intervention is comparable to, but not better than, traditional care on identified youth mental health outcomes. The

research team had strategized that in this case, they would leverage their messaging around the potential cost- and access-benefits of the model.

Strategies for dissemination and/or implementation
Identified by research team:

The research team shared their dissemination strategy, which targeted researchers, community organizations, and youth with mental health and addiction challenges and their families. The strategy included:

1. **Development of an implementation guideline** to support communities interested in implementing the community-based stepped-care model in their own settings.

2. **Development of reports and webinars** tailored to specific stakeholder groups.

3. **Leveraging their partner organizations** involved in the model of care to help with dissemination.

4. **Engagement of youth, families, and service providers** to identify additional avenues of dissemination for their study findings.

5. **Publishing in peer reviewed journals.** The team has already published manuscripts detailing their experiences and lessons learned with youth engagement (click *here* to view the publications).

Identified by Research Round Table attendees:

The Research Round Table attendees offered the following additional suggestions to maximize the impact of this project:

1. **Strategies for tailoring key messages**. The attendees encouraged the team to consider the interests of their target audiences to ensure key messages were meaningful and impactful, for example, *What does it mean for a given target audience in the community if youth are going to school more often as a result of receiving treatment through this model of care?*

    a. **Decision makers:** Attendees also reinforced the importance of sharing the potential financial benefit of this revised model of care with government stakeholders.

Strategies for sustainability and spread
To ensure that the community-based care model can be feasibly spread to multiple diverse settings, the attendees highlighted the importance of assessing which components of the model must be kept to ensure program fidelity, and which can be tailored to meet the unique needs of different settings.

Plain Language Case Summary

OSSU team: Dr. Peter Szatmari and colleagues.

Project name: Among at-risk youth with mental health challenges, do integrated collaborative care teams provide more benefits in reducing symptoms, improving functioning and providing greater client satisfaction than treatment as usual?

What did this demonstration project focus on?
A model of care for youth mental health and substance abuse challenges.

What did the team want to accomplish with their demonstration project?
The team aimed to develop and implement a new community-based, stepped model of care for youth mental health and substance abuse, and to execute a randomized control trial (RCT) to compare this model to hospital-based outpatient treatment on outcomes such as day-to-day functioning, symptoms, and continuity of care.

What did they accomplish?
The team engaged relevant partners including community-based services providers, agency management, youth, caregivers, and researchers to develop their community-based model of care. Three community sites have been using this model since 2016. Partners, including youth and caregivers, collaborated to choose outcome measures and data collection instruments to compare this model to hospital-based care. Recruitment and data collection is ongoing.

How did/could this project have an impact on healthcare in Ontario?
Patient/public level: Since 2016, over 1800 youth (study participants and youth in the community) have accessed care through the model and, so far, have experienced no wait-times for this access. Additional patient outcomes are being assessed through the ongoing RCT.

Healthcare provider level: Services providers engaged in this project have shown high buy-in with the model of care and have integrated the community-based model into their work.

System/policy level: The Ontario Government has developed and launched a similar model of service delivery in five additional community sites across Ontario.

What can be learned from this project?
Collaborating with patients and other relevant partners was very beneficial, but did extend their project timelines. Timelines were additionally affected by delays in legal agreements and research ethics applications for partner organizations. The team found benefit in engaging clinical staff at different levels and working closely to support partner organizations undergoing internal change.

Who should know about these findings?
Researchers, investors, people working in healthcare systems design, and community stakeholders, youth and their caregivers should be made aware of the findings of this RCT.

What is the team doing next?
The team is continuing to recruit participants for their RCT. They are actively sharing their experience with developing their community-based model to share their experience for the development of similar models worldwide. They are also collaborating with the Government of Ontario and other teams in Canada using similar models to improve the structure and delivery of community-based care.

COACH

Presented by Dr. Douglas Lee

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The research team can leverage the pertinent stakeholder perspectives outlined in the OSSU Research Round Table findings and project case summary to inform their dissemination and implementation plan, and maximize the impact of their project findings on healthcare research and decision-making.

Research Round Table findings

Usable evidence and potential for impact
Identified by research team:

In addition to their research outcomes, the research team shared another area of impact of the COACH project:

1. **International impact of COACH trial.** The research team identified that a team in the United States is now implementing the risk score calculator being used in the COACH trial. Attendees reinforced the importance of sharing this international impact of OSSU-funded work.

Identified by Research Round Table attendees:

Research Round Table attendees shared what they perceived to be additional evidence with potential for impact gathered through the execution of the COACH trial:

1. **Experience with execution of a multi-site stepped wedge trial.** The research team collected information about challenges they experienced with coordinating Research Ethics Board submissions and trial activities across multiple sites, and documented important lessons learned about how to mitigate these challenges moving forward. The attendees reinforced that other researchers would highly value hearing about the process data that the team collected throughout the development and execution of their complex, 10-site stepped wedge design, and encouraged them to disseminate these data.

Anticipated challenges and opportunities to leverage
The attendees offered concrete suggestions for addressing challenges with implementing the heart failure intervention.

1. **Address potential organizational incentives to admit versus discharge patients.** Attendees encouraged the team to consider that there may be organizational-level incentives for hospitals to admit rather than discharge and refer patients. Attendees recommended incentivizing discharge of low risk patients, identified via the risk calculator.

2. **Consider implementation strategies that address the unique challenges of the ED environment.** Attendees highlighted resistance to change, time-constraints of ER physicians, and issues with hospital information technology as potential barriers to the uptake of the risk screening tool in the ED. Attendees suggested that including an automatic calculation of the heart failure risk score in a patient's electronic chart may be a potential strategy to mitigate these ED-specific barriers.

Strategies for dissemination and/or implementation
The Research Round Table attendees did not focus on this content area during the discussion period for the COACH project.

Strategies for sustainability and spread
The Research Round Table attendees did not focus on this content area during the discussion period for the COACH project.

Plain Language Case Summary

OSSU team: Dr. Douglas Lee and colleagues.

Project name: Comparison of Outcomes and Access to Care for Heart Failure (COACH) Trial

What did this demonstration project focus on?
Exploring the use of a heart failure (HF) mortality risk algorithm and a rapid HF clinic in HF care.

What did the team want to accomplish with their demonstration project?
The team aimed to assess: **(1)** the effectiveness of a HF mortality risk algorithm in predicting high versus low mortality risk (at 7- and 30-days) for patients presenting to the emergency department (ED) with HF, facilitating the decision to admit or discharge patients from hospital, and **(2)** the use of a rapid HF clinic providing early access to a heart specialist care team for individuals discharged from the ED or after a short hospital stay.

What did they accomplish?
The team tested the efficacy of the HF mortality risk algorithm and found: **(1)** the algorithm better predicted 7-day mortality risk than physician judgment, and **(2)** the overall algorithm could be used to better inform clinical-decision making. Additionally, they provided ~400 patients across 10 sites with access to the rapid HF ED or early discharge pathway.

How did/could this project have an impact on healthcare in Ontario?
Patient/public level: The HF algorithm can be used to inform patients with HF about their mortality risk and to guide shared-decision making. The rapid HF clinic provided patients with increased access to HF specialists and was well-received by participating patients.

Healthcare provider level: The HF algorithm can support clinical decision making and increase the efficiency, effectiveness, and quality of patient care. The rapid HF clinic provided an efficient process to make available appropriate evidence-based therapies.

System/policy level: Through evaluation mortality risk, the HF algorithm increased the appropriateness of HF admissions to the hospital thus improving the use of hospital resources.

What can be learned from this project?
Adoption of new procedures does not happen quickly. Ethics applications at some participating sites delayed study timelines and it was necessary to recruit backup sites as some sites could no longer be part of the trial. Inappropriate referrals were sent to the rapid HF clinic, suggesting some additional communication with staff about the protocol was necessary. Some sites had space constraints for the rapid HF clinic that needed to be considered in planning and implementation.

Who should know about these findings?
Physicians, hospital administrators, policy makers, and patients should be made aware of the findings of this study.

What is the team doing next?
The team is continuing to implement the HF mortality risk algorithm and rapid HF clinic in other regions. Further development of the risk algorithm, including consideration of other measures of risk and developing ways to identify patients at risk of re-admission, is ongoing.

Common Potential Impacts, Challenges, and Suggested Strategies across Project Discussions

Two prominent themes related to usable evidence, challenges and opportunities, and strategies for dissemination/implementation and sustainability/spread emerged from the three project discussions. The following themes can be applied to any research project to increase its potential impact;

1. **Lessons learned through developing and executing large-scale research projects is valuable, usable evidence.** All three projects included in this Research Round Table developed and implemented a health service intervention across multiple sites in Ontario. Project teams reported that they learned various lessons through executing these complex projects. The YouthCan team intended to track their experience engaging key stakeholders to develop their community-based model of youth mental health care, and have since published on their experience with youth engagement in their trial. The Research Round Table attendees encouraged the COACH team to document and report on their experience with implementing a stepped-wedge randomized control trial design across ten sites, as they thought this information would be valuable for other researchers. The outcomes of the Research Round Table discussion suggest that researchers may benefit from using strategies to track relevant process data (e.g., reach, engagement, project changes) and lessons learned throughout the execution of their projects, as this information may have publication merit, and can inform and strengthen future research using similar methodological approaches.

2. **Tailoring key messages and dissemination and/or implementation strategies to different target audiences can increase engagement.** Research Round Table attendees encouraged all project teams to develop unique, tailored, key messages and dissemination and implementation strategies for all intended target audiences in order to mitigate potential challenges with engagement. These unique messages and strategies were informed by (1) how the project findings would positively impact a particular target audience, (2) the challenges that an audience had previously experienced, or was anticipated to experience, in relation to the use of the project findings. For example, when communicating to the public, the CLEANMeds team was encouraged to present the estimated national cost savings of publicly funded medicines in terms of how much money this would save each individual on average as a result of no longer paying into a company drug plan. Additionally, it was suggested that the COACH team implement the HF risk score calculator as an automated calculation in a patient's chart to address anticipated barriers to implementation specific to ED personnel, including resistance to change and time constraints. Researchers can reference the project-specific guidance on tailoring key messages and strategies while developing their own dissemination plans in order to increase engagement with their target audiences.

Conclusion

Overall, all three project teams identified results from their studies that have potential to impact patient outcomes, as well as healthcare provision and policy in Canada. Each team also identified several strategies for disseminating this impactful information to target groups and discussed potential solutions to anticipated challenges to implementation. The participation of representatives from a variety of stakeholder groups

involved in Canadian healthcare provided the project teams with an opportunity to draw on a wealth of experience and expertise to tailor their plans for dissemination of project outcomes to maximize project impact on improving healthcare provision in Canada.

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Appendix A: Presentation Template

OSSU Research Round Table Presentation Template	
In a 15 minute presentation, PIs/Co-Is should address the following items in a presentation to the roundtables, prioritizing the items in bold. Slides are recommended, but not required.	
1	Study objectives, goals
2	Study participants
3	Description of the research, implementation team (including patient partners)
4	Very brief overview of research methods

5	Usable evidence from the project – consider:
	
	a) Process outcomes and implementation quality outcomes (e.g., fidelity to intervention)
	
	b) Short term outcomes: improved knowledge, improved self-efficacy
	
	c) Long term outcomes: changes in behavior
	
	d) Impact
	
	    i. At the patient level
	
	    ii. Health care provider level
	
	    iii. Systems or organizational level
	
	    iv. Policy level

6	**Plan for dissemination** **a) Who are the target audiences?** **b) What are the key messages to each target audience?** **c) What strategies will you use to engage target audience (including the appropriate dissemination avenues and tools for each?)** **d) What are some contextual considerations to be mindful of when developing your dissemination strategy?**
7	**Plan for project next steps**

Appendix B: Research Round Table Agenda – September 13th 2019

Ontario SPOR SUPPORT Unit
Research Round Table
September 13, 2019

Agenda

12:00 - 12:30   LUNCH

12:30 - 12:45   Welcome and Introduction

12:45 - 1:25   Dr. Nav Persaud
                      Associate Scientist, Li Ka Shing Knowledge Institute, St. Michael's Hospital

                      CLEAN Meds - The impact of providing carefully selected essential
                      medications at no charge to primary care patients on patient experiences,
                      medication adherence, prescribing appropriateness, health outcomes and
                      health care costs: a randomized controlled trial

1:25 - 2:05   Dr. Peter Szatmari
                      Chief of Child and Youth Mental Health Collaborative
                      The Hospital for Sick Children and Centre for Addiction and Mental Health

                      YouthCan IMPACT - Among at-risk youth with mental health challenges, do
                      integrated collaborative care teams provide more benefits in reducing
                      symptoms, improving functioning and providing greater client satisfaction
                      than treatment as usual?

2:05 - 2:15   BREAK

2:15 - 2:55   Dr. Douglas Lee
                      Ted Rogers Chair in Heart Functions Outcomes, Ted Rogers Centre for Heart
                      Research

                      COACH Trial – Comparison of Outcomes and Access to Care for Heart Failure

2:55 - 3:00   Concluding remarks

Appendix C: Knowledge Sharing Template

OSSU Round Tables - Phase 1 Knowledge Sharing Template

OSSU has funded 17 demonstration projects across Ontario designed to showcase meaningful patient engagement in the research enterprise. OSSU would like to bring together research partners involved in these 17 demonstration projects by means of three separate, half-day roundtable discussions to identify all usable evidence, dissemination goals and key messages for each of the 17 OSSU projects.

In preparation for the roundtable discussion, please fill out the template below with information about your project. The information you share will be used to inform a structured discussion with relevant stakeholders (e.g., researchers, patient partners, health system decision-makers, research funders, Ontario government representatives, and other knowledge users) who will be invited to participate in the roundtable discussion. This discussion will be an opportunity to highlight your project (e.g., successes, challenges, findings etc.) and receive feedback from meeting attendees on certain topics (e.g., potential for impact, strategies for uptake, new areas of research, etc.).

OSSU Research Round Table Knowledge Sharing Template	
1. Project Name	
2. Project Team Members	
3. What were the objectives of this project? (describe the goals of your project in a short paragraph)	
4. What are the results of the project? (describe the study findings in relation to the objectives described above in a short paragraph)	
5. How did this project make a difference? (describe the potential/actual impact of the study in a short paragraph, per level)	• At a patient/public level? • At a healthcare provider level? • At a system/policy level? • Other?
6. What are some lessons learned from this project? (describe any challenges encountered, how they were/could have been mitigated in a short paragraph)	
7. What are next steps for this work? (describe ongoing work or future work in a short paragraph)	
8. Who would benefit from learning about this project? (describe target audiences/end users of the research who will be interested in knowing the results of this project in a short paragraph)	
9. Please use this space to share any additional information about this project. *(Describe additional information that may be of interest to the roundtable discussion audience and/or any questions you would like to discuss with the group/get feedback on).*	

Appendix D: Facilitation Guide

Context: The OSSU Research Round Table facilitator will guide the audience through the following discussion questions after **each** research team gives a 15-minute presentation of their work.

Facilitation Questions:

The facilitator will guide the participants to answer the following questions related to the project:

1. Are there any additional audiences that you think would benefit from knowing about the project research findings?

2. How should key messages be disseminated to each of the audience groups identified in Question 1 (e.g., identify dissemination strategies and avenues/messages to patients versus healthcare providers versus managers versus policy makers)?

3. What impact do you anticipate the project will have on:
    a. Patient care
    b. Health provider outcomes
    c. Systems outcomes
    d. Policy outcomes
    e. Patient oriented research

4. Are there any probable barriers the team might face when trying to disseminate, implement and sustain their project?
    a. Probe: How might these barriers differ depending on the target audience (e.g. patients in a rural vs. urban setting)
    b. Probe: How might the team overcome these barriers?

Appendix E: Analysis Coding Framework

Parent Node	Parent Node Description	Child Nodes
Overview of research project	Captures descriptions of each demonstration project, including the project objectives, participants, study team, methods, and next steps	Study objectives and goals
		Study participants
		Description of research & implementation team
		Research methods
		Project next steps
Usable evidence from research project	Captures information about all possible usable evidence resulting from each demonstration project, including process, clinical, and system outcomes This includes both the usable evidence that the research teams highlight in their presentations, as well as the audience-identified usable evidence (*capture if identified usable evidence came from researcher or panel when possible*). Impacts of the usable evidence on various groups will be captured in the Anticipated Project Impacts/Significance node	Process and implementation quality outcomes
		Clinical outcomes
		System outcomes (e.g., cost, efficiency)
		Other
Dissemination strategy – Researcher identified	Captures descriptions strategies for dissemination of the project presented by the researchers, including type of strategy, target audience(s), and any resources that may need to be acquired or developed	Target Audience(s)
		Type of Strategy (*capture target audience*)
		Avenues for dissemination (*capture target audience*)
		Strategies for tailoring (*capture target audience*)
		Resources required
Dissemination strategy – Panel identified	Captures descriptions of strategies for dissemination of the project suggested by panel members, including type of strategy, target audience(s), and any resources that may be required	Target Audience(s)
		Type of Strategy (*capture target audience*)
		Avenues for dissemination (*capture target audience*)
		Strategies for tailoring (*capture target audience*)
		Resources required
Anticipated project	Captures details of anticipated impacts of the	Patient Care

impacts/significance	project and where these impact is likely to be found	Healthcare Provider Practice
	This captures both the impacts that the research teams highlight in their presentations, as well as the audience-identified impacts **(*capture if identified impacts came from researcher or panel when possible*)**.	Healthcare System
		Healthcare Policies
		Patient Oriented Research
Challenges and opportunities for dissemination	Captures details surrounding discussion of potential barriers/facilitators for dissemination of the project within specific target groups, including the barrier/facilitator identified, the groups it may be found in and suggestions to mitigate the impact of barrier(s)	Barrier Identified (*capture target audience*)
		Facilitator identified (i.e., potential opportunities to increase impact) *(capture target audience)*
		Suggestions to mitigate barrier(s)