## If you build it, will they come?

Moving recipients from apathy to action

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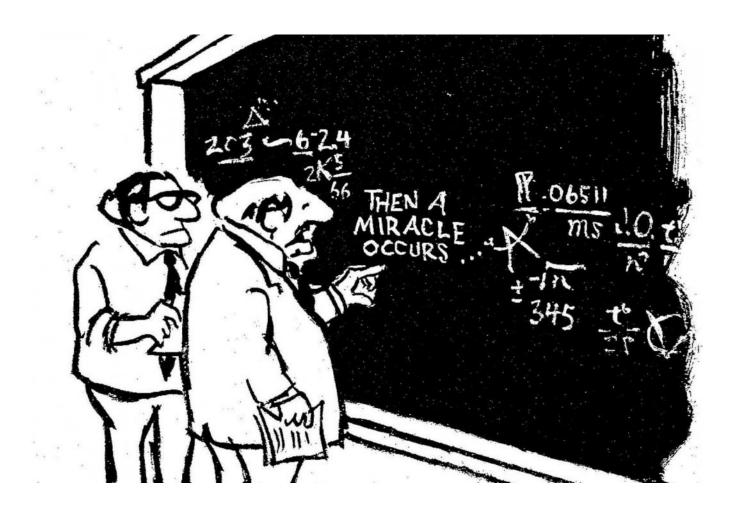


## **Agenda**

**#AF2019** 

- Introductions
- Review of theory
- Understanding failure and success
- Engaging end users
- Group activity → Practical strategies
- The role of context
- Group activity → Supportive coaching

#### **RECOGNIZE OUR ASSUMPTIONS**



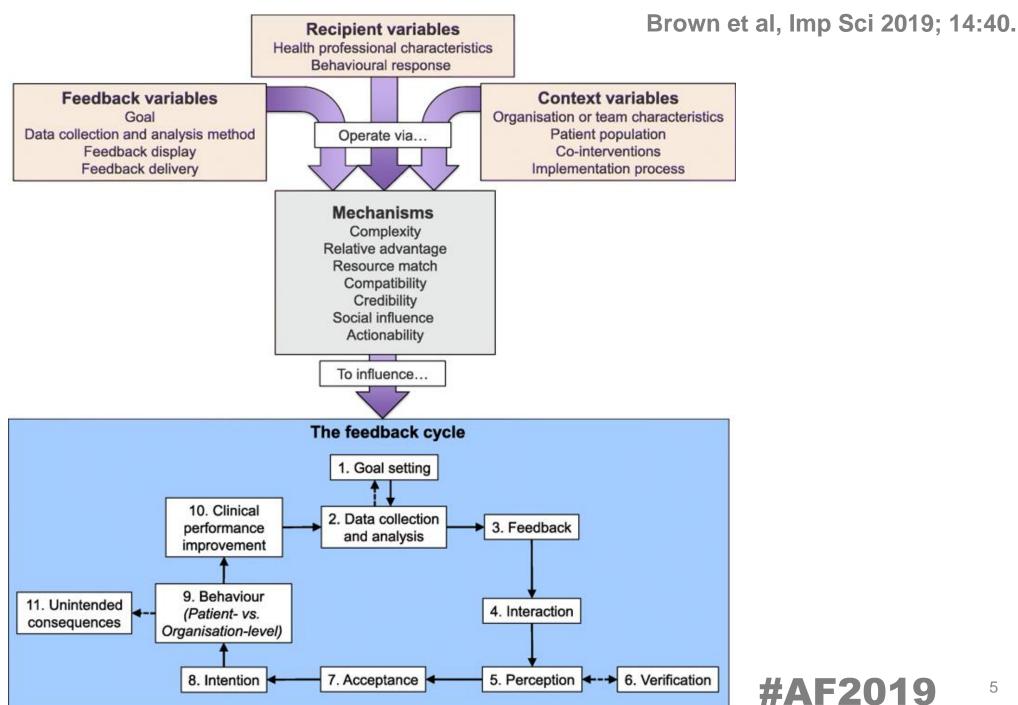


#### BEFORE WE BUILD IT, WE NEED TO KNOW HOW IT WORKS









#### **Learning from Failure**

#### Does the design of the report improve performance?

#### 2 x 2 FACTORIAL TRIAL

**Top 25%** 

- Frame

Mean

- Frame

**Top 25%** + Frame

Mean

+ Frame

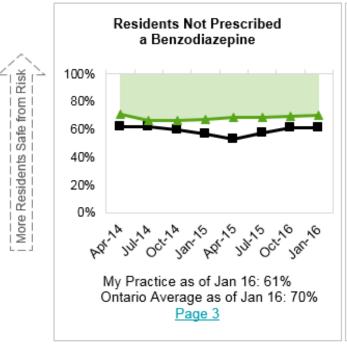


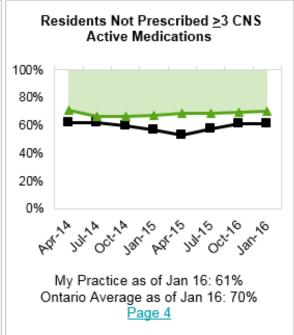
#### Summary

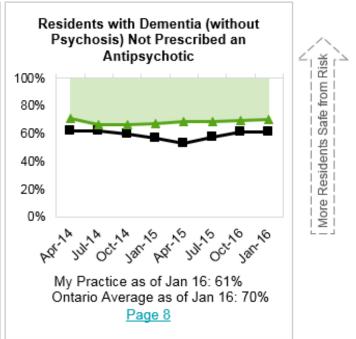
This practice report provides feedback on certain prescribing practices where you are ensuring safety for your LTC residents.

#### How do my prescribing practices compare?









[Jan-16 represents data from Nov 30, 2015 to Jan 31, 2016]

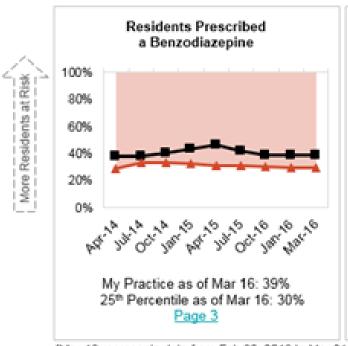
Compared to the Ontario average, 5 fewer residents in my practice are safe from risk of harm from being prescribed a Benzodiazepine.

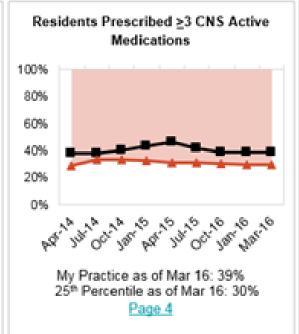
#### Summary

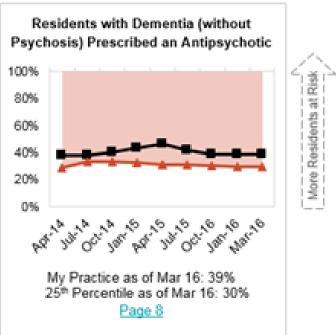
This practice report provides feedback on certain prescribing practices that may be associated with a risk of harm for your LTC residents when not used appropriately.

#### How do my prescribing practices compare?









[Mar-16 represents data from Feb 30, 2016 to Mar 31, 2016]

Compared to the 25th Percentile\*, 5 additional residents in my practice may be at increased risk of harm from being prescribed a Benzodiazepine.





# RESULTS OF LTC FACTORIAL TRIAL?



## **Learning from Failure**

#### ...BUT ENGAGEMENT WAS SUBOPTIMAL









**LTC** 







#### **ENGAGEMENT**





#### **REACH**

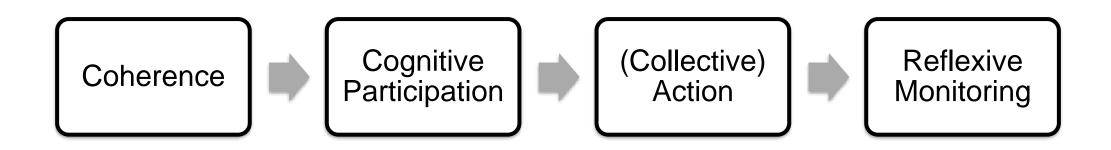






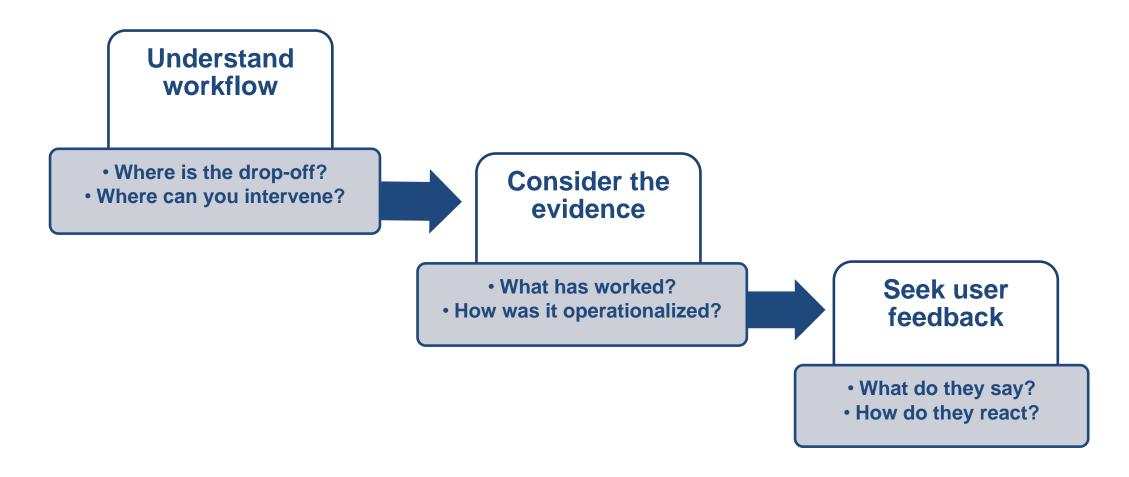
#### **A&F Best Practices**

#### **ENGAGEMENT DOESN'T JUST HAPPEN**











Bravo et al, JMIR Hum Factors 2018; 5:3.

- 1 Select techniques and draft content
- 2 Recruit users and non-users
- Co-create new content
- Pretest content
- Finalize operational details

Priority is to gauge user response vs. feedback



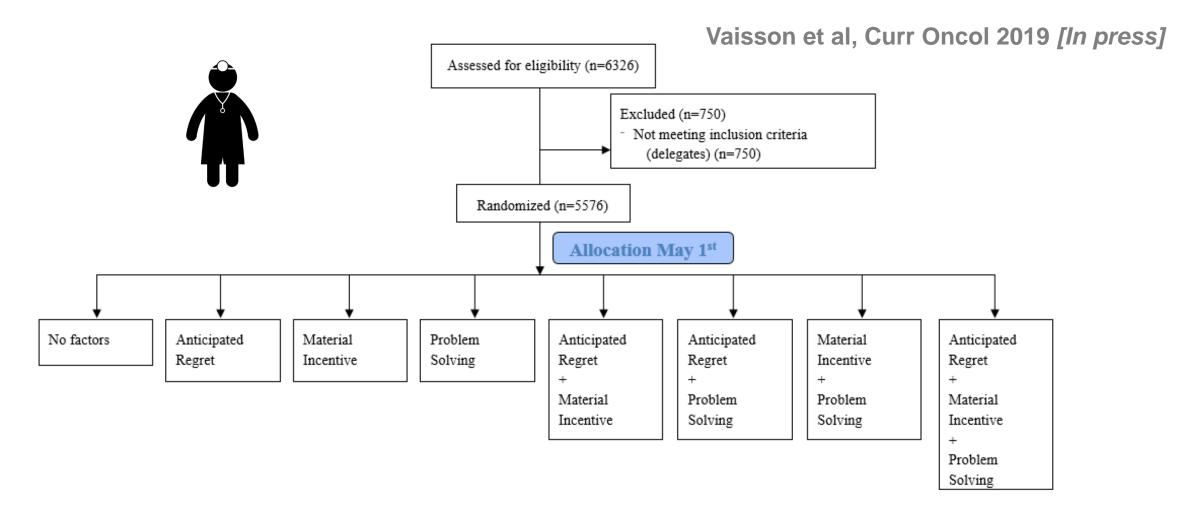


#### Remember:

## User preference ≠ Scientific evidence Consider context









	Anticipated Regret	Material Incentive	Problem Solving
	(n=2642)	(n=2777)	(n=2812)
Primary outcome: Any SAR logins during trial			
SAR accessed (%)	21.8%	20.3%	19.5%
Adjusted RR [ 95% CI ]	1.07 [0.97-1.18]	0.95 [0.87-1.05]	0.87 [0.79-0.96]
Secondary outcome: Total number of SAR unique log-ins			
Adjusted RR [ 95% CI ]	1.09 [0.95-1.25]	0.89 [0.77-1.02]	0.81 [0.71-0.93]
Secondary outcome: Adherence to cancer screening			
Breast ca screening aRR [95% CI]	1.000 [0.997-1.002]	1.000 [0.997-1.003]	0.998 [0.995-1.001]
Cervical ca screening aRR [95% CI]	1.002 [0.998-1.003]	1.000 [0.998-1.002]	1.003 [1.001-1.006]
Colon ca screening aRR [95% CI]	1.000 [0.998-1.002]	1.000 [0.998-1.002]	1.000 [0.998-1.002]

Minor changes can make a small difference in engagement





## **Interactive Activity**

## What makes you engage?



# Group Activity: Designing Feedback



- Pair up with someone you don't know
- **Explain your job & responsibilities (1 min each)**
- **Guess feedback parameters for your partner (5 min)** 
  - → Topics, Delivery, Source
- 4. Write down your ideal feedback parameters (5 min)
- Discuss alignment and rationale
- Would you engage with the feedback? Why?
- 7. Identify themes (if able)





## How do you best deliver feedback?

It depends.





### **Learning from Failure**

## What is meaningful engagement?

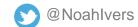


### **Learning from Failure**

- Goal must be clearly stated
- Utility must align with recipient goals
- Perceptions of feedback influence engagement
- Approach to practice influences perceptions of feedback

**MEANINGFUL CONTENT >> A STRONG VISUAL** 





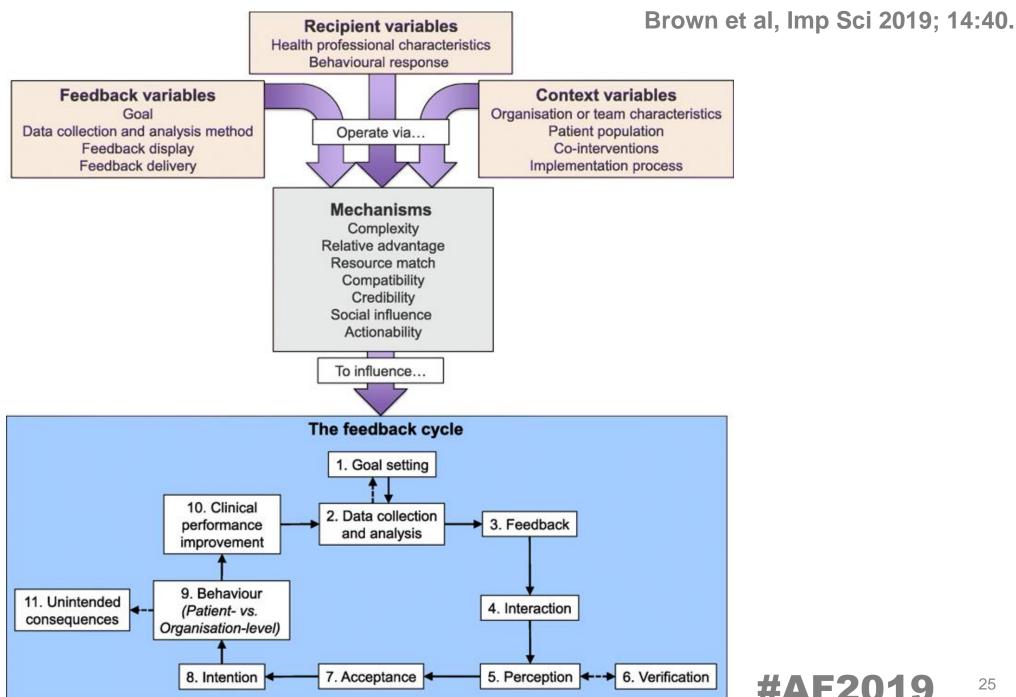
### **Learning from failure**

## ESTABLISH MEANINGFUL CONTENT FIRST

...THEN CONSIDER USABILITY AND RELATIVE ADVANTAGE







## Learning from failure

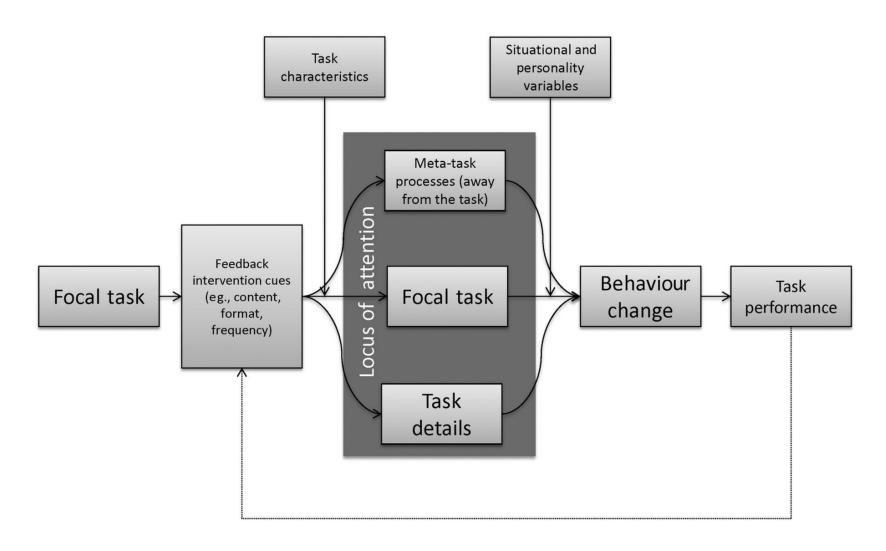
How do primary care physicians engage with A&F?

Threats to meaningful engagement:

- 1 The data sucks
- 2 My patients are different
- 3 I don't know what to do with the data





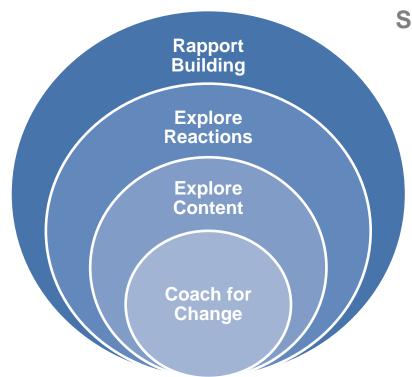


## **Bridging the gap: Facilitated Feedback**



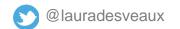


### **Facilitated Feedback**



**Sargeant et al, Acad Med 2015; 90(12).** 

## R2C2 → an evidence-based model on delivering effective feedback to physicians





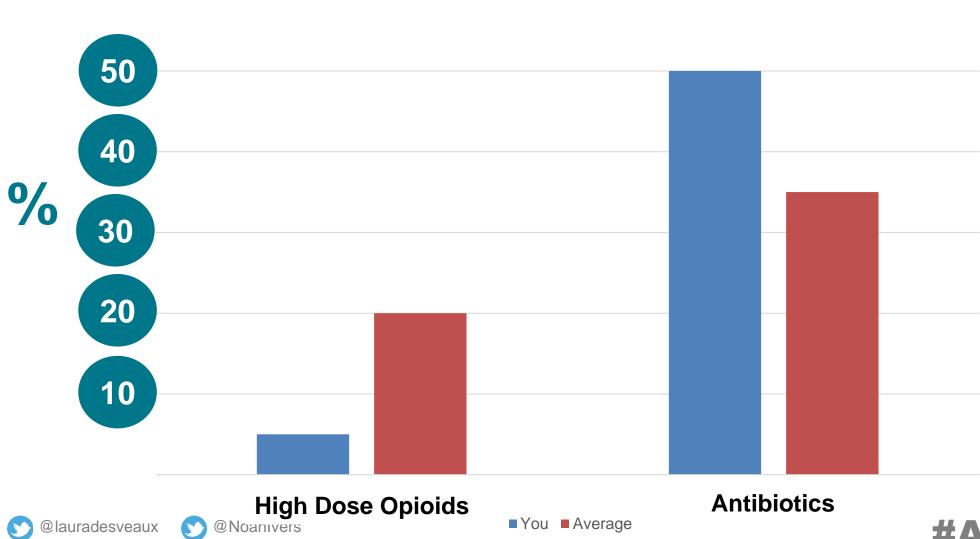
## Group Activity: Feedback Coaching





- 1. Get back in your pairs
- 2. Designate one person as the coach and the other as the recipient (who is now a family doctor)
- 3. Discuss the following feedback





## **Group Facilitation**

Cooke et al, Imp Sci 2018; 13:136.

#### **Precursors**

# Relationship building Question choice Usability

Physician group identifies clinical question

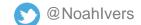
CPLP facilitates/co-facilitates a feedback session with members of the physician group to develop a plan for change

If question is answerable, actionable, important, it becomes a CPLP project

CPLP creates a confidential individual data report with anonymized peer comparators/gold standard for consenting MDs

CPLP collaborates with data custodians to extract, clean, match administrative data





## **Group Facilitation**

Cooke et al, Imp Sci 2018; 13:136.



- Navigate through reactions to data
- Understand their data
- Create a plan for change

Note: A "coaching-oriented approach" with prompts is essential





## Positive Deviance Approach

Lawton et al, BMJQS 2014; 23.

- Identify organizations or individuals that are performing well
- Highlight key strategies/practices that enable high performance
- Share strategies with feedback recipients







2 Discuss the Findings in a Group







Outcome

mpleme



1 Individual Receives

Data Report

#### 'Beneficent Persuasion\*': How will data $\rightarrow$ QI?

Motivation (goal-commitment, social comparison, regret)

i.e., address outcome expectancy with relative risk reduction rather than number needed to treat

Cochrane 2011 Mar 16;(3):CD006776

Capability (self-efficacy, graded-entry, coaching)
i.e., connect trigger to desired action and plan for barriers

Psychol Health 2005, 20:143-160

Opportunity (addressing barriers, co-interventions) i.e., make the desired action easier or no effort at all

NEJM. 2007 Sep 27;357(13):1340-4





# SOWHAT?



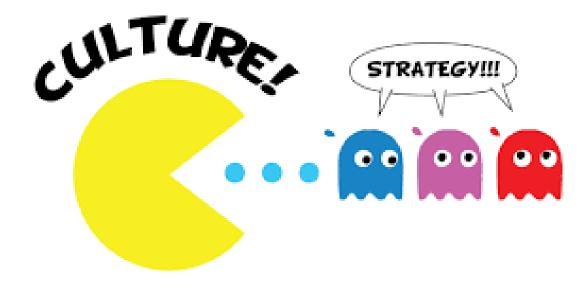










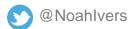


#### **PURPOSE FUELS APPETITE**

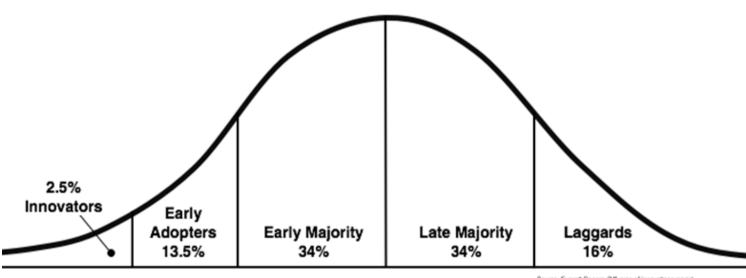


Help people understand their score and make plans to improve









Source: Everett Rogers (Musicin of Innovations model



Help people improve together by changing processes, not trying harder



