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
Does the design of the report improve performance?

**2 x 2 FACTORIAL TRIAL**

<table>
<thead>
<tr>
<th>Top 25% - Frame</th>
<th>Mean - Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 25% + Frame</td>
<td>Mean + Frame</td>
</tr>
</tbody>
</table>
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?

Residents Not Prescribed a Benzodiazepine

Residents Not Prescribed ≥3 CNS Active Medications

Residents with Dementia (without Psychosis) Not Prescribed an Antipsychotic

More Residents Safe from Risk

[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.

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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?

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
<table>
<thead>
<tr>
<th>Category</th>
<th>Primary Care</th>
<th>LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered</td>
<td>60%</td>
<td>14%</td>
</tr>
<tr>
<td>Engagement</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Reach</td>
<td>23%</td>
<td>5%</td>
</tr>
</tbody>
</table>
A&F Best Practices

ENGAGEMENT DOESN’T JUST HAPPEN

Coherence → Cognitive Participation → (Collective) Action → Reflexive Monitoring
Strategies to Increase Engagement

Understand workflow

- Where is the drop-off?
- Where can you intervene?

Consider the evidence

- What has worked?
- How was it operationalized?

Seek user feedback

- What do they say?
- How do they react?
Strategies to Increase Engagement

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

Priority is to gauge user response vs. feedback

Bravo et al, JMIR Hum Factors 2018; 5:3.
Strategies to Increase Engagement

Remember:

User preference ≠ Scientific evidence
Consider context
Strategies to Increase Engagement

Vaisson et al, Curr Oncol 2019 [In press]

Assessed for eligibility (n=6326)

Excluded (n=750)
- Not meeting inclusion criteria (delegates) (n=750)

Randomized (n=5576)

Allocation May 1st

No factors
Anticipated Regret
Material Incentive
Problem Solving
Anticipated Regret + Material Incentive
Anticipated Regret + Problem Solving
Material Incentive + Problem Solving
Anticipated Regret + Material Incentive + Problem Solving

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#AF2019
Strategies to Increase Engagement

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

Minor changes can make a small difference in engagement
Interactive Activity

What makes you engage?
Group Activity: Designing Feedback
1. Pair up with someone you don’t know
2. Explain your job & responsibilities (1 min each)
3. Guess feedback parameters for your partner (5 min)
   → Topics, Delivery, Source
4. Write down your ideal feedback parameters (5 min)
5. Discuss alignment and rationale
6. 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

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

Sargeant et al, Acad Med 2015; 90(12).
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
High Dose Opioids

Antibiotics

%
Group Facilitation

**Precursors**

**Relationship building**
**Question choice**
**Usability**

Group Facilitation


- 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

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

Lawton et al, BMJQS 2014; 23.
1. Individual Receives Data Report
2. Discuss the Findings in a Group
3. Identify an Action Plan for Change
4. Work at Overcoming Barriers to Change
5. Practice Change
6. Healthy, Happy Patients & Population
‘Beneficent Persuasion*’: How will data → 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

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

*Ann Fam Med. 2010 May; 8(3): 260–264
SO WHAT?
Design must be fit for purpose
Be clear about the purpose

PURPOSE FUELS APPETITE
Help people understand their score and make plans to improve
Be realistic about your goals
Help people improve **together** by changing processes, not trying harder
“I thought there was nothing a train could not do,” said Thomas.
“But now I know that just is not true. I learned a big lesson from one little crack. A train is only as good as its track.”
THANK YOU