Launch & Learn 1

IMPACT
Innovative Models Promoting Access-to-Care Transformation

Innovative Models Promoting Access-to-Care Transformation (IMPACT) was a five-year (2013-2018), CIHR-funded participatory research project to enhance access to primary healthcare (PHC) for vulnerable populations. Local Innovation Partnerships (LIPs) were developed in communities where access issues were identified. Set in three Australian states (New South Wales, South Australia and Victoria) and three Canadian provinces (Alberta, Ontario and Québec), each LIP was created to (1) identify vulnerabilities and access issues faced by local communities and (2) design and implement an innovative intervention to enhance access to care. To learn more about IMPACT visit www.impactresearchprogram.com

Enhancing access to primary healthcare through a pop up model for IMPACT

PolicyWise for Children & Families

February 2019

This is the first in a series of brief papers designed to share lessons learned from a five-year community-based primary healthcare innovation project. In this paper, we describe the pop-up intervention designed to enhance access to primary healthcare for vulnerable populations in North Lethbridge, Alberta.

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INTRODUCTION

This series of brief papers is designed to share lessons learned from a five-year community-based primary healthcare innovation project. Our underlying purpose in this work was to explore how community-based approaches can contribute to enhancing access to care for people who are underserved by, and struggle to connect with, primary healthcare services. These services were broadly defined as first point of contact services in a local community that assist people to maintain, regain, and/or improve their health.

In each of these papers we will introduce topics that we now recognize as central to success. Through them, we will provoke discussion about how committing to a participatory community-based approach fundamentally challenges assumptions. In our work, those assumptions included ideas about approaches to primary healthcare transformation and implementation, addressing complexity (i.e., system and individual level), and redefining what we mean by access.

Through these introductory papers, it is our intent to generate interest and momentum for change and stimulate discussion about the power of engaging communities in finding solutions to long-standing, complex health and social problems.

WHY WE DID THIS...

Enhancing "access" to service is a key consideration in the drive to deliver effective primary healthcare and social services. Despite a sustained focus on increasing access to these services, there has been little evidence of significant and sustained change that improves the quality of care for people who, for a variety of reasons, experience limited access.

Commonly, the approach to change involves:

- In-depth analysis of the issue to be addressed
- Comprehensive planning for change
- Extensive redesign of physical spaces, policies, and processes
- Comprehensive (re)training of staff prior to implementation.

And yet, when it comes to access, we continuously tinker around the edges of change (i.e., changing a program, altering processes) without being able to demonstrate sustained change for the populations served. For more information about the definition of access, see ***Defining access to comprehensive care: the role of meaningful relationships.***

The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program is a five-year, CIHR funded, initiative aiming to co-create models of care that enhance access, specifically for vulnerable populations. Set in three Australian states (New South Wales, South Australia and Victoria) and three Canadian provinces (Alberta, Ontario and Québec), Local Innovation Partnerships (LIPs) represent communities with complex challenges to the delivery of primary healthcare (PHC). Although there was funding and support for design and evaluation phases, the expectation from the beginning of each project was that resources for the intervention would be generated locally.

WHAT WE DID…

Based in the city of Lethbridge, members of the Alberta LIP worked with community organizations over four years to design, develop, and deliver a pop-up health and community services intervention for the citizens of North Lethbridge. This area of the city is home to several communities that face numerous barriers to connecting with primary healthcare services. The design phase involved engaging community organization leaders, services providers, and community residents in deliberative dialogues to identify the barriers faced by residents of North Lethbridge. The selected intervention was a series of pop-up health and social services events which were guided by an ecological model developed by King et al., 2012.

A pop-up is, just as it sounds, an event where services "pop-up" in different locations for defined periods of time. In this case, service providers came together in one location at one time to offer a variety of health and social services. At the Lethbridge pop-up between 20-27 service providers came together to learn about one another and apply new strategies to improve communication, connection, and collaboration while delivering services. Over two years, we delivered seven pop-up events in four different locations across North Lethbridge. Pop-ups took place from 2pm – 7pm and were located in a Seniors' Centre, two schools, and an indigenous child and family organization. For more detail about the pop-up intervention see **Starting with community: foundations for increasing access.**

Design and redesign continued throughout implementation of all seven pop-ups. During and after each event, the project team sought feedback from all who participated, service providers and service recipients alike. This feedback was used to guide improvements for the next pop-up. One such improvement related to the role of navigation at the pop-up. We initially designed the events to have designated navigators who would greet people, discern their needs, and help connect them efficiently to service providers. We soon learned that this well-intended mechanism for dealing with service complexity actually introduced other layers of complexity and distance between people. In subsequent pop-ups, the role of navigation was distributed across all service providers. For a more detailed description of our navigation experience see ***Navigating is everybody's role***.

Our continuous improvement focus meant that changes were made not only to the way the pop-ups were implemented, but also to the model of governance. In the early stages of the project, the research team, which included community leadership, was the primary project team. When we began to implement the intervention, it became clear that we needed a different governance structure to ensure community organizations were more actively engaged in planning. This community-based participatory approach is continuing now that the research program is finished, with a Community Coalition leading ongoing evolution of the pop-up model.

WHAT WE LEARNED…

- Community-based participatory approaches to enhancing access to primary healthcare can:
    - Work towards increased access and improved care
    - Challenge assumptions about needing to know the approach is "right" before implementation
    - Foster a "learn as you go" approach to implementation
    - Encourage design that meets the needs of service providers and recipients
    - Engage service providers and service recipients in joint solution finding.

- Using an ecological model to guide design and implementation facilitates improvement by shifting focus to relational changes required to improve practice while taking the emphasis off physical space requirements

- Critical analysis of core concepts such as access, navigation, vulnerability, and "care" can lead to innovative solutions to wicked problems (see **Creativity in Complex Research**.)

CITATION:

Scott C, Spenceley S, Andres C, Mallard R, Barnes J, Lundy C, Donahue S, Perrin S, on behalf of the IMPACT team (2019). Launch & Learn Paper 1: Enhancing access to primary healthcare through a pop-up model for IMPACT (Innovative Models Promoting Access-to-Care Transformation). Available from https://policywise.com/wp-content/Launch-and-Learn/

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IMPACT is funded by the CIHR Signature Initiative in Community-Based Primary Health Care, the Fonds de recherche du Québec - Santé, and the Australian Primary Health Care Research Institute.

IMPACT
Innovative Models Promoting Access-to-Care Transformation

Defining access to comprehensive care: the role of meaningful relationships

PolicyWise for Children & Families

February 2019

This is the second in a series of brief papers designed to share lessons learned from a five-year community-based primary healthcare innovation project. In this paper, we explore an alternative to current conceptualizations of access by focusing on access to meaningful relationships and connection with comprehensive care.

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INTRODUCTION

The Alberta project team identified the region of north Lethbridge where people are underserved by, and struggle to connect with, primary healthcare services. Working closely with stakeholders, members of the Alberta LIP identified engagement with, and approachability of, PHC services as key access issues that should be addressed by an intervention. The team designed and implemented a series of pop-up health and community services events that brought together PHC service providers to different locations in North Lethbridge.

The pop-ups brought together a group of service providers to offer a variety of services with the aim of enhancing access for people who are underserved by, and struggle to connect with, primary healthcare services. We quickly learned that simply providing services in one location, at one time, was not enough to enhance access to PHC services. Making services available in community spaces did not necessarily mean those services were more approachable or welcoming.

WHAT IS ACCESS?

All six IMPACT research teams began with a definition of access proposed by Levesque, Harris and Russell (2013). They describe access as the opportunity to identify healthcare needs, to seek healthcare services, to reach and to obtain or use healthcare services, and to have the need for services fulfilled. Research shows that when primary healthcare is not accessible or effective in these ways, “people delay seeking help, rely on emergency care, and lose the benefits of continuity of care” (Health Council of Canada, 2007). The loss of access to comprehensive care can lead to risks such as misunderstanding patient needs, wait times, and errors in service delivery.

The common definition of access describes what is involved in obtaining needed services and often refers to a particular location to “arrive at”. The Levesque definition includes elements of location-based definitions. However, it also extends these definitions by considering the patient’s perception of their need for services and whether or not those needs are fulfilled.

WHAT IS MISSING?

Models of care based on definitions of access that focus on "arriving at" services can easily neglect elements of care that give patients hope and make access meaningful. For example, the patient may arrive at the clinic where a clinician sees them, but their underlying need for services is unfulfilled. The clinic's demanding schedule may mean a clinician does not have time to listen to the patient's full story, or the patient may not have the language or health literacy to explain their needs clearly.

What is missing from understandings of access in much of the literature, including Levesque et al., is an understanding of "to care" as a verb, as an action that results from the patient and provider connecting with each other. The act of caring involves relationships, perceptions of need, and interest in all aspects of life across the social determinants of health. These kinds of socio-ecological considerations are sometimes missing from primary healthcare and may limit our ability to be accessible and available enough to *care.*

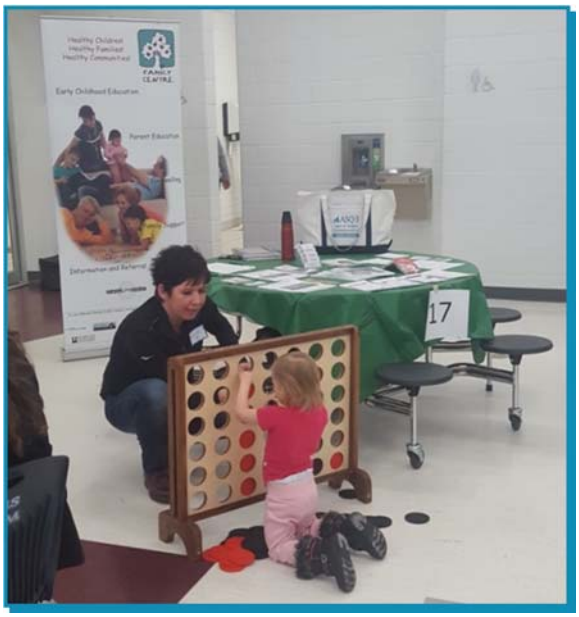
ACCESS TO CARE

When the pop-ups were initiated, the goal was to increase access to care. That is, getting more people more services. We also wanted service providers to be more collaborative, approachable, and engaging, and we assumed their behavior would change as a result of being co-located. Feedback we received from the early pop-ups indicated that service providers *were not* changing their behavior. Offering services in a new place, with new resources was not enough. As has been demonstrated in literature about changing professional practice, we quickly learned that we needed to encourage service providers to reflect on their own practice and work differently (Huq, 2018).

What does it take to change practice and enhance access to care? The following are lessons learned from implementing the pop-up events in North Lethbridge.

- **Connection**: mutual trust, respect and understanding between service providers and service recipients defined connection and were at the heart of practice change. As the pop-ups evolved, we discovered how connection improved service provision for people receiving care and service providers alike, and it shifted our approach to access. One method for facilitating connection was to ask service providers to participate in discussion about providing care and to reflect on one another's experiences. What we learned was that the pop-ups were not only about improving connection between service providers and people receiving care, but also among service providers.

- **Openness**: willingness of service providers to surrender power, control, and habits from previous systems is required to allow connection with attendees. With encouragement and support, service providers were willing to find different ways of working, in a new setting, with patients they may not otherwise meet. This type of openness is about removing barriers between people trying to connect. Service providers showed they were ready to be open by delivering care in a way that was unfamiliar and where the outcomes were unpredictable.



- **Dialogue:** an environment encouraging vulnerability and connection created openings for meaningful conversation, in addition to traditional consultation. Service providers were encouraged to use tools like "How's Your 5?" (Mercy, 2019) to improve connection and relationships. Service providers reported that the pop-ups gave them time to speak and connect with service recipients, an opportunity described as a rarity in other care settings.

- **Time**: it takes time to create a practice environment that encourages openness, fosters connection, and provides space for meaningful dialogue. We learned that shifting the focus of service provision from time allotment per patient to meaningful connection is an important consideration for providing care. It is worth considering how opportunities for connection can be maintained in other settings where there are more constraints placed on time.

WHAT WE LEARNED…

Bringing PHC service providers together to offer services in one location, at one time does not necessarily lead to enhanced access to care or professional practice change. Enhancing access to care requires considering how service providers and people receiving care can better relate and understand one another. We propose that efforts to initiate practice change to improve the provision of care build on a foundation of connection that supports time, dialogue, and openness.

CITATION:

Perrin S, Mallard R, Barnes J, Spenceley S, Scott C, Lundy C, Donahue S, Andres C on behalf of the IMPACT team. (2019). Launch & Learn Paper 2: Defining access to comprehensive care: the role of meaningful relationships. Available from https://policywise.com/wp-content/Launch-and-Learn/

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IMPACT
Innovative Models Promoting Access-to-Care Transformation

Starting with community: foundations for enhancing access

PolicyWise for Children & Families

February 2019

This is the third in a series of brief papers designed to share lessons learned from a five-year community-based primary healthcare innovation project. In this paper, we discuss how the implementation of the pop-up events was guided by an ecological model that prioritized outreach, community development, and the sharing of space and resources.

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Given unlimited resources, our community partners said the best way to address the needs of north Lethbridge residents would be to put a clinic in an easy-to-reach location in north Lethbridge. They suggested this clinic could also house service providers from non-health sectors, such as foodbanks, newcomer services agencies, and other social services organizations. However, the research program did not have unlimited resources for the intervention nor were there sufficient community resources to acquire a dedicated space. Therefore, a “bricks and mortar” solution was not feasible. There were, however, other ideas for enhancing access identified by our community partners that were feasible.

Our community partners clearly identified the need for the intervention to have services located in North Lethbridge, with a broad range of services being offered in one place at the same time. We were also told that the most vulnerable often lack trust in healthcare services due to previous experiences feeling less than welcomed, respected, or cared about when accessing services. Therefore, we knew that any intervention had to bring PHC services to where people are and ensure any services provided were approachable, welcoming, and engaging. Our partners also said that being welcoming meant that no one should be turned away if they needed services. We therefore purposely did not target specific populations or groups and welcomed anyone wanting to attend the pop-ups.

CHANGING THE WAY WE THINK ABOUT ENHANCING ACCESS

As we discussed how to design the pop-up to best meet identified needs, a set of shared principles about the needed approach emerged that were grounded in our commitment to not re-marginalize people through the process of providing care. These principles included working together differently, meeting people where they are, and prioritizing relationships. We also knew that we wanted service providers to provide services and not just information, and to use existing space and resources.

A model proposed by King et al. (2012) informed and expanded our principles and goals to provide care and share space and resources. The creators of this model prioritized outreach, community development, the sharing of resources, and adapting space (which may progress to building necessary foundational infrastructure when bricks and mortar solutions become feasible). King et al. (2012) also suggested that care be provided within a supportive community context. They argued that having care provided in a community setting, and with community participation, builds community knowledge and capacity to understand and meet the needs of the population. When a community views care holistically and inclusively, not just for a specific group or population, there is reduced risk of marginalizing people accessing care.

Applying this model helped us guide discussions within the LIP about what each organization was already doing to address PHC needs in north Lethbridge, how that could look differently using a coordinated outreach model, and what resources each could share in a joint effort to meet needs.

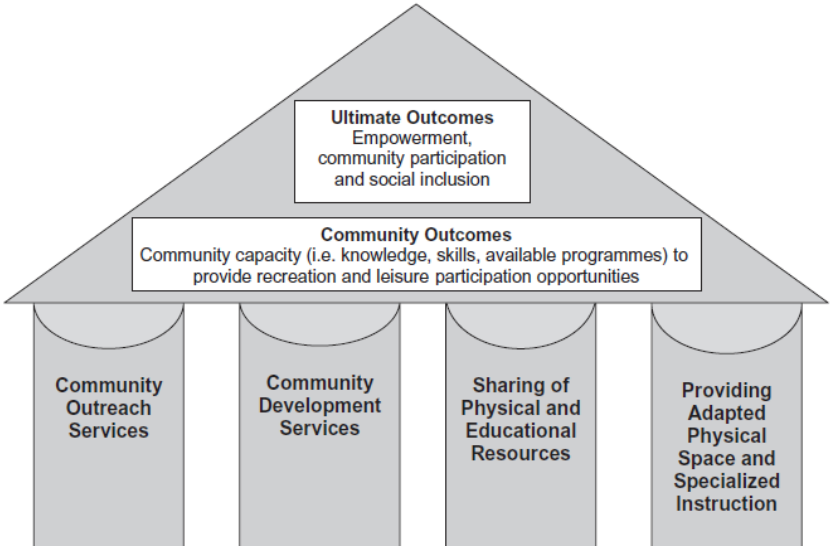

Figure 1. From: King et al., (2012)

How did this model help us with the implementation of the pop-ups? The following are lessons learned from implementing the pop-up events in north Lethbridge:

- *Outreach* – The model supports delivery of services where people are. This aligned well with the pop-up model, as well as our goal to always provide a service and not just information (i.e., true outreach *services*). We wanted the pop-ups to be about providing services and not shift into the realm of "health fairs," where information is given but few services are provided. Providing outreach services was not typical of day-to-day work for some services providers, but as the pop-ups proceeded, service providers found creative ways to provide their services at the pop-ups.

- *Community Development* – The ecological model stresses the importance of connection within a community to identify and understand the needs of a community. In the case of the pop-ups, the connection happened at the following levels:

- *Connection between stakeholders* – Through deliberative forums, the early stages of the pop-up work brought together key stakeholders to identify access issues and ways to tackle them. Stakeholder included leaders, managers, and frontline workers from health and community services organizations, as well as north Lethbridge residents and other interested parties. The deliberative forums provided an opportunity for stakeholders to get to know each other, build connections, and strategize on how best they could work together to enhance care for residents of north Lethbridge. The deliberative forums provided the foundation for all subsequent community and relationship building.

- *Connection between service providers* –We encouraged service providers to attend rehearsal events prior to each pop-up. The rehearsals focused on service providers getting to know each other and the services they provide, their experiences serving vulnerable populations, and how to provide care that was more welcoming and engaging. The relationships between service providers that were established at the rehearsals helped with warm handoffs from service to service at the pop-ups. This warm handoff shifted from the typical healthcare approach of "Go and see this service provider" to "I'm going to take you to meet Jane from Identification Services, and she may be able to help you with some of your other needs."

- *Connection between service providers and persons accessing care* – Attending the pop-ups allowed service providers to see and appreciate the unmet PHC needs of residents of north Lethbridge. We also encouraged service providers to prioritize relationships and engagement with people accessing care at the pop-ups, which led to a deeper understanding of these needs. We provided service providers with tools like "How's your 5?" [1] [Mercy Health (2018)] to help facilitate meaningful conversations and interactions with people accessing services. With a better understanding of needs, service providers were able to recommend other services to those needing care, which led to increased access of services.

- *Sharing of space and resources*- The ecological model reminded us that a lot can be done when we think differently about space and "what we need in order to provide care". Challenging service providers to share space and resources affected how service providers worked together and provided care. Indeed, service providers consistently mentioned the value of having multiple service providers in one location, and they often collaborated or sought the expertise of others to ensure attendees of the pop-ups access to the care they needed. As a result of sharing space and resources, service providers became more aware of services in the community, formed relationships with other service providers, and collaborated to provide care. Sharing space and resources provided an opportunity for service providers to work beyond their silos and contribute to a culture that enhanced relationships and connection for comprehensive services.

[1] How's Your 5? creates a common language to support each other across five fundamental domains of human experience: Work (employment/school), Love (relationships/social support), Play (selfcare/joyful activities), Sleep (sleep habits), and Eat (consumption – eating and drinking). (http://www.unitedhoumanation.org/blog/uhn-partners-with-mercy-family-center-to-launch-hows-your-5-iniative; https://www.mercy.net/practice/mercy-family-center-metairie/hows-your-5/)

WHAT WE LEARNED…

The model proposed by King et al. (2012) provided a guiding structure for the design and implementation of the pop-ups. It also provided an important reference point for us and our partners throughout the research project. We focused our work around the model's aims of community outreach, community development, and sharing of space and resources. In so doing, we enhanced access to care without the need for a "bricks and mortar" solution.

CITATION:

Perrin S, Mallard R, Barnes J, Spenceley S, Scott C, Lundy C, Donahue S, Andres C on behalf of the IMPACT team. (2019). Launch & Learn Paper 3: Starting with community: foundations for enhancing access. Available from https://policywise.com/wp-content/Launch-and-Learn/

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IMPACT
Innovative Models Promoting Access-to-Care Transformation

Navigating is everybody's role

PolicyWise for Children & Families

February 2019

This is the fourth in a series of brief papers designed to share lessons learned from a five-year community-based primary healthcare innovation project. In this paper, we will focus on lessons learned about one common strategy to enhance access to services in a complex system: the use of system navigators.

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INTRODUCTION

The Alberta project team identified the region of north Lethbridge where people are underserved by, and struggle to connect with, primary healthcare services. Working closely with stakeholders, members of the Alberta LIP identified engagement with, and approachability of, PHC services as key access issues that should be addressed by an intervention. The team designed and implemented a series of pop-up health and community services events that brought together PHC service providers to different locations in North Lethbridge. Although improving "access" to services is necessary to enhance primary healthcare, our experiences have confirmed that improving the ability to reach services is not enough.

CAN NAVIGATORS HELP US IMPROVE ACCESS?

Assigning the role of "navigator" is a response to the call to improve access to an increasingly complex Canadian healthcare system. To be fair, it is easy to see the need for these wayfinding specialists in a system that can be bewildering, even for health care professionals. Unfortunately, it has also become common to see system complexity as a given, and navigation as something service providers don't have time to deal with. It has become appealing to think of addressing complexity and connections within the system as someone else's responsibility—the navigator's.

WHAT WE DID…

Our initial planning for the pop-ups had us examining the flow of the event, and prompted discussion about how we could ensure that those attending felt welcomed, heard, and connected to a service that met their needs as effectively as possible. These discussions led us to the development of a pop-up navigator role—with associated responsibilities that included meeting people at the door, welcoming them warmly, ascertaining their needs, reviewing a list of available services together, and taking them to their desired service provider. This seemed to work well for providers, who were left to wait at their assigned tables for people to be connected with them. It was chaotic and busy for the navigators, who often had too many people to provide with

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navigation support at the same time, and introduced delays for some attendees in getting to where they wanted to go.

What is missing from understandings of access in much of the literature, including Levesque et al., is an understanding of "to care" as a verb, as an action that results from the patient and provider connecting with each other. The act of caring involves relationships, perceptions of need, and interest in all aspects of life across the social determinants of health. These kinds of socio-ecological considerations are sometimes missing from primary healthcare and may limit our ability to be accessible and available enough to *care.*

After the second event, a community member made a pivotal observation. He shared that he found it a bit intimidating to arrive at the event, know exactly what he needed, select a service from a list of possibilities, and then enter a space where there were 25 health and social service providers sitting behind tables, waiting for him to make a choice. This observation caused us to revisit our principles and purpose, and reframe our approach to focus on relationships first. We reconfigured the event to be a welcoming space to have coffee and a snack. We also expected all providers to welcome people as they arrived and engage in general conversation with people about their life and health. Finally, through rehearsals, we prepared all providers with the knowledge of all the services in the room. We encouraged providers to offer a warm and informed personal hand-off to other service providers who had resources or knowledge that may be helpful to the individual.

WHAT WE LEARNED…

Table 1. **Comparing consequences – navigator vs. navigation**

Assigning navigation to a specific navigator role	Making navigation part of everyone's role
Relieved service providers at the pop-up of the responsibility to reach out, and resulted in providers sitting behind their tables waiting to be approached by attendees	Helped providers focus on engagement, made people feel welcome, and met attendees 'where they were at'
Delegated explanation of services to the navigator	Encouraged service providers to understand the services offered by other providers at the pop-up
Created bottlenecks, delays, and another layer of logistical complexity	Created the opportunity for service providers to take the time to discuss and explore issues with attendees
Re-created the silos of main-stream healthcare but in an alternate setting, and was intimidating or overwhelming to attendees	Increased opportunities for attendees to connect with each other, and with other service providers--people often ended up accessing multiple different services to support their health
Prioritized delivering a service over creating a relationship.	Freed up the time of the former navigators to simplify and improve the overall flow of the pop-up.

CITATION:

Spenceley S, Andres C, Mallard R, Donahue S, Barnes J, Lundy C, Scott C, Perrin S, on behalf of the IMPACT team. (2019). Launch & Learn Paper 4: Navigating is everybody's role. Available from https://policywise.com/wp-content/Launch-and-Learn/

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Launch & Learn 5

IMPACT
Innovative Models Promoting Access-to-Care Transformation

Embracing creativity in complex community-based health research: learning through trial and error

PolicyWise for Children & Families

February 2019

This is the fifth paper in the series and will highlight the value of embedding cycles of learning throughout implementation, providing a foundation for implementing community-based healthcare interventions in complex contexts.

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WHERE DOES CREATIVITY FIT?

Canadian healthcare systems are complex and in a constant state of change. Over the last decade, a great deal of attention has been focused on improving access to community-based primary healthcare (CBPHC). Given the complexity of the systems and the influence of context, designing interventions to improve access to PHC services is challenging. Typically, research on implementation of interventions focuses on gathering information by following a series of predictable, detailed, and well-executed steps through each stage of development, design, implementation, and evaluation, leaving little room for creativity or sensitivity to context. All too often, the solutions to problems focus only on the outcomes, losing sight of the lessons learned throughout the process, and ignoring what did not work.

More prescriptive methods work well for experimental research designs but when evaluating human-centred research that is dynamic, somewhat unpredictable, and highly influenced by context, more adaptive strategies are needed.

A developmental evaluation (DE) approach, conceptualized by Patton (2011), is an approach to evaluation that considers dynamic and unpredictable contexts by encouraging reflective feedback loops that support ongoing, adaptive decision making. The beauty of a DE is that it supports learning throughout each stage of research and creates opportunities to learn from trial and error.. Recognizing the influence of context on strategies to enhance access required us to be open to alternatives, but also required a change in our understanding and language.

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Rather than talking about best practices, we fully embraced the notion of learning from innovations in the community and encouraged people to think in terms of leading, promising, and emerging practices (Health Council of Canada, n.d.).

Below are some of the key concepts that guided our application of DE and the approaches the research team used to reflect those concepts.

- We acknowledged that we did not have a clear understanding of all processes

Approach: ***Relinquishing power and control and practicing humility***. Community consultations with service providers allowed for expertise and knowledge to flow from the community. ***Taking advantage of the capacity that already existed in the community*** supported shared decision making that was informed through creative and thought-provoking discussions about vulnerable populations, service delivery, and unmet needs. This approach facilitated the research team in working alongside service providers, sharing the pop-up experience, and being careful observers and listeners.

- We adapted design and implementation strategies in real-time

Approach: ***Prioritizing the capacity of the system to learn.*** It was important to develop versatile strategies and evaluative tools that would ***support an iterative and collaborative feedback process.*** After Action Reviews (Collison et al., 2004) were a tool used by the Alberta LIP to collect feedback from service providers after each pop-up. The feedback was used to tailor the intervention to better meet the needs of both service providers and the people accessing care each time it was delivered. Although our attention remained focused on outcomes, the lessons we learned in the process and our commitment to being flexible enough to make changes were equally, if not more, valuable. In addition, rather than prescribing strict practices, the iterative process allowed for practice change to evolve organically by provoking careful reflection by service providers on their own service practices.

- We recognized the importance of context

Approach: ***Not being afraid to make mistakes***. Human-centered research takes place in contexts that are constantly changing. This is especially important to consider when an intervention spans several years and includes diverse and complex populations, organizations, and systems. During community consultations it was evident that not all organizations were ready to participate in this intervention. ***Embracing the complexity and dynamic nature of community-based healthcare*** allowed the Alberta LIP to move forward with organizations that were ready, and without having all the answers.

- We embedded ongoing knowledge sharing throughout the intervention

Approach: New understandings often emerged from regular meetings with members of the Alberta LIP. The insights gained evolved from ***discussions about both what worked and what did not.*** Being able to be reflexive and look through a critical lens also applied to our own biases, behaviors, and preconceived notions of what success looks like. Sharing what we were learning at each pop-up in a timely manner with service providers created a shared awareness of what happened and opportunities for creative discussions about how to continue to improve the delivery of services.

- We focused on relationships

Approach: ***Building creativity and responsiveness into the research process.*** The feedback from participants in the early pop-ups identified the need for a more welcoming atmosphere and more meaningful engagement with people accessing care. Without the iterative feedback and resulting discussions, we might have missed that providers were still practicing in a "business as usual" way that did not necessarily facilitate opportunities to *really* connect with attendees at the pop-up. For example, providers continued to sit behind tables, waiting for people to come to them and often spoke to people accessing care as they would in their service settings. Adapting the intervention to encourage more meaningful connections included a canvas mural art project as a central aspect of each pop-up. The art project provided a less formal opportunity to

engage with pop-up attendees and also encouraged service providers to come out from behind their tables to meet with attendees at the pop-up. Creative engagement also included implementing the *How's Your 5?* (Mercy Health, 2018) strategy, which is a conversational tool that assists in getting beyond the conditioned responses to the question, "how are you?"

- Our approach was guided by a commitment to principles and values rather than adherence to predetermined processes and procedures

Approach: ***Continued reflection on the foundational values and principles*** identified by the community which were: 1) relationships; 2) meeting people where they are at; and 3) working together differently. By continuing to return to the principles that guided the intervention, the focus remained on the learning process to support achieving outcomes. We discovered that service providers often felt a tension between delivering value-based care and volume-based care which was often tied to limitations in resources and the notion that quantity is a more desirable outcome than providing quality care. Additionally, asking providers to meet people where they were at often required that "business as usual practices" be checked at the door and required ***careful consideration of language*** used at the pop-ups. Incorporating plain language information became another creative strategy to address the power dynamic between provider and patient and encourage better connections between them.

WHAT WE LEARNED...

Bringing PHC service providers together to offer services in one location, at one time does not necessarily lead to enhanced access to care or professional practice change. Enhancing access to care requires considering how service providers and people receiving care can better relate and understand one another. We propose that efforts to initiate practice change to improve the provision of care build on a foundation of connection that supports time, dialogue, and openness.

CITATION:

Barnes J, Mallard R, Lundy C, Perrin S, Spenceley S, Donahue S, Andres C, Scott C, on behalf of the IMPACT team. (2019) Launch & Learn Paper 5: Embracing creativity in complex community-based health research: learning through trial and error. Available from https://policywise.com/wp-content/Launch-and-Learn/

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IMPACT is funded by the CIHR Signature Initiative in Community-Based Primary Health Care, the Fonds de recherche du Québec - Santé, and the Australian Primary Health Care Research Institute.

REFERENCES

Collison, Chris; Parcell, Geoff. 2004. Learning to fly: Practical knowledge management from some of the world's leading learning organizations. Capstone, Chichester, GB. 312 p.Web site: http://www.chriscollison.com/l2f/

Health Council of Canada. Innovative Practices Evaluation Framework™ IPEF Rating Guide. Retrieved from https://healthcouncilcanada.ca/files/P12-062_IP_Guide_HCC_EN_v3.pdf.pdf on April 29, 2019.

King, G., Curran, C.J., & McPherson, A. (2012). A four-part ecological model of community-focused therapeutic recreation and life skills services for children and youth with disabilities. Child: Care, Health & Development, 39 (3), 325-336.

Levesque JF, Harris MF, and Russell G (2013)"Patient-centred access to health care: conceptualizing access at the interface of health systems and populations." *International Journal for Equity in Health, 12*(1),) : 18 (insert pages).

Health Council of Canada, 2007 in Browne, Annette J., Colleen M. Varcoe, Sabrina T. Wong, Victoria L. Smye, Josée Lavoie, Doreen Littlejohn, David Tu et al. (2012) "Closing the health equity gap: evidence-based strategies for primary health care organizations." *International Journal for Equity in Health, 11* (1) : 59; Canadian Institute for Health Information, 2008;

Baum, Begin, Houwelling & Taylor, 2009.

Huq JL (2018). Conditioning a professional exchange field for social innovation. Business & Society, pp 1-36.

Mercy Health (2018). How's Your Five? Retreived from https://www.mercy.net/practice/mercy-family-center-metairie/hows-your-5/.

Patton, MQ. (2011). Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use. New York, NY: Guilford Press.