

CONFERENCE ABSTRACT

Implementation of clinical guidelines for osteoarthritis together (IMPACT): project protocol for a participatory health research approach to implementing high value care

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

Clodagh Toomey¹, Jacqui Browne, Stacey Grealis

1: University of Limerick, Ireland

Introduction

Despite a wealth of strong evidence on the effectiveness of exercise and education for hip and knee osteoarthritis (OA), implementation of these interventions in healthcare settings is currently sub-optimal. An international physiotherapist-supervised education and exercise programme for hip and knee OA (Good Life with osteoArthritis from Denmark (GLA:D)) was chosen for implementation due to evidence on effectiveness for patient outcomes,¹ the inclusion of a patient registry to collect outcomes and the ability to adapt to other cultural contexts.² This paper captures the key methodologies used in the co-design, implementation, and evaluation of the IMPACT project to confront the problem.

Aims Objectives Theory or Methods

Using a type III hybrid implementation-effectiveness design, work packages include: (1) ENGAGE key stakeholders to form a steering committee and survey stakeholders to inform development of the IMPACT implementation strategy based on the Consolidated Framework for Implementation Research (CFIR), (2) IMPLEMENT GLA:D Ireland by training physiotherapists across health settings (primary care, secondary care, private practice) during pilot testing, (3) EVALUATE short and long-term qualitative and quantitative implementation indicators, and patient outcomes related to pain, function, quality of life and healthcare utilisation from the patient registry up to 12-months post-programme, (4) SHARE results with engaged stakeholders and rollout the programme nationally.

Highlights or Results or Key Findings

Key stakeholders including two patient representatives and one advocacy group member, five researchers, four physiotherapists, one GP and one orthopaedic consultant have been engaged to form the IMPACT steering committee and co-design the implementation strategy. Key sources that informed this strategy include (1) theoretical framework adapted from CFIR constructs (patient, physiotherapist and intervention characteristics, inner and outer setting, process), (2) best evidence from a literature review of barriers, enablers and strategies for implementation of OA

Toomey: Implementation of clinical guidelines for osteoarthritis together (IMPACT): project protocol for a participatory health research approach to implementing high value care.

programmes, (3) local context from surveys distributed to Irish GPs, physiotherapists and patients with OA, (4) expert consensus from steering committee members. Some of the main strategies identified include development of learning tools for health care professionals and patients to improve referral pathways to exercise and education and dispel myths related to exercise safety for joint disease. To reduce barriers related to patient accessibility, evidence-based programmes should be available across multiple health settings.

Conclusions

GLA:D Ireland delivery will result from comprehensive implementation strategy development using theory, evidence, knowledge of context and stakeholder consensus. Incorporating a participatory approach and including end-users in planning, co-design, implementation and evaluation is a critical approach to overcoming barriers and ensuring appropriate care is delivered to patients who need it.

Implications for applicability/transferability sustainability and limitations

This model can act as a template for implementation of clinical practice guidelines for other chronic conditions across healthcare settings. This research has the potential to change practice and promote a policy of exercise and physical activity referral for chronic disease that utilises community engagement effectively and enacts change 'together'.