Models of Care in Arthritis (MOCA): Knowledge Translation 2009 - 2011

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Introduction

The Models of Care in Arthritis (MOCA) study aims to develop an innovative decision-making framework and toolkit for health planners to improve the delivery of arthritis care across Ontario, Alberta, and British Columbia. Knowledge translation (KT) will focus on making research findings meaningful, relevant and accessible to those who engage with the information and those who are able to act upon the deliverables.

The purpose of this document is to describe our strategy, whereby knowledge generated from MOCA is tailored and shared with our collaborators in a timely manner. To date, our network consists of the following collaborators:

- Alberta Bone & Joint Health Institute (ABJHI)
- Alliance for Canadian Arthritis Program (ACAP)
- Arthritis Health Professions Association (AHPA)
- British Columbia Ministry of Health
- Bone & Joint Decade (BJD) Canada
- Canadian Arthritis Network (CAN)
- Arthritis Alliance of Canada (formerly the Canadian Arthritis Patients Alliance (CAPA))
- CIHR Institute of Musculoskeletal Health and Arthritis (IMHA)
- Canadian Rheumatology Association (CRA)
- Ontario Bone & Joint Network (OBJN), Ministry of Health and Long-term Care
- Ontario Rheumatology Association (ORA)
- The Arthritis Society (TAS)

This KT strategy stems from information gathered from the websites of our collaborators and feedback from key representatives of each collaborator organization. It is intended as a basis to orientate ongoing strategic developments and continued consultation with our

collaborators. It is this approach which enables us to present an open and dynamic strategy that is designed to respond to changes in our collaborators' needs.

Objective

The objective of our KT strategy is **to build awareness of the MOCA project and its findings, in order to ensure that the resulting MOCA toolkit is used by our collaborators in their planning, implementation and maintenance of arthritis care.**

Working with our collaborators, we will take the following steps to achieve our objective:

1. Develop a shared understanding of key issues in arthritis care and shared goals. Our aim is to actively seek out and offer new perspectives on existing conversations related to arthritis care in order to create opportunities to position the MOCA study. We will also seek out new opportunities to showcase our findings when they are available.
2. Co-create communication material that is responsive to the needs and communication styles of our collaborators and their audiences. We will continue to seek and integrate collaborators' feedback into our communications throughout the KT effort.
3. Cultivate the reputation of MOCA as an innovative and comprehensive study on arthritis models of care. Trust will be earned and managed meticulously through integrity, honesty and open communication with our collaborators.
4. To build strategic networks with known, as well as unknown, individuals and organizations invested in implementing effective models of arthritis care. We plan to grow and strengthen our existing networks by sharing relevant information and communication resources.

Collaborator Engagement

In order to align our objective with those of our audience, we highlight the importance of becoming and remaining acutely aware of the environments within which our audience operates. This involves finding out what influences our audience, who they are able to influence and their perspectives on key issues. It is the ongoing analysis of the needs and concerns of our audience that drives the KT strategy. This analysis will continue to be verified, informed by, and undertaken in collaboration with representatives from collaborator organizations. Appendix A outlines the MOCA KT Strategy based on this extensive analysis process.

Our collaborators and their wider audiences span, but are not limited to, health policy-makers, government funding bodies, health practitioners in musculoskeletal care, administrative leaders in health care, consumer advocates and Canadians with arthritis across Ontario, Alberta and British Columbia, each of which has differing political values and healthcare organizational structures.

By meeting with representatives from each collaborator organization at the early stage of the project, the KT team gained insight into each organization and its culture. They also began to build links with those who make decisions and those who have access to relevant information. This groundwork will help to ensure the smooth running of co-producing KT materials and has laid the groundwork for the evaluation of the KT strategy. Our approach is consistent with CIHR's approach to 'Integrated Knowledge Translation'.

Communication Content: 2009-2011

By using key messages presented in the 2010 working papers produced by the MOCA research team, the KT team drafted plain language summaries for the review of key

representatives of collaborator organizations. Appendix B presents four examples of plain language summaries, co-produced with a collaborator organization. From the feedback on these samples, the KT team gained valuable insight into how to develop customized messages to effectively engage across contexts. As KT efforts progress, content will continue to be developed based on the preferred style of collaborators and input from the research team. This process of co-creation aims to optimize the value of tailored content for collaborators and their wider audiences, as well as offering opportunities for the KT team to cultivate a strong reputation and linkages across organizations.

Commonly identified as priority considerations through discussion with collaborators, simplicity and usefulness are the principles to guide our content. We are mindful about tailoring content to collaborators with a primary interest in musculoskeletal disorders (e.g., The Arthritis Society), and those with much broader interests (e.g., British Columbia Ministry of Health).

Communication Channels

Preliminary meetings with collaborator representatives enabled the KT team to gain insight into how to customize a variety of communication channels in order to better reach the intended users of the MOCA toolkit. As new results are released by the research team, we will meet with representatives of collaborator organizations to explore additional channels, if any. This will ensure that the KT team remains up-to-date on opportunities to increase exposure.

During our consultation, collaborator organizations have offered access to online communications tools such as websites, social media pages, newsletters, e-mail lists and community forums to increase our reach to their communities and magnify the impact of our results. We will post information on collaborators' websites and social media pages, inviting people to join the discussion by posting comments and questions. Collaborators have also offered opportunities to receive questions and discuss results through health workshops, annual general meetings and conferencing series.

Many of these communication channels offer opportunities to establish two-way dialogues with the stakeholder community around key conversation topics. Consistently monitoring public opinion through these channels will allow the KT team to repurpose information to provide value to our audience more effectively. These opportunities will also inform plans on how we might overcome potential barriers (e.g. a lack of knowledge) to the uptake of the eventual MOCA toolkit.

Communication Tools and Tactics

Table 1 indicates how often KT materials will be provided for each collaborator organization.

Table 1: Frequency of Communication with Collaborators

Collaborator Organization	KT Material(s) for MOCA Team to Provide Collaborator Organization	Timing
Alberta Bone & Joint Health Institute	• Short Monthly E-mail Updates to Contact Persons	Every Month
	• Plain Language Summary and MOCA Reports for Publication on Website in Health Provider Portal (an online space to post documents for clinical community to review and give feedback)	Once Reports are Released
Bone & Joint Decade	• Quarterly Newsletter Articles with images for website & e-mail circulation	Oct/Nov Issue & Spring 2012 Issue. Once information on preferred content is released by MOCA research team (Oct/Nov 2011).
Ontario Bone & Joint Network	• Articles for monthly Newsletter posted on website and circulated via e-mail	Once information on preferred content is released by MOCA research team (Oct/Nov 2011).
Canadian Rheumatology Association	• Plain Language Summary with Report for Annual Meetings/5 regional meetings/monthly teleconferences	Once Report is released
	• Submit Poster for 2012 AGM in Victoria (workshops also held at AGM)	Submission Deadline: October 17th, 2011

Collaborator Organization	KT Material(s) for MOCA Team to Provide Collaborator Organization	Timing
Arthritis Alliance of Canada (Alliance for Canadian Arthritis Program)	• Plain Language Summary to accompany 'Advocacy & Awareness' Report in September	Content to be discussed once information is released by MOCA research team (Oct/Nov, 2011)
	• Plain Language Summary with Report for Models of Care Meeting, Aug 19th	Content to be discussed once information is released by MOCA research team (Oct/Nov, 2011)
Arthritis Health Professions Association	• Short Electronic Newsbriefs	Every Month
	• Presentation at Audio Conferencing Series 2012	Request forwarded to the Education and Conference Chair. Awaiting confirmation and time frame.
The Arthritis Society	• Plain language summary for Newsletter/Website	Jenny to identify upcoming deadlines for Newsletter.
	• Social Media Content (Facebook/Twitter)	Jenny to agree frequency with Contact Person
	• Webinar Session	Details to be discussed with Contact Persons
	• Information for Getting a Grip Program (training workshops for primary care providers)	Details of KT products to be discussed with Contact Persons
Canadian Arthritis Network	• Plain language summary of findings for their 'Joint Ventures' Newsletter	When Final Results are ready
Canadian Arthritis Patients Alliance	• Plain language summary for e-mail circulation	As results become available
BC Ministry of Health	• Information on findings (details of KT Products to be discussed)	When Final Results are ready
CIHR Institute of Musculoskeletal Health and Arthritis	• Information on findings (details of KT Products to be discussed)	When results are ready/possibly when tool is available
Ontario Rheumatology Association	*To be contacted*	

The Next Step: 2011-2014

As our KT efforts progress, we will continue to expand our network by approaching potential collaborators recommended by members of the research team and key representatives of collaborator organizations. We will also facilitate network building in the complex social system of collaborative and two-way interactions among collaborators and the stakeholder community. Building opportunities for cross-organizational communication will involve maximizing the exposure of the MOCA project by equipping collaborators with plain language summaries to share with stakeholders one-to-one, at meetings and conferences, and online.

Building these networks during knowledge creation will allow sufficient time for these interactions to take place and strengthen. For example, representatives from the Alberta Bone & Joint Health Institute informed us that their main channel of communication with stakeholders is face-to-face contact during meetings. By providing short updates to the organization via e-mail, collaborator representatives will be able to initiate discussion on the latest news from the MOCA study. Upon the eventual release of the toolkit, the collaborator will be able to draw on this previous in-person contact to introduce the toolkit. Ultimately, this early relationship building will heighten the impact of future communications, and pave the way for improved stakeholder engagement and adoption of the MOCA toolkit.

Evaluation

The evaluation plan will be finalized by January 2012. Success of the communication strategy will be evaluated on an ongoing basis from feedback and recommendations suggested by representatives of collaborator organizations. We will begin to determine whether or not we are meeting our objectives by addressing the following questions:

- How well have we presented MOCA?
- Have collaborator organizations received, understood and retained key messages?

- How has the MOCA toolkit used by the collaborators?
- How has it affect decision-making concerning arthritis care?
- Are they satisfied with the collaborator engagement process?

To evaluate the success of our relationships with collaborators, we will assess the level of trust, commitment, and satisfaction through the following questions:

- Are collaborators willing to open up to us as a dependable, competent partner?
- Do collaborators look favourably toward us?
- Do collaborators feel it is worth spending time to promote the MOCA project?
- Are collaborators concerned for the welfare of the MOCA project?

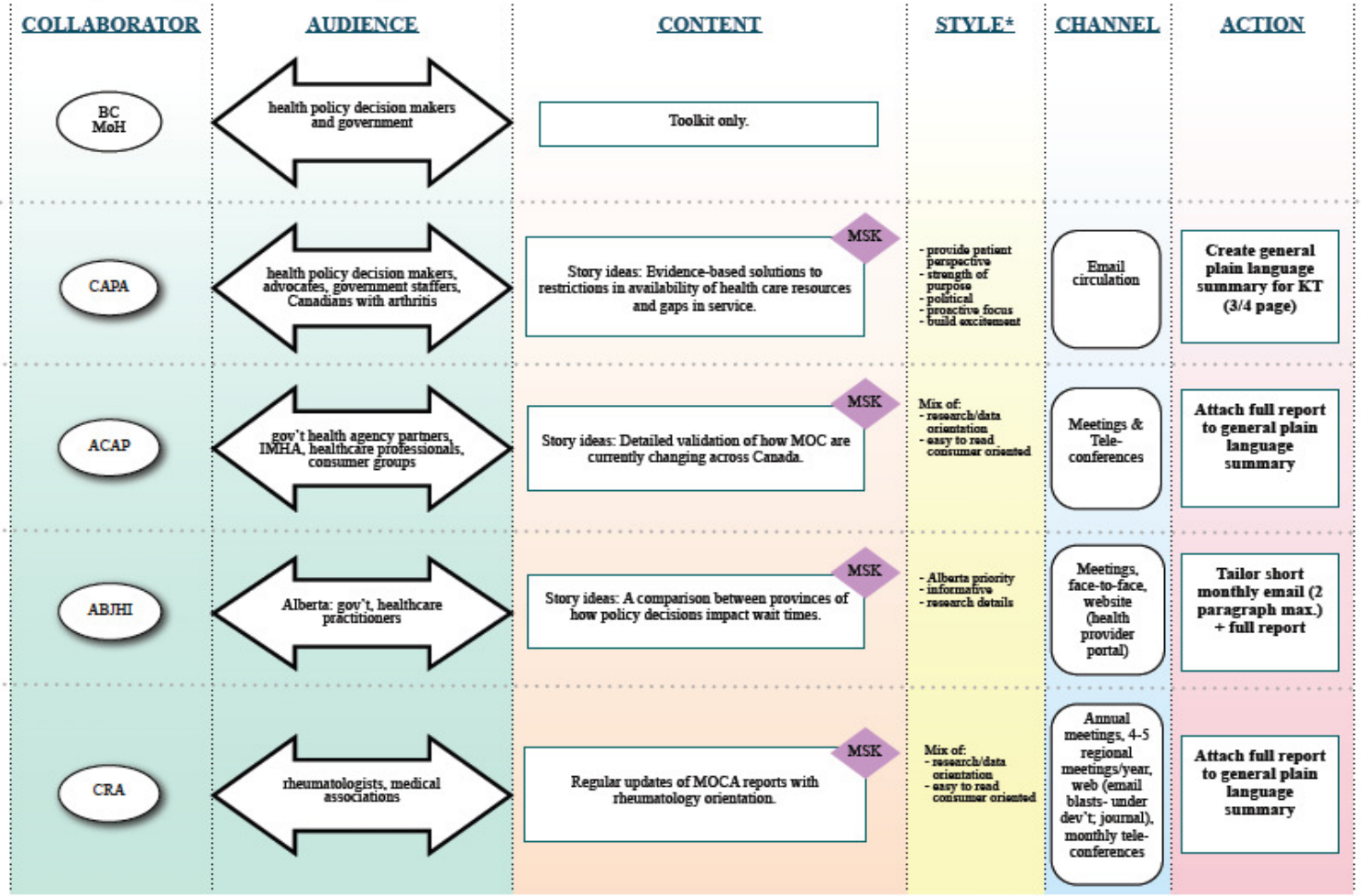
Summary

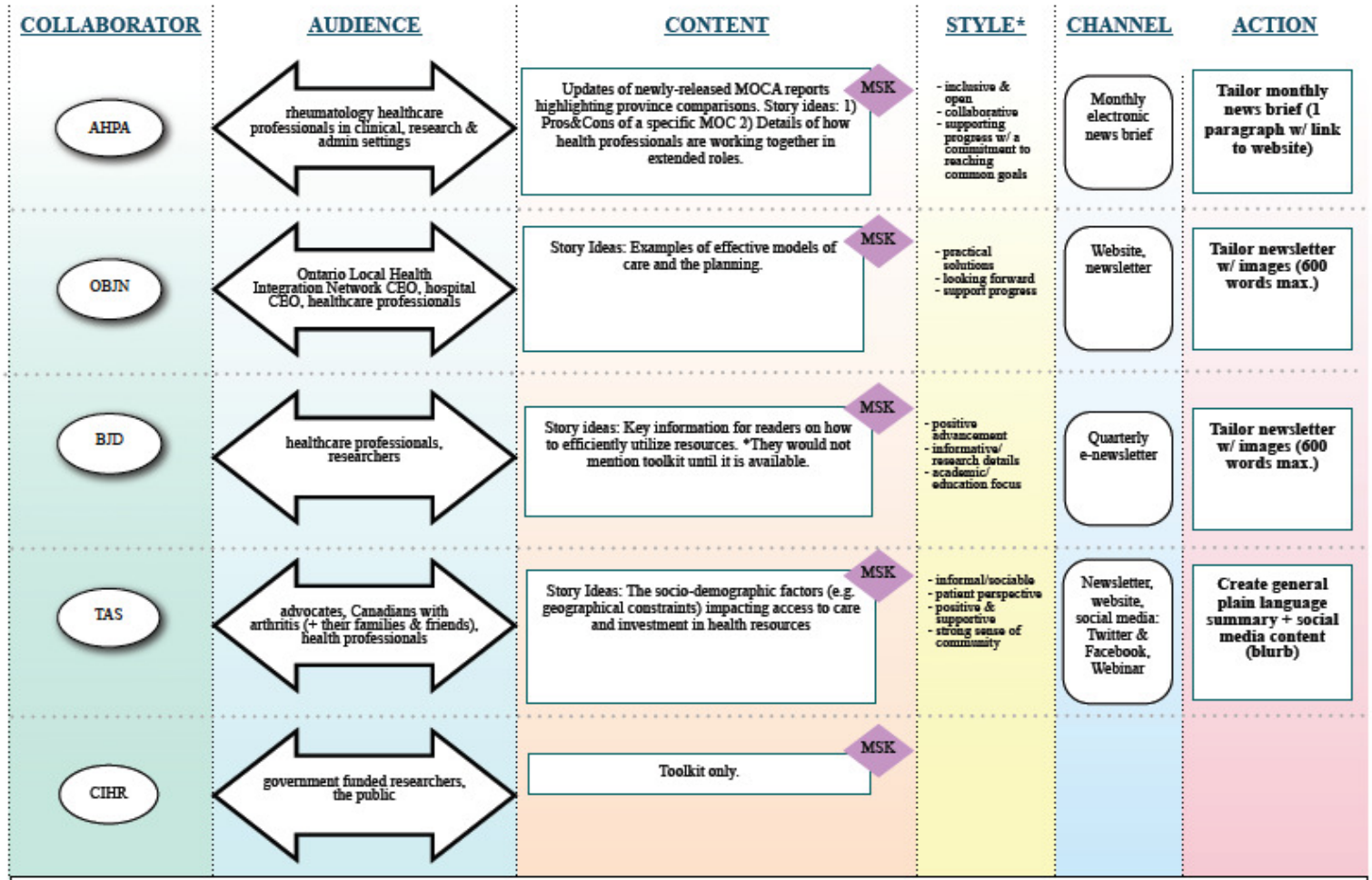
The outlined plan identifies numerous targets and strategies for dissemination and uptake of the knowledge generated through the MOCA project as outlined. This plan will continue to evolve as the landscape and collaborations evolve and we strive to meet the needs of our collaborators and the work within the project.

Appendix A: MOCA Communication Strategy

MOCA Communication Strategy

Objective: to build awareness of the MOCA project and its findings, in order to ensure that the resulting MOCA toolkit is used by health planners in their implementation of more effective models of care





BC MoH: British Columbia Ministry of Health, CAPA: Canadian Arthritis Patients Alliance, ACAP: Alliance for Canadian Arthritis Program, ABJHI: Alberta Bone and Joint Health Institute, CRA: Canadian Rheumatology Association, AHPA: Arthritis Health Professions Association, OBJN: Ontario Bone and Joint Health Network, BJD: Bone and Joint Decade, TAS: The Arthritis Society, CIHR: Canadian Institutes of Health Research.

Content developed through extensive interviews with collaborators and consideration of their audiences. Content will continue to be modified and developed through discussion with representatives from collaborator organizations.

*Style is the approach an organization uses to present its image through the written word. It is a set of guidelines that standardize the use of terminology to make messages and materials most appropriate to the audience

Appendix B: Plain Language Summary Examples

Sample 1: Alberta Bone and Joint Health Institute – New Toolkit to Improve Access to Care for People with Bone and Joint Disease

Sample 2: The Arthritis Society – Community-Led Programs Spur Large-Scale Improvement in Access to Arthritis Care

Sample 3: Ontario Bone and Joint Network – Researchers Outline Best Approach to Ensuring Better Access to Care

Sample 4: The Arthritis Society – Researchers Give New Insight into What Drives Visits to Arthritis Specialists

New Toolkit to Improve Access to Care for People with Bone and Joint Disease

Over 14% of people in Alberta suffer from arthritis and the number of new cases is set to grow. In the most extensive study of its kind in Canada, a team of 24 researchers, health professionals, and partners has come together to tackle inefficiencies in care for Canadians with bone and joint disease. Having plotted a precise outline of existing healthcare models across Alberta, Ontario and British Columbia, the MOCA team will design a comprehensive toolkit for policy makers to improve timely access to quality arthritis care.

In developing this new toolkit, researchers are taking steps to generate an evidence-based framework, with Phase I of the study identifying gaps in resources for providing care. Dr. Cyril Frank, Executive Director of Alberta Bone and Joint Health Institute, is a Co-Investigator on this team.

Arthritis Care in Alberta

Led by Dr. Aileen Davis and Dr. Elizabeth Badley, University of Toronto and Arthritis Community Research & Evaluation Unit (ACREU), the MOCA team conducted a comprehensive analysis on the 2008 health human resource information of the three provinces. This was the most current information available on the number of doctors and health professionals across regions.

The results, now released in a series of 5 reports [http://www.modelsofcare.ca/], showed that Alberta ranked among the highest in the availability of primary care physicians and other health professionals. There were 111 primary care physicians per 100,000 residents in Alberta (the national average was 101 per 100,000). The province also had the most occupational therapists (40 per 100,000) and pharmacists (99 per 100,000). Across Canada, however, numbers of primary care physicians and specialists fell short of national and international recommendations. The reports also highlighted a severe shortage of specialist services for people with arthritis in Canada.

An important finding is that Alberta has excelled in reducing the wait time for hip and knee replacement surgery, although regional variations still exists.

A Toolkit to Improve Access to Timely Care across Regions

Providing much needed information on health care resources across Canada, the MOCA toolkit will enable health planners and decision-makers to deliver health care in ways best suited to the geographic variations of their region. As a result, Albertans are set to benefit from improved access to appropriate care, at the right time, by the right health professional at every stage of their joint and bone disease.

The MOCA study received funding of a $1.5 Million Emerging Team grant from the CIHR.

To learn more, visit www.modelsofcare.ca, or contact Aileen Davis PhD, Principle Investigator at 1-877-818-7340 or adavis@uhnresearch.ca.

Community-Led Programs Spur
Large-Scale Improvement in Access to Arthritis Care

Getting the right treatment from the right health professional at the right time has meant pain relief and active living for many people with arthritis.

We know that having easy access to care can drastically halt long-term bone and joint damage. Yet, we also know that delivering optimal care in the face of limited resources is an ongoing challenge. With collaboration from The Arthritis Society, researchers in Alberta, British Columbia and Ontario have come together to tackle the crucial question of how care can be delivered in the most effective ways.

Led by Dr. Aileen Davis and Dr. Elizabeth Badley, University of Toronto and Arthritis Community Research & Evaluation Unit (ACREU), Toronto Western Research Institute, the Models of Care in Arthritis (MOCA) research team have pinpointed communities that remain underserved, despite high levels of need.

With formal health systems focusing expertise toward more severe cases of the disease, findings demonstrate that demand on community services, such as health promotion and wellness programs, is continuing to grow.. Without the self-management support that community resources provide, people with arthritis are at heightened risk of avoidable long-term disability.

Their research also shows that formal health systems are now evolving to incorporate these community-based initiatives. One specific program to be highlighted by the MOCA team is the Arthritis Self-Management Program (ASMP), which is a small education program that has been organized by The Arthritis Society since1992. Run by volunteers who also have arthritis, ASMP participants reported many benefits, including less pain, more ability to move around and increased understanding of arthritis.

To meet the rising demand for community-based programs, researchers underline the importance of essential funding, strong management skills and coordinated efforts to nurture new and existing linkages between formal health systems and community services.

For detailed information on how health systems are progressing in your province, visit www.modelsofcare.ca, or contact Aileen Davis PhD, Principle Investigator at 1-877-818-7340 or adavis@uhnresearch.ca.

Facebook Samples:

The Arthritis Society celebrates all of our dedicated Arthritis Self-Management Program volunteers as new Canada-wide research spotlights the program and its many benefits. A huge THANK YOU to each one of you! <insert link to MOCA content on Arthritis Society website>

In collaboration with The Arthritis Society, new research pushes health care beyond the 'one size fits all' approach. <insert link to MOCA content on Arthritis Society website>

Twitter Sample:

Just Released! New Canada-wide #arthritis research highlights the many benefits of volunteer-led self-management programs! <insert link to MOCA content on Arthritis Society website>

Researchers Outline Best Approach to Ensuring Better Access to Care

Led by Dr. Aileen Davis and Dr. Elizabeth Badley, University of Toronto and Arthritis Community Research & Evaluation Unit (ACREU), new research aims to identify ways of improving access to care for people with arthritis across three provinces.
The study comes at the time of the Ontario Medical Association's recent recommendation to make arthritis a priority in the development of chronic disease management (CDM) strategies.

With support from Ontario Bone & Joint Network, researchers in Ontario are collaborating with expert teams in BC and Alberta in the most extensive study of its kind in Canada. Known as the Models of Care in Arthritis (MOCA) study, findings are generating an accurate and much-needed blueprint of multiple health systems, as well as existing gaps in care within them.

Given the multitude of potential models of care detailed in the study's results, researchers understand the challenges facing health planners. In the face of diminishing health human resources, few of the models identified cater for patient needs across all stages of illness and there is limited evaluation data for any of the models, particularly in the Canadian context.

In moving forward to address these gaps and implement the most efficient models of care, researchers are warning against a 'one-size-fits-all' approach. Instead, research suggests that the key to effective modeling capacity planning lies in making the best use of available resources in ways suited to the given context, and not solely in the championing of exemplary models.

Having identified great variability in the prevalence of arthritis and the availability of health professionals across provinces, researchers are now urging health planners to base improvement strategies on sound consideration of specific socio-demographic factors.

To learn more, visit www.modelsofcare.ca, or contact Aileen Davis PhD, Principle Investigator at 1-877-818-7340 or adavis@uhnresearch.ca.

Researchers Give New Insight into What Drives Visits to Arthritis Specialists

Among the more common reasons given to explain the gaps in Canadian health services is the widespread shortage of health professionals. In British Columbia, Ontario and Alberta, numbers of rheumatologists and orthopaedic surgeons fall below national and international recommendations and there is little to no growth in training programs for rheumatology and orthopaedics.

While these shortages have been recognized and tackled for many years, a team of researchers are now set to provide a slightly different take on the pressing issue of how to make it easier for people with arthritis to access timely specialist care.

Having analyzed the prevalence of arthritis and the availability of health professionals across the three provinces, researchers are highlighting the need to focus on other often-overlooked factors that are driving visits to specialists. Led by Dr. Aileen Davis and Dr. Elizabeth Badley, University of Toronto and Arthritis Community Research & Evaluation Unit (ACREU), Toronto Western Research Institute, the research team found evidence that people with arthritis are crossing province borders to access the care they need.

For Ontario, researchers identified wide variation in the availability of rheumatologists and orthopaedic surgeons across the province. Specialists were most highly available in Toronto. Yet, despite having the most visits to orthopaedic surgeons in the province, data also showed that Toronto had the lowest rates of surgery. Instead, the number of people undergoing surgery was higher in rural areas, where orthopaedic surgeons were less available.

Findings from this extensive study (known as the Models of Care in Arthritis (MOCA) project) demonstrate that North-western Ontarians, for example, are travelling to receive orthopaedic surgery in Winnipeg and people living in interior BC are crossing over to Calgary.

In moving forward to build more efficient services for people with arthritis, researchers are urging health planners and policy-makers to think beyond the shortage of health professionals. If people with arthritis are to have better access to treatment, what is needed are improvements based on sound consideration of population needs and geographical constraints at the local level.

To learn more, visit www.modelsofcare.ca, or contact Aileen Davis PhD, Principle Investigator at 1-877-8187340 or adavis@uhnresearch.ca.