

# Application of a Priority-Setting Framework for Clinical Topic Selection in Primary Care

Apurva Shirodkar<sup>1</sup>, Katie Hunter<sup>1</sup>, Amanda van Hal<sup>1</sup>, Lena Salach<sup>1</sup>

<sup>1</sup>Centre for Effective Practice, Toronto, ON

## CONTEXT

Ontario's primary care sector is a complex environment, involving multiple key organizations and stakeholders. Determining high-priority clinical topics that need to be addressed within the system is difficult. As such, a priority-setting framework was developed and executed to identify priority topics for the Knowledge Translation in Primary Care Initiative (KT in PC Initiative).

This work was undertaken by the Centre for Effective Practice (CEP). The purpose of the Initiative is to improve engagement and enhance communication with primary care providers across Ontario through the development and dissemination of health information (e.g. printed education materials or clinical tools). CEP is collaborating with the Ontario College of Family Physicians (OCFP) and the Nurse Practitioners' Association of Ontario (NPAO) on the Knowledge Translation in Primary Care Initiative.

## OBJECTIVE

a) To prioritize clinical topics which address the information or education needs of primary care providers as well as balance stakeholder interests within the primary care sector, using a rigorous and established priority-setting framework.

## APPROACH

We adapted an established, structured priority-setting approach<sup>1,2</sup> to engage both primary care providers (PCPs) and key stakeholders in identifying topic areas for the KT in PC Initiative (Figure 1). This approach comprised of:

- **Nomination Of Potential Topics.** Potential topics were nominated by the Ministry of Health and Long-Term Care (funder), key stakeholders and/or PCPs. All topics were initially assessed for appropriateness and relevance to be addressed for the primary care sector.
- **Needs Assessment With Primary Care Providers.** An online survey was developed and distributed to PCPs to determine their preferred clinical topic areas for clinical tools. PCPs rated their preference for receiving a clinical tool on each potential topic.
- **Priority-Setting Exercise.** An expert Topic Selection Advisory Panel (TSAP) was established to rate and rank each potential topic across four criteria (Figure 2), using key elements of Delphi technique. Criteria were adapted from established frameworks developed by the Agency for Healthcare Research and Quality (AHRQ) & Canadian Task Force on Preventive Healthcare (CTFPHC).

## Participants

The engagement of PCPs and stakeholders was emphasized throughout the priority-setting approach, through several activities and processes. These include an annual needs assessment of PCPs (n=575 each year) to identify clinical topics of most interest; PCPs participating as advisory Panel members or clinical reviewers (n=17), and key healthcare stakeholder organizations participating as Panel members (n=7).

### Get Involved

CEP engages providers and stakeholders as often as possible in our tool development processes and related projects. If you would like to:

- Provide feedback on clinical tools
- Receive our newsletter
- Participate in Clinical Working Groups

Please visit [effectivepractice.org](http://effectivepractice.org) and join the conversation.

## RESULTS

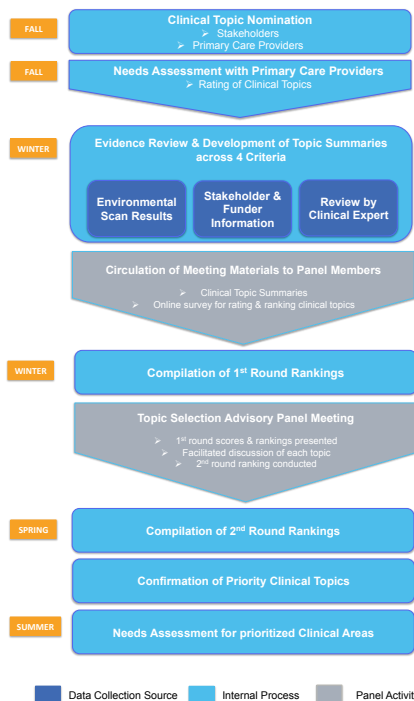
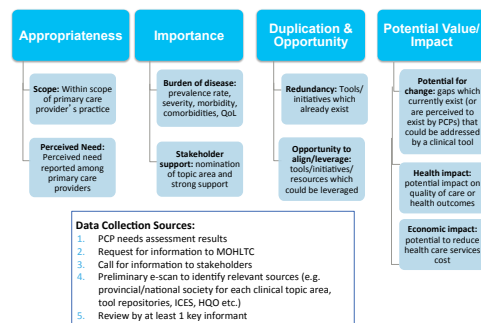


Figure 1. Overall flow diagram of key steps within the priority-setting framework. Potential clinical topics were nominated by our funder, stakeholders or primary care providers. A needs assessment was conducted to gain information on the perceived needs of PCPs, who rated each potential clinical topic. The Panel then rated and ranked each potential topic, considering data collected across four criteria. An in-person meeting with the Topic Selection Advisory Panel (TSAP) reviewed the first round of aggregated ratings & rankings through a facilitated discussion. A second round of ranking of the potential clinical topics was then conducted.

Figure 4. Layout of the survey results package for Panel members. Aggregate ratings and rankings per topic are provided to each Panel member for consideration in advance of 2<sup>nd</sup> round ranking.



### Data Collection Sources:

1. PCP needs assessment results
2. Request for information to MOHLTC
3. Call for information to stakeholders
4. Preliminary e-scan to identify relevant sources (e.g. provincial/national society for each clinical topic area, tool repositories, ICES, HQO etc.)
5. Review by at least 1 key informant

Clinical Area	Panel Ranking		Primary Care Providers' Rating
	1 <sup>st</sup> Round Ranking	2 <sup>nd</sup> Round (Final) Ranking	
A. Care of the Elderly/Geriatrics	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>
B. Adult Mental Health and Addictions	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>
C. Chronic Non-Cancer Pain	5 <sup>th</sup>	5 <sup>th</sup>	3 <sup>rd</sup>
D. Diabetes Management for Complex Patients	6 <sup>th</sup>	8 <sup>th</sup>	4 <sup>th</sup>
E. Palliative/End-of-Life Care	4 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>
F. Children and Youth (0-18 yrs.) Mental Health	3 <sup>rd</sup>	3 <sup>rd</sup>	6 <sup>th</sup>
G. Osteoporosis	10 <sup>th</sup>	10 <sup>th</sup>	7 <sup>th</sup>
H. Primary Prevention of Childhood Obesity	8 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
I. Autism Spectrum Disorder	9 <sup>th</sup>	9 <sup>th</sup>	9 <sup>th</sup>
J. How to Address Poverty in Primary Care	7 <sup>th</sup>	4 <sup>th</sup>	10 <sup>th</sup>

Clinical Area	Panel Ranking		Primary Care Providers' Rating
	1 <sup>st</sup> Round	2 <sup>nd</sup> Round	
A. Insomnia	5 <sup>th</sup>	3 <sup>rd</sup>	1 <sup>st</sup>
B. Chronic Obstructive Pulmonary Disorder (COPD)	2 <sup>nd</sup>	2 <sup>nd</sup>	2 <sup>nd</sup>
C. Investigation of Syncope	9 <sup>th</sup>	9 <sup>th</sup>	3 <sup>rd</sup>
D. Youth Mental Health	1 <sup>st</sup>	1 <sup>st</sup>	4 <sup>th</sup>
E. Antimicrobial Stewardship in Primary Care	4 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>
F. Pharmacotherapy for Alcohol Use Disorder	10 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>
G. Advance Care Planning	3 <sup>rd</sup>	4 <sup>th</sup>	7 <sup>th</sup>
H. Falls in Elderly	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
I. Medication Reconciliation Tools	8 <sup>th</sup>	10 <sup>th</sup>	9 <sup>th</sup>
J. Genetic Screening Options in Pregnancy	11 <sup>th</sup>	11 <sup>th</sup>	10 <sup>th</sup>
K. Complex Vulnerable Population	7 <sup>th</sup>	5 <sup>th</sup>	11 <sup>th</sup>
L. Management of Urinary Tract Infections (UTIs)	13 <sup>th</sup>	12 <sup>th</sup>	12 <sup>th</sup>
M. Motivational Interviewing Approaches	12 <sup>th</sup>	13 <sup>th</sup>	13 <sup>th</sup>
N. Medical Termination of Pregnancy (use of Mifepristone)	14 <sup>th</sup>	14 <sup>th</sup>	14 <sup>th</sup>

Figure 2. The four criteria used to assess potential clinical topics. Evidence and information across the four criteria were used to assess potential topics. *Appropriateness* relates to the perceived need among primary care providers, as well as the scope of the topic in primary care. *Importance* includes burden of disease and related population health data. *Duplication & Opportunity* assesses the current landscape of existing tools, resources and initiatives that exist within the system and which may be redundant, or can be leveraged for new development. Lastly, *Potential Value/Impact* relates to the potential change or relevant health and/or economic impacts that can be estimated by addressing the clinical topic.

Figure 3. The overall ranking of potential clinical topics for (a) Year 1 and (b) Year 2.

a) A total of ten potential clinical topics were rated and ranked by the Panel. After 2 rounds of ranking exercises, the top 2 prioritized topics were *Care of the Elderly and Adult Mental Health & Addictions*, which aligned with providers' preferences. Of note, the topic of *Addressing Poverty in Primary Care* moved in ranking from 7<sup>th</sup> to 4<sup>th</sup> after two rounds of ranking exercises by the Panel.

b) A total of fourteen potential clinical topics were rated and ranked by the Panel in year 2. After 2 rounds of ranking exercises, four topics were eliminated (shaded in grey). The topics *Youth Mental Health* and *COPD* remained top priorities by the Panel, while providers' main preference was *Insomnia*.

For all prioritized and confirmed clinical topics, an in-depth needs assessment will be conducted to confirm and gain insight into the gaps and barriers in clinical practice.

## CONCLUSIONS & NEXT STEPS

Application of this framework resulted in an effective and evidence-informed priority-setting approach that identified high-priority clinical topics within primary healthcare, over two consecutive years. This framework has broad applicability within healthcare when balancing the perspectives of multiple stakeholders, while considering existing work and competing priorities to identify topics of importance.

An in depth needs assessment was conducted for each of the five priority topics identified in 2015/2016 (*Care of the Elderly; Adult Mental Health & Addictions; Chronic Non-Cancer Pain; Poverty in Primary Care; and Prevention of Childhood Obesity*), and informed the development of clinical tools on these topics. The topics to be addressed in 2016/2017 are: *Insomnia, Chronic Obstructive Pulmonary Disorder and Youth Mental Health*.

### References:

1. Agency for Healthcare Research and Quality (AHRQ). EPC Topic Nomination and Selection [Internet]. 2016. [cited March 2015]. Available from: <http://www.ahrq.gov/research/findings/evidence-based-reports/topic-nomination/index.html>
2. Canadian Task Force on Preventive Healthcare. Topic Prioritization: Procedure Manual [Internet]. 2016. [cited March 2015]. Available from: <http://canadiantaskforce.ca/method/procedural-manual>

### Contact Information:

Apurva Shirodkar, B.Sc, PhD  
Project Coordinator, Centre for Effective Practice  
E [apurva.shirodkar@effectivepractice.org](mailto:apurva.shirodkar@effectivepractice.org)