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

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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 (INFAO) 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 approach1 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 (CTFPC).

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=57) each year to identify clinical topics of most interest; PCPs participating as Advisory Panel members or clinical reviewers (n=17), and key healthcare stakeholders organizations participating as Panel members (n=7).

RESULTS

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.

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.

References:

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