BC Primary Health Care RESEARCH NETWORK
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Strategies for Working Across Canadian Practice-Based Research and Learning Networks in Primary Care: Focus on Frailty
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Results
Differences were noted across the networks in relation to:
• Numbers of stakeholders/staff and thus levels of burden
• Recruitment strategies
• Data collection strategies
• Enhancing engagement
• Timelines

Lessons Learned
• Continuity in ethics
• Regular team meetings
• Enhancing levels of engagement
• Need for structural support
• Recognizing differences in data sharing across provinces

Acknowledgements
• This work was funded by The Canadian Frailty Network in collaboration with CPCSSN
• We would like to acknowledge CPCSSN data managers and research assistants for their participation in this work

Background
• Practice based research and learning networks (PBRLNs) = groups of learning communities that focus on improving delivery and quality of care
• Recent work aimed to collaborate across PBRLNs in Canada to propose a frailty case definition to identify frail patients using EMR data
• Purposes: (1) Describe strategies for working across PBRLNs in primary care; (2) Provide lessons learned for engaging PBRLNs

Methods
• Participatory based descriptive study with the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), made up of several PBRLNs
• The Consolidated Framework for Implementation Research was used to inform analysis of strategies used to work across PBRLNs

Differences Across PBRLNs

Recruitment Strategies

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<tr>
<th>British Columbia</th>
<th>Alberta</th>
<th>Manitoba</th>
<th>Nova Scotia</th>
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<tbody>
<tr>
<td>Pre-existing relationships, Snowball sampling</td>
<td>Pre-existing relationships</td>
<td>Pre-existing relationships, Snowball sampling</td>
<td>Existing CPCSSN FPs</td>
<td>Existing CPCSSN FPs</td>
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Data Collection Strategies

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<tbody>
<tr>
<td>Providing lists of patients to assess, in-person meetings, reminders and follow-ups via email and in-person bi-weekly</td>
<td>Providing lists of patients to assess; continuous reminders were not necessary</td>
<td>FPs created own lists of patients to assess and helped other FPs, reminders and follow-ups via email and phone every 4-6 weeks</td>
<td>Mailed out packages with lists of patients to assess, reminders and follow-ups via email and phone b.iweekly</td>
<td>Hand-delivered lists of patients to assess, clinic meetings, reminders and follow-ups in person monthly</td>
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Other Notable Differences

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<tr>
<td>In person meetings were key; champion FP dedicated additional time and effort to project</td>
<td>Department of Family Medicine at U of C provided additional support thus increasing motivation</td>
<td>Only network to provide incentive ($250 assessment)</td>
<td>Increased pressure from ethics approval and lower than expected uptake</td>
<td>Delays in ethics approval; joined study later than other networks</td>
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Numbers of Stakeholders Across PBRLNs

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<tr>
<td>3</td>
<td>17</td>
<td>61</td>
<td>52</td>
<td>10</td>
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*Stakeholders include co-investigators, data managers, research assistants & clinic staff

Consolidated Framework for Implementation Research (Keith et al., 2017)

To inform analysis of strategies used to work across PBRLNs

Features of an intervention that might influence implementation (6 constructs)

Features of the external context or environment that might influence implementation (4 constructs)

Features of the implementing organization that might influence implementation (12 constructs)

Characteristics of individuals involved that might influence implementation (5 constructs)

Strategies or tactics that might influence implementation (8 constructs)

 Intervention Characteristics

Outer Setting

Inner Setting

Characteristics of Individuals

Process

Features of an intervention that might influence implementation (6 constructs)

Features of the external context or environment that might influence implementation (4 constructs)

Features of the implementing organization that might influence implementation (12 constructs)

Characteristics of individuals involved that might influence implementation (5 constructs)

Strategies or tactics that might influence implementation (8 constructs)