

Using CFIR to Evaluate the Implementation of a COPD Management Program

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Introduction

- Chronic Obstructive Pulmonary Disease (COPD) is a prevalent chronic disease that requires comprehensive approaches built into primary care to manage.
- Approximately 500,000 people over the age of 35 in Canada have been diagnosed with COPD.
- A COPD management model of care was developed for interprofessional primary healthcare teams. Due to the model's success (improved patient outcomes, decreased hospital admissions, and decreased emergency department visits), it is now being spread to other primary care teams across the province.
- Implementing programs in primary care is complex.
- A peer-to-peer implementation approach was used.

Purpose

- Explore factors that support or hinder the implementation of a chronic care model used for COPD management into an interprofessional primary healthcare team

Objectives

- Determine facilitating factors of implementation and spread of an interprofessional primary care team
- Explore the use of a peer-to-peer approach to implementing a team-based model of care in primary care

Methodology/Methods

- Constructivist methodology
- Qualitative, case study design using Stake (1995) methodology
- Data Collection:**
 - Sampling done through Executive Director of FHT
 - Qualitative data: focus groups, interviews, document analysis, observation, and field notes.
- Data Analysis:**
 - Deductive using Consolidated Framework for Implementation Research
 - Multiple researcher's interpretation of the data and Member checking

Key References

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Results

Group 1 – Providers (n=24)

Healthcare professionals working in the Family Health Team who implement and deliver care as part of the COPD management program

Group 2 – Patients (n=4)

Patients with diagnosed COPD who receive care through the Family Health Team's COPD management program

CFIR Construct	Facilitators	Barriers
Intervention Characteristics	<ul style="list-style-type: none"> Providers reported that packaging and presentation of the program by the organization that developed the program was an important factor in the decision to implement Fairly low complexity of the program allowing for easy implementation Many patients identified that they preferred this program over previous alternatives 	<ul style="list-style-type: none"> Providers identified hesitancy surrounding the installation of a new reporting technology, yet the system was identified as being very helpful during the implementation process
Outer Setting	<ul style="list-style-type: none"> Providers agreed that implementation support and guidance from the Founding organization was helpful Providers acknowledge the need for the program due to the large prevalence of their patients with COPD The external influence of the Founding Organization enabled the long-term sustainability of the program within this Family Health Team 	<ul style="list-style-type: none"> Providers identified concerns about maintaining their relationship with the hospital as a result of the program Patients occasionally did mention cracks in their care as a result from lack of communication between providers
Inner Setting	<ul style="list-style-type: none"> Peer-led implementation reported to help communication between providers Sharing of patient information through electronic medical records was identified by the providers as important to help the team collaborate on the patient's care A full-time respiratory therapist was discussed by providers as being important to enable success 	<ul style="list-style-type: none"> Providers shared that communication can act as a barrier if done poorly or incorrectly Better data in the electronic medical records would have been beneficial according to some providers
Characteristics of Individuals	<ul style="list-style-type: none"> Increased knowledge from consulting with peers allowed providers to become more confident in the type of services they provide, thus increasing their self-efficacy 	
Process	<ul style="list-style-type: none"> Different engagement opportunities were utilized to engage providers to be a part of the program in a committed way Upon reflection, many of the providers identified positive perceptions and patient outcomes as a result of the program 	<ul style="list-style-type: none"> As the program spreads, RTs may have less time to dedicate to creating new relationships with stakeholders and may impact long-term sustainability

Conclusion and Implications

- Implementation of the COPD management program at this Family Health Team was the initial step in the spread of the program to multiple sites.
- Although all factors discussed were relevant to implementation, the most influential factors were determined to be cosmopolitanism, networks and communication, engaging, design quality and packaging and reflecting and evaluating.
- The findings can be used to create a standardized framework to support the evaluation of team-based chronic care models. This framework can help to determine the most important constructs to consider when implementing a program and those factors that should be mitigated to avoid barriers.
- If future iterations of the program consider these important implementation factors discussed, more patients with an exacerbation will likely have the knowledge and skills necessary to self-manage their condition.
- The findings can be applicable to chronic disease management models for other chronic conditions.

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