

Multi-centre collaborative to reduce cardiovascular disease

*Asia Pacific Rim
Universities
World Institute*

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Order of presentation



- **Taking a collaborative approach**
- The APRU WI CVD Collaborative
- **The way forward.**

What is a collaborative?



- A collaborative is a short-term learning system that brings together teams from public health agencies, universities, hospitals and clinics to improve health
- Used by the US Institute for Healthcare Improvement (IHI) to tackle hospital safety that requires **local** solutions that vary from place to place.

Why take a collaborative approach?

- Widely used in industry. In health, our record of disseminating improvement knowledge to achieve dramatic performance gains in the quality of care is uneven.
- Medical and health services researchers spread improvements through publication in peer-reviewed journals and at professional meetings. As well, **collaborative programs** are playing a **major role in spreading *best practice*** (Øvretveit, 2002).



A collaborative is evidence-based

- Collaboratives are not about new basic research – they are about researching **how to get known ‘best practice’ working in your setting**

For CVD, comprehensive risk factor interventions (including drug therapy and individual lifestyle modification):

- extend overall survival,
- improve quality of life,
- decrease the need for interventional procedures like angioplasty and bypass grafting, and
- reduce the incidence of subsequent MI and stroke.



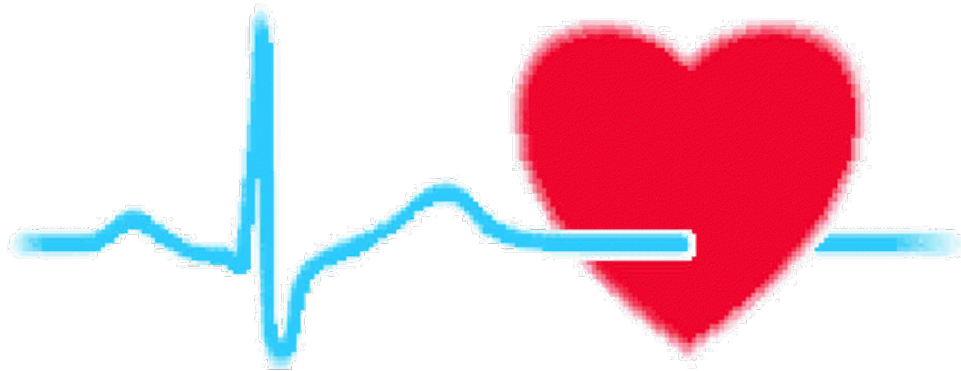
Order of presentation



- Taking a collaborative approach
- **The APRU WI CVD Collaborative**
 - Why take a collaborative approach?
 - What are we aiming to achieve?
- The way forward.

What are we aiming to achieve?

To reduce preventable cardiovascular disease (CVD) mortality and/or morbidity in countries participating in the APRU university-health system improvement research collaborative



Best practice in CVD health care

The goal of **reducing cardiovascular deaths and disability** encompasses a number of dimensions of *best practice* in health care, including but not limited to:

- Primary prevention;
- Secondary prevention;
- Clinical care;
- Integration and coordination of care across different health care settings; and
- Cardiac rehabilitation.



Primary prevention

- **Population-based** public health strategies
 - Effect change relating to issues such as:
 - tobacco control,
 - urban design,
 - accessibility, and
 - supply of nutritious foods in schools
- These issues may be outside of the sphere of influence of collaborating partners
- Are these issues for which **APRU-AWI could advocate?**



Secondary prevention strategies

- **Aim to improve** aspects of **secondary prevention** in primary and secondary care in patients following a myocardial infarction (MI)
- **Offer to all patients who have had an acute MI**
 - Drug therapy after MI: Blood pressure and lipid modification
 - Individual lifestyle modification – smoking cessation programs
 - Cardiac rehabilitation
 - Coronary revascularisation – cardiac assessment
 - Process improvements and communication with patients e.g., a discharge summary should be provided to patients and a management plan and the importance of primary care follow-up and monitoring should be discussed



The collaborative model for improvement

Iterative improvement process at each participating site

What is the **local aim** of the participating site?

What are the **changes** to be made?

What will be **measured** to know if aim has been achieved?

What are the **effects of the changes**?



Expert Advisory Group to work with sites

- **Benchmarking/Audit**

- **Develop 'change' package**



Sharing of information and experiences



Potential for replication of improvements
across sites where this would be
useful and feasible

Collaborating partners

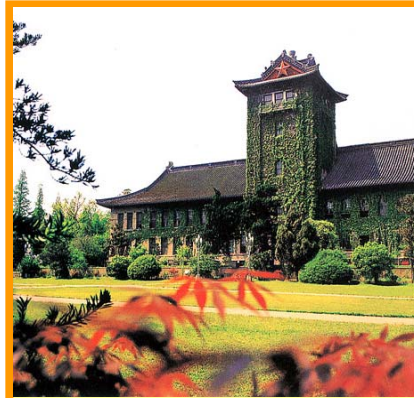
The following partners, through the involvement of one or more of their teaching hospitals, have indicated a willingness to participate:



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Prof EK Yeoh
Prof Sian Griffiths
Chinese University
of Hong Kong



Prof Qian Gao
University of
Nanjing



Prof Yonghua Hu
Prof Peiyu Wang
Peking University

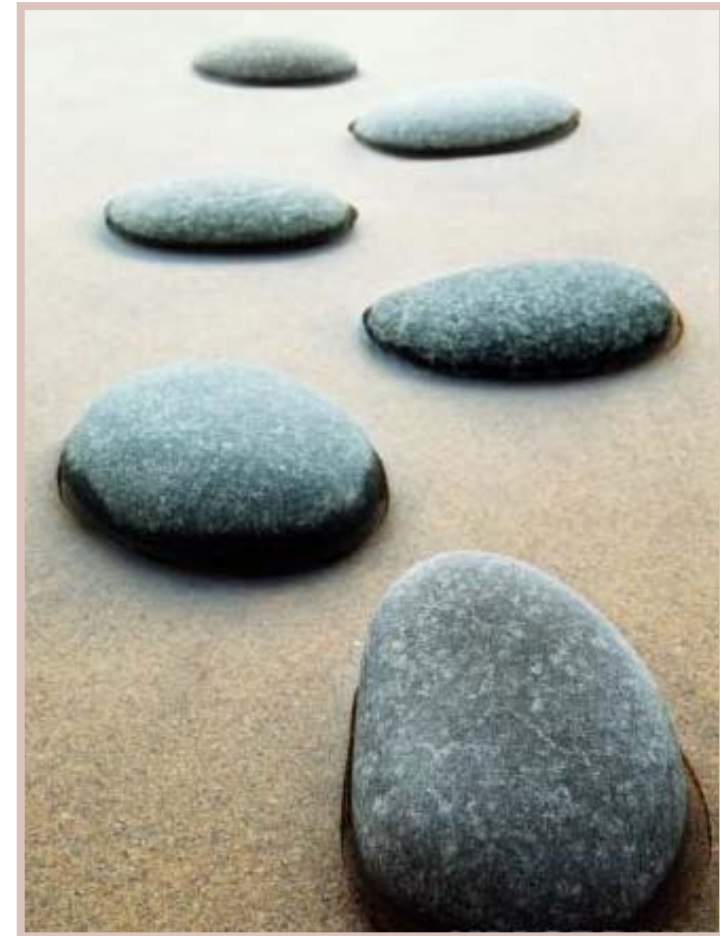
For collaboratives to succeed...

- High-level **leadership and support** at each collaborating site
- **Central coordination**
- A detailed **diagnostic phase** at each collaborating site to determine why the chosen dimension of ‘best practice’ does not occur/work as well as it might
- A group of experts to **develop a ‘change package’** for each collaborating site (based on the results of the diagnostic phase).



What is involved for participating sites?

- ✓ Each participating organisation selects a team to lead the project in their own site
- ✓ Commonly, teams consist of an **Executive Sponsor**, a day to day leader (and key contact for the project) and at least one **“Doctor Champion”**
- ✓ Teams are encouraged to attend all information exchange learning sessions and be involved in setting **local aims**
- ✓ Aims for improvement have **measurable outcomes** decided in consultation with the advisory group.



Collaborative supports

- Key to the proposed breakthrough collaborative process are the **collaborative supports** that will be used to link participants and facilitate information exchange and learning.



It is proposed that these include:

- a **group email subscription** (hosted by the University of Sydney),
- regular **Skype conference calls**,
- planned **site visits** and **workshops**.

Proposed schedule



December 2009	Establish project governance and convene international advisory group that includes subject experts
February – April 2010	<p>Participating institutions, in consultation with University of Sydney, to identify:</p> <ul style="list-style-type: none">○ the local aims/interventions to be tested; and○ how to best quantify variability in processes and outcomes. <p>Identification of ‘best practices’ in the literature or at participating centres - this may occur by each of the centres nominating something that seems to have worked for them that they would be pleased to share with other collaborating members.</p>
	<p>Develop a central budget outlining the major activities of the Collaborative (including information exchange, benchmarking, coordination and evaluation – including \$14,000 IPDF grant)</p> <p>Apply to various sources for project funding to support activities of the <i>Collaborative (2010-2013)</i></p>

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The way forward



Step 1	Select team to lead project at your site, <u>secure institutional support and funding</u> to support local aims, and decide on local aim in consultation with expert advisory group
Step 2	Detailed <u>diagnostic phase</u> at each collaborating site to determine why the chosen dimension of 'best practice' does not occur/work as well as it might
Step 3	Nominated group of experts <u>develop a 'change package'</u> for each site – outlining the problem, proposed changes, and outcome measures
Step 4	Participate in <u>regular information exchange learning sessions</u> (to be coordinated with the submission of written progress reports)
Step 5	Potential for <u>replication of efforts across sites</u> resulting in measured improvements
Step 6	Contribute to the <u>scientific literature on evaluation methodologies</u> for health improvement through university-health system collaboration

An invitation...

Interested collaborating partners
are invited to participate in the
APRU WI CVD Collaborative.

Thank you!

References

- Øvretveit J, Bate P, Cleary P, Cretin S, Gustafson D, McInnes K et al. Quality collaboratives: lessons from research. *Qual Saf Health Care* 2002; 11:345.
- Schouten L, Hulscher M, van Everdingen J, Huijsman R, Grol R. Evidence for the impact of quality improvement collaboratives: systematic review. *BMJ* 2008; 336(7659):1491.