Building a Culture of Co-Creation in Research

Professor Claire Jackson, Dr Tina Janamian
International trends

• Research productivity and relevance

• Research Impact (UK)
• Implementation Science (USA)

• Implementation Research (international) – methodologies / approaches to facilitate transmission of research into evidence-based policy and practice
Existing IR methodologies: Normalisation Process Theory (NPT)

• A framework for developing, evaluating and implementing complex interventions

• Establishes an ‘upstream’ relationship with end-users

• NPT key components:
  – Coherence
  – Cognitive participation
  – Collective action
  – Reflexive monitoring

Model of the components of normalization process theory

- **Organising structures and social norms**: how a social context normatively accommodates a practice
  - Organising factors
    - Skill set
    - Workability
    - Contextual Integration
  - Collective Action
    - Interaction with already existing practices
  - Immediate factors
    - Interactional workability
    - Relational Integration
  - Reflexive monitoring
    - (how a practice is understood and assessed by action implicated in it)

- **Coherence**: (the meaningful qualities of a practice)
- **Cognitive Participation**: (enrolment and engagement of individuals and groups)
- **Group process and conventions**: (how a practice is produced and reproduced in actual patterns of interpersonal behaviour)

Building a Culture of Co-Creation in Research
‘Total’ Upstream: The Co-creation Concept

- Introduced in 2004 in the management world as a unique concept in creating value for customers and further developed to co-create value for all involved – applicable to any organisation, service, industry and now research ¹
- Involves end-users/stakeholders as co-creators from early phase of research development

The co-creation paradigm requires a shift in our thinking to ¹:

- Engaging stakeholders personally and collectively in creating value together and expanding how the enterprise connects value creation opportunities with resources;
- Conceiving platforms of engagements as purposefully designed assemblages of persons, processes, interfaces, and artifacts, which afford environments of interactions to intensify co-creating actions and generate mutually valuable outcomes;
- Recognizing that actualized value is subjective and varies as a function of individuated experiences of co-created outcomes;
- Leveraging the capabilities of meshworks of social, business, civic, and natural communities in which individuals are embedded to virtualize new co-creative capacities of value creation; and
- Building ecosystems of capabilities together with other private, public, and social sector

The paradigm we work in……

Building a culture for co-creating value in research

1. Identify key stakeholders and increase their willingness to engage
2. Set up platforms purposefully designed to engage individuals more co-creatively
3. Identify and support new co-creation champions
4. Expand the circle of stakeholders and joint value creation opportunities
5. Deepen the impact and enable the viral spread of ‘win more-win more’ value creation
6. Engage stakeholders across private, public, and social sectors to expand benefit for all
Building a Culture of Co-Creation in Research
Co-creation paradigm + Normalisation Process Theory (NPT) = Co-creating value in research and making a difference at the coalface
Case studies

- Integrated Governance Model
- Primary Care Practice Improvement Tool (PC-PIT)
- Beacon practice model
Primary/secondary governance elements to bring the health care silo’s together

Does evidence support current policy?

Caroline Nicholson, Prof Claire Jackson, Prof John Marley

Caroline.Nicholson@mater.org.au
The problem

- Internationally - ACO/PCMH; Regional Health Authorities/Primary Care Networks; Clinical Commissioning Groups/NHS England; Medicare Locals/Hospital & Local Hospital Networks;
- PHOs/DHBs
- Regional primary/secondary integration is identified as a key pillar to drive integrated care
Aim

To describe the elements of health care system capable of supporting integrated $1^0/2^0$ health care governance to provide evidence to meso-level organisations (Medicare Locals and LHN’s) to inform their working together. How can these be implemented/supported locally?
... to synthesise existing published literature and to identify predominant reoccurring themes to form a framework for integrated $^{10}2^0$ health care governance

What are the governance elements?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Joint planning</td>
</tr>
<tr>
<td>2.</td>
<td>Integrated information communication technology</td>
</tr>
<tr>
<td>3.</td>
<td>Change management</td>
</tr>
<tr>
<td>4.</td>
<td>Shared clinical priorities</td>
</tr>
<tr>
<td>5.</td>
<td>Incentives</td>
</tr>
<tr>
<td>6.</td>
<td>Population focus</td>
</tr>
<tr>
<td>7.</td>
<td>Measurement – using data as quality improvement tool</td>
</tr>
<tr>
<td>8.</td>
<td>Continuing professional development supporting the value of joint working</td>
</tr>
<tr>
<td>9.</td>
<td>Patient/community engagement</td>
</tr>
<tr>
<td>10.</td>
<td>Innovation</td>
</tr>
</tbody>
</table>
## Evidence Policy

### Integrated governance elements:

<table>
<thead>
<tr>
<th>Integrated governance elements:</th>
<th>Commonwealth/State</th>
<th>Commonwealth</th>
<th>State</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>COAG National Healthcare Agreement 2012</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Primary Health Care Strategic Framework 2013</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Local Operational Guidelines 2013</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Local Strategic Plan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>State health department agreement with Local Hospital Network</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Local Hospital Network Strategic Plan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Local/Local Hospital Network local agreements</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

## Joint planning

- ✓

## Integrated ICT

- ✓

## Change management

- ✓

## Shared clinical priorities

- ✓

## Incentives

- ✓

## Geographical population focus

- ✓

## Measurement - data as a QI tool for clinical care

- ✓

## CPD supporting joint working together

- ✓

## Patient/community engagement

- ✓

## Innovation

- ✓
Evidence into policy - Where are we?

- Still fragmented
- Current evidence + policy = scattered

Evidence into policy – Next steps?

- Promote this research with end-users
- Work with them to inculcate into evolving policy development
Developing high quality practice performance:

The Primary Care Practice Improvement Tool (PC-PIT)

Dr Lisa Crossland, Dr Tina Janamian, Prof Claire Jackson
Aim & Significance

AIM - To improve the quality & performance of Australian primary health care services

SIGNIFICANCE - A tool to improve practice performance through a focus on elements integral to high quality primary care practice performance
Methods

Phase 1: Systematic literature review to identify the key elements integral to high quality practice performance defined as ‘systems, structures & processes which enable delivery of good quality patient care but which do not include clinical processes’

- Cyclical partner feedback & discussion
- Development of the Primary Care Practice Improvement Tool (PC-PIT)
- Pilot of the PC-PIT with 6 high functioning practices

Phase 2: National trial & validation of the PC-PIT in primary care settings
Partnership Process

Formal CRE partners
(e.g. AAPM, RACGP, AGPAL, ACSQH, APNA)

Development & trial of the Primary Care Practice Improvement Tool (PC-PIT)

International networks
(e.g. Clinical Microsystems USA; Qulturum, Sweden)

Key Stakeholders
(e.g. Australian Medicare Local Alliance
Australian Medicare Locals)

The End Users
(e.g. Practice Managers, GPs, Practice Nurses, Allied Health Professionals & patients)
The Primary Care Practice Improvement Tool (PC-PIT)

- Online
- Whole of practice approach
- Facilitated by Practice Managers (internal process, no extensive external facilitation required)
- Additional support & training resources provided online
- Low or no cost to practices
The practice provides continuing and comprehensive medical care to individuals and their families, through a continuing patient–health professional relationship of trust, clinical expertise and the use of best available evidence. Clinical teams, resources and services are all coordinated in the practice. Patients have input into the way their care is provided.
PC-PIT Quality Improvement Cycle Validation & Evaluation

Step 1
Independent PC-PIT Visit

Step 2
Comparison of Practice PC-PIT & Independent Visit Scores

Step 3
Qualitative interviews with staff & review of materials & documentation

Step 4
Review of the PDSA Plan & improvement outcome(s)

Step 4: Your Practice Manager will facilitate the Plan-Do-Study-Act approach to undertake, monitor and review the improvement

Step 2: Receive a whole practice score in a Practice PC-PIT Report

Step 3: Use the PC-PIT Report scores to identify a broad area you wish to improve

Step 1: All practice staff complete the PC-PIT online

Building a Culture of Co-Creation in Research
Progress to date

• Systematic literature review (published MJA Supplement)

• Pilot of PC-PIT with 16 high functioning practices (published MJA Supplement)

• Trial of PC-PIT (commenced August, 2013)
  o Advice from statisticians on the development of the trial protocol & validation methodology
  o 117 practices expressing interest nationally
  o 25 practices selected to participate
  o 150 participants completed online PC-PIT forms
  o 17 Independent Visits conducted
Impact on practice & policy

Impact on practice
• Facilitated internally
• Whole of practice approach
• Standardised approach to practice performance

Impact on policy
• Tool focuses on internationally and nationally important performance areas eg. system’s thinking; team work; patient-centric approaches; use of information technology; organisational governance; change management
In summary

• Implementation Research / ‘Co-creation’ IS the way of the future

• It works !!

• International Implementation Research Network in Primary Care (IIRNPC) – a huge national and international opportunity
PC-PIT references