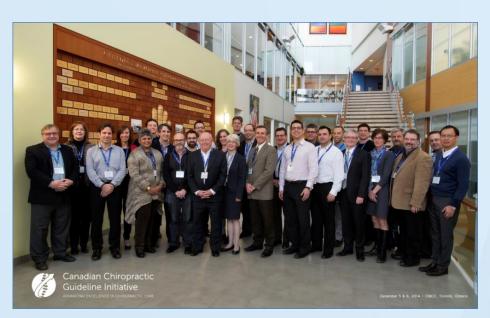
# Establishing a practice-based research network: The Canadian Chiropractic Guideline Initiative











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Canadian Chiropractic Guideline Initiative









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#### **Learning Objectives**

### At the end of this presentations, participants will be able to:

- Review the scope of the Canadian Chiropractic Guideline Initiative (CCGI)
- Outline the structure and function of the national chiropractic Practice-Based Research Network (PBRN)
- Discuss research projects undertaken by local PBRNs

### Canadian Chiropractic Guideline Initiative

#### Vision

Enhance the health of Canadians by fostering excellence in chiropractic care

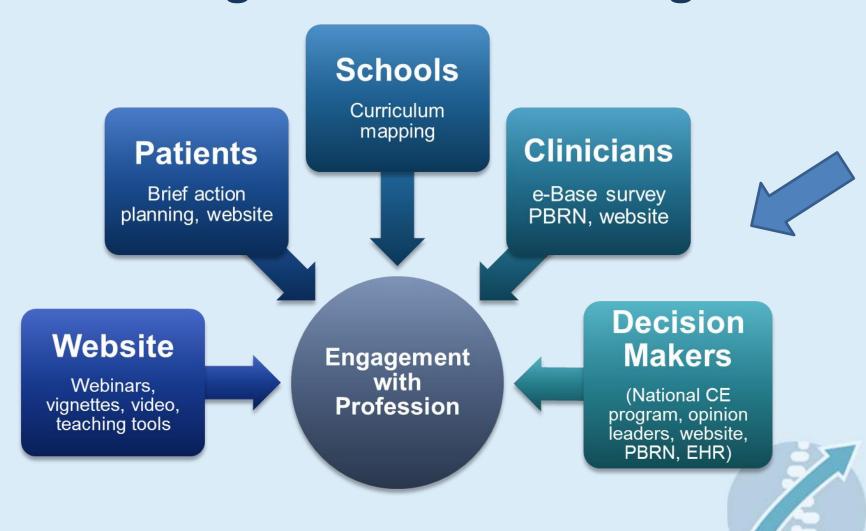
#### **Mission**

- Develop evidence-based clinical practice guidelines and best practice recommendations
- ➤ Facilitate their dissemination and implementation within the chiropractic profession

#### **Strategies**

> Transform; Engage; Develop CPGs; Transfer knowledge

## Strategy 4: Create and apply innovative knowledge translation strategies



## Staying in touch: Research Network page and forum on <a href="www.chiroguidelines.org">www.chiroguidelines.org</a>



Guidelines & Best Practice > Research Network

#### Research Network

Creating a Chiropractic Practice-Based Research Network (PBRN): Enhancing the management of musculoskeletal care.

Bussières A, Côté P, French S, Godwin M, Gotlib A, Graham ID, Grondin D, Hawk C, Leboeuf-Yde C, Mior S, Stuber K. *J Can Chiropr Assoc.* 2014 Mar:58(1):8-15.



Canadian Memorial Chiropractic College, Toronto, 5-6 December 2014



#### **Benefits of PBRNs**

 A growing body of research supports the role of PBRNs in promoting health care quality.<sup>1</sup>

#### Potential benefits:

- ✓ Promote culturally and logistically appropriate research
- ✓ Enhance recruitment capacity for research
- ✓ Generate professional capacity and competence for using evidence in practice
- ✓ Enhance the quality and generalizability of research output

#### Why a chiropractic PBRN?

- Partnership between clinicians and academic institution/s (and other stakeholders):
  - Information in: "clinical laboratory" for primary care research and dissemination/knowledge translation
  - Information out: Knowledge translation



## Information in: Possible methodologies in a PBRN

- Epidemiology and surveillance (prevalence, natural history, adverse events tracking)
- Management What works best for whom?
  - Delivery system design, common clinical problems, aspects of clinical encounter
- Research designs:
  - Descriptive studies of beliefs, opinions, attitudes
  - Cross-sectional descriptive studies of care
  - Outcome studies/Longitudinal cohorts
  - Quasi-experimental methods (Before-After)
  - Randomised controlled trials



## Information out: Knowledge Translation

#### Educational opportunities

e.g. Guideline dissemination and implementation

- Help decrease practice variability so that patients know what to expect
- Improve patient health outcomes
- Collect data to feedback into guideline refinement



#### **Considerations & challenges**

- "Individual practitioners are more important than anything else in a PBRN... nurture them, feed them, communicate with them, listen to them, give them useful things"
- Every local network should be a collaboration between an academic unit and practicing chiropractors...there must be both town and gown (Marshall Godwin)
- The presence or absence of an electronic health record affects which studies, and how studies, can be done.
- What is an ideal size of a PBRN?
- Legal/privacy considerations?
- Funding and sustainability?



## A national network of local networks



#### **Advisory committee:**

- Elaborate vision, mission, governance structure, roles, strategies, and identify funding opportunities
- Support the launch of local PBRNs

#### Mission

Facilitate the implementation of research discoveries from CPGs, best practice and evidence generated by basic biomedical, clinical, and population health research likely to have significant and measureable impact on the health of Canadians



#### **Strategies**

- 1. Create a collaborative process for identifying and addressing patient-oriented research priorities
- 2. Establish an integrated clinical and knowledge translation research infrastructure
- 3. Assist local PBRNs
  - start-up funds
  - Review projects



#### Strategies...

- 4. Grow capacity to attract, train and mentor chiropractors and health researchers in patient-oriented research
- 5. Strengthen organizational and financial support for clinical studies and enhance engagement
- 6. Conduct research in MSK disorders, explore the opportunities for impact across multiple non-communicable chronic diseases.

#### **Current status** (June 2015)

#### ✓ Seven local PBRNs in Canada

Province	Researcher	Area of interest
British Columbia	Jeff Quon	Multimodal care for acute LBP
Manitoba	Steven Passmore	Non-surgical spine care pathway
Nova Scotia	Jill Hayden	Evidence-informed practice
Québec	Mathieu Piché	Managing painful disorders
Ontario (Guelph)	John Srbely	SMT for somatic and non-somatic disease
Ontario (Kingston)	Simon French	Observational studies on chiropractic practice, RCTs and KT
Alberta (+ others)	Kent Stuber	Patient-centred care in chronic conditions

✓ Call for proposals for seed funding (July 2015)

### The British Columbia Spine Flex Practice-Based Research Network (Jeff Quon, BC)

- Context: Interdisciplinary engagement between community-based chiropractors and local medical and chiropractic researchers affiliated with a hospital-based spine care program
- Project: Implementation and evaluation of a simple spine care pathway to reduce specialists' nonsurgical waiting times for patients with acute and chronic non-specific low back pain

# Practice based chiropractic utilization and outcomes upon referral from a hospital based spine care pathway (Steven Passmore, MB)

- Context: Delivery of evidence informed care for patients referred from a hospital based spine care pathway
- Project: Capture outcomes associated with conservative care for patients referred from a surgical triage clinic. Data collected can be used for quality assurance and research purposes



### Nova Scotia Practice-Based Research Network on Evidence-Informed Practice (Jill Hayden, NS)

Context: Increase utilization and awareness of EBP in private practice

#### Aims:

- 1. Help local chiropractors keep abreast of current trends and evidence in chiropractic, health care, medicine etc.
- 2. Ease networking (intra and inter professionals)
- 3. Identify opportunities for chiropractors to get involved with both academic and clinical based research

### Quebec Practice-Based Research Network for clinical and KT research (Mathieu Piché, QC)

- **Context:** Delivery of evidence informed care in private practice and at UQTR.
- Aim: To develop infrastructure to conduct clinical and knowledge transfer (KT) research.
- Project: Pilot RCT to assess the feasibility (recruitment, retention, adherence) to evaluate if a KT strategy can increase the use of multimodal care to improve the management of patient's with neck pain.





# Queen's University PBRN: Observational studies on chiropractic practice, RCTs and KT (Simon French, ON)

 Context: Conduct and participate in clinical and healthcare delivery research in Kingston and surrounding areas.

#### Aims:

- 1. Profile chiropractic practice
- 2. Do research on the prevention and management of common chronic conditions
- 3. Provide an avenue for KT activities between academics and practicing chiropractors

# Assessing patient-centered care in patients with chronic health conditions attending chiropractic practice (Kent Stuber, AB)

 Context: 15 clinics across Canada to collect data on patient-centeredness care for patients with chronic health conditions

#### Project:

- 1. Determine the extent to which patients perceive chiropractic care as patient-centred
- 2. Develop
  - Strategies to make practices more patient-centered
  - Clinical tools to favour patient-centered care and to ease implementation research

#### September 19, 2015 PBRN Workshop



- ✓ Share preliminary findings from ongoing projects
- ✓ Highlight benefits
- ✓ Discuss practical implications
- ✓ Build a roadmap for a future research project
- ✓ Invite attendees to co-create a new PBRN project

#### Next steps...

- ➤ Sustain and integrate the PBRN
- > Select indicators (organizations, process of care, patient outcomes)
- **➤** Select/implement HERs...

#### **Acknowledgements**

#### PBRN advisory committee

- Stakeholder representative: Dr. John Corrigan
- Clinician representative: Dr. Francois Hains
- Patient representative: Dr. Kerry Johnson
- School representative: Dr. Silvano Mior
- CCPA representative: Dr. Dean Wright

#### PBRN expert consultants

- Prof. Ian Graham, Ottawa Hospital Research Institute, Canada
- Prof. Cheryl Hawk, University of Missouri, USA
- Prof. Charlotte Leboeuf-Yde, University of Southern Denmark

