

CCGI Opinion Leaders

Questions	Answers
Expectations for Opinion Leaders	
What is the 'big picture'?	The mission of the CCGI is to develop evidence-based clinical practice guidelines and best practice recommendations, and facilitate their dissemination and implementation within the chiropractic profession. We need Opinion Leaders in all parts of Canada to help disseminate and implement Evidence-Informed Practice within their own provinces.
What is the next step?	The next step is making your Plan for 2015-16 and getting started. Contact us if you need help to put your Plan into action.
How do I make an action plan?	We encourage you to complete your Plan for 2015-16 based on the key audiences you identified (those people you are most likely to influence, e.g. clinicians, students, policy makers etc.), and based on the specific opportunities available to you in your province. We suggest you consider making a presentation at continuing education events or conferences related to your area of interest, and using networks such as LinkedIn to encourage clinicians and stakeholders to follow the CCGI. You might want to contact policy makers in your jurisdiction or talk to other health providers who have similar programs. If you work with students, you may want to introduce EIP into your course work and use the PowerPoints available from the CCGI team to demonstrate the importance of EIP. At your next CE conference, you could run a hands-on workshop for clinicians where you show them how to navigate the CCGI website. You could also encourage clinicians in your area to take the CCGI webinar series, which is free of charge.
Is there a plan for a start date as opinion leaders or will this be individual choice?	Opinion Leaders may start as soon as they feel ready to do so. You have the green light!
Are we expected to contact interested parties?	We suggest you contact people you know in your area as these practitioners and stakeholders are likely the best persons to start with.
How can we keep the momentum going?	We would like Opinion Leaders to launch out creatively, taking up the various opportunities that arise within their own provinces and applying strategies in a way they feel is most appropriate in their own setting. We encourage you to share your experiences in the form of a 'case study' briefly describing in point form (1 page): 1) target audience and setting (who, where); 2) problem addressed (what, when), 3) strategy used (how), 4) measures used to determine success; 5) estimated overall success level; and 6) reasons for this success (or lack of); 7) lessons learned. Sharing stories can be very helpful for the whole team.
Do we need to check in?	We would like to hear from you regularly to know how things are evolving. Using the 'case study' described above can facilitate reporting of activities. We will be staying in touch with you to find out about your ongoing and specific events. A conference call for all Opinion Leaders will be scheduled around 3 times a year and a once-a-year face-to-face meeting will be held for all Opinion Leaders. We also hope you will use LinkedIn to stay in touch.
Will this meeting be repeated?	The next Opinion Leader <u>training day</u> will be in 2016. However, three conference calls for all Opinion Leaders will be scheduled each year and a face-to-face meeting is to be expected once-a-year. This group will meet next at the CCA National Convention in September 2015.
What is the long term goal or vision for 1, 3, 5 years?	We hope to expand the Opinion Leader program to include many more people who are dedicated to implementing best practice in Canada. By 2016 we hope to train more Opinion leaders (up to 6 per province) and start to work together with the growing Practice-Based Research Network which is currently launching new KT-related projects in 2015.
What kind of time and energy is expected of me?	We hope Opinion Leaders will commit 2-3 years with this project. How they apply the strategies and how much time they require will depend on the individual.

How to implement effective strategies	
How can we better leverage the results and successes of others and replicate these in our own regions?	One useful way is to stay in touch through the website forum or through LinkedIn and to share your results and success stories (case studies) with the others. This is a great way to encourage other Opinion Leaders to apply KT strategies that worked well to their own context.
How can regional opinion leaders work together?	You might want to arrange a meeting or teleconference to discuss your different strategies, spheres of influence, and Action Plan for 2015-16, to see how you can support each other, and to find out where you can fill in the gaps. Discuss strategies for upcoming events such as CE conferences or workshops, and meetings with stakeholders or policy makers.
Which subset of field practitioners can be influenced to use guideline tools?	Based on Rogers Theory of Diffusion and Innovation (2003), a large majority of providers are distributed on each side of the bell shaped curve. We recommend investing energy to influence the application of best practice and CPGs among those who are contemplating modifying their practice. Those at the far ends of the curves are either already using CPGs or are unlikely to use them in the near future.
What are the tools and mode of delivery that are most appreciated by practitioners?	Our current understanding is that similar to other health disciplines, DCs want easy-to-apply tools. The format (paper base or electronic) is likely influenced by the age of practitioners. We are about to launch a survey to DC's to better understand their perceived needs.
How do we effectively leverage this group to insurance/policy makers?	The CCA Patient Experience Task Force (PETF) presented an Action Plan to stakeholders in mid-April. This plan aims to increase trust toward chiropractic and will unfold over the coming year. The CCGI will be participating in this effort. Third party payers and policy makers are among the target groups.
Are there any strategies that have proven completely ineffective?	Even the simple dissemination of CPGs have been shown to be effective, although the magnitude of the practice change is small (about 5%). However, active dissemination strategies are required to increase the impact.
Please provide strategies that work in different jurisdictions and those that didn't work	Very little evaluation of KT strategies have occurred in chiropractic to date. We are pilot testing a KT intervention of the management of neck pain this spring. This is the initial step to addressing this question. The Rx-For-Change Database from the Canadian Agency for Drug and Technology Assessment has more information. (https://www.cadth.ca/resources/rx-for-change/database/browse)
Can it be dispersed/promoted through the WFC research top 10 projects that was just launched?	We are currently exploring this possibility with the WFC.
International applications	
How is the take up of this project around the world? (DC in other countries)	Some of the the North-Atlantic Research Collaboration (NARC) composed of Canada, UK, Denmark, Norway and Switzerland provide expertise to CCGI Initiative working groups. The American Chiropractic Association is also considering its involvement.
Stakeholder knowledge of guidelines	
Suggestions of getting to know what government stakeholders know about chiropractic or about guidelines	You could write to them or request a meeting.

CCGI resources and project management	
Who is overseeing what we do and does it matter?	CCGI oversees this program and provides support and resources to Opinion Leaders, and to follow up on their progress. The Decision Maker subgroup is responsible for the running of the Opinion Leader program (Simon, Michele, Diane, André). The GSC is ultimately responsible. It is important to have a structure for reporting back to the CCGI and for monitoring. However, Opinion Leaders are free to creatively apply KT strategies in their own provinces at their own discretion.
Can we use the CCGI staff for various information?	Yes, CCGI staff is available for resources and support. Please write to Heather, our contact person at howens@chiropractic.ca who will forward your inquiry to one of the team member. You can also contact our social media consultant Monica Slanik at monica.slanik@videotron.ca . We are building resources for Opinion Leaders and we need to hear what you require from us so please contact us.
How do we get resource material?	Most resources can be found on the CCGI website at www.chiroguidelines.org Please contact the CCGI staff if you cannot find what you are looking for.
Will there be other 'canned' presentations that we can use to present to clinicians?	Yes, these can be found on the website: www.chiroguidelines.org . We are in the process of preparing CCGI powerpoints on Evidence-Informed Practice and the guidelines. If you need something specific, please contact the CCGI staff.
How can we promote the CCGI website to DCs?	You might want to arrange a hands-on workshop at your next CE meeting, where DCs get the chance to navigate the site themselves and find out what resources are available. Please make sure there is also a link to the CCGI website on your association and regulatory board website (www.chiroguidelines.org), and you can invite people to visit our spotlight page on LinkedIn. You can also come to the CCA National Convention in September 2015 where Opinion Leaders will be facilitating a workshop on evidence-informed practice for clinicians.
How do we present the CCGI to an audience?	We suggest you use one of the powerpoint presentations available from the CCGI team which explains the strategies of the CCGI project, and you could offer a demonstration on how to use the CCGI website. You are also invited to use our posters and banners. Please ask the CCGI team for more information or if you have a specific request.
What is the budget for Opinion Leaders?	We are grateful to all CCGI Opinion Leaders who participate voluntarily in this project. Travel to scheduled meetings and accommodation is covered by CCGI.
Measuring outcomes	
How do Opinion Leaders measure their impact?	We are thinking about this question and are also planning a study looking at the impact of the Opinion Leader program on clinicians. If you would like more information please contact the CCGI team.
How can we better document that it is still profitable to practice and go by EIP?	A large majority of the chiropractic Regulators and provincial associations have adopted the EIP statement. They were asked to post a link on their respective websites and inform their members. Further, the CCA is putting up a best practice model presentation/workshop at the National Convention in the fall of 2015. Documenting benefits of EIP should include routinely tracking practitioner's practice (e.g., use of stratified care approaches such as the Start Back Screening Tool to match treatment supported by best evidence when managing LBP patients) as well as patient's response to care using validated tools (e.g., Oswestry Disability Index).
Other	
Are any additional guidelines planned?	The Guideline Development Group is currently reviewing WAD, Upper and Lower Extremities and Thoracic Spine recommendations from the OPTIMA group.