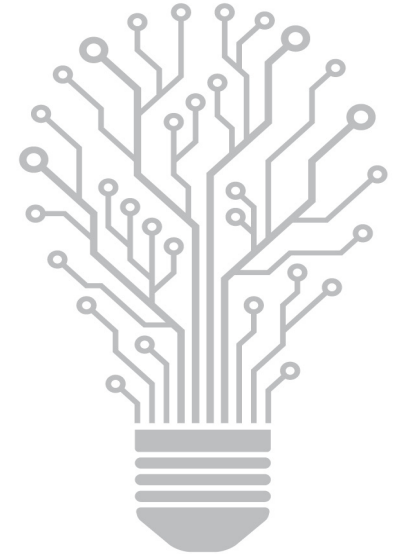


If you build it, will they come?

What it takes to make audit and feedback work in practice



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Agenda

- Introductions
- Review of theory
- Understanding failure and success
- Engagement with A&F
- The role of coaching

Introductions



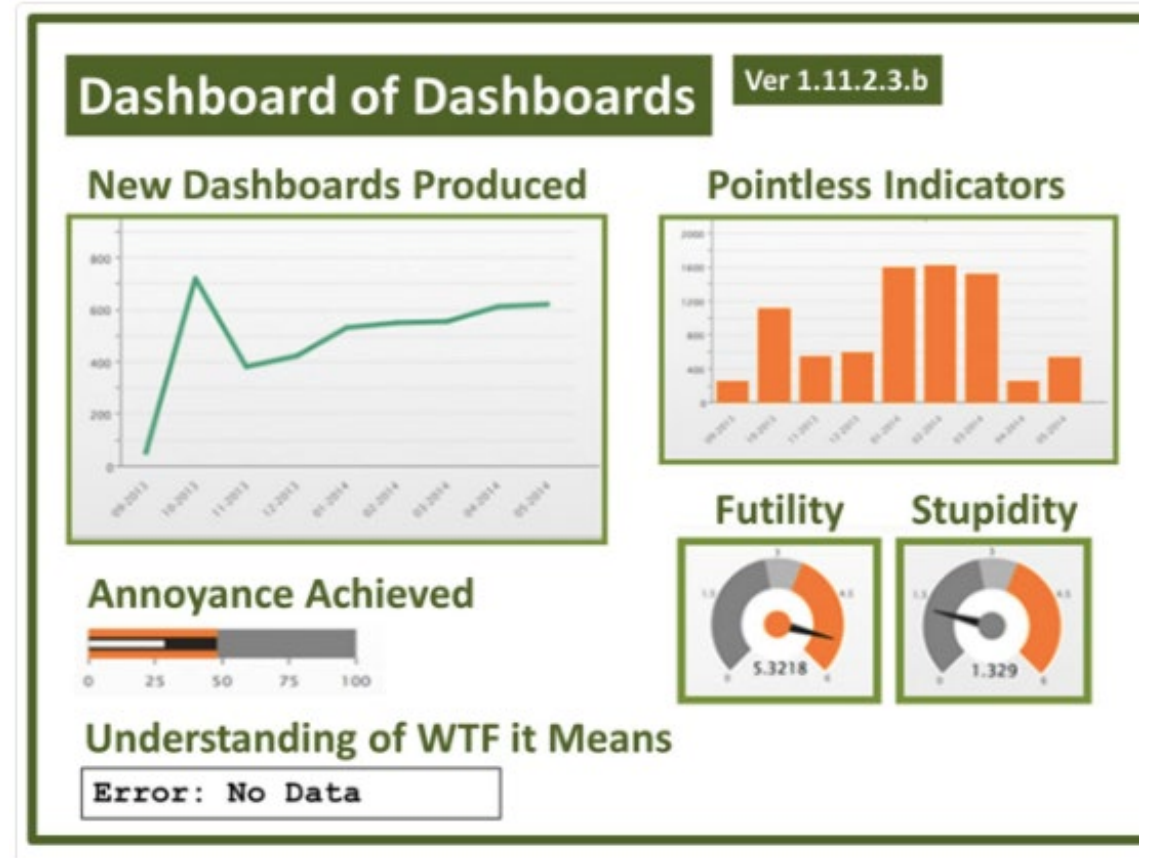
hey.



What is A&F, why might it help, when might it not?

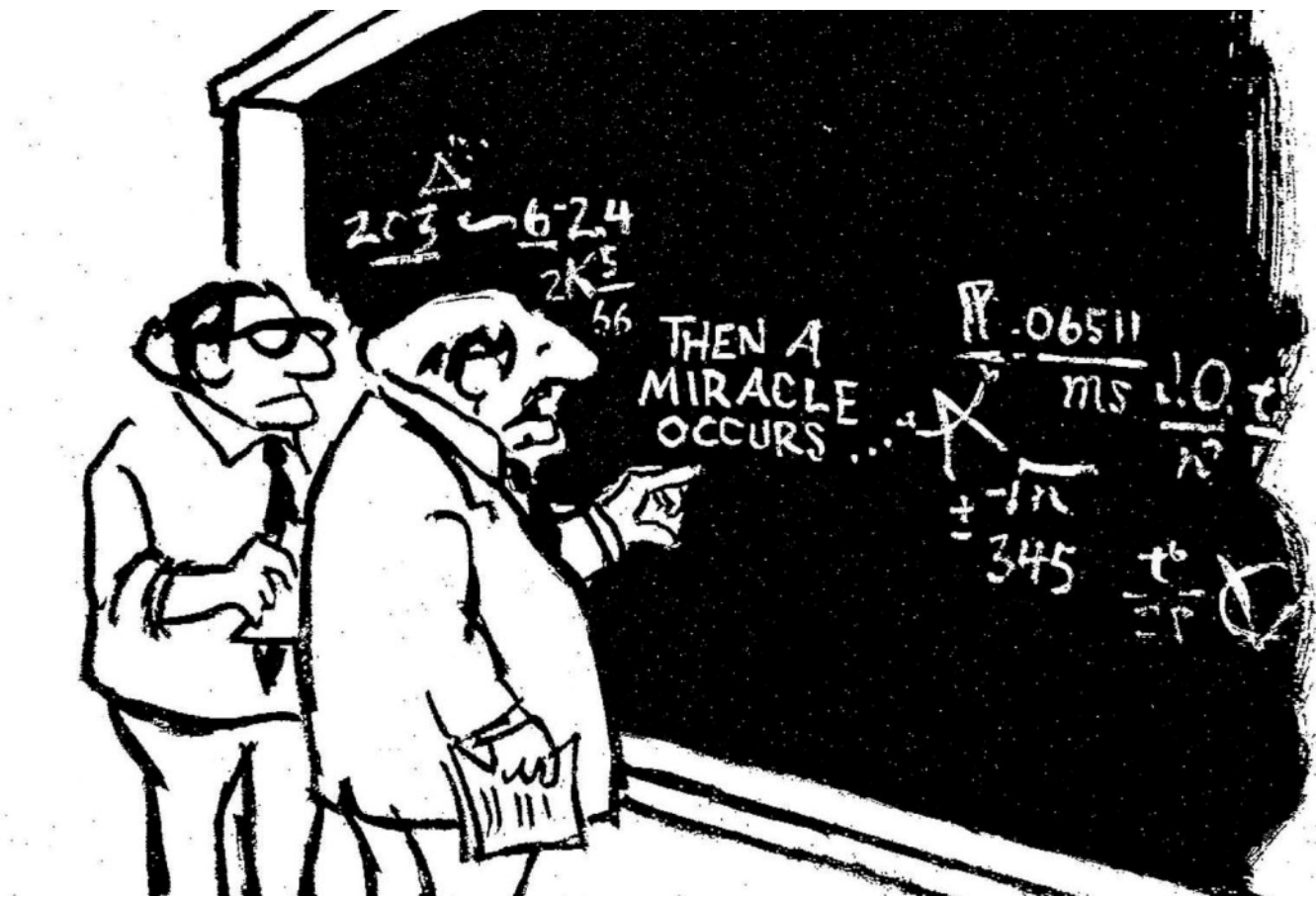


The 'Meta-Dashboard'...





UNPACKING THE BLACK BOX OF A&F



A&F: State of the Science

- Cochrane 2012 review – 140 trials of audit and feedback, median absolute improvement +4%, interquartile range +1% to +16%
- Larger effects were seen if:
 - baseline compliance was low
 - the source was a supervisor or colleague
 - it was provided more than once
 - it was delivered in both verbal and written formats
 - it included both explicit targets and an action plan

Ivers (2012) *Cochrane Library*

A&F: State of the Science

Ivers et al. *Implementation Science* 2014, **9**:14
<http://www.implementationscience.com/content/9/1/14>



DEBATE

Open Access

No more 'business as usual' with audit and feedback interventions: towards an agenda for a reinvigorated intervention

Noah M Ivers^{1*}, Anne Sales², Heather Colquhoun³, Susan Michie⁴, Robbie Foy⁵, Jill J Francis⁶ and Jeremy M Grimshaw⁷

Abstract

Background: Audit and feedback interventions in healthcare have been found to be effective, but there has been little progress with respect to understanding their mechanisms of action or identifying their key 'active ingredients.'

Discussion: Given the increasing use of audit and feedback to improve quality of care, it is imperative to focus further research on understanding how and when it works best. In this paper, we argue that continuing the 'business as usual' approach to evaluating two-arm trials of audit and feedback interventions against usual care for common problems and settings is unlikely to contribute new generalizable findings. Future audit and feedback trials should incorporate evidence- and theory-based best practices, and address known gaps in the literature.

Summary: We offer an agenda for high-priority research topics for implementation researchers that focuses on reviewing best practices for designing audit and feedback interventions to optimize effectiveness.

Keywords: Audit and feedback, Synthesis, Best practice, Implementation, Optimization

Growing Literature, Stagnant Science? Systematic Review, Meta-Regression and Cumulative Analysis of Audit and Feedback Interventions in Health Care

Noah M. Ivers, MD, PhD¹, Jeremy M. Grimshaw, PhD², Gro Jamtvedt, PT³, Signe Flottorp, MD³, Mary Ann O'Brien, PhD¹, Simon D. French, PhD⁴, Jane Young, MD⁵, and Jan Odgaard-Jensen, PhD³

¹Family Practice Health Centre and Institute for Health Systems Solutions and Virtual Care, Women's College Hospital, Toronto, Ontario, Canada; ²Clinical Epidemiology Program, Ottawa Hospital Research Institute, Department of Medicine, University of Ottawa, Ottawa, Ontario, Canada; ³Norwegian Knowledge Centre for the Health Services, Oslo, Norway; ⁴School of Rehabilitation Therapy, Faculty of Health Sciences, Queen's University, Kingston, Ontario, Canada; ⁵Cancer Epidemiology and Services Research, Sydney School of Public Health, University of Sydney, Sydney, New South Wales, Australia.

BACKGROUND: This paper extends the findings of the Cochrane systematic review of audit and feedback on professional practice to explore the estimate of effect over time and examine whether new trials have added to knowledge regarding how optimize the effectiveness of audit and feedback.

METHODS: We searched the Cochrane Central Register of Controlled Trials, MEDLINE, and EMBASE for randomized trials of audit and feedback compared to usual care, with objectively measured outcomes assessing compliance with intended professional practice. Two reviewers independently screened articles and abstracted variables related to the intervention, the context, and trial methodology. The median absolute risk difference in compliance with intended professional practice was determined for each study, and adjusted for baseline performance. The effect size across studies was

DISCUSSION: There is substantial evidence that audit and feedback can effectively improve quality of care, but little evidence of progress in the field. There are opportunity costs for patients, providers, and health care systems when investigators test quality improvement interventions that do not build upon, or contribute toward, extant knowledge.

KEY WORDS: audit and feedback; scientific progress; quality improvement; systematic review; cumulative analysis.

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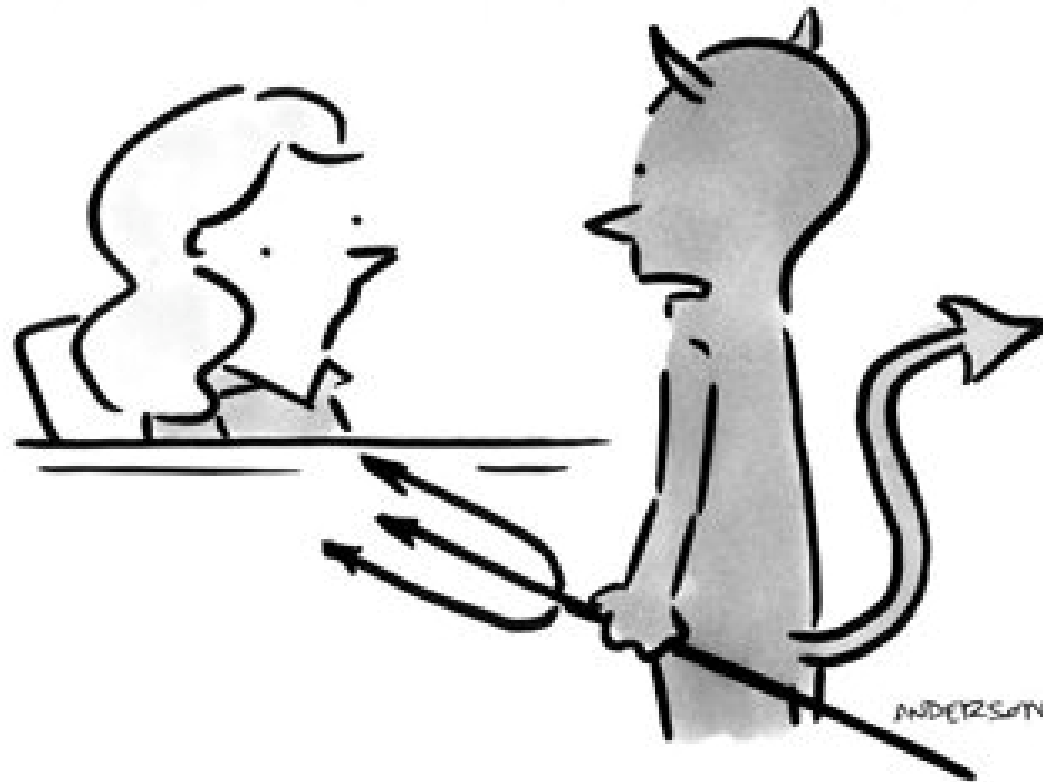
@lauradesveaux



@Noahlvers

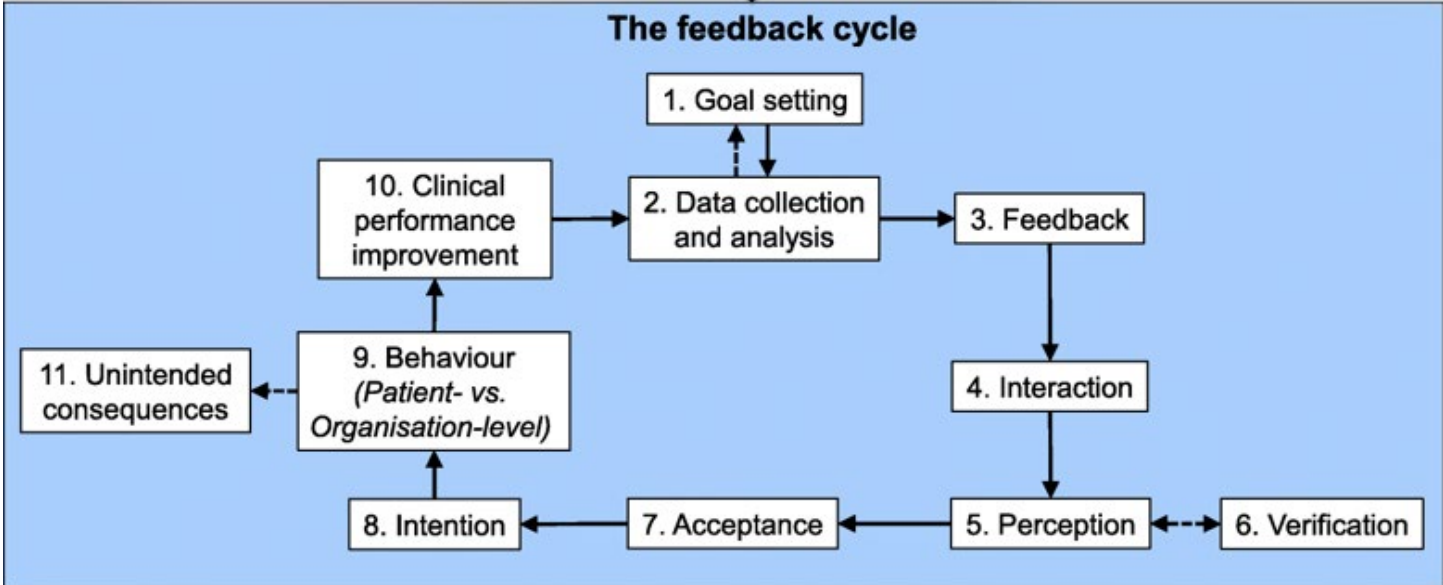
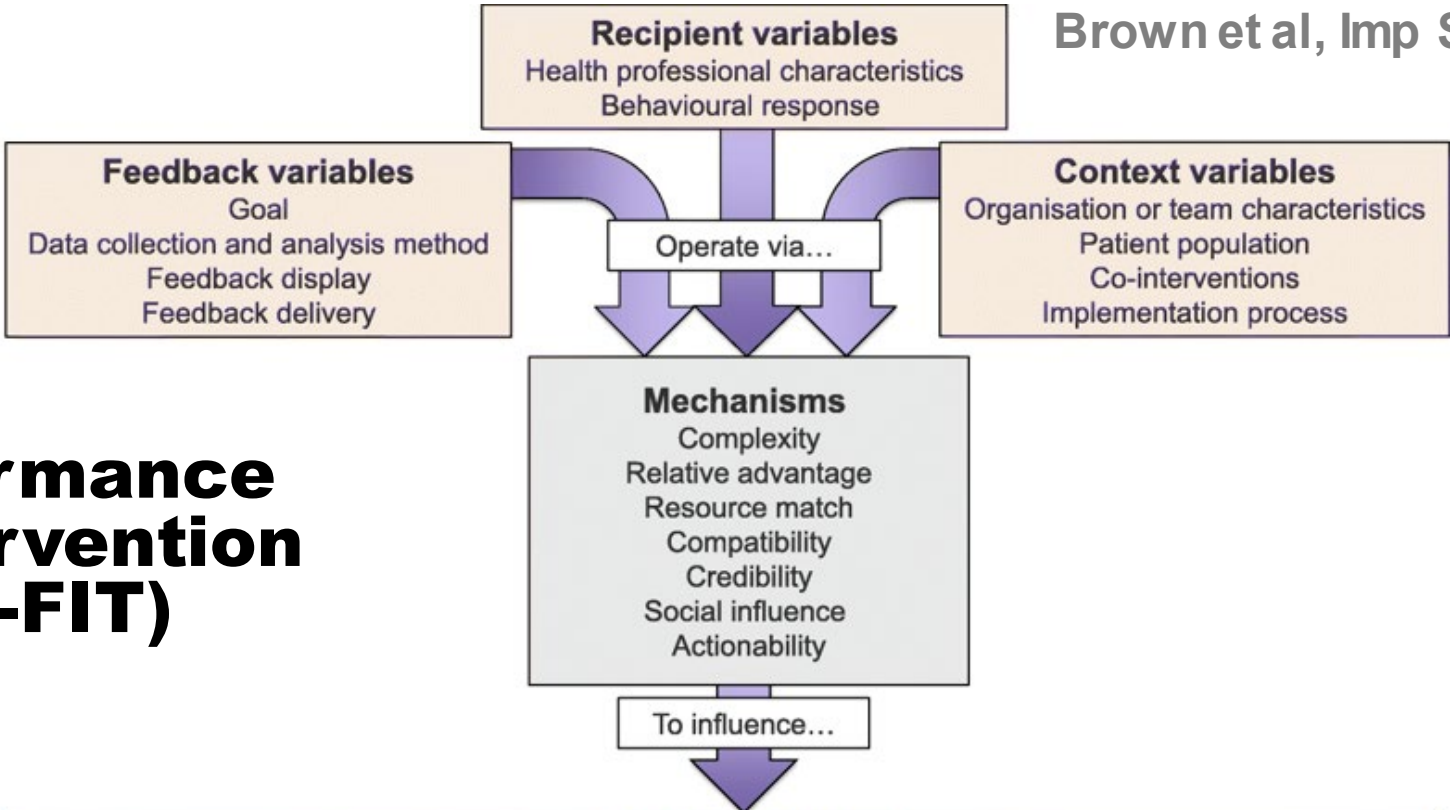
BEFORE WE BUILD IT, WE NEED TO KNOW HOW IT WORKS

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"I'm here about the details."

Clinical Performance Feedback Intervention Theory (CP-FIT)



Does a shift in feedback display improve performance?

2 x 2 FACTORIAL TRIAL

Comparator: Top 25%
Framing: -

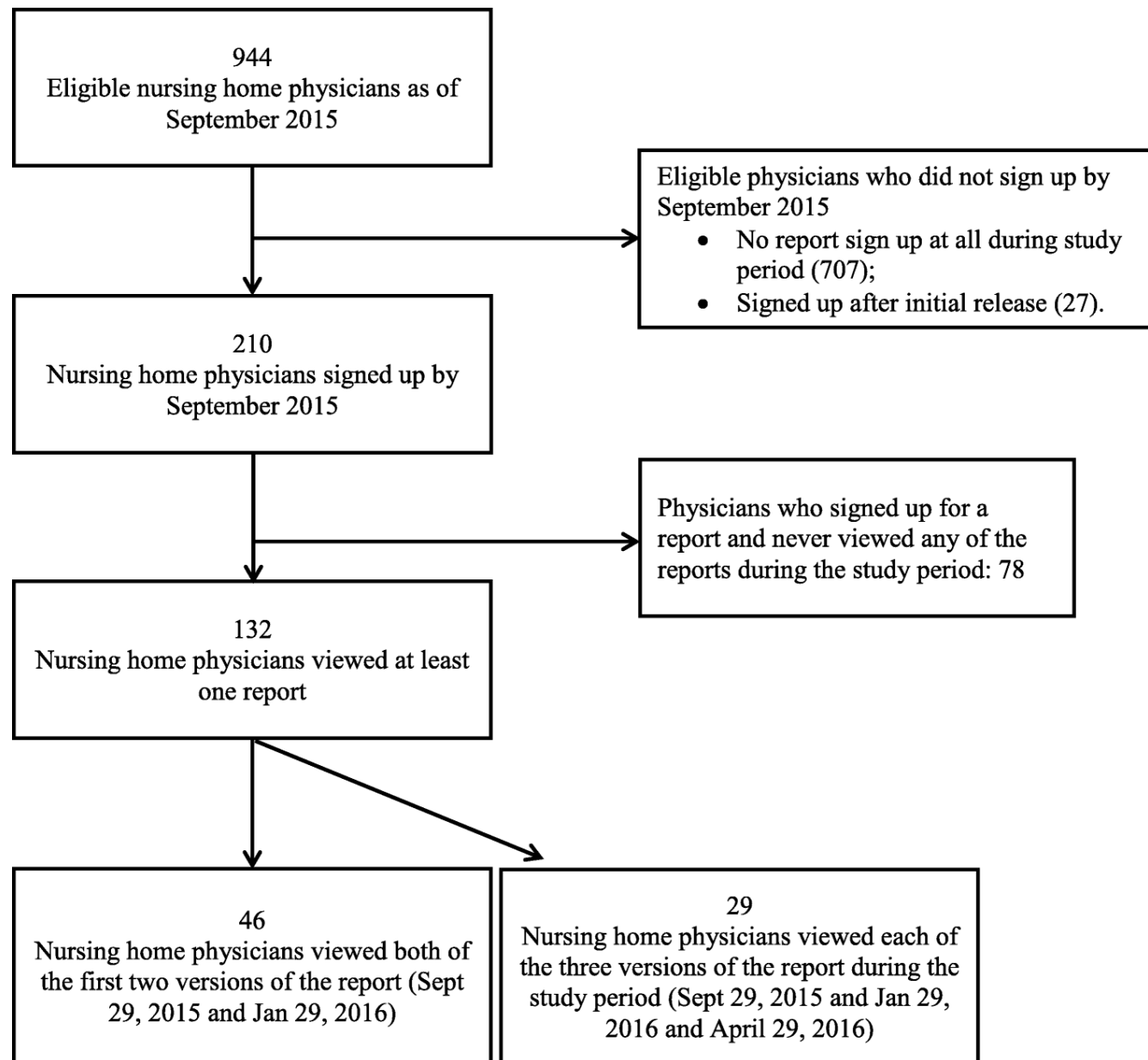
Comparator: Mean
Framing: -

Comparator: Top 25%
Framing: +

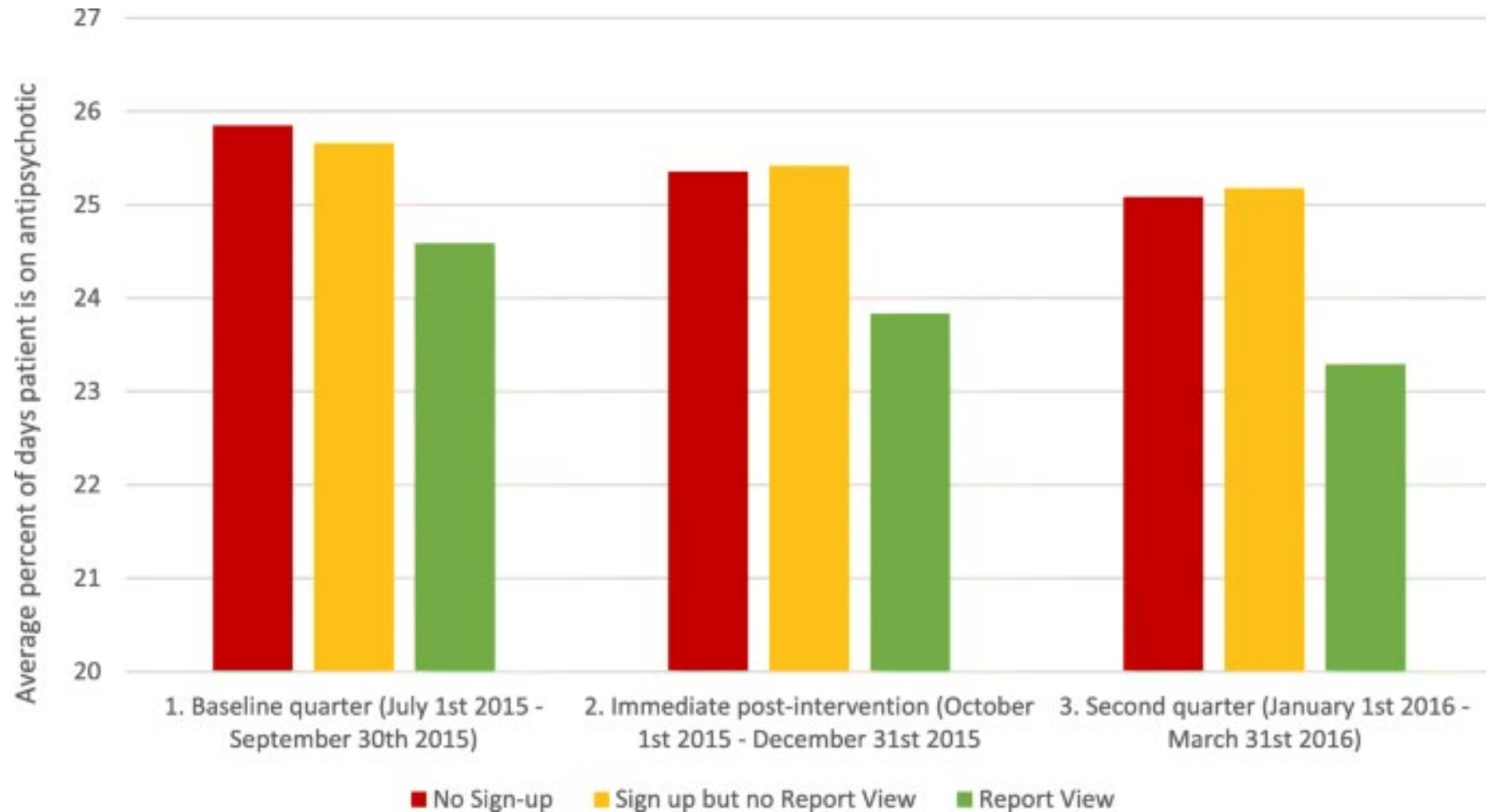
Comparator: Mean
Framing: +



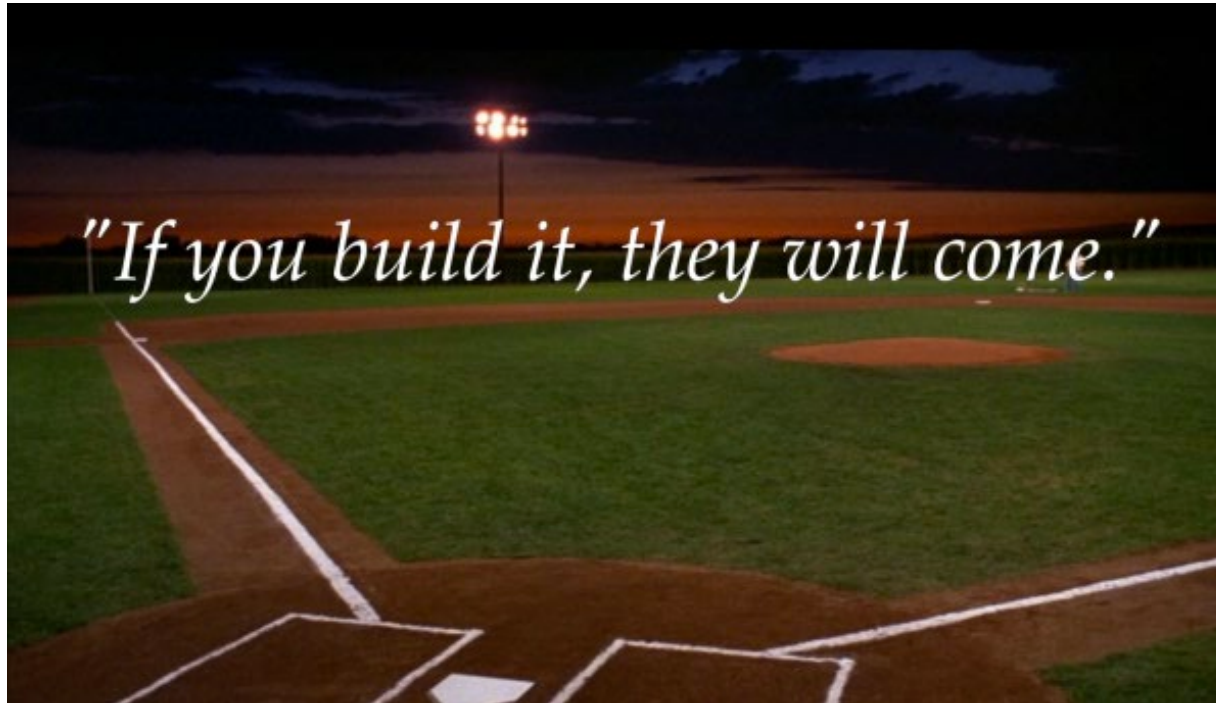
... BUT ENGAGEMENT WAS SUBOPTIMAL



A&F only works if people engage with it



What is meaningful engagement?





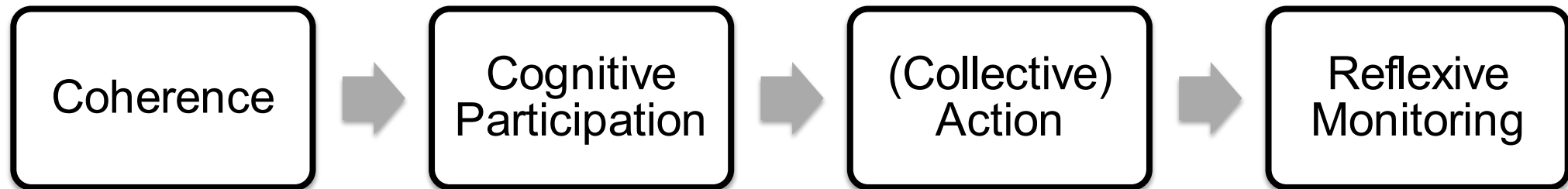
Learning from Failure

- Goal must be clearly stated
- Utility must align with recipient goals
- Perceptions of feedback influence engagement
- Approach to practice influences perceptions of feedback

MEANINGFUL CONTENT >> A STRONG VISUAL

A&F Best Practices

ENGAGEMENT DOESN'T JUST HAPPEN



Strategies to Increase Engagement

Remember:

User preference \neq Scientific evidence
Consider context and observe interactions



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**Think of a frustrating user
experience you've had.**

**What motivated you?
What would help you engage?**



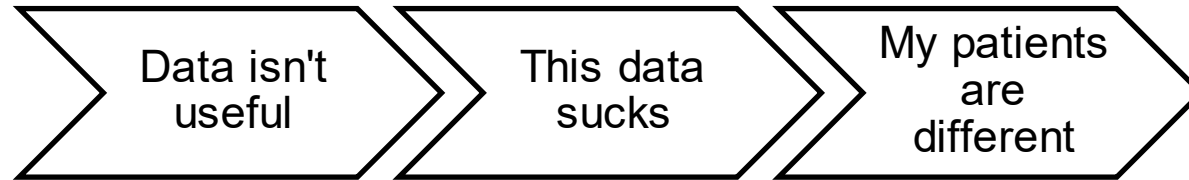
Learning from failure

ESTABLISH MEANINGFUL CONTENT FIRST

...THEN CONSIDER USABILITY AND RELATIVE ADVANTAGE

How do primary care physicians engage with A&F?

How it started



How it's going



RESEARCH

Open Access

Unpacking the intention to action gap: a qualitative study understanding how physicians engage with audit and feedback



Laura Desveaux^{1,2*} , Noah Michael Ivers^{1,2,3}, Kim Devotta^{4,5}, Noor Ramji^{3,6}, Karen Weyman^{3,6} and Tara Kiran^{2,3,4,6}



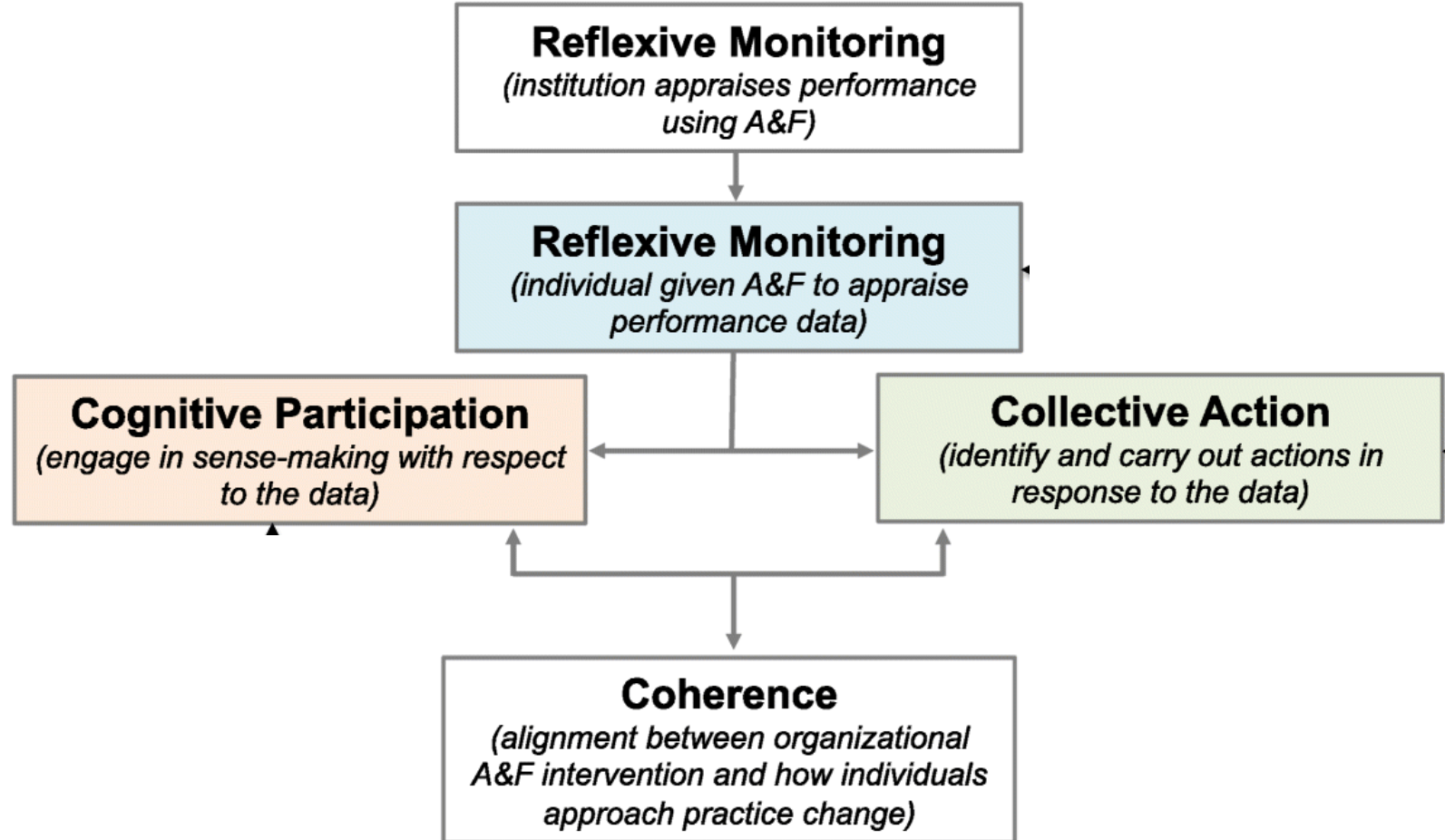
KEY THEMES

Theme 1:
Credibility drives engagement with reflexive monitoring

Theme 2:
A lack of technical skills impeded ability to interact with data

Theme 3:
Physicians struggled to identify actions in response to data

INTENDED INTERVENTION PATHWAYS BY NPT DOMAIN



KEY THEMES

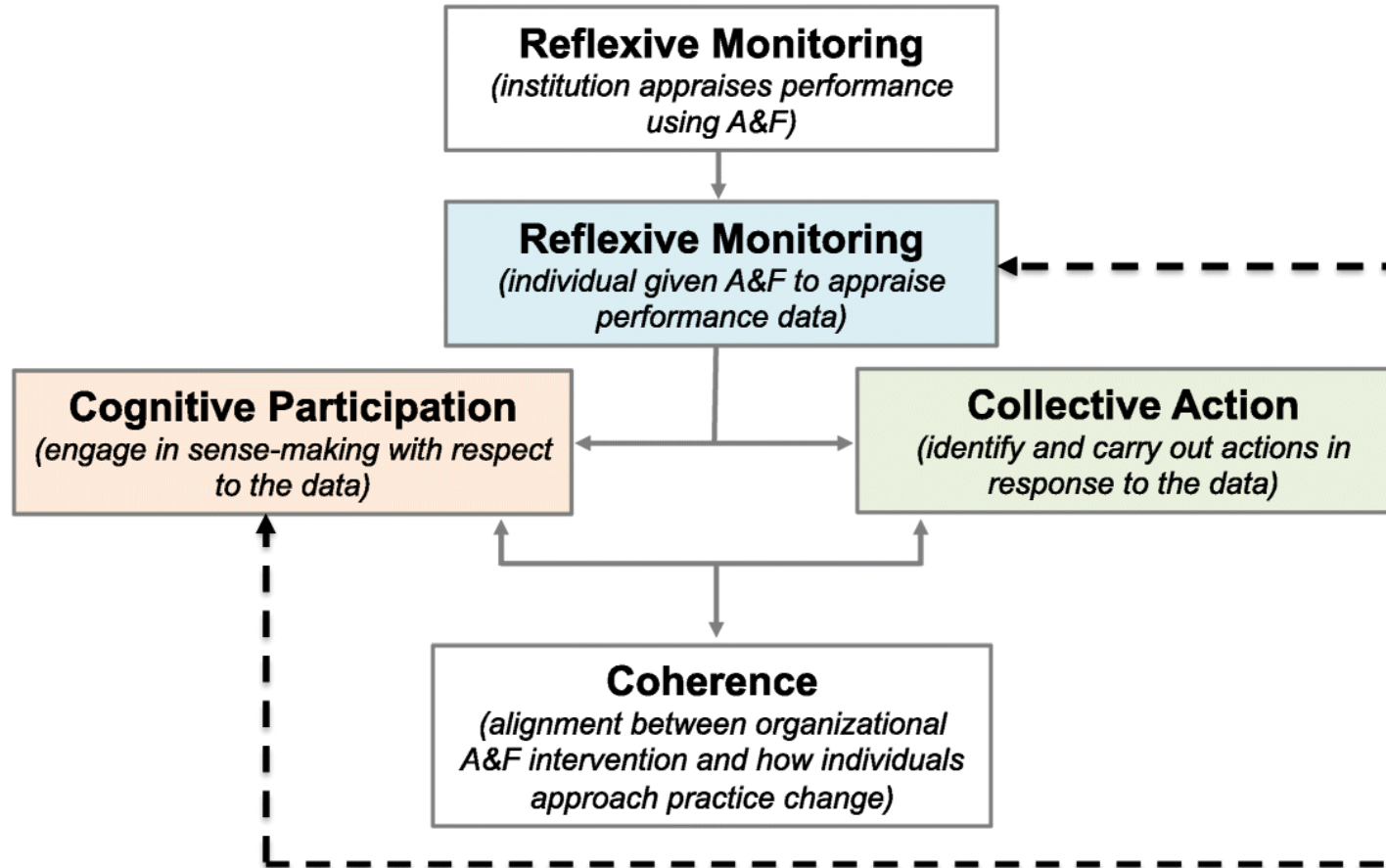
INTENDED INTERVENTION PATHWAYS BY NPT DOMAIN

STRATEGIES TO SUPPORT A&F EFFECTIVENESS

Theme 1:
Credibility drives engagement with reflexive monitoring

Theme 2:
A lack of technical skills impeded ability to interact with data

Theme 3:
Physicians struggled to identify actions in response to data

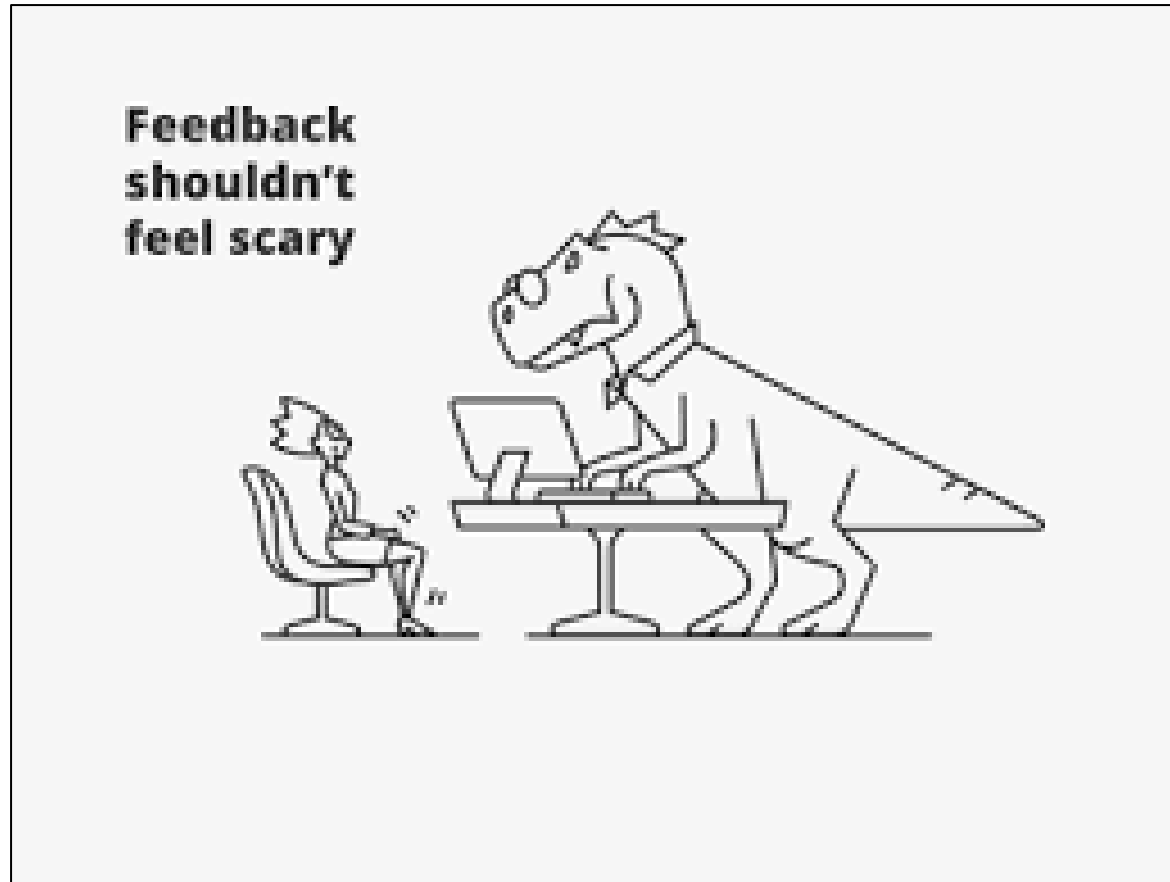


1. Ensure data matters to recipients
2. Model how data can be used to drive practice changes

1. Provide opportunity for social interaction
2. Circulate examples of effective actions

1. Provide access to someone to assist with interpretation
2. Provide training on interpreting practice data

Bridging the gap: Facilitated Feedback & Coaching



R2C2 Model of Feedback

Stage 1: Build rapport and relationship

Stage 2: Exploring reactions & perceptions

Stage 3: Exploring understanding and opportunities

Stage 4: Coaching for performance change

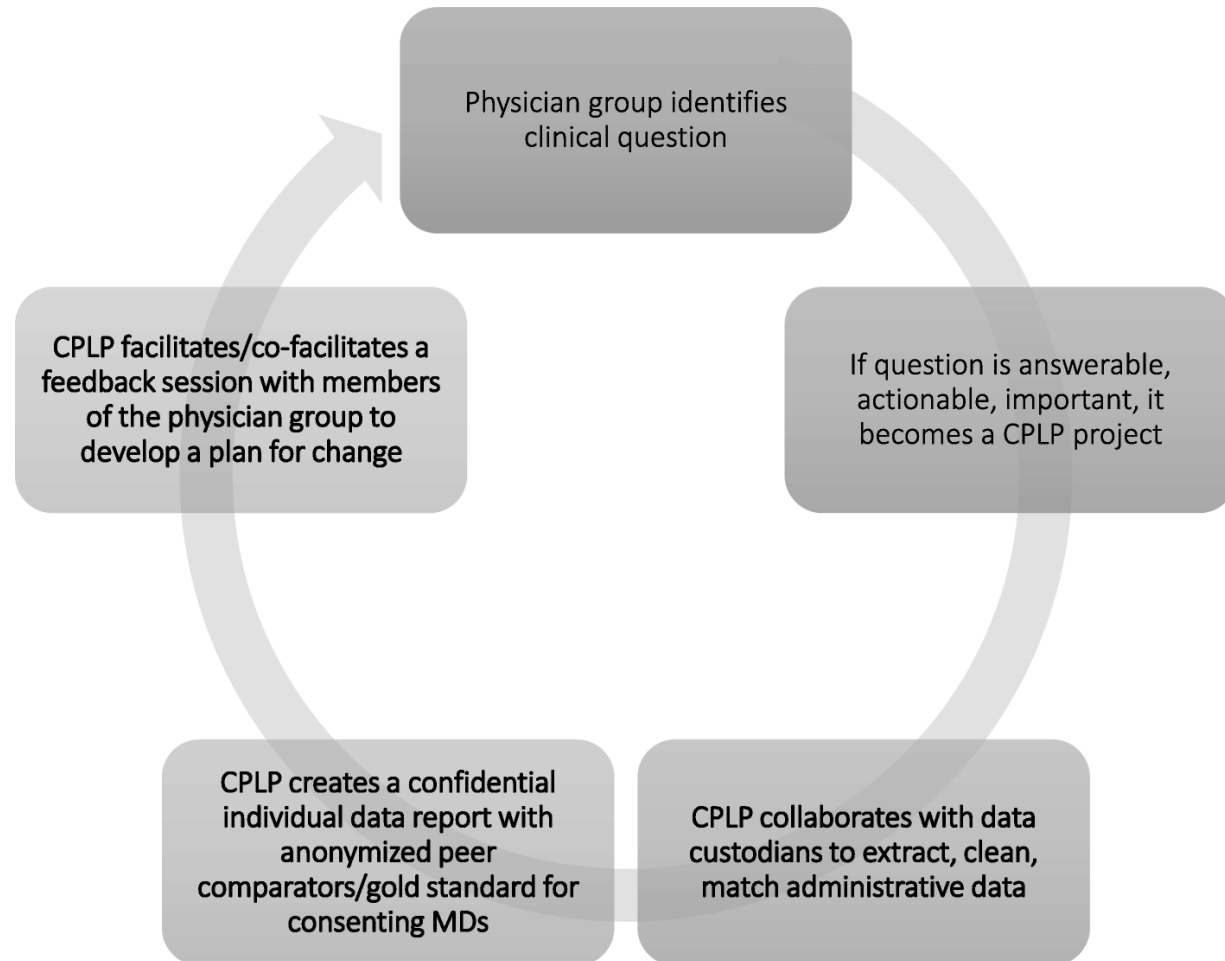


Facilitated Group Feedback

Cooke et al, Imp Sci 2018; 13:136.

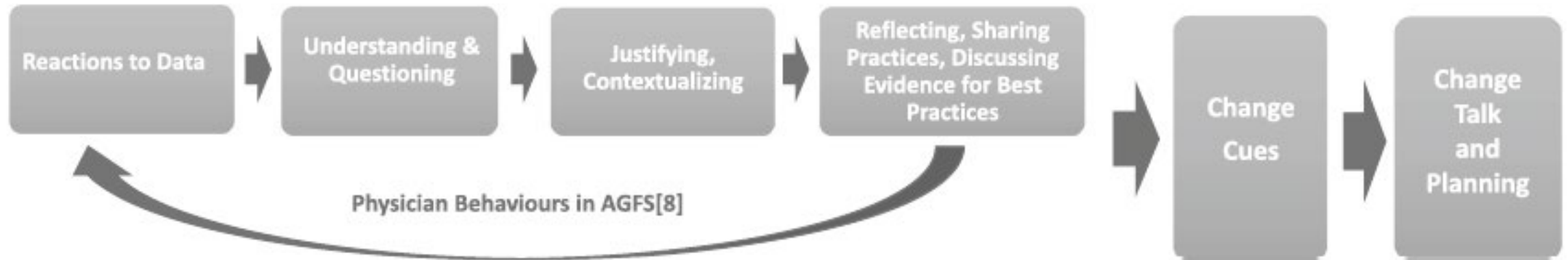
Precursors

Relationship building
Question choice
Usability



Facilitated Group Feedback

Cooke et al, Imp Sci 2018; 13:136.



- Navigate through reactions to data
- Understand their data
- Create a plan for change

Note - A “coaching-oriented approach” with prompts is essential

Adopting Facilitated Group Feedback – Early Insights

1. Engaging physicians up front is key

→ Co-design both the purpose and the content to ensure alignment and buy-in

Adopting Facilitated Group Feedback – Early Insights

2. Characteristics of the facilitator matter

- Internal to the organization
- Has an intrinsic interest and commitment to A&F and practice improvement
- Works diligently to drive implementation forward
- Enthusiastic and persistent

Adopting Facilitated Group Feedback – Early Insights

3. Bridge the gap to point-of-care decisions

- Practice-level data highlights underlying patterns
- Use data to reflect on underlying habits and heuristics
- Help link insights to action

What is coaching & how do you do it?



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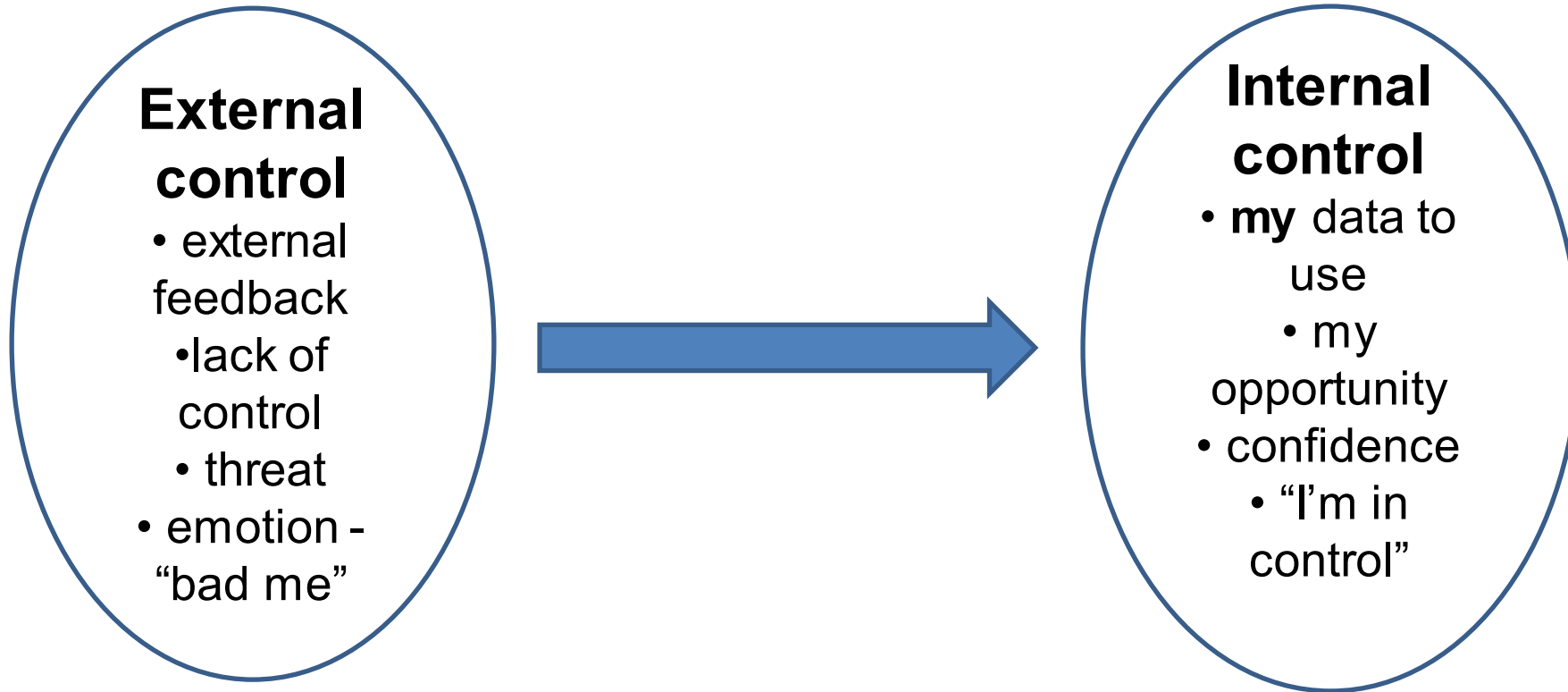
@Noahlvers

Operationalizing Coaching

- Physicians engaged in A&F voted for any and all colleagues they felt would be a good coach
- Top rated coaches were approached with the aim to have representation across sites
- Participation in a two-hour training session
- Strategies documented and shared with coaches



Operationalizing Coaching

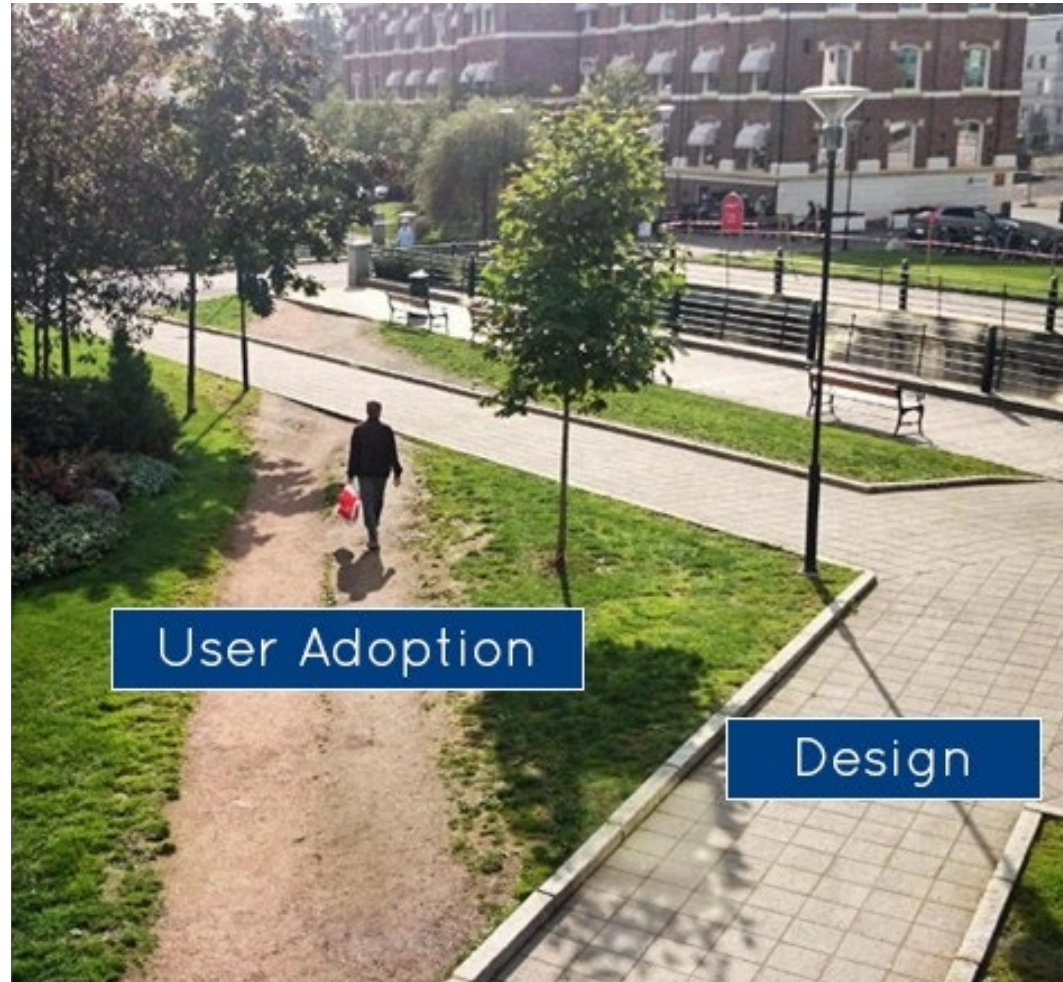


Facilitator: listen, accept, motivate, **coach**

SO WHAT?



Be clear
about the
purpose &
design for it



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Help people
understand
their data



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Help people
improve by
changing
processes,
not trying
harder



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“I thought there was nothing
a train could not do,” said Thomas.
“But now I know that just is not true.
I learned a big lesson from one little crack.
A train is only as good as its track.”

