PCN Evaluation Community of Practice – First Year in Review

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Overview of the PCN Evaluation Community of Practice

The PCN Evaluation Community of Practice ("COP") is a space open to all staff who directly support measurement and evaluation for PCN-related work. It began formally in February 2021, and held six sessions in its first year.

Vision and Functions

As outlined in the <u>Terms of Reference</u>,¹ the COP aims to a space of learning, sharing, and collaboration to support community-led PCN evaluation.

Evaluation and reporting are responsibilities of each PCN community, as well as a necessary component of a learning health system's ability to assess implementation and course-correct.

The key functions of the COP are:

- 1. Learning from each other
- 2. Networking
- 3. Doing collaborative work together
- 4. Advocacy for data access for PCN Evaluation with data stewards, and
- 5. Connection to the Provincial PCN Evaluation Framework development.²

Who We Are

One hundred twenty-five individuals attended one or more of the six formal sessions in 2021. All health authority regions, as well as those operating provincially across multiple jurisdictions, were represented throughout the sessions. The participant types were, in order of frequency:



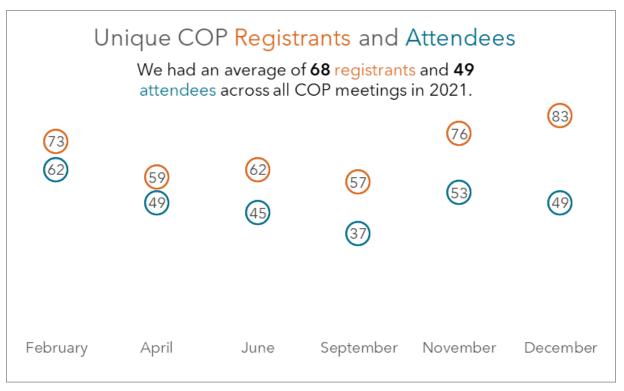
¹ Please note that all hyperlinks in this document are set to expire on January 1st, 2023. <u>Contact us</u> for more information.

² For more information, see <u>PCN Evaluation COP Terms of Reference.</u>

- PCN Staff, including:
 - PCN Division Evaluators
 - PCN Coordinators
 - PCN Coaches
 - PCN Change Managers
 - PCN Leads
- PCN Managers and Directors
- Health Authority staff (including FNHA)
- UBC Staff (UBC Innovation Support Unit & UBC Pharmacy)
- Ministry of Health
- Doctors of BC / GPSC Staff
- Foundry
- Rural Coordinating Centre of BC Staff

2021	25 attendees in
	28% registered for 1-2 sessions
	27% registered for 3-4 sessions, and
	45% registered for 5 or more sessions

We reached a core group of dedicated individuals: nearly half of the attendees came to five or more sessions throughout the year, with the majority attending at least three or more sessions.



The number of registrants grew over the first year of the COP, while the number of attendees at the meetings remained relatively steady at an average of 49 unique COP meeting participants.

March 2021 Agenda-Setting Survey

COP participants were from all stages of PCN implementation – from those in the first wave of PCN (then entering year two in 2021), to those still in the EOI and PCN service planning process. We recognized a need to understand better where participants were in their evaluation work, and assess what their needs were moving forward. In March 2021, we surveyed participants about their current state of evaluation and found that the majority were still in planning stages with their evaluation work.



Stage of PCN Evaluation	n	%
Pre-evaluation : developing PCN EOI and/or Service Plan	1	5%
Early planning/implementation : developing evaluation frameworks, measures, and processes, engaging clinicians	10	45%
Evaluation Underway : routinely collecting and reporting data in line with local PCN evaluation framework	5	23%
Not applicable : support multiple PCNs at varying stages or work at provincial level	6	27%
TOTAL	22	100%

We also asked participants at our April meeting about how they were developing their local PCN evaluation frameworks. Nearly half of the 49 participants in April indicated they were developing their own evaluation framework, with 36 percent were waiting for the Province to release their framework.

How Are you Developing your Evaluation Framework?	n	%
Adapt/Adopt : Adopting/adapting another community's framework	7	14%
Independently : Independently developing my own framework	18	49%
Wait & Standardize : Waiting for the Provincial PCN Evaluation Framework	24	37%
TOTAL	49	100%

In our March survey, we asked participants about where they would like to focus our initial sessions:

Rank	Topic of Interest
1	PCN Evaluation Frameworks Common Frameworks / adapting community-level evaluation frameworks Alignment w/ provincial evaluation framework Evaluation frameworks for different PCN structures and modalities
2	Domains of Measurement How to go about measuring areas of priority interest (see table below)
3	Standardizing Evaluation across PCN Minimum common indicators Common evaluation frameworks Defining and describing the PCN scope/boundaries for the evaluation Standardization of use of measures e.g. \$0 fee attachment code
4	Data Access, Privacy and Analytical Tools Securing ongoing collaborative access to data from various stewards (MOH, HA, EMRs, UBC Pharmacy, Foundry, etc.) Navigating ISAs + privacy concerns for data sharing Selecting appropriate analytical tools
5	Stakeholder Engagement: Engaging providers and patients in evaluation
6	Reporting/Communicating and Using Results: How to communicate impact of PCN (to MoH, PCN SC/CSC, Public & Providers) Clarifying MoH reporting requirements (Quarterly, Annual, etc.) Using findings/data for engagement, communications, and quality improvement
7	Evaluation and PCN Planning Data for EOI & Service Plan development Common evaluation framework/indicators for baselining Best practices for forming a PCN community evaluation working group



We also asked participants what the most important domains of measurement to consider for PCN evaluation were. We heard:

Rank	Evaluation Domain of Interest
1	Cultural safety and humility
2	Team-Based Care Measurement of TBC Implementation, processes, and results by AHP/RN type and overall
3	Patient engagement & experience
4	Provider engagement & experience
5	Access Same-day, extended hours, time to next appointment
6	Attachment Quality of attachment, net new vs. gross, alternative measures & sources
7	Governance Partnership, relationships, governance structures & function
8	Cost Reduced health system cost

What We Did

Seven 1.5-hour sessions were held between December 3rd 2020 to December 10th 2021.

PCN Evaluation Webinar (December 3 2020)

While technically not part of the COP, this meeting gathered those interested in PCN evaluation together to observe presentations from three PCN Divisions (Kootenay Boundary, Comox Boundary, North Shore) that shared their evaluation framework and progress in the implementation/evaluation of their PCN initiative. A Q&A was held after each presenter. The need for a regular space to meet was discussed, and the COP idea was born. The meeting materials are below:

- PCN Evaluation Webinar Q&A Notes
- PCN Evaluation Webinar Slides

Meeting 1: Networking, TOR, Agenda-Setting (February 23 2021)

Members gathered in breakouts to introduce themselves and network among colleagues in their health authority region. The full group discussed the purpose, principles, and support pillars. Members were also asked to indicate the topics that were of most interest to them to help with planning the Community of Practice sessions for the year ahead.

- <u>PCN Evaluation COP Meeting 1 Slides</u>
- PCN Evaluation COP Terms of Reference

In between the first and second meeting, the COP Organizing Committee surveyed the group on its priorities to set meeting agendas for the next year.

The topic of cultural safety and humility was ranked number one by the twenty-two respondents. The PCN planning committed decided not to address this priority for several reasons. Of particular concern was the complexity of the topic and the lack of expertise in the planning group. This topic is still a top priority for PCN evaluation, and the group is seeking those with experience in successfully measuring cultural safety and humility (and engaging in culturally safe evaluation) to present to the larger group.



Partnerships, relationships, and governance as well as reduced health system costs were also not addressed with the time and number of sessions available for 2021. TBC was the second-highest priority, so the second meeting agenda covered this topic.

Meeting 2: Measuring Team-based Care (April 19 2021)

This session focused on Team Based Care measurement. The Divisions that presented their evaluation frameworks in December 2020 (KB, North Shore, and Comox Valley) also presented their measurement approaches as examples and to encourage discussion. A PSP staff member also shared their approach to measuring and improving TBC within clinics using the Patient Medical Home Assessment – TBC Extension tool. Attendees were asked in their breakout groups:

- If team-based care were successfully established in your PCN, what would success look like?
- What are some examples of outputs/outcomes that successful TBC would produce?
- What approaches do you think are the best for measuring TBC?

Facilitators took notes on the above questions. Several PCN Divisions indicated they were currently using or planning to use the Canadian National Interprofessional Competency Framework as a framework.³ This framework is widely used across Canada and BC, used by UBC's *TBC on the Run* series for its structured coursework.⁴

Participants also recognized that the outputs and outcomes of TBC in PCNs may vary by the organizational model of TBC implementation. In the "co-located model," RN's and selected other allied health professionals were allocated to clinics, whereas in the "hub model," clinics could make referrals to a central hub to receive support for their patients.

Notes and slides from the session can be found below:

- PCN Evaluation COP Meeting 2 Slides TBC
- PCN Evaluation COP Meeting 2 Notes TBC

Meeting 3: Evaluation Frameworks and Indicator Areas (June 21 2021)

In preparation for the third meeting, the COP Organizing Committee sought community evaluation frameworks and conducted a cross-analysis of 11 local PCN evaluation frameworks to find commonality. At the meeting, the results of this analysis were presented and discussed, including:

- PCN Purpose/Priorities (i.e., the why of the initiative)
- Common PCN Activities (i.e., the how of the initiative)
- Common PCN Indicators (organized by thematic area of focus)

In the breakout sessions, participants discussed what elements were missing from the cross-analysis, and were asked to prioritize three indicator areas to focus on for their discussion. Participants unpacked the top three areas: Cultural Safety, Attachment, and TBC/Team Functioning. The meeting materials can be found below:

- PCN Evaluation COP Meeting 3 Slides Evaluation Frameworks + Indicator Areas
- PCN Evaluation COP Meeting 3 Notes Evaluation Frameworks + Indicator Areas
- PCN Evaluation COP June 2021 Indicator Mapping List⁵

Meeting 4: Access Indicators (September 8 2021)

Continuing the exercise from June's meeting, participants discussed the measurement of PCN Access (Urgent and Routine Access as well as Extended Hours). In breakouts, participants explored:



³ Access at: <u>http://www.cihc-cpis.com/</u>

⁴ <u>https://health.ubc.ca/collaborative-health-education/tbc-run</u>

⁵ Note that this list of community indicators is no longer current as of February 2022.

- How their PCN was interpreting and defining:
 - Urgent & routine access
 - Extended & after-hours access
- What tools / approaches they were using to measure them
- What is working / what needs improvement

The Ministry of Health provided an update on the provincial evaluation framework development.

From the breakout notes taken by facilitators, we provided a summary of the approaches to access measurement, as well as the challenges that evaluators were facing. These can be found in the Meeting 4 Notes below:

- PCN Evaluation COP Meeting 4 Slides Access Indicators
- <u>PCN Evaluation COP Meeting 4 Notes Access Indicators</u>

Meeting 5: Community Presentations #1 (November 5 2021)

At the fifth meeting, two PCN communities - White Rock South Surrey and Fraser Northwest – provided an overview of their current evaluation work. Each presentation included:

White Rock-South Surrey (WRSS)

- PCN Overview (community, service plan areas)
- Using a developmental evaluation approach
 - Referral heat map visualization
- Key lessons learned
 - Engage clinics + FPs in data collection
 - Hear from as many PCN 'participants' as possible
 - Leverage strengths within PCN team

Fraser Northwest (FNW)

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- PCN Overview (community, service plan areas)
 - The RN in Practice Initiative
 - Clinic engagement
 - Partnership & Relationship-building with HA and other partners
 - o Data collected
- Key lessons learned
 - o process for info-sharing/data collection takes time to build
 - o data can take many forms
 - try not to overburden clinic capacity make sure the data are worth it
 - COVID threw a wrench in ongoing data collection plans

The slides and notes from this meeting can be found below:

- PCN Evaluation COP Meeting 5 Slides Community Presentations (WRSS/FNW)
- PCN Evaluation COP Meeting 5 Thematic Notes
- PCN Evaluation COP Meeting 5 Recording (Passcode: *71\$XpS=)⁶

Meeting 6: Community Presentations #2 (December 10 2021)

At the sixth meeting, two PCN communities – Burnaby and Central Okanagan – provided an overview of their current evaluation work. Each presentation included:



⁶ Recording will expire on May 4th, 2022.

Burnaby

- PCN Overview (community, vision, service plan areas, governance structure)
- Evaluation approach, logic model, questions
- Data collection
 - Attachment
 - o AHP capacity & utilization
 - PCN program health outcomes

Central Okanagan

- PCN Overview (community, service plan areas)
- Key PCN Activities & Evaluation
- Team Functioning & Integration (purpose, data collection/methods)
 - Team Functioning and Integration Survey
 - Referral tracking (admin data)
 - eStats (admin data)

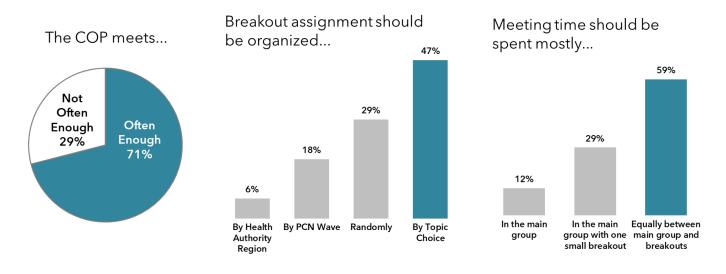
The MOH also provided an update on the provincial evaluation framework development.

The slides and notes from this meeting can be found below:

- PCN Evaluation COP Meeting 6 Slides Community Presentations (Burnaby/Central Okanagan)
- PCN Evaluation COP Meeting 6 Recording (Passcode: H3*iR*vd)⁷

PCN Evaluation COP Year in Review Survey

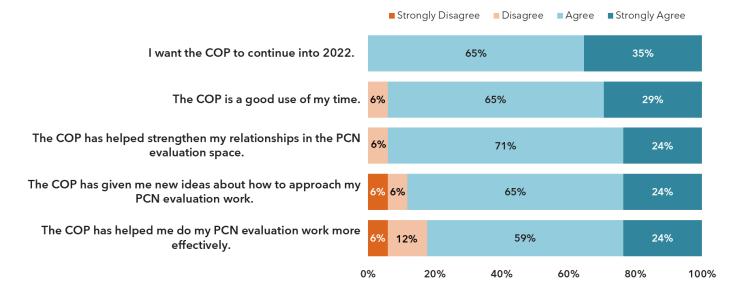
In February 2022, we shared this document with COP participants (n=17) and surveyed them about the past and future direction of the group. We learned that members felt the meeting frequency was sufficient, there was a desire to try self-selection of breakout groups, and that meetings should be divided equally between breakouts and the main session.



We also learned that COP members strongly wanted the COP to continue into 2022, and that it was a good use of their time. Most members agreed that the group has given them new ideas about how to approach their work, with slightly fewer agreeing that the COP has helped them approach their work more effectively.



⁷ Recording will expire on June 8th, 2022.



The respondents expressed an interest in continuing to receive updates from the Ministry on the Provincial Evaluation Framework development. Topics of interest for future meetings included EMR data for PCN evaluation and reporting, sharing evaluation tools, measuring TBC, more community presentations/findings, accessing MOH data, and provider engagement.

Top COP meeting topics for 2022 include...

