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Title

Documenting the impact of the COMPAS+ quality improvement collaborative on chronic disease management in primary care

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

Brigitte Vachon, PhD, Guylaine Giasson, PhD, Marie-Pascale Pomey, MD, PhD, Isabelle Gaboury, PhD, Matthew Menear, PhD

Abstract

Context: Quality improvement collaboratives (QIC) are multifaceted interventions used to engage clinical teams in applying improvement methods to achieve best practices. COMPAS+ is a large scale QIC that is being implemented in partnership between the Ministry of Health and Social Services and the Institut national d'excellence en santé et en services sociaux (INESSS) in Quebec, Canada. Until now, COMPAS+ has focused on two chronic disease conditions, COPD and type 2 diabetes, to facilitate quality improvement (QI) of chronic disease management in primary care (PC).

Objective: Evaluate the extent to which COMPAS+ supports the implementation of QI projects and the integration of a culture of continuous QI in primary care. Study design and analysis: A retrospective mixed-methods multiple case study design was used. Document analysis, interviews with key informants and survey methods were used to document COMPAS+ QIC impacts. Setting: The COMPAS+ QIC was implemented in 5 large integrated public healthcare organizations in three different regions of the Quebec province. Population: PC professionals, managers and patient partners.

Intervention/instrument: The COMPAS+ intervention is composed of reflective practice workshops engaging approximately 30 participants from a local PC healthcare network and 2-year facilitation support provided by the COMPAS+ team to a local QI project committee.

Results: The intervention supported the implementation of QI projects in 4 of the 5 cases that were managed at different organizational levels (strategic, tactical, and operational). The COMPAS+ intervention produced multiple outcomes that were organized into 6 categories: 1) improved methods used to conduct QI projects; 2) improved organization of COPD or diabetes services, 3) improved use of tools and strategies for the coordination of services, 4) improved screening strategies; 5) improved patient follow-up services; 6) improved PC professionals' knowledge and competencies. Results from the survey confirmed that the intervention supported individual practice changes for most workshop

participants but that perceptions of other outcomes varied between cases and were related to the organizational level at which the change was implemented.

Conclusion: The COMPAS+ QIC supported the implementation of multiple QI projects that were managed at different levels of the organization and supported the improvement of chronic disease management.