

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Developing actionable strategies to implement evidence-based breast cancer follow-up in primary care using codesign

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

Sarah Fadem, PhD, Jenna Howard, PhD, Benjamin Crabtree, PhD, Shawna Hudson, PhD, Jeanne Ferrante, MD, MPH, Jennifer Hemler, PhD, Lisa Mikesell, PhD, Ayana April-Sanders, PhD, MPH, Alicja Bator, MPH, Denalee O'Malley, PhD

Abstract

Context: Tailoring implementation strategies to translate evidence into practice is critical for enhancing uptake. Unidirectional methods of intervention design fail to integrate local practice wisdom. This is problematic when normative actionable strategies are lacking.

Objective: Describe codesign methods to implement actionable strategies for breast cancer survivorship follow-up care.

Study Design and Analysis: Formative research included depth interviews with primary care/oncology clinicians, patient advocates, and policy influencers (n=40), and two Delphi panels (1-national survivorship experts; 1-local primary care clinicians) to identify/prioritize strategies for breast cancer survivorship care. The resulting intervention was a care quality improvement project that engaged practice champions (n=18) from 6 primary care practices in bi-weekly virtual facilitation and monthly learning collaboratives over 3 months. We integrated codesign principles into facilitation and learning collaboratives to implement and refine intervention materials and processes.

Setting: Large integrated health system.

Population Studied: Primary care clinics.

Intervention: Ongoing codesign process to optimize electronic health record (EHR) customizations and support materials for breast cancer survivorship care.

Outcome Measures: Actionable strategies for implementing breast cancer survivorship care.

Results: Formative research guided development of: (1) a prototypical EHR report identifying patients with breast cancer histories and (2) EHR-based support tools for symptom assessment for breast cancer follow-up. Feedback from champions was elicited to improve report accuracy and support tool utility. Report refinements included additional criteria and expanding searchable fields to create a comprehensive patient registry. Other suggestions included clinical documentation guidance to align with broader health system goals (e.g., prevention metrics and revenue generation). Champions proposed methods to improve efficiency of documentation using novel techniques and templates, shared resources/referrals, and requested patient-facing materials. These refinements were integrated into the intervention materials.

Conclusions: The expertise of healthcare delivery actors most affected by practice changes is a critical component of effective implementation. Codesign offers systematic methods to engage end-users in developing actionable strategies to implement evidence-based interventions.

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