REPORT ON THE

ONTARIO HOME AND COMMUNITY CARE RESEARCH FORUM

June 17, 2008
Metropolitan Hotel
Toronto

FINAL DRAFT
September 18, 2008

TABLE OF CONTENTS

1.   Introduction

The Ontario Home and Community Care Research Forum (Forum) was designed to assist the Chair of the Ontario Home Care Research and Knowledge Exchange (Research Chair) to develop a strategy for strengthening home and community care research in the province. The decision to hold the Forum arose from discussions the Joint Community Care Access Centre/Service Provider Associations (CCAC-SPA) Committee had with the Research Chair in early April, 2008. This Report summarizes the input from the group discussions and sets out preliminary steps for moving forward to develop a strategy for strengthening home and community care research in Ontario.

2.   Background

The day was designed by a Planning Committee consisting of representatives from the Ontario Home Care Research Network, Ontario Community Support Association (OCSA), Ontario Home Care Association (OHCA) and Ontario Association of Community Care Access Centres (OACCAC). Staff support and funding for this event was provided by the OACCAC.

One hundred and five individuals were invited to attend the Forum. They included researchers and PhD candidates known to be conducting home and community care research, members of the Ontario Home Care Research and Knowledge Exchange Steering Committee, representatives from service provider associations, community care associations, Community Care Access Centres (CCACs), government, and funding bodies. (A list of participants can be found in Appendix 1.) The intended outcomes for the day were to

   o develop a shared understanding of the vision and strategic directions for strengthening home and community care research in Ontario

   o obtain input from participants on research priorities, development of research leadership and capacity, and promotion of knowledge transfer and evidence-informed practice

   o provide a report to the Research Chair and other participants on the input received and conclusions reached

o   provide information for the Research Chair to report on a preliminary strategy for strengthening home and community care research at the June 2008 OACCAC Conference

3.   Group Discussion Process

The seventy-seven participants were pre-assigned to groups to achieve mixed participation (i.e., researchers, CCAC and OACCAC representatives, PhD candidates, staff of research funding bodies, service provider association representatives, and government staff). A group for researchers and others with a specific interest in children's health issues was established. A total of nine groups participated in the morning and afternoon sessions.

The Forum facilitator introduced the process to discuss the following three broad objectives for the day:

1.   to identify the research issues and priorities of the home and community care sector

2.   to discuss how to develop leadership and enhance research capacity within the sector

3.   to define how best to support knowledge transfer and promote evidenced-based practice

Questions were posted on PowerPoint slides. Each group identified a chair and a recorder/reporter and moved through the questions as set out. The group's input was recorded on flip-chart sheets. In the afternoon sessions, half of the groups addressed the Objective 2 questions, while the remainder of the attendees addressed questions around the Objective 3.

The facilitator monitored the progress, prompting the groups to move through the prescribed questions in a timely manner. The groups reported back to the Forum. Flip-chart sheets were collected and transcribed, and high-level notes were taken to use as a basis for this Report on The Ontario Home and Community Care Research Forum.

4. Research Issues and Priorities

The morning session was devoted to a discussion of the research gaps, needs and priorities of the home and community care sector. All groups discussed this topic. (See Appendix 2 for the Guidelines for this discussion.)

4.1   Priority Populations

When considering the research priorities for home and community care, some groups identified very specific client populations while others took a broader approach to this question. However, all groups agreed that the priority populations were persons living with chronic health conditions, the alternate level of care (ALC) population, and children with chronic illness and complex needs.

Supporting clients to self-manage their health condition was a theme noted by a number of groups. One group suggested looking at the role technology plays in managing chronic health conditions, particularly to identify situations where these interventions work and the success factors. They also suggested that the impact of depression on people who are self-managing chronic diseases should be considered. Another group saw the need for more innovative research to help home care clients discover where help is available and how to build resources and networks, and to allow communities to determine their own priorities.

Specific priorities related to the alternate level of care (ALC) population were to define ALC, identify who ALC clients are, what their service needs are, what the appropriate care is for them, and how to effectively meet the expectations of the system. It was also suggested that research be conducted to assist the system to identify the triggers and warning signs for early intervention, what differentiates ALC needs, and how to predict them.

The group with a special interest in children's health issues suggested that the sector move away from diagnostic boundaries to a non-categorical approach. Their priorities were looking at the key transitions across service systems, providing the best supports to families given the current system, and testing new funding approaches and models of care.

Additional populations included the developmentally delayed (young or aging), people of all ages who use mental health and addiction services, cognitively impaired and isolated seniors, the psycho-geriatric population,

and informal caregivers. With respect to informal caregivers, research on how to support and enhance their wellbeing, function and autonomy was viewed as important. The need to conduct research on adverse events and client and staff safety was also highlighted.

4.2   Clinical Interventions

While specific clinical interventions were identified as priorities for research, most of the groups approached this discussion from a broader perspective. One group identified the need for research to prove the value of rehabilitation therapies and to determine under what circumstances dieticians; physiotherapists and other therapists should be utilized. The group members highlighted the need to develop other care approaches for clients currently on wait lists for therapy services. They also considered how to better support those with chronic cancer and how to identify who does well on peritoneal dialysis and chemotherapy.

One group recognized that repeat users of the acute care system, the "Frequent Flyers", were a population requiring study. Specific clinical conditions/interventions that were identified included strokes, consensus on standardized best practices for wound care, congestive health failure, predictors of future function in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and how resource allocation impacts on the adoption of best practices. Other priorities included

- o examining decisions made by case managers in developing service plans, and determining to what extent case manager discretion influences the amount or level of care provided. Or, to what extent the funding, availability of services or resources and other considerations affect these decisions

- o considering the use of incentives for quality care. What if agencies were paid for outcomes of care and not for visits? What is the value of outcome-based funding and allowing the funding to follow the client across the continuum of care?

4.3   Policy and System Improvement

When considering policy and system challenges, one group identified the need to obtain better qualitative information from clients regarding their experience when moving across the system, and the differences between their expectations and what the system can provide. There was general agreement on the importance of a clearing house for home care research,

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information and best practice guidelines, and, to a lesser degree, developing a home care classification system.

Most groups highlighted the human resources shortages in the health care sector and the need for research funds. Other priorities for system improvement included the levels and delivery of school health services; transitions between institutions and the community, including coordination and linkages with primary care; evaluation of the impact of new initiatives, such as the ER (hospital emergency room) strategy; and integration of systems and collaborative practice.

4. 4 Determinants of Health and Other Factors

One group suggested that better population-based data is needed to support strategic decision-making. They also noted that housing options for poor and marginalized groups need to be improved, and that the social determinants of health should be considered when managing transitions across the health care system. There was strong support for more longitudinal research to better identify and predict those at higher risk and to target them with appropriate interventions.

There was also general agreement that the challenges for the home and community care sector are obtaining long-term sustainable funding for research, accessing data, attracting top student researchers, and balancing short-term research priorities with academic curiosity. (A Summary of Group Discussions on this topic is set out in Appendix 3.)

5. Development of Leadership and Research Capacity

This session was devoted to a discussion on how to develop leadership and how to enhance research capacity within the home and community care sector. Half of the groups discussed this topic. (See Appendix 2 for the Guidelines for this discussion.)

5.1 Leadership

When discussing how to incent more research-oriented leadership in home and community care, the groups identified the need to reward leaders for their research orientation. Some proposed incentives included recognizing researchers who develop partnerships and collaborate with the home and community care sector, and rewarding them for taking on students.

Furthermore, the groups emphasized the need for training and funding in order to build research skills into organizational culture and to develop the skills of individual practitioners to recognize the value of evidence-based practice. Ongoing support was considered essential to sustain what has been demonstrated to be effective. The establishment of a warehouse of information on current home care research and funding opportunities was also viewed as an approach to link and better inform the sector.

5.2   Partnerships

The groups saw the need for researchers to develop partnerships with other researchers and policy makers to support the development of more research-oriented leadership in home and community care. It was noted that by enhancing partnerships, the researchers would be able to better match the partners' needs with research questions. Some participants proposed to improve partnerships through known contacts, networking and enhancing connections with the Ontario Home Care Research Network to understand where the interests lie, align these interests, and collaborate.

5.3   Researchers

Some participants suggested that to raise the profile of home and community care with new researchers, the focus of research should be on episodic care (i.e., from diagnosis to end of the episode) and across the full continuum of care. They noted that potential researchers need to be educated that home care is part of the continuum of care.

There was general agreement that in order to attract more researchers to the sector, sustainable funding and employment are necessary. It was also felt that researchers will be attracted to the sector if they understand the implications and applicability of the research and the research is worthy of being transferred to practice. One group noted that doctoral students need scholarships and funding opportunities, including small-scale grants to support student-engaged research.

5.4   Research Funding

One group noted that to draw more funding to home and community care research, the public needs to be informed in order to influence political priorities. Another group stressed the benefits of generating national research initiatives to attract more funding. And a third group noted that it is necessary to prove the benefit and added value of research, and that multiple-sector alliances must collectively lobby the various levels of

government for funding. (A summary of Group Discussions on this topic is set out in Appendix 4.)

6.   Knowledge Transfer and Promotion of Evidence-Informed Practice

This session was devoted to a discussion on how best to support knowledge transfer and adoption of evidenced-informed practices in Ontario's home and community care sector. Five groups participated in the discussion. (See Appendix 2 for the Guidelines for this discussion.)

6.1   Infrastructure

The groups stressed that to enable knowledge transfer and the adoption of evidence-informed practice, improved linkages between academics and providers are required, as are workshops to build research capacity, and adequate and sustainable funding.

They discussed the needs for common tools to assist and assess research and for a centralized body that would report regularly to stakeholders on research progress and outcomes. The importance of accessing high-quality, evidence-based resources through university libraries, knowledge-transfer organizations and interactive technologies was also highlighted.

The significance of funding to support knowledge generation, synthesis and transfer (GST) for front-line staff, and a clearing house or similar service to review, compile and translate research was also identified.

6.2   Communication Strategies and Practices

Knowledge exchange workshops and twice-yearly meetings to talk about best practices, review data and showcase high performers (like those held by Kaiser Permanente International in Finland) were viewed as good strategies to enable and sustain knowledge exchange and transfer.

Other recommendations for effective communication strategies and practices for better and sustainable knowledge transfer included
   o   regular face-to-face interactions between researchers and stakeholders
   o   webinars (interactive web-based seminars)
   o   teleconferences

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o building on existing mechanisms (e.g., newsletters and meetings)

6.3 <u>Creating a Culture of Evidence in Home Care</u>

The role of leadership in creating a culture that embraces evidence-informed practice was emphasized. Also, the need to build research initiatives into strategic plans and to develop policies to encourage and support funding and research was stressed. One group suggested that evidence-based practice be "hard-wired" into the system through policies, procedures, agreements, accreditation requirements, contractual obligations, guidelines and care pathways.

Attention to system barriers, the engagement of front-line staff and involvement with communities of practice and professional practice leaders were considered essential to enable and sustain knowledge transfer.

6.4 <u>Adoption of Good Practices</u>

Most groups noted that organizations can support wider adoption of practices by providing easy access to library services, establishing communities of practice, and providing free online access to journals. Web-based meetings were seen as one of the best ways to enable knowledge transfer and adoption of evidence-informed practice.

One group suggested that a greater effort is necessary to promote research results and the impact of research through events (e.g., the Research Forum, Ministry of Health and Long-Term Care Innovations Expo) and other methods of knowledge dissemination and exchange.

It was identified that the LHINs have a role in supporting the adoption of good practices and building linkages with academic institutions and stakeholders to generate interest and opportunity. The group felt that wider adoption of best practices would occur in a system that rewards the sharing of information.

Cancer Care Ontario and the "Flo" Collaborative were seen as good models of innovation and system change. It was also noted that adoption of good practices could be encouraged through the creation of appropriate incentives, such as the wait-time strategy, use of the balanced scorecard, and Ministry of Health and Long-Term Care support for sustainability. (A summary of Group Discussions on this topic is set out in Appendix 5.)

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7. Key Themes and Next Steps

Three key themes emerged from the group discussions, specifically the identification of priority populations for research; the importance of sustaining what has already been demonstrated to be effective; and the value of establishing partnerships between researchers, policy makers and the home and community care sector.

There was general agreement that the priority populations for research were persons living with chronic health conditions, the alternate level of care (ALC) population, and children with chronic illness and complex needs. The need to focus research on key transitions across service systems, provide the best supports to families and test new funding approaches and models of care were also highlighted.

The participants emphasized the importance of sustaining what has already been demonstrated to be effective. In this regard there was support for a Centre for Home Care Research that would function as a clearing house for home care research and funding opportunities, report on research progress and outcomes, share data, and undertake collective endeavours to promote research results (e.g., the Forum).

The groups stressed the importance of establishing partnerships between researchers, policy makers and the home and community care sector to better match the partners' needs with research questions. There was consensus that the challenges for the home and community care sector are obtaining long-term sustainable funding for research, accessing data, attracting top student researchers, and balancing short-term research priorities with academic curiosity.

This Report will be provided to the Research Chair and the CCAC/SPA Committee for their review and comments. Following this process, a copy of the Report will be forwarded to all Forum participants. It is anticipated that this document will be used by the home and community care sector to consider the next steps in advancing a research strategy in Ontario.