

# SCALING UP

## CHRONIC DISEASE MANAGEMENT IN ALBERTA

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### INTRODUCTION

Transforming how primary care is delivered to Albertans is key to improving access and patient outcomes, and controlling the rise of health care expenditures. To date great strides have been made across our province to seed our transformational efforts. How chronic disease management (CDM) is done is a particular “bright spot” in Alberta upon which we can build to secure “early wins” in our transformational journey – a crucial principle in large-scale change management.

Currently, we lack a broader understanding of the different ways CDM is done in Alberta. The evidence on “doing CDM well” relies on leading edge practices’ experiences; however, a growing number of practices are gaining their first experiences with CDM.

### AIM

This project sought to understand how different physicians and team members (individually and collectively) manage their patients living with chronic diseases – i.e., the teamwork behind the care. By interviewing teams who have been successful with CDM and teams starting in CDM we will develop valuable insight into what supports and strategies teams new to this work will find useful.

### METHODS & ANALYSIS

A Cognitive Task Analysis (CTA) technique called Team Knowledge Audit was used for this research. Facilitators trained in this technique conducted one hour, individual interviews with practice team members (i.e., 1 physician and 1-2 team members) to understand how they approach CDM in their clinics.

Interviews were audio recorded (with consent) for transcription and analysis. Transcripts were coded independently by at least two CTA trained facilitators for macrocognitive processes and functions (see image below). Group analysis meetings were then held to review the coded transcripts and develop mental models of how teams go about managing the work.

### CONCLUSION/NEXT STEPS

Further exploration of how teams “do” chronic disease management (CDM) is needed. The findings will be shared with policy makers, leaders in medicine and other stakeholders to develop evidence-informed approaches to take the implementation of CDM key initiatives (new and existing) in our province to impactful scale. In general, the method of “going to see” how care providers “do things” is a strategy for successful project implementation.

### RESULTS & DISCUSSION

The mental models identified to date represent a spectrum - i.e., from physician-centric to team based.

Higher functioning teams and those transitioning towards becoming more high functioning:

#### Engage in high trust activities

- deliberate planning and re-planning of processes
- equal “footing” to change how the practice works

#### Are “flatter” vs. hierarchal in organizational structure

- most or all macrocognitive processes and functions distributed across all members of the team, vs. held by one or a few leaders

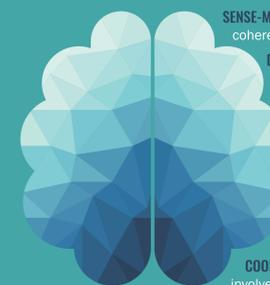
#### Have a higher degree of connectivity

- more opportunities for formal and informal interaction (e.g., team room, EMR access)

#### Effectively use their EMRs as a tool

- to coordinate
- for monitoring and detection clinical and operational processes

#### MACROCOGNITION PROCESSES AND FUNCTIONS



- SENSE-MAKING AND LEARNING:** deliberate and systematic attempt to find coherent, conceptual situational understanding
- DECISION-MAKING:** decision in the clinical/administrative process - who, what, how, when, where and why
- PLANNING AND RE-PLANNING:** activity involving the process of intending to (re-) shape another process (e.g., decision about a clinical process)
- MONITORING AND DETECTION:** tracking implementation progress or discovering a situation that is novel or a potential opportunity/problem; deliberate or accidental
- MANAGING THE UNKNOWN:** how uncertainty, risk, ambiguity or times when processes go awry are dealt with
- COORDINATION:** activity that helps to synchronize two or more people involved in knowledge work

Recruitment is ongoing - in total up to 10 practice teams will be interviewed from a variety of practices (e.g., urban/rural, small/large).

#### More About Cognitive Task Analysis (CTA)

Cognitive Task Analysis (CTA) is designed to reveal the thinking involved in performing tasks in real-world contexts. It focuses on macrocognitive processes which are central to the way individuals and teams do their work (e.g., deliver patient care). It is a set of highly structured interview and observation tools that can provide a detailed understanding of physicians’ and teams’ knowledge, skills and actions.

