

Knowledge brokerage in a CLAHRC - A new concept in knowledge exchange

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Overview

- The CLAHRC for Greater Manchester and its approach to knowledge transfer
- Role of Knowledge Transfer Associates (KTAs)
 - Theoretical background
 - Organisational structure
 - Remit and role description
- Example – ‘Preventing type 2 diabetes’

What is the CLAHRC?

- Collaboration for Leadership in Applied Health Research and Care
- The CLAHRC's five year mission (2008-2013) is to ***improve healthcare and reduce inequalities in health for people with vascular conditions*** (diabetes, heart disease, chronic kidney disease and stroke) ***by the translation of evidence-based practice in primary care***

Our approach to knowledge transfer

- Modified version of Model for Improvement (step-by-step guide to implementation) and PARIHS framework (recognising the complexity and interplay of evidence, context and facilitation)
- Co-production of knowledge/projects
- Multiprofessional implementation teams
- Embedded evaluation and learning

The role of Knowledge Transfer Associates (KTAs)

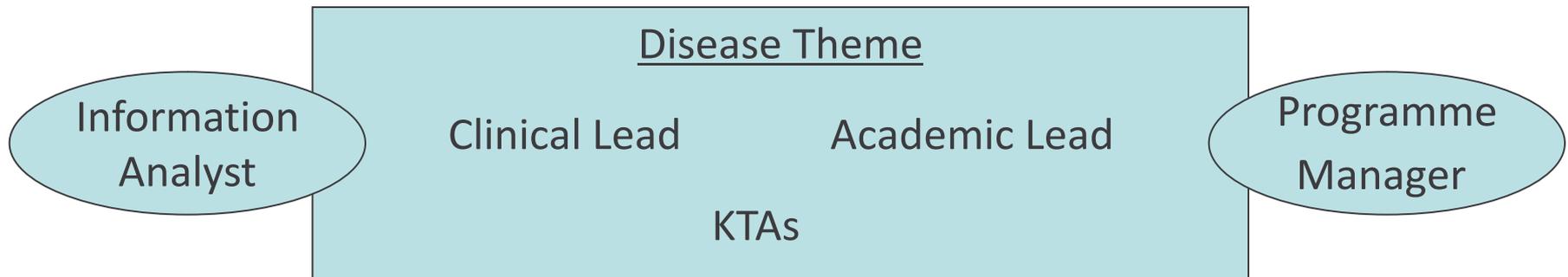
Theoretical background:

We draw on the empirical and theoretical work on organizational change, especially as applied to health care organizations.

- Concept of boundary spanners (Ferlie et al, 2005, 2009; Dopson & Fitzgerald, 2005)
- Importance of clinical opinion leaders in the context of health care (Locock et al, 2001; Flodgren et al, 2007)
- Concept of knowledge brokerage (Fernandez & Gould, 1994, Kitson et al, 1998, Glasby et al, 2007, Dobbins et al, 2009)

Role of Knowledge Transfer Associates (KTAs)

Organisational Structure: in teams



KTAs:

- Variety of professional backgrounds and career stages
- Multidisciplinary team setting and complementary knowledge and skill sets
- Support and input from a clinical and academic perspective

Role of Knowledge Transfer Associates (KTAs)

Role remit:

- Novel role, in novel organization
- Acting as main facilitators supporting health care professionals (different professions and organisations) in implementing evidence-based practice; & utilizing change management knowledge in supporting improvement processes
- Role includes an element of project management
- Not clinical experts

Role of Knowledge Transfer Associates (KTAs)

Role components:

- Working with a wide range of stakeholders, different organisations, professions, attitudes and beliefs, agendas, and political contexts
 - Need to tailor approach and solutions to each of the various backgrounds and contexts individually
 - Importance of assessing contexts and stakeholders
 - Need to develop networks and rapport quickly -> Links with (clinical) opinion leaders
 - Bridging gaps: linking people/professions/contexts, ideas/knowledge
- Identifying, appraising, summarising and translating research and best practice evidence

Role of Knowledge Transfer Associates (KTAs)

Role components:

- Planning and evaluating implementation projects with wider team
- Not opinion leaders themselves, but offering continuous facilitation support to others
 - Assessing skills and strengths
 - Offering knowledge and capacity building
- Advisory role

Example: Preventing type 2 diabetes

Project rationale:

- Rising numbers of people diagnosed with type 2 diabetes
- Importance of lifestyle change to reduce risk in people diagnosed with impaired glucose tolerance (IGT)

Project description:

- Working within three geographical areas to offer people at risk of type 2 diabetes lifestyle advice
- Working with PCTs (public health, commissioning), providers, GP practices, patients
- Tailoring interventions to local contexts
- Planning and evaluating project – ongoing improvement activities

Interim project outcomes

- Promising interim results regarding changes in people's lifestyle
- Very positive patient feedback

	NHS Bolton	NHS Salford
Mean weight loss	2.64kg / 2.86%	2.64kg / 2.79%
	(n=93)	(n=16)
Mean waist circumference reduction	2.42cm / 2.21%	n/a
	(n=74)	
Mean FINDRISC reduction	0.94 points	1.13 points
	(n=101)	(n=16)
Reduction in mean 2 hour glucose levels following OGTT	0.72 mmol/l	2.03 mmol/l
	(n=51)	(n=16)
% reverting to normoglycemia following OGTT	51 (n=26)	75 (n=12)

Example: Preventing type 2 diabetes

Role of KTAs:

- Identifying, assessing and summarising evidence
- Analysis of different health economies and contextual differences
- Building relationships and interfacing with wide range of stakeholders
- Advising and negotiating with PCTs, GPs and providers the scope and design of the improvement projects/interventions
- Continuous facilitation and project management support
- Ongoing evaluation and improvement support

From empirical learning back to theory

- **Applying concepts from prior research to a novel role** requires adaptation and an iterative process of learning
- **Using an evidence base:** our approach of collaborative work, negotiated with users has produced positive outcomes
- **Extending change agent theory to knowledge translation:** adding clinical knowledge base to an already complex role.

Knowledge brokers from inside or outside service?

References

- Dobbins et al (2009) A randomised controlled trial evaluating the impact of knowledge translation and exchange strategies. *Implementation Science*. 4:61.
- Dopson & Fitzgerald (2005) *Knowledge to Action? Evidence-based health care in context*: Oxford University Press.
- Ferlie et al (2005). 'The Non Spread of Innovations: the mediating role of professionals'. *Academy of Management Journal*. 48(1): pp.117-134.
- Ferlie et al (2009) "Renewing Policy to Support Evidence Based Health Care". *Public Administration*. 87(4): 837-852.
- Fernandez & Gould (1994) A dilemma of state power: brokerage and influence in the national health policy domain. *American Journal of Sociology*, 99: 1455-1454.
- Flodgren et al (2007) Local opinion leaders: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews, Issues1 Ast.No.: CD000125. DOI: 10.1002/14651858.CD000125.pub3.
- Glasby et al (2007) Making evidence fit for purpose in decision making: a case study of the hospital discharge of older people. *Evidence and Policy*. 3(3): 425-437.
- Kitson et al (1998) Enabling the implementation of evidence based practice: a conceptual framework. *Quality in Health Care*. 7(3): 149-159.
- Locock et al (2001) Understanding the role of opinion leaders in improving clinical effectiveness. *Social Science and Medicine*. 53(6): 745-757.