Using Learning Collaborative Teams to Address the COVID-19 Cancer-Screening Backlog

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Alliance for Healthier Communities
Advancing Health Equity in Ontario

Background

A Learning Collaborative (LC) is a short-term learning system that brings together peers from multiple organizations to seek improvement in a focused topic area, with guidance from a quality improvement coach or practice facilitator. The approach was developed by the Institute for Healthcare Improvement.

The Alliance for Healthier Communities planned and implemented its first LC in 2021 to support its member centres to equitably clear their cancer screening backlogs built up through the COVID-19 pandemic. This LC was the Alliance's first concrete Practice Based Learning Network activity, with the purpose being to support providers in developing quality improvement (QI) skills and meaningfully use their electronic medical record data.

Participants: 10 teams from Community Health Centres and 3 teams from Aboriginal Health Access Centres participated. Most teams consisted of a QI team lead, healthcare providers, data management coordinators and administrative staff.

Learning Collaborative Structure

The LC was structured into 3 two-hour learning sessions, a sharing session, and 4 action phases. Learning sessions covered the College of Family Physician of Canada's Practice Improvement Essentials (PIE) content. During each action phase, teams would receive coaching support and test their change ideas through Plan, Do, Study, Act (PDSA) cycles. The sharing session enabled participants to discuss their progress and challenges. At the end of the LC, a capstone event was held where each team presented their successes as well as lessons learned.

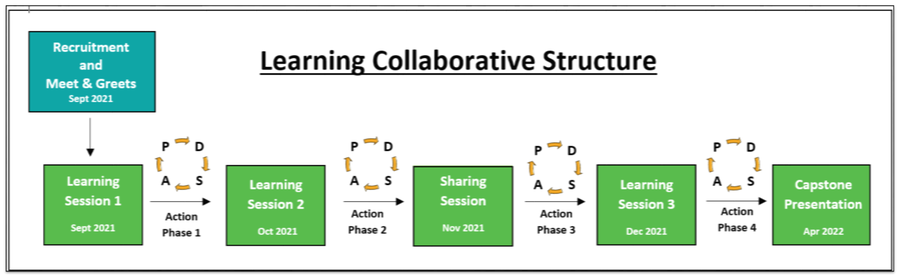


Image adapted from: https://collegehealthqi.nyu.edu/nchic/experience/

Methods

Evaluation questions:

1. Was the learning collaborative implemented as intended?
2. Did the learning collaborative meet its intended objectives and/or planned outcomes?

Methods:

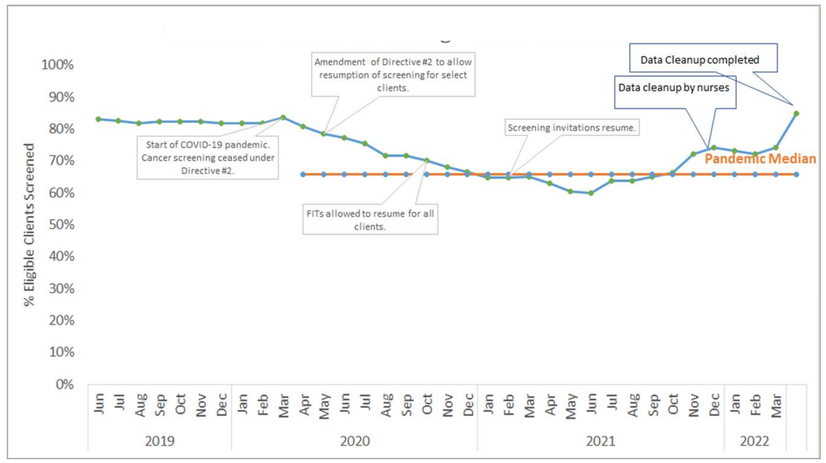
Surveys were disseminated to LC participants after each learning session and after the capstone presentation.

Interviews were conducted with each QI coach to speak to the processes involved in the planning and implementation of the LC. Interviews were also conducted with LC participants to supplement survey data.

Results

The Learning Collaborative helped *improve cancer screening rates:*

In this run chart, we see that the LC team was performing at over 80% for colorectal screening prior to the pandemic. After the pandemic hit, like all primary care models, a decrease was observed. However, a few months after joining the LC in September 2021, we saw their colorectal screening rate actually exceed pre-pandemic levels.



Examples of change ideas implemented by teams to improve rates included: identifying patients who were due for screening, stratify screening rates by race/ethnicity to target those in need of screening, adding reminders in the Electronic Medical Record (EMR), providing quarterly reports on screening performance to clinicians, creating a patient script on the benefits of screening, etc.

The Learning Collaborative helped *improve QI knowledge and skills of participants:*

Capstone Survey Data (n=20)
94% agreed that the learning sessions improved their knowledge of QI
81% applied the knowledge and tools presented during the learning sessions
82% agreed that the sharing session was a useful component of the LC

Sample Quotes from Interview Data (n=9)

"One major benefit of the collaborative was how diverse staff were brought together and given an equal voice in solving the problem. For example, having admin staff provide their perspective to physicians, nurses and management staff at the centre proved critical in increasing screening rates." – QI coach

"The biggest take home message for us was the PDSA. Testing a small change, evaluating the results whether positive or negative, and then tweaking the approach. Centres often hear a concern from staff and will make a big process change when that might not be needed." – LC participant

"I really like the sharing sessions. It is interesting to hear how others worked through similar difficulties. Some of those ideas may help in our health center as well."
– LC participant

"Even though our centre had experience with QI, having the coach's support was a huge advantage. They helped re-frame our challenges, provide suggestions, helped interpret our run charts..." – LC participant

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