

Prioritizing Needs: Seeing the Full Cycle of Care, Part A



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The “Stakeholder” Defined

Anyone affected by an issue, who may or may not be formally involved in decision making about the issue.

AND

Anyone who might influence an organization’s ability to achieve its mission or who can provide input on whether the mission is achieved.

-- Mallery, C., et al. 2012. Innovative Methods in Stakeholder Engagement, Agency for Healthcare Research & Quality (US)

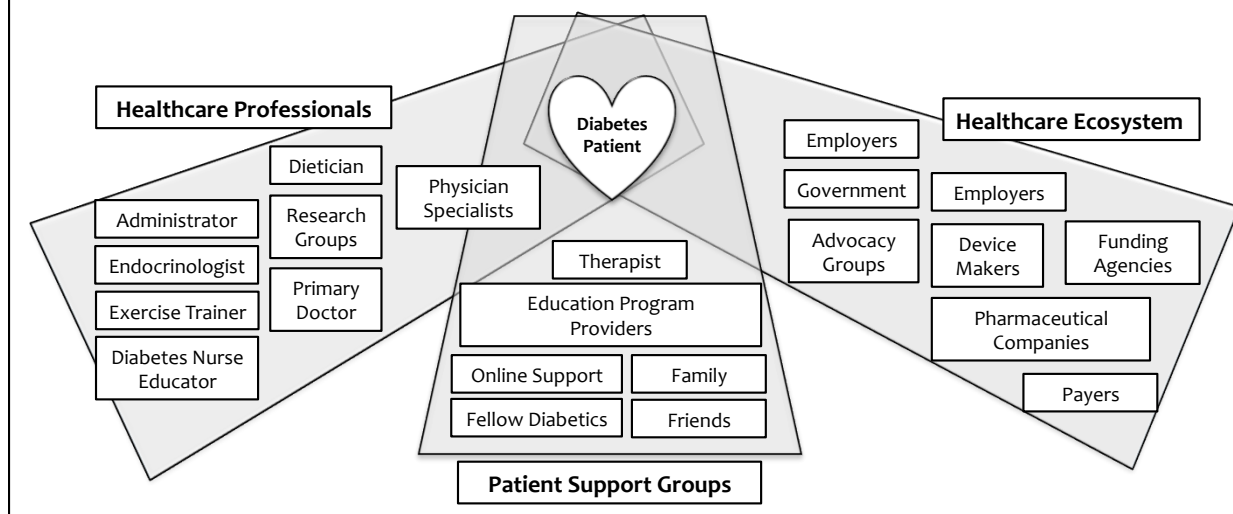
Recap: The 8 Healthcare Components

ASSESSMENT	Personal evaluation of condition that is performed without the use of or access to healthcare professional -- may include regular inspection of skin condition, regular weight measurement, personal evaluation of smoking and alcohol use, self-inspection for breast lumps, tracking of moles and blemishes, recurring soreness, etc.
PREVENTION	Taking an action that does not include the use of a healthcare provider: example - change of diet, exercise, choice of profession, use of clean water, removal of mosquitoes, use of legs in lifting not back, wearing a helmet while riding motorcycle, etc.
DIAGNOSIS	Directed testing, consultation with other specialists, data integration, formal diagnosis, formulating a treatment plan -- includes simple palpitation by primary care giver, MRI execution and interpretation, genetic assessment
INTERVENTION	Taking any action with the assistance of a healthcare professional including pharmacists, primary care physicians, mid-wife, psychologist, nurse practitioner, Alzheimer counseling, rest home care, palliative support, etc.
RECOVERY	Adjusting drug regimen, modifying nutritional support & physical therapy, as needed
REHABILITATION	Restoring health through therapeutic retraining and management of disabling diseases, disorders, and injuries
ADMINISTRATION	Addressing any and all administration initiatives and activities from personal health diaries, tracking calories for weight loss, basal temperatures, through integrated physical and payment records
INTEGRATION	Addressing opportunities and challenges across the seven (7) other components or sub-sets thereof, i.e. from Assessment through Administration.

Types of Stakeholders

Types	Examples
Consumers	Care advocates, advocacy groups, caregivers, current and potential service users, general public, patients, patient families & friends
Professionals	Institutions (e.g., cancer centers), providers (doctors, nurses), medical students/residents/fellows, professional societies, public health practitioners, researchers, social workers
Researchers	Bench science, clinical public health, social sciences, environmental health researchers
Policymakers & Payers	Clinical guideline developers, employers, funding agencies, government, labor unions
Industry	Medical device manufacturers, pharmaceutical companies
NGOs	Nonprofits, venture philanthropists, charities/foundations, trade/labor unions

Sample Stakeholder Map



Key Informant (KI) Interviews

- * **Purpose of interviews:**
 - * Identify knowledge gaps (from each KI perspective); be sure to use consistent terminology and definitions throughout the stakeholder engagement process.
- * **Recruitment through Snowball Sampling:**
 - * Identifying stakeholders through referrals from others. Warning: Since people often refer others who share their perspectives, bias could be introduced.
- * **Mixed Methods:**
 - * Combine In-person interviews with quantitative methods (voting, a structured questioning of a panel of experts using the Delphi method, questionnaire, et al.) to arrive at a prioritization of observed needs.
- * **Weighting the Input: (More on this in a later slide)**
 - * At the outset, address how much weight to give the input from each stakeholder group because this issue of weighting will affect stakeholder recruitment as well as input synthesis and analysis.

—O'Haire, C. et al.,(2011), Engaging Stakeholders to Identify and Prioritize Future Research Needs [Internet], *Methods Future Research Needs Report*, No.4, Agency for Healthcare Research and Quality (US).

Engaging Clinician Stakeholders

Clinicians often engage in the innovation process once they are made aware of the **relevant evidence gaps** in the current research literature.

Evidence-Based Practice (EBP) is “the conscientious, explicit and judicious use of current *best evidence [from systematic research]* in making decisions about the care of the individual patient.

-- Sackett, D., 1996

Engaging the ‘Middle Manager’

- * The Middle Manager (often a “**nurse manager**”)
 - * A team leader who reports up to senior management & physicians, and communicates executive strategy directly to frontline staff.
 - * A key stakeholder who bridges informational gaps, turns strategy into practical activities, and can “make” or “break” an innovation initiative
 - * Must be enlisted early in the development process in order to successfully confront the major challenges to innovation in a healthcare setting, which include:
 - * **Misaligned incentives**
 - * **Professional barriers**
 - * **Competing priorities**
 - * **Inertia**

–Birken et al. Uncovering Middle Managers’ Role in Healthcare Innovation Implementation. *Implementation Science* 2012, 7:28

Weighting the Input

High Power	Satisfy Opinion formers. Review your analysis of their position regularly	Manage Key stakeholders who should be fully engaged through full communication & consultation
Low Power	Monitor This group may be ignored if time and resources are stretched.	Inform Patients often fall into this category. You may wish to increase their influence by organizing them into groups of active consultants.
	Low impact/stake holding	High impact/stake holding

Prioritizing your Stakeholders

Analyze your key informants in terms of power, influence, and the extent to which they will be impacted by a change in the problem care area. Then insert each name into a four sector table (at left).

Sharing the Findings: Elements of a Report

1. Why did you conduct these interviews?
2. Who did you interview by category (e.g. provider, patient, etc.), and how often over what period of time?
3. What was the general focus of your questions (the actual interview protocol can be in an appendix)?
4. Which themes emerged (include unattributed quotes to help describe those themes)?
5. Conclusions/action items?
6. Express your thanks to interviewees

--Sherry, S. T. and Marlow, A., 1999. "Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information." RWJ Foundation.
Retrieved April 3, 2013 at
<http://www.accessproject.org/downloads/final%20document.pdf>

Thank you for listening!