## Knowledge Transfer / Communication

Each stage of our initiative was linked by knowledge transfer and exchange (KTE) activities. Through these activities, regional and national stakeholder groups were engaged in dialogue regarding the goals of the initiative, as well as the process by which these goals would be achieved. In addition, communications activities are being undertaken to support future implementation of the project deliverables.

### Goals

Educate, inform, and share knowledge with stakeholders regarding primary mental health care and the development of quality measures through consensus processes

- Create opportunities for dialogue regarding CEQM using KTE best practices such as KTE networks.
- Ensure support for the work of the project and its implementation at regional and national levels
- Create general awareness of the project through the creation and maintenance of a public website

### Challenges

The initiative was complex in structure and specialized to primary mental health care

- Knowledge transfer and exchange was sometimes impeded by the lack of a "common language" amongst our identified stakeholder groups.
- Budget, human resource and timeline pressures would sometimes inhibit in-depth, regular communications on a regional basis.
- Managing expectations and priorities of all stakeholder groups was sometimes hampered by national/regional differences.
- Continued communications with all of the project's identified audiences may be required to help with future project implementation; this will require significant and sustained resources.

### Methodologies

CEQM maintained stakeholder relationships via the development of a regional outreach plan using local opinion leaders as knowledge brokers for the project:

- Utilized existing knowledge exchange relationships and also created new links with knowledge brokering organizations such as the Manitoba Centre for Health policy which hosted presentations regarding this project.
- Content of dialogue sessions included a focus on primary mental health care, quality measures as well as future implementation of the project
- Developed project and public websites
- Employed both electronic and print dissemination methods
- Project members, site leads, and identified stakeholders will work collaboratively to submit publications to academic journals
- Established linkages with other related projects
- Presented in major national research forums regarding primary mental health care and quality measurement.

### Understanding how national & regional Knowledge Transfer & Exchange, informed and shaped our project activities

#### *Forging Links*

CEQM always sought to create its core products, such as quality measures, based on a distillation of current best practices and activities of primary health care initiatives across Canada. This was made possible through forging links with "sister" PHCTF projects, and major national research institutes (as summarized below) that have been participating in primary health care and mental health reform activities. It also included links to national initiatives such as Senator Kirby's national consultation process regarding mental health care.

***Summary of key linkages:***

- The Canadian Institute for Health Information (CIHI),
- The Canadian Health Services Research Foundation (CHSRF) ,
- The Saskatchewan Health Quality Council
- The Centre for Addiction and Mental Health
    - The Canadian Collaborative Mental Health Initiative (CCMHI),
    - The Winnipeg Regional Health Authority
    - The Manitoba Centre for Health Policy.
    - UBC Centre for Health Services and Policy Research (CHSPR) Primary Health Care Logic Model project.

***Maintaining Dialogue and Feedback loops***

Our use of KTE and consensus building between diverse groups of stakeholders helped maintain a dialogue over a three year span which in turn helped improve the project. From this dialogue we also learned how the project could be implemented locally and we were able to assume a "knowledge broker" role, sharing knowledge about projects in primary health care from coast to coast. These dissemination activities should increase uptake of the final results of the initiative across Canada. If this knowledge exchange process continues to be supported, it should allow for an enhanced degree of inter-regional collaboration on future health system reform.

***Consumer/consumer advocates included in our research and dissemination***

Our dissemination activities made a concerted effort to include consumer/people living with mental illness/ user perspectives. We had a high rate of participation from these stakeholders in our surveys and focus groups. Amongst these groups, our emphasis on primary mental health care was seen as both unique and very much needed. We heard that stakeholders appreciated the opportunity to be involved in the shape of the research and were interested in seeing our findings used.

***A focus on regional and national knowledge exchanges***

At the regional level, KTE sessions occurred in a variety of formats such as:

- contributing to the agenda of existing regional organization/association meetings;
- informal networking at relevant meetings, conferences or events;
- Dialogue with individuals or small groups at regionally-based academic centres.
- On-line information sessions using web based and telephone conferences.

## National Knowledge Transfer & Exchange

At the National level, an overview of the project and results from the first survey were presented in a series of KTE events across Canada with multi-stakeholder participants. These sessions provided an overview of the project, opportunities for discussion and dialogue (including capturing of stakeholder feedback) and distribution of communication collateral (project brochures).

***Capitalizing upon KTE activities: A KTE network***

We sought a commitment from individuals in national and regional KTE forums regarding participation in a national PMHC measurement KTE Network. To date, approximately 270 individuals with representation from every province and territory have agreed to participate. This potential network would be a first step in fostering continued pan-Canadian collaboration regarding implementation of PMHC quality measures.

***Summary of National KTE events:***

| | |
|---|---|
| September 24, 2004 | The Centre for Addictions and Mental Health in Toronto, ON |
| September 24, 2004 | Ontario Ministry of Health, ON |
| November 22, 2004 | The Federal/Provincial/Territorial Mental Health Advisory Network in Toronto, ON |
| March 17, 2005 | Health Quality Council of Saskatchewan in Saskatoon, SK |
| March 23-24, 2005 | Key Regional Stakeholders in Quebec City and Montreal, PQ |
| March 23-24, 2005 | Public Health Agency of Canada (PHAC) Mental Health Surveillance Workshops in Ottawa, ON |
| April 6-7, 2005 | Health Canada presentations, including PHAC, PHCTF, and FNIHB in Ottawa, ON |
| April 11-12, 2005 | The Canadian Health Service Research Foundation (CHSRF) National Workshop on Primary Health Care in Vancouver, BC |
| May 18-19, 2005 | Canadian Institute for Health Information (CIHI) Conference on Primary Health Care Indicators in Toronto, ON |
| June 10-13, 2005 | 6th Annual Shared Care Conference in Ottawa, ON |
| June 15, 2005 | Manitoba Centre for Health Policy in Winnipeg, MN |
| September 18, 2005 | Presentation of the project's Stage 2 best practices at the International Conferences on the Scientific Basis of Health Services (ICSBHS) in Montreal, PQ |
| December 7, 2005 | National KTE Event, Toronto, ON |
| February 2006 | Research work on facilitators and barriers to implementing quality measurement in primary mental health care presented at the Primary Care Conference held in Calgary, AB. |
| May 1, 2006 | Preliminary Final Results presented at Shared Care Conference, Calgary, AB. |
| September 1, 2006 | KTE events, Toronto ON and other ON sites, including Sudbury and Peterbourough |
| September 13, 2006 | Québec KTE event with 43 stakeholders |
| September 2006 | Final Results and launch of Quality Measures Database presented at the Primary Health Care Symposium, CHSRF, Vancouver, BC. |

***Extent of regional and national KTE participation***

From April 2004 to March 2005, a total of 828 stakeholders participated in dialogue about the initiative. The table below outlines the total number of stakeholders targeted per participating region during 2004/05.

| Partner Site | Consumers | Decision-Makers | Clinicians | Academic | Total No. of Stakeholders |
|---|---|---|---|---|---|
| Vancouver, BC | 15 | 31 | 19 | 4 | 69 |
| Calgary, AB | 11 | 15 | 6 | 4 | 36 |
| Saskatoon, SK | 40 | 33 | 139 | - | 212 |
| London, ON | 35 | 102 | 84 | - | 221 |
| Toronto, ON | 46 | 16 | 10 | - | 72 |
| Ste. Foy, PQ | 30 | 69 | 91 | 28 | 218 |
| **Total** | **177** | **266** | **349** | **28** | **828** |

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