A learning health system in Northwestern Ontario: a case study in cancer screening improvement

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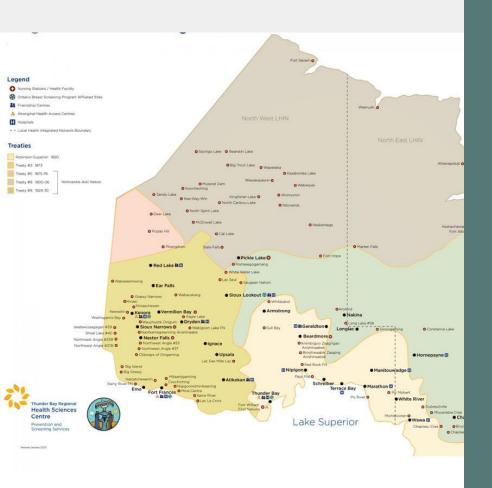
Overview







Findings and next steps.

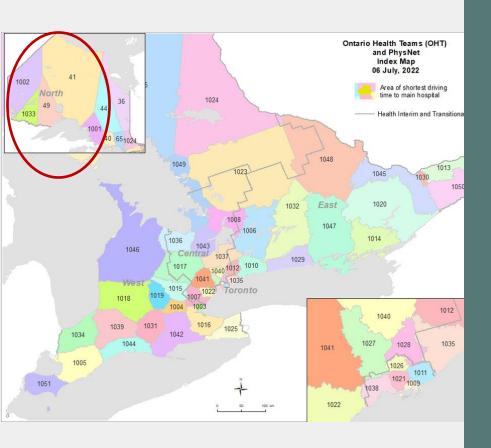


Northwestern Ontario (primary) health care

Patients HAVE to travel (and pay)

Hub-and-spoke models, mobile approaches

Rural generalism applies to everyone



Northwestern Ontario OHTs

Kiiwetinoong Healing Waters OHT

All Nations Health Partners OHT

Rainy River District OHT

Noojmowing Sooktagiing OHT

"Cancer screening across the COVID-19 timeline"

Shared priority

Clinicians, communities, patients, administrators

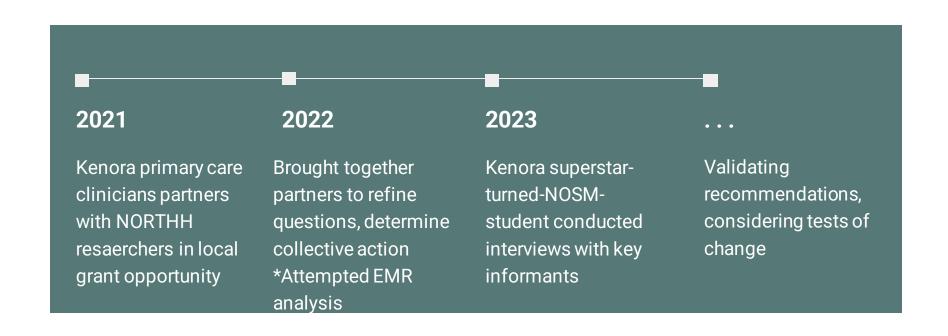
A known local challenge

COVID-19 affected normal health promotion programs,; communities closed their "doors" to visitors; multiple players...

Accountability

cQIP indicator for OHTs

Timeline



Timeline

Team-based OHT Impact fellowship with RRD and ANHP

"Learning health system framework for Northwestern OHTs

Our team joined as RISE partner

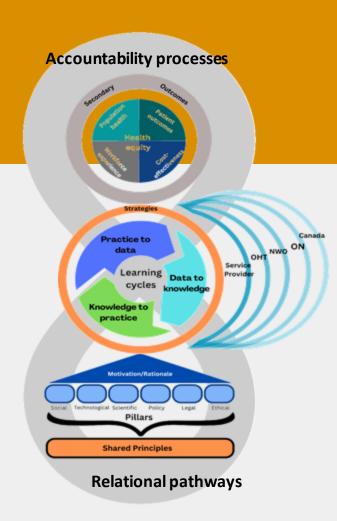
2021 2022 2023 Kenora primary care Brought together Kenora superstar-Validating turned-NOSMrecommendations, clinicians partners partners to refine with NORTHH questions, determine considering tests of student conducted change, jamboree researchers in local collective action interviews with key for data analytic informants grant opportunity *Attempted EMR analysis supports

Northwestern OHT Learning Health System

Goal: Specify a framework that describes data and supporting platform for regionally and locally integrated health system planning.

Important takeaway #1 Priorities, care models, patient access are <u>determined locally</u> (sub-OHT), and geographically based. Many performance/quality measures are urban-centric.

Important takeaway #2 Lack of clear data and knowledge governance structures. Trust among partners and clear rationale for data collection, use, and access is important.



Cancer screening in **All Nations** Health **Partners**

How to use population-based data to improve participation opportunities for cancer screening in primary health care?



Approach

For a full interpretation of the project, check out Paige Stevenson's poster in Provincial South "Primary health care utilization in All Nations Health Partners Ontario Health Team: Assessing preventative services, COVID-19 impacts and recommendations for improving access"

Semi-structured interviews	LHS framework	Bi-weekly team analysis
Started with OHT and project	Used codes and concepts to	Monthly (or more regular)
clincal leads, and snowball sampling	help interpret the rich data	check-ins with OHT partners
	Also inductively identified	
	codes	

Data and knowledge moving between **scales** of the system (provider>organization->OHT->region-provincefederal)

Findings

Challenges in each of the learning cycles:

- 1) Practice to data
- 2) Data to knowledge
- 3) Knowledge to action

<u>Trust</u>, governance, and accountability



Start small

Report back to ANHP; leverage "One Record" transformation

Where do we go from here?

Continue building trust and communicating

Across scales of learning health systems

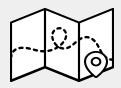
Amplify Northern expertise, experience, strengths

Contextualize OHT priorities, approaches, and measures

Final takeaways







Relationships and trust are intimately linked with system learning

Need to examine the embedded nature of learning health systems, and their interactions

Contextualized vs standardized: how do we value different priorities? Ways of knowing?







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Dr. Jillie Retson, Dr. Zahra Jaffer, Colleen Neil, Melonie Young





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