

# Patient Partners and Researchers Working Together: Aging, Community and Health Research Unit - Community Partnership Program for Diabetes Self-Management for Older Adults – Canada

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**Ron Beleno**



**Rebecca Ganann RN, PhD**



**Aging, Community  
and Health**  
RESEARCH UNIT



School of Nursing

# Ron Beleno – Stories of lived experiences with diabetes and multiple health conditions



Rey Beleno



Ronces + Reynaldo

*It begins with the stories...*



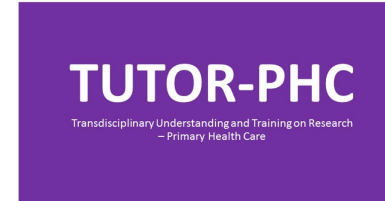
= Ronaldo (Ron)

# Stories and Experiences create Patient Advocates

- Challenges
- Failures
- Successes



# Patient-Oriented Research for Better Impact



# Learning objectives

Session participants will:

1. Learn about the ways patient partnerships have helped plan, execute, and evaluate a research program
2. Explore how patient perspectives can help to identify scalable and equitable models of diabetes care to improve Quadruple Aim outcomes
3. Learn about the implementation of an innovative, pan-Canadian patient-driven and evidence-based model designed to address gaps in diabetes care delivery and improve outcomes





**Aging, Community  
and Health**  
RESEARCH UNIT



## ACHRU – Community Partnership Program for Diabetes Self-Management for Older Adults – Canada

# Research Team:

## Maureen Markle-Reid (NPI), Jenny Ploeg

### CO-PRINCIPAL INVESTIGATORS

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- Kathryn Fisher (ON)
- Rebecca Ganann (ON)
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- Lynne Mansell (AB, **KU Patient**)
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- Diabetes Action Canada
- McMaster Institute for Research on Aging
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- St. Michael's Hospital
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- Centre Intégré de santé et de services sociaux de Lanaudière – GMFU Saint-Charles Borromée
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- Centre Intégré universitaire de santé et de services sociaux de la Capitale-Nationale – GFMU-Saint-François D'Assise
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- Ontario MOHLTC
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  - Research, Analysis and Evaluation Branch
  - Primary Care Branch
- Department of Health and Wellness, PEI
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- Alberta Health
  - Primary and Community Health
  - Health Workforce Planning and Accountability
- Fédération régionale des OBNL d'Habitation de Québec, Chaudière-Appalaches (FROHQC)
- Toronto Central LHIN
- Central East LHIN

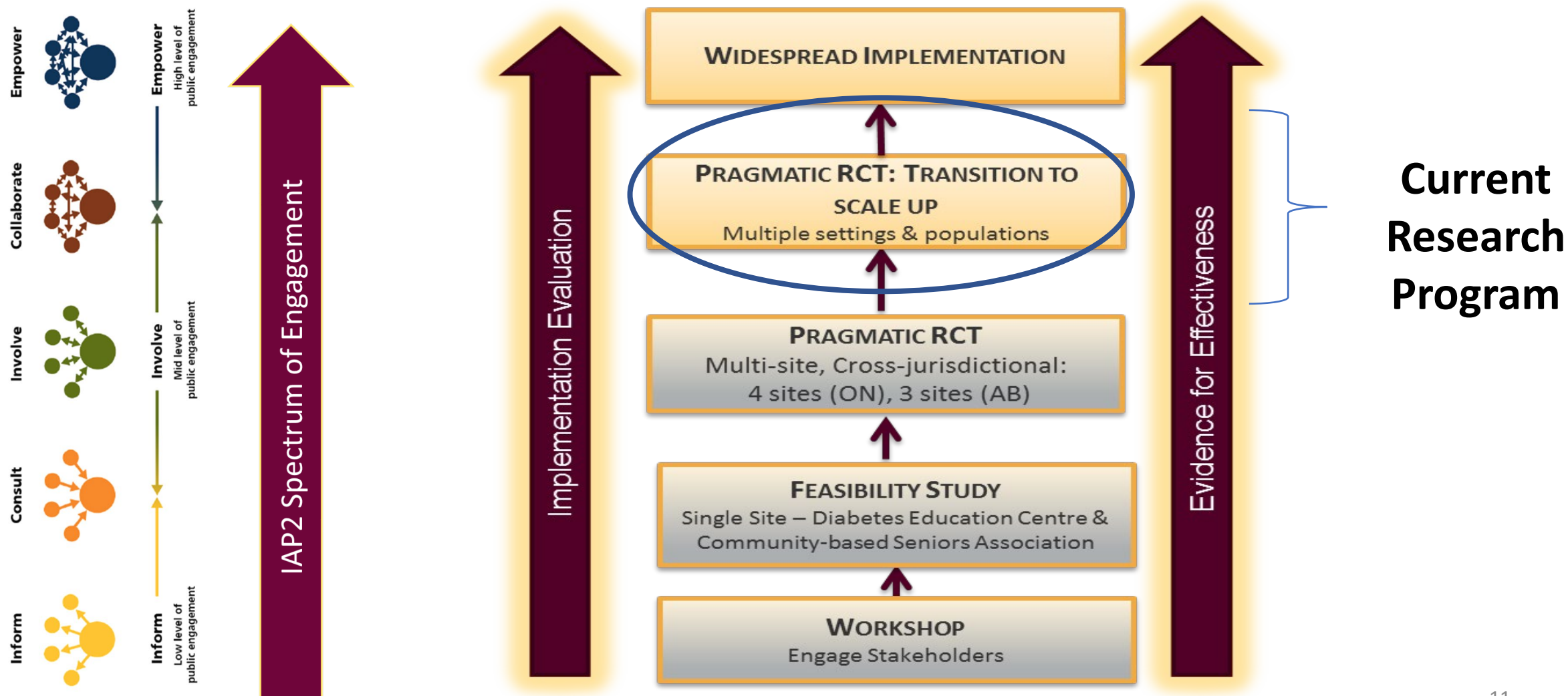
# Why Focus on Older Adults with Diabetes and Multimorbidity?



- Diabetes prevalence in older adults ( $\geq 65$  years) in Ontario ~ 22%
  - Highest prevalence of diabetes of any age group
- 40% of older adults with Type 2 Diabetes have 3+ co-morbidities
- Higher comorbidity is linked to:
  - Higher mortality, poorer function, higher risk for adverse events, difficulties self-managing, and higher health service use
- Challenges with existing care delivery models:
  - Incomplete or fragmented care
  - Guidelines often organized around single conditions
  - Limited attention to the social determinants of health

# ACHRU – Community Partnership Program (CPP)

## Where we are now...



# Key strategies of ACHRU-CPP program

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Person and family-centred care

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Strengths-based approach

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Holistic care to address physical, mental, social context

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Brings together circle of care (RN, RD, Community partner)

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Integrated partnerships with health and social services

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Tailoring/adapting the program to individual needs and settings

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Scalability

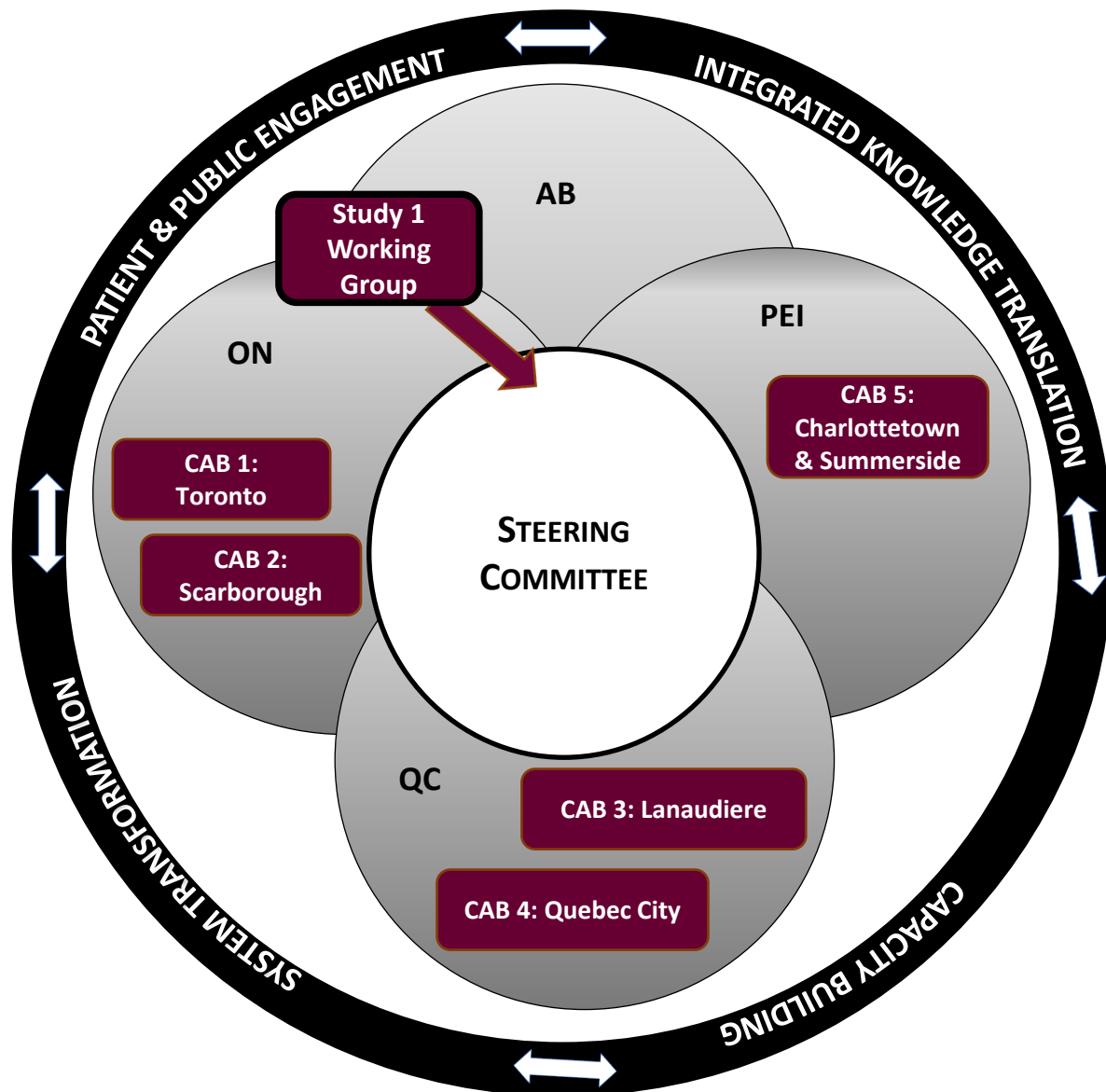
# Current Program: Objectives and Design

1. Improve understanding of **high system use** in the ACHRU-CPP target population and the health and social conditions associated with high use
2. **Co-design adaptations** to ACHRU-CPP in collaboration with older adults, caregivers, and providers
3. Examine **implementation** and **effectiveness** of the ACHRU-CPP on health outcomes and service costs in **diverse populations and settings** using a pragmatic, randomized controlled trial design
4. Explore patient, caregiver, and provider **experiences** with the ACHRU-CPP
5. Assess **scalability** of the ACHRU-CPP



# **Patient and Public Engagement – A multi-layered approach**

# ACHRU-CPP Governance Structure



## STEERING COMMITTEE

### Representative Members

- ✓ Principal KUs (Patient/Policy/ Practice)
- ✓ Patient & Public Research Partners
- ✓ Representatives of Diabetes Action Canada
- ✓ Study 1 and RCT Co-Leads
- ✓ Patient Engagement Co-Leads

## COMMUNITY ADVISORY BOARDS (CABs)

### Representative Members

- ✓ Patient & Public Research Partners
- ✓ Primary Care
- ✓ Local health and social services
- ✓ RCT Provincial Co-Leads & Research Coordinator
- ✓ Patient Engagement Co-Leads

## STUDY 1 WORKING GROUP

### Representative Members

- ✓ Patient & Public Research Partners
- ✓ Principal KUs
- ✓ Study 1 Co-Leads

# Patient & Public Engagement (PPE): Approaches

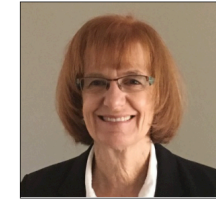
- Grant development
- Engagement throughout governance model
- Community Advisory Board – Co-Leadership model
- Sub-study specific engagement activities
  - Administrative database study – High system users
  - Pragmatic trial
  - Assessing scalability
- Evaluation
  - Implementation – trial
  - PPE Implementation & Impact
- Knowledge translation

Veillez voir en dessous pour la version française  
**ACHRU Community Partnership Program for  
Diabetes - Canada Newsletter**

We're excited to share with you the first issue of the [Aging, Community and Health Research Unit \(ACHRU\) Community Partnership Program for Diabetes - Canada Newsletter](#). You can expect this newsletter to arrive in your inbox three times a year, to keep you informed about what is happening with our program of research. We would like to welcome our Steering Committee members, Community Advisory Board members, co-investigators, site leads, partners, and other stakeholders.

In this issue:

- Introducing our Patient/Public Research Partners: Lynne and Frank
- ACHRU Community Partnership Program for Diabetes - Canada At-A-Glance
- Update from Study 1
- Provincial Leads, Research Coordinators, Study Sites



**Introducing Patient/Public Research Partners:  
Lynne and Frank**

**Aging, Community  
and Health  
RESEARCH UNIT**

**McMaster  
University**  
School of Nursing

Engaging Patient and Public Research Partners in  
the Aging, Community & Health Research Unit  
(ACHRU) Community Partnership Program for  
Diabetes Self-Management for Older Adults –  
Canada



**Rebecca Ganann, RN, PhD**  
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**Ron Beleno,**  
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# Patient & Public Engagement: Insights gained

- Key challenges
- Finding and engaging vulnerable populations
- Advancing the science of patient engagement
- Resources and funding



# Engagement evaluation – Voices of our partners



# Engagement evaluation – focus group: Patient Partner CAB member

“I appreciate that the team’s **inclusive of the patient voice at all levels of project design**, the research questions, what will constitute the roll-out and I think they’ve demonstrated a really elevated sense of engagement with **patients as equal partners**. It’s really **person-centered**.”

# Engagement evaluation – focus group: Patient Partner CAB member

“I think as a patient I’m encouraged, not that our stories are being used, but that **our stories are informing a sense of urgency** and the importance of the work.”

# Engagement evaluation – focus group: Patient Partner CAB member

“This is my first foray into research as a patient partner and it’s encouraged me to try to learn more to participate in more research studies, grant proposals...system research designs. So, I think your authentic processes of engagement really meeting persons with lived experience where they’re at has informed my wanting to pursue more participation with research”.

# Next Steps for ACHRU-CPP

- Intervention completed April 2022
- Data collection complete
- Analyzing effectiveness outcomes across sites and provinces
- Analyzing implementation outcomes
- Conduct provincial scalability assessments
- Plan for embedding in provincial learning health systems

# Questions?

## Contact information:



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# What are the components of this nurse-led intervention?

## Underlying Concepts

- Self-efficacy
- Collaborative practice
- Holistic care
- Caregiver engagement & support
- Person-centred care
- Transitional care
- Multimorbidity
- Self-management
- Health promotion & safety
- System navigation



### Home Visits or Virtual Visits

Up to 3 by RN/RD supported by phone calls



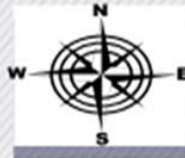
### Group Wellness Sessions

Up to 6 sessions (one per month) to participants and their caregivers of exercises, education and meals



### Team-Based Care

Monthly team case conferences among RN, RD and Program Coordinator



### Care Coordination & System Navigation

Collaboration between providers, the primary care team, other specialists, and community services