



Clinician-Led Improvement in Cancer Care



Clinician-Led Improvement in Cancer Care (CLICC): Testing an implementation strategy to change practice within hospitals in a clinical network

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Research team

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“Australia needs a stronger connection between health and medical research, and the delivery of health-care services. Embedding research into health care will ensure government investment in research benefits all Australians – through better health outcomes – and delivers the greatest economic value.”

Simon McKeon, Strategic Review of Health and Medical Research Final Report February 2013

How to disseminate best practice?

Clinical practice guidelines have been extensively developed as a means to ensure clinical decision making is informed by recent, credible research evidence.

BUT timely and effective implementation of guidelines into practice is inconsistent.

Clinical networks – a medium for implementation

In NSW, a coordinated program of 30 clinical networks, institutes and taskforces has been established by the [NSW Agency for Clinical Innovation \(ACI\)](#).

These voluntary networks provide a framework for clinicians and consumers to meet across regional and service boundaries with a mandate to drive improvements in service delivery and care outcomes through innovation in clinical practice.

Clinical networks – a medium for implementation

Clinical networks embody, or have the potential to enable, the core features of successful implementation strategies¹⁻⁴:

1. Clinical networks contain clinical leaders who can design and champion change to improve care within their practices and influence wider culture change within their healthcare settings
2. Clinical networks are a 'ready made' organisational structure through which innovations may be promulgated and accelerated by clinicians at scale
3. Clinical networks provide a vehicle to monitor, evaluate and feedback changes as they are implemented to answer questions about effectiveness and the success of implementation strategies

An evidence gap... in practice

- Most commonly registered cancer in Australia and the second most prevalent cause of cancer death in men.⁵
- Evidence from 3 large RCTs has informed Australian, US and European clinical practice guidelines.
- Currently less than 10% of care within NSW complies with recommended care.⁶

CLICC study aims

To trial an implementation strategy that harnesses NSW hospitals within the ACI Urology network to implement a clinical practice guideline for the management of men with high-risk prostate cancer:

Phase 1. Assess whether a clinician-led and locally tailored intervention increases evidence based care in line with published guideline recommendation

Phase 2. Identify reasons why the intervention did or did not result in greater referral.

Study design

Phase 1: Prospective randomised cluster trial

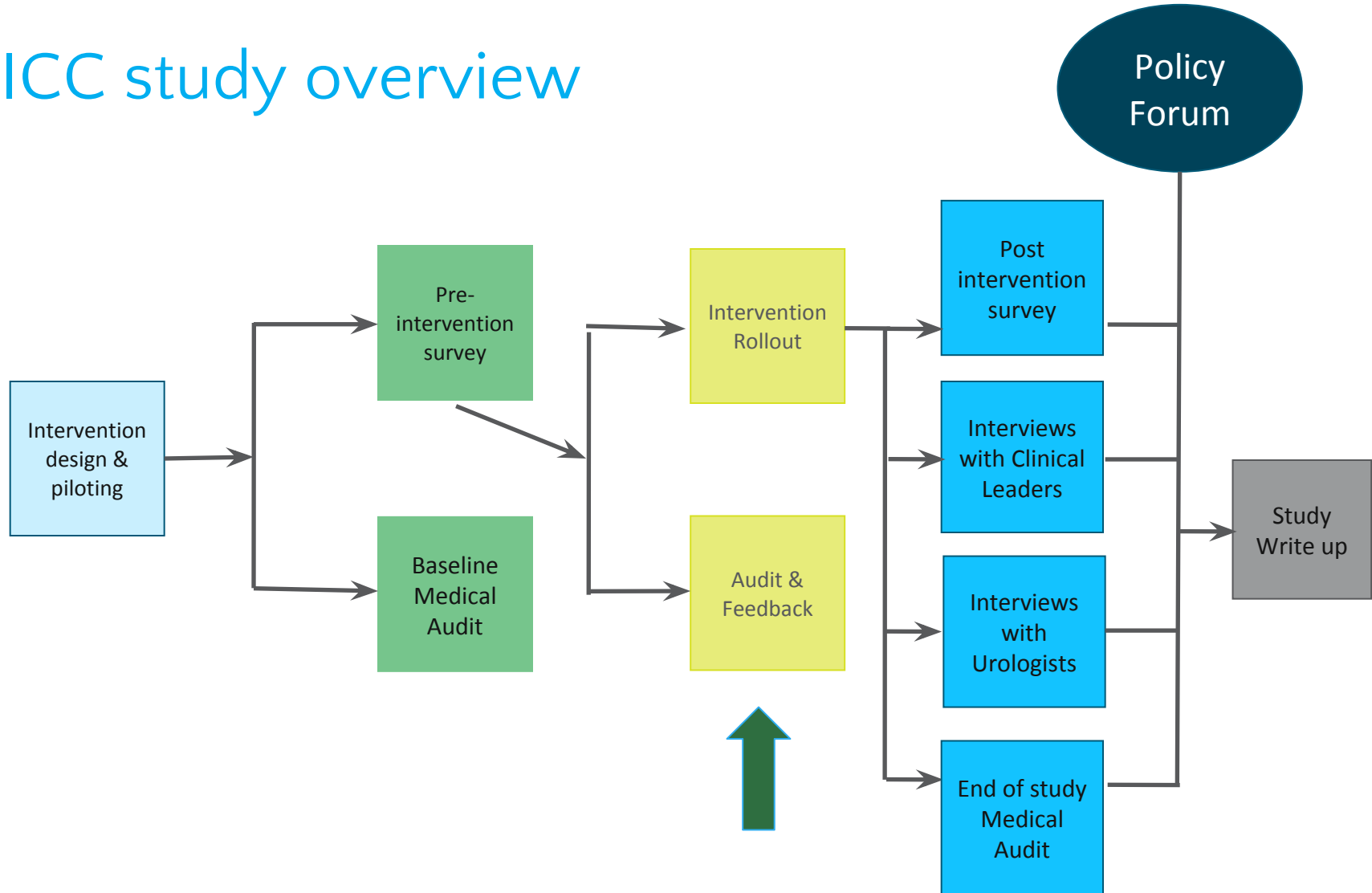
Phase 2: Before and after mixed-methods study

Sample: 9 NSW hospitals with:

- (i) Urology MDT
- (ii) Member of ACI Urology Network

$N \approx 4-10$ Urologists that perform radical prostatectomy per hospital

CLICC study overview

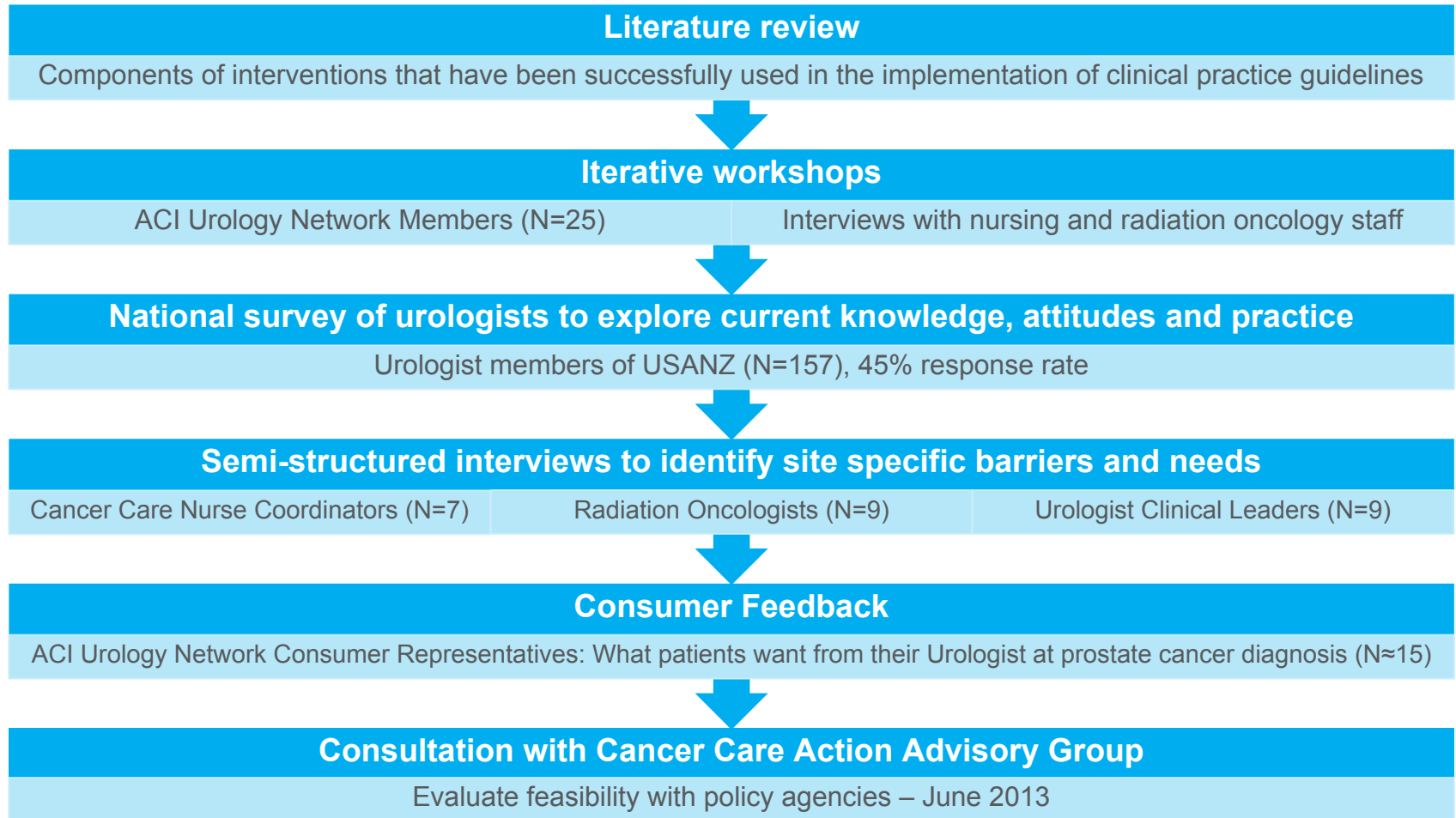


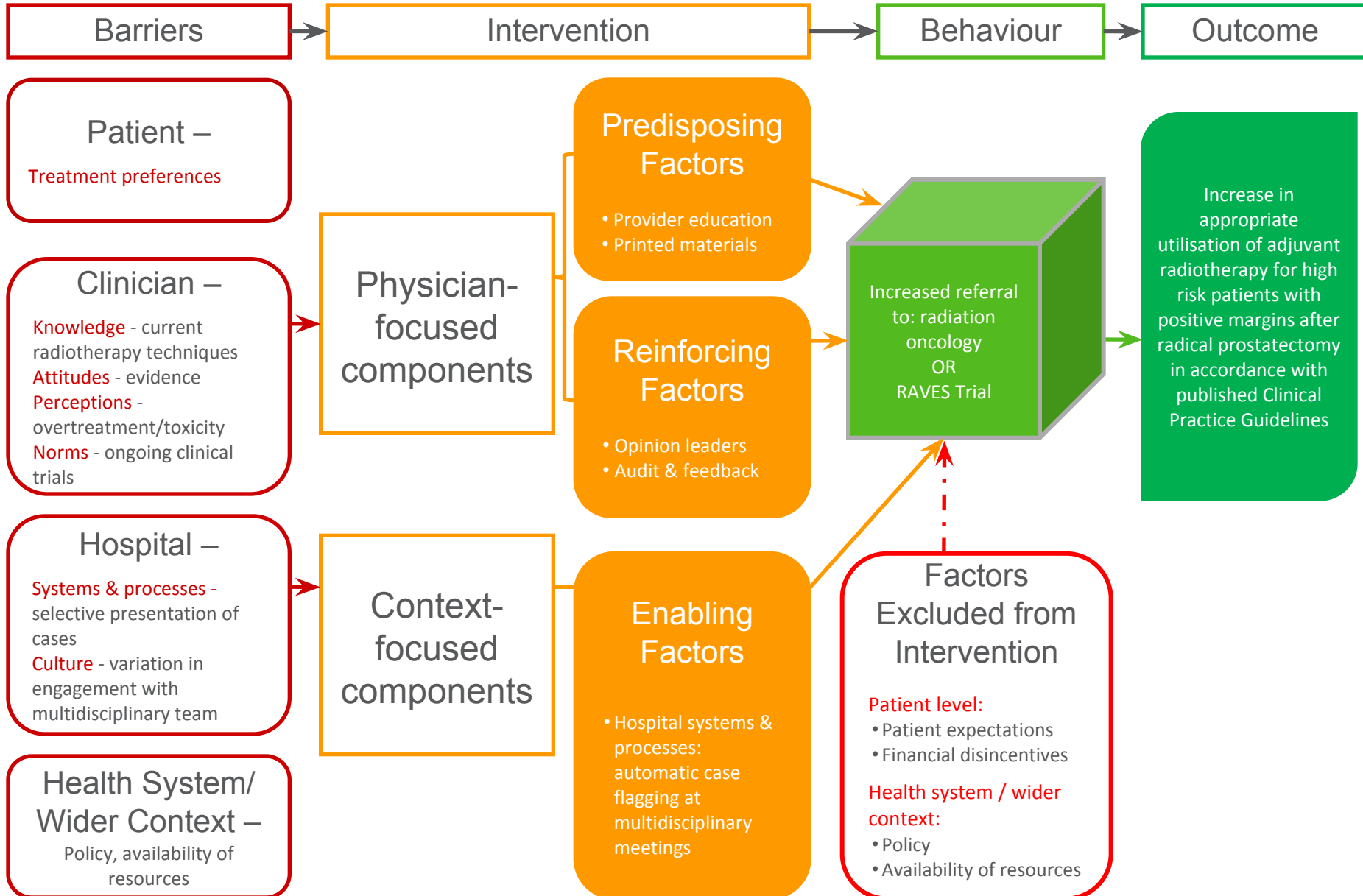
Implementation strategy

In accordance with best practice in implementation research⁷⁻¹⁰ the CLICC intervention strategy:

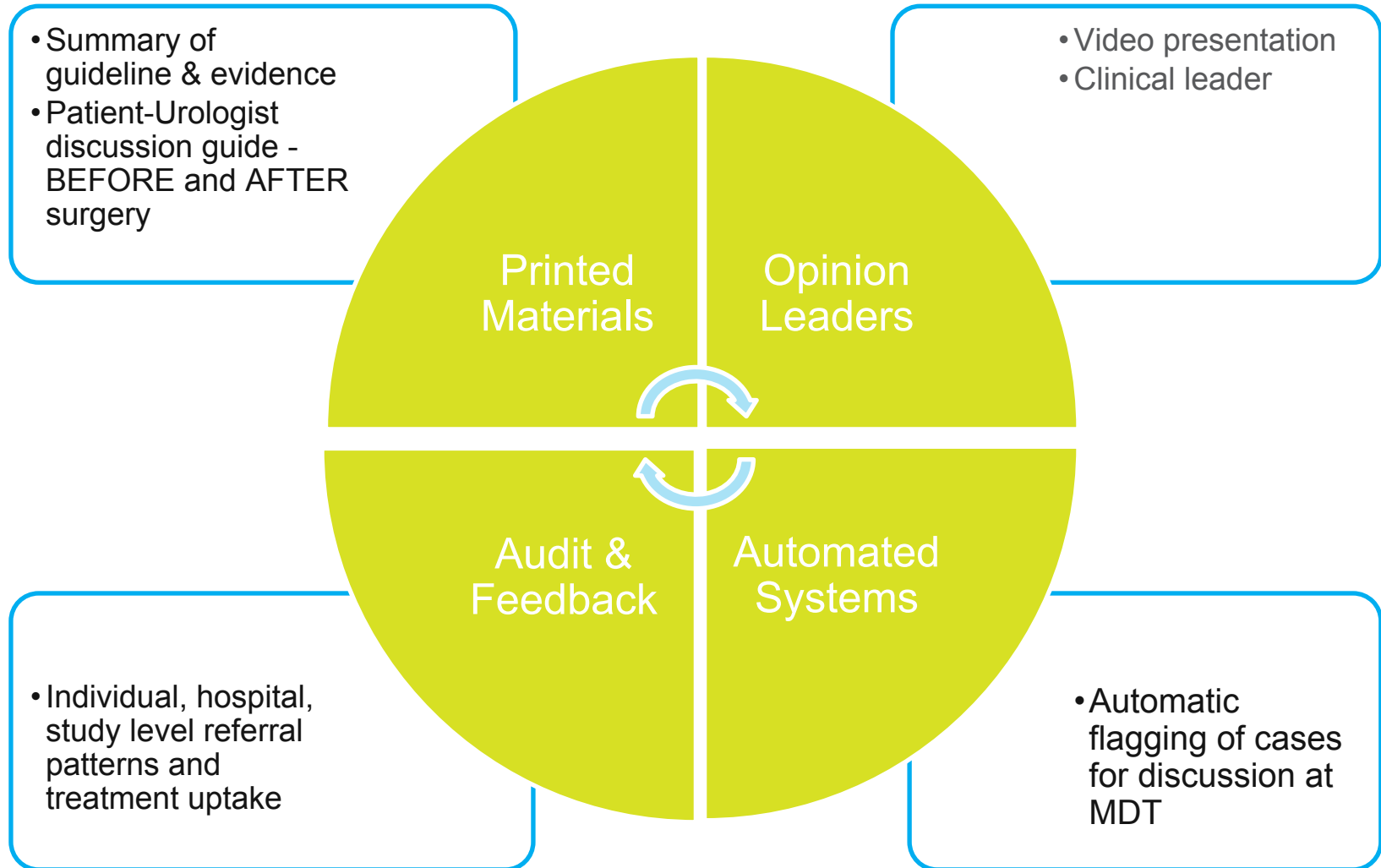
- Addresses prospectively identified barriers.
- Uses program logic to promote clinician acceptance and change practice.
- Is locally tailored to each implementation site to take account of the organisational context.

Intervention design methods





Intervention delivery: fidelity versus adaptation?



Evaluating CLICC intervention fidelity

- Intervention design (content/dose)
- Intervention delivery (standardisation)
- Receipt of intervention
- Process measures
- Enactment: change in knowledge, attitudes & beliefs (surveys)
- Engagement: participant responsiveness (interviews, document review)

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