



# Many Voices, One Song – The Fine Art of Collaboration in Guideline Adaptation

**Paul Taenzer, Christa Harstall, Carmen Moga, Ann Scott  
CAHSPR, May 2009**

# Presentation Overview

- ♪ What is the Ambassador Program?
- ♪ Who are the “actors” and what are their roles?
- ♪ Why collaborate?
- ♪ What have we learned?



# What is the Ambassador Program?

- A collaboration of individuals and agencies with an interest in improving chronic pain management in Alberta
- Aims to support primary care provider by developing provider knowledge and skills
- Process for moving research evidence into practice

Ambassador Program website:

<http://www.ihe.ca/research/ambassador-program/>

# Guideline Development

- Collaboration with Alberta clinical leaders to develop a locally adapted clinical practice guideline (CPG) for low back pain
- Guides primary care clinicians through a sequential progression of clinically appropriate and locally available treatment options
- Supports local networks in disseminating the CPG to clinicians and patients
- Evaluates the new CPG

# Collaborating Organizations



# Actors and roles in guideline development

## Steering Committee (SC)

HTA researchers  
Clinical ambassador  
Communications & KT consultant  
Guideline development consultant

Operational oversight  
Research information  
Secretariat GDG & AC

Advise SC on strategic matters;  
General project oversight

## Guideline Development Group (GDG)

- Family physicians
- Specialist physicians
- Physical therapists
- Occupational therapists
- Pharmacists
- Registered nurse
- Psychologists
- Healthcare manager
- Knowledge transfer specialist
- HTA researchers

Sign off the guideline

TOP  
Alberta  
Guideline

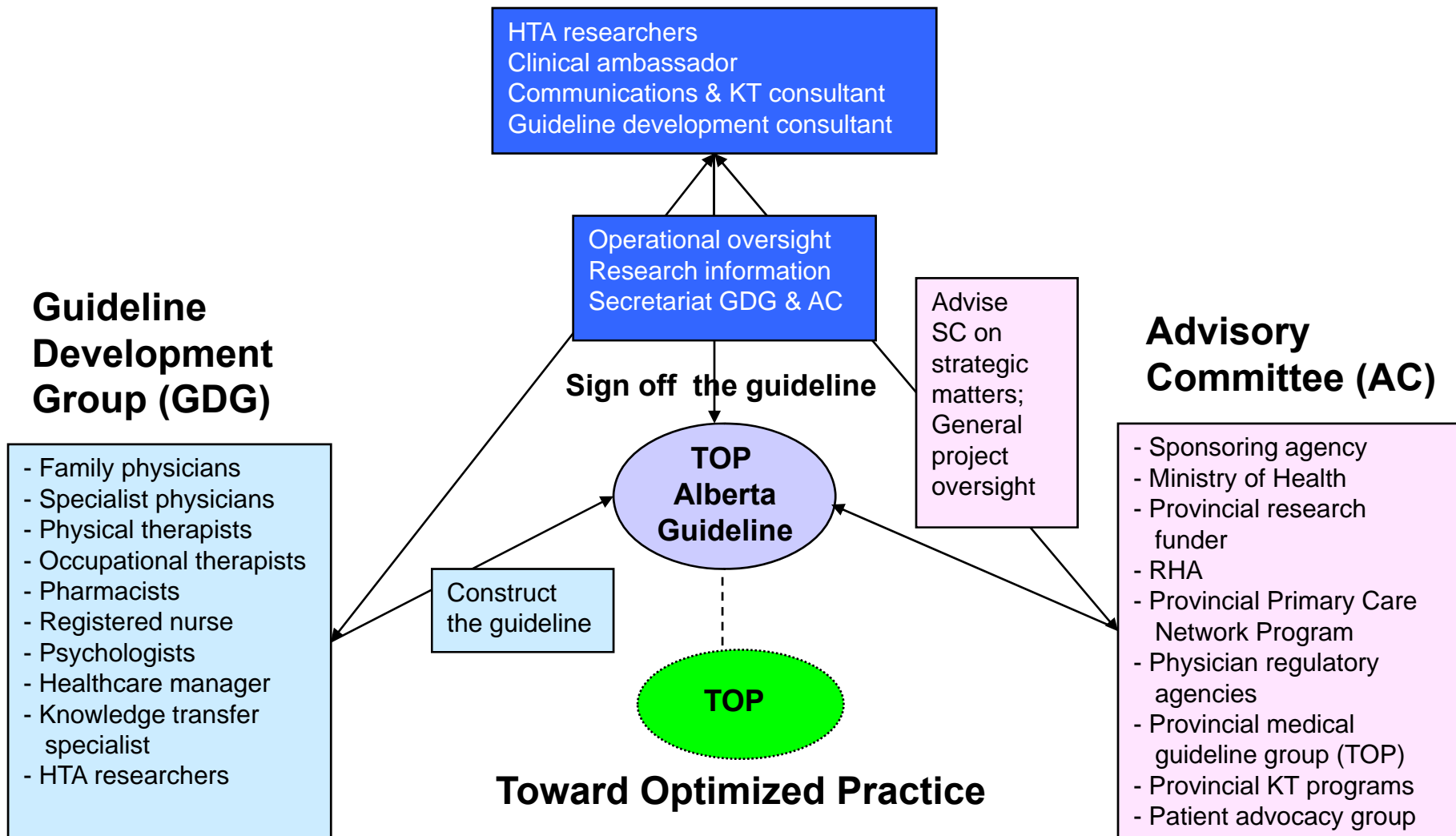
Construct the guideline

TOP

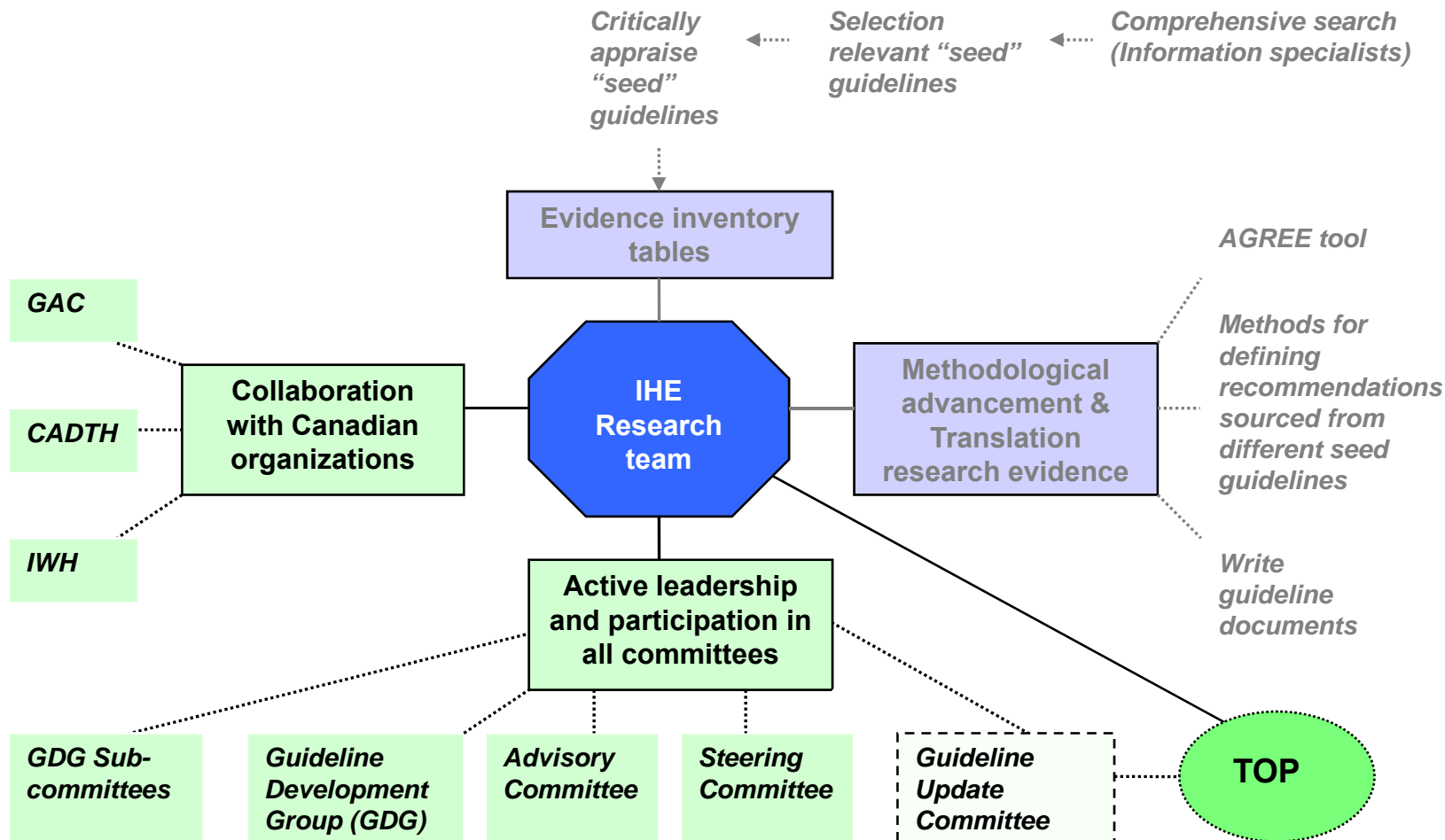
Toward Optimized Practice

## Advisory Committee (AC)

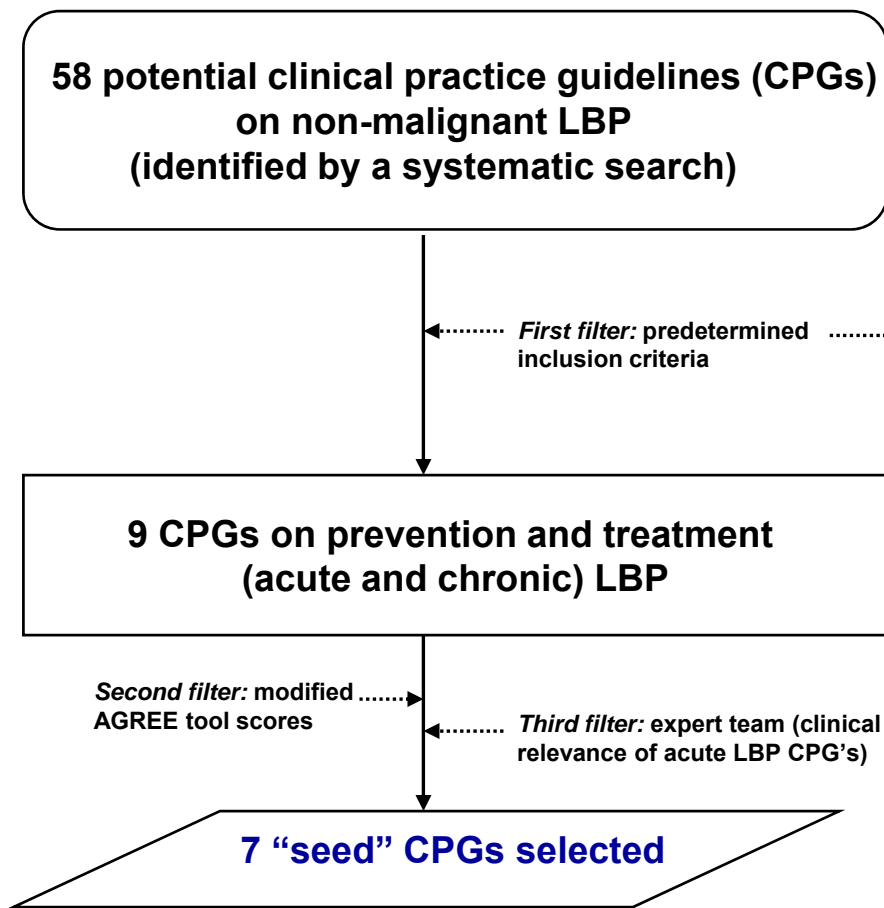
- Sponsoring agency
- Ministry of Health
- Provincial research funder
- RHA
- Provincial Primary Care Network Program
- Physician regulatory agencies
- Provincial medical guideline group (TOP)
- Provincial KT programs
- Patient advocacy group



# Research team involvement



# Selecting the “seed” guidelines

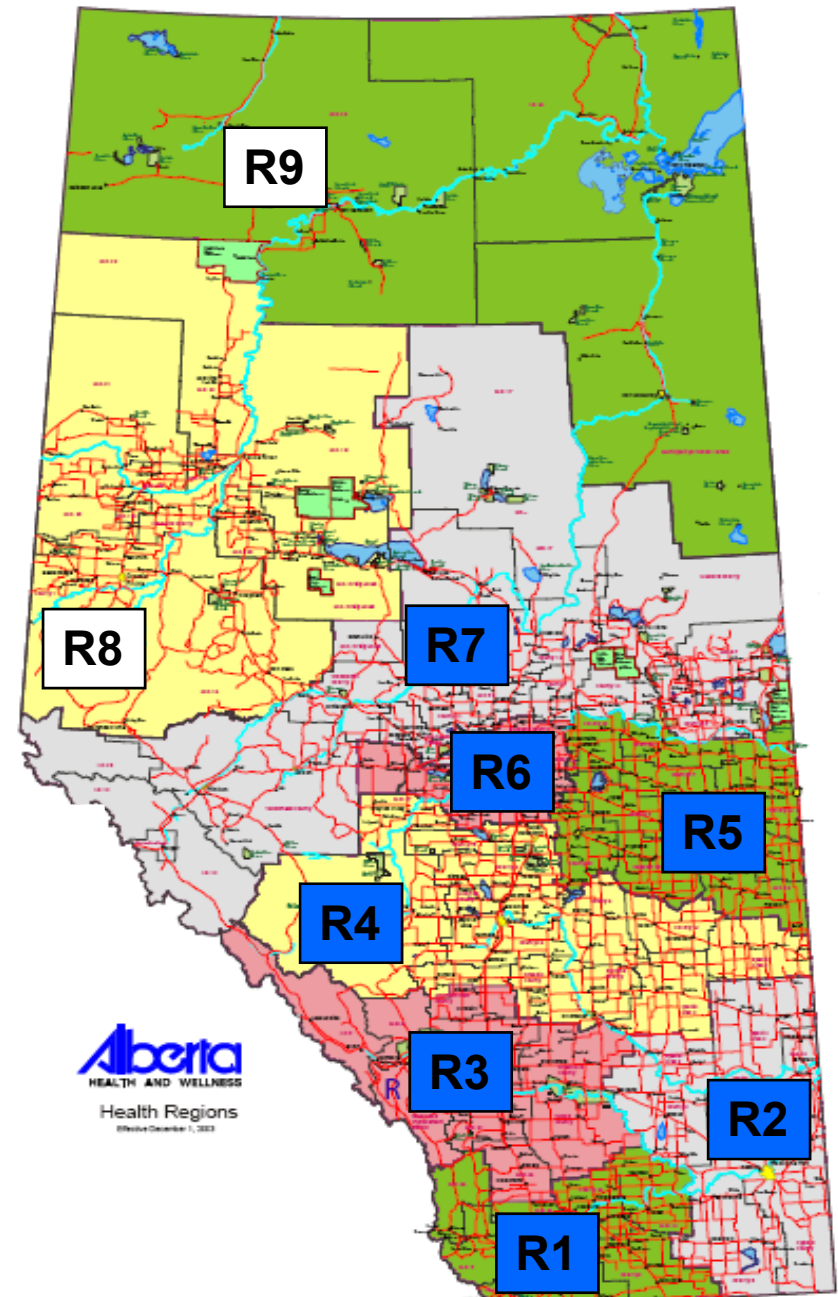


## Predetermined inclusion criteria

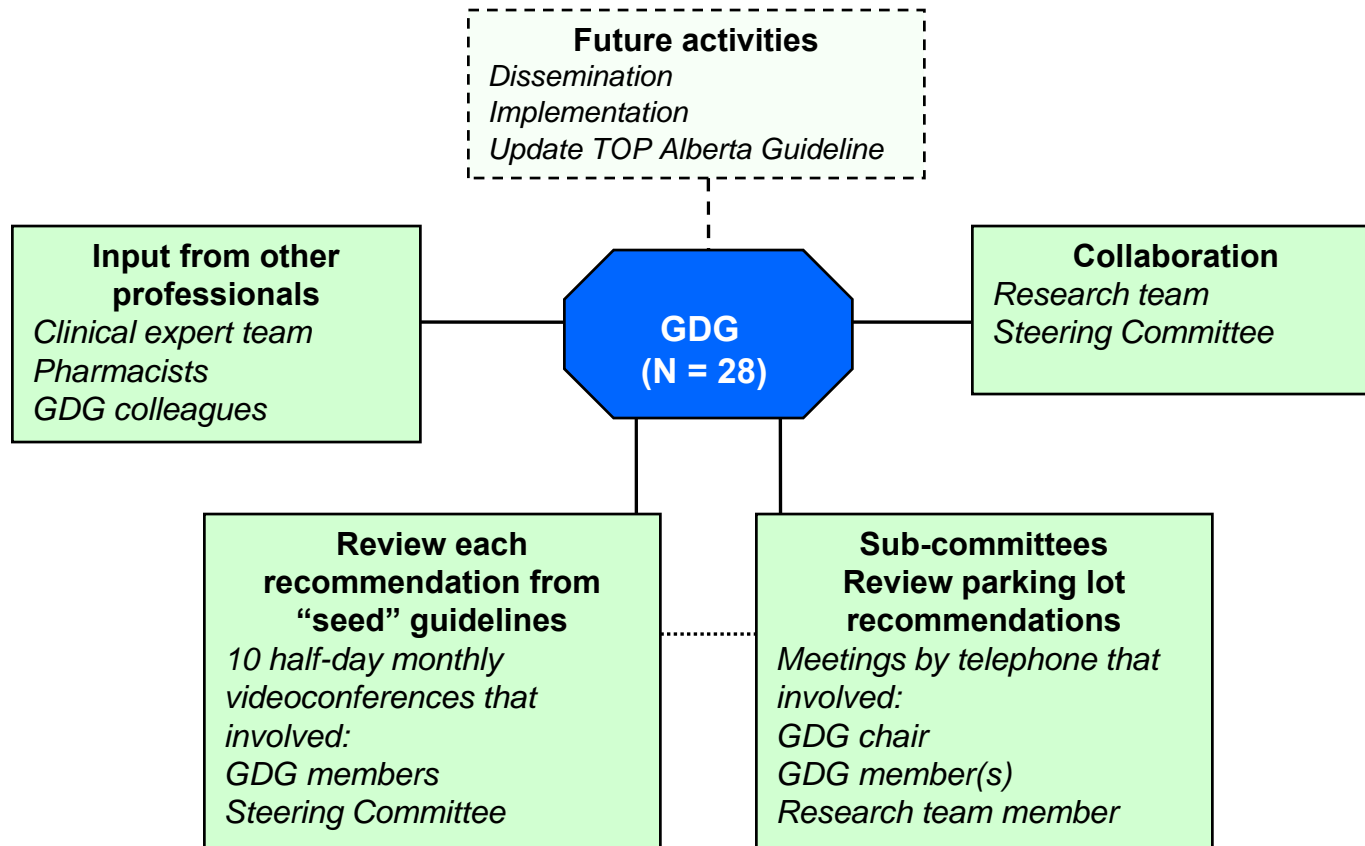
- **Condition:**
  - Non-specific low back pain
- **Population:**
  - Adult patients (≥ 18 years)
- **Intervention:**
  - Diagnosis, non-surgical treatment, or prevention in primary healthcare settings
- **Duration of pain defined as (treatment and diagnosis only):**
  - acute and sub-acute pain: pain <12 weeks
  - chronic pain: pain ≥12 weeks (IASP definition)
- **Publication limits:** from 1996 to Feb 2008
- **Language:** English
- **Source:** countries with developed market economies

# GDG: multidisciplinary team rural/urban representation

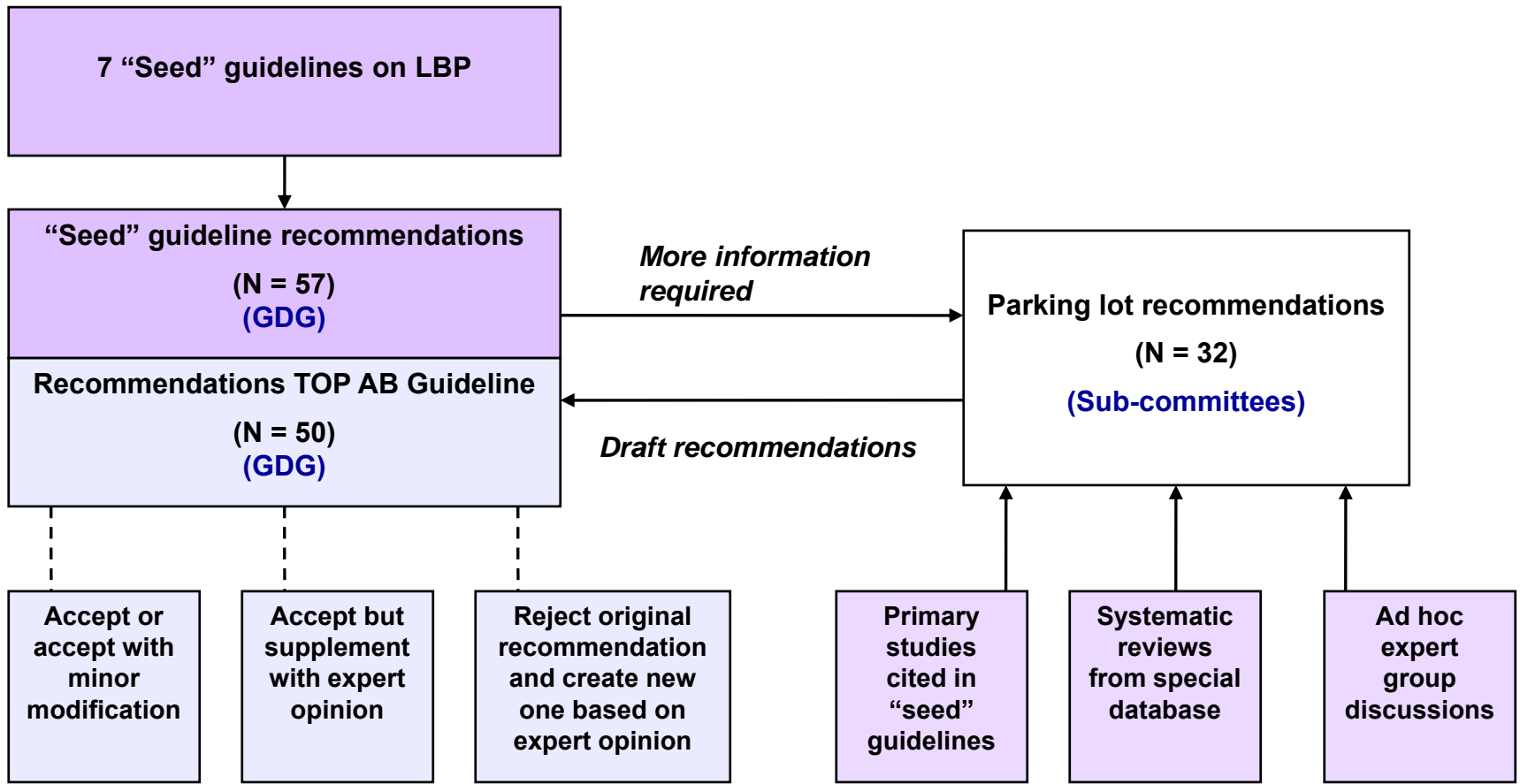
- **R1 Chinook:** physician (1), health care manager (1)
- **R2 Palliser:** physical therapist (1)
- **R3 Calgary:** family physician (2), specialist physician (2), psychologist (2), occupational therapist (1), pharmacist (1)
- **R4 David Thompson:** family physician (2)
- **R5 East Central:** family physician (1), physical therapist (1), occupational therapist (1)
- **R6 Capital:** family physician (3), occupational therapist (1) nurse-manager (1)
- **R7 Aspen:** physical therapist (1), nurse (1)



# GDG involvement



# Formulation of the recommendations

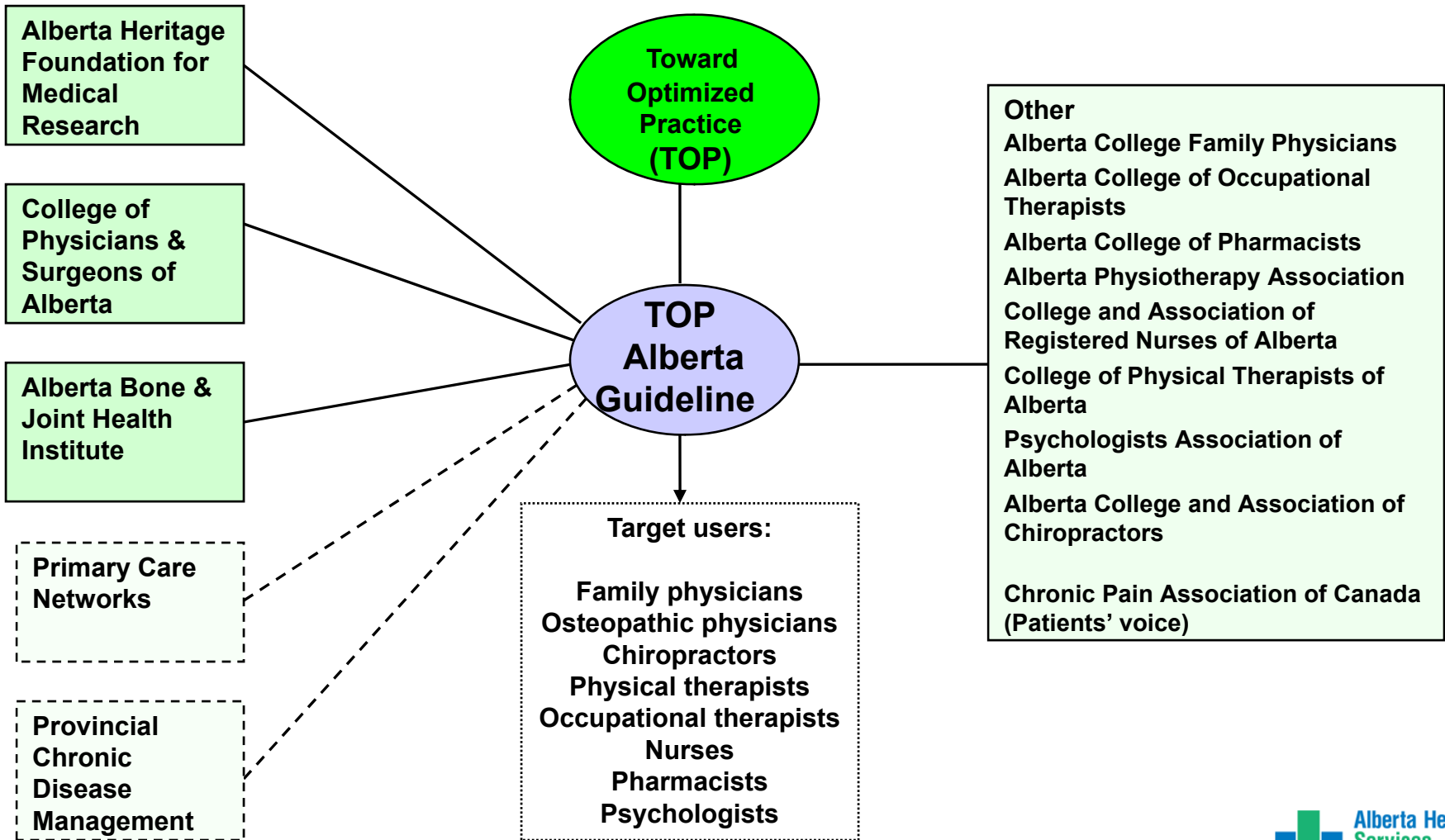


# Consultation for piloting the guideline

- Conference participants, April 11&12, 2008, Edmonton (41)
- GDG and colleagues (8)
- Advisory Committee
- Patient focus group (8)
- Representatives from various professional organizations

# Alliances and collaborations

*Endorse, promote, disseminate, and/or approve*



# What have we learned

- Use of seed guidelines and ad hoc subcommittees expedited the guideline development process
- Partnership of HTA researchers and clinicians ensured an appropriate balance between methodological rigour and clinical relevance
- Active collaboration with TOP during the guideline development process ensured their rigour and standards were met
- Active participation of the national patient advocacy group on Advisory Committee kept the focus on the patient


# What have we learned (cont'd)

- Multidisciplinary GDG guaranteed buy-in and cooperation among the various target users
- Specific disciplines took ownership and development of relevant individual recommendations
- Use of videoconferences promoted the ongoing participation of clinicians by reducing time commitment
- Face to face meeting of professional organisations and guideline programs near the end of the process increased credibility without bureaucratic interference



# March 2<sup>nd</sup> 2009, Low Back Pain Guideline available on TOP website

<http://www.topalbertadoctors.org>


**Toward Optimized Practice**


[Home](#) | [AIM](#) | [Clinical Practice Guidelines \(CPGs\)](#) | [Health Screen](#) | [Suggested Links](#) | [Contacts](#) | [About TOP](#)

Home > CPGs > Low Back Pain > Guideline and Tools

PDA Formats

How are CPGs created?

Subscribe for CPGs



**Abstract:**  
This guideline is to help Alberta's primary care providers make evidence-informed decisions about care of patients with non-specific, non-malignant low back pain. It makes recommendations for prevention, acute, subacute, and chronic low back pain

**Target Population:**  
Adults patients 18 years or older in primary care settings

**Exclusions:**

- pregnant women
- patients under the age of 18 years
- diagnosis or treatment of specific causes of low back pain such as:
  - inpatient treatments (surgical treatments)
  - referred pain (from abdomen, kidney, ovary, pelvis, bladder)
  - inflammatory conditions (rheumatoid arthritis, ankylosing spondylitis)
  - infections (neuralgia, discitis, osteomyelitis, epidural abscess)
  - degenerative and structural changes (spondylosis, spondylolisthesis, gross scoliosis and/or kyphosis)
  - fracture
  - neoplasm
  - metabolic bone disease (osteoporosis, osteomalacia, Paget's disease)

**Management of Low Back Pain**

**Published:** March 2009

**Topic:** Adult Low back pain      **Scope:** Prevention, diagnosis, and management recommendations

**Working Group Membership**

Specialist physicians  
Family physicians  
Physical therapists  
Occupational therapists  
Pharmacists  
Registered nurse  
Psychologists  
Health care manager  
Knowledge transfer specialist  
Researchers

<b>Summary:</b> for the Evidence-Informed Primary Care Management of Low Back Pain	<a href="#">Launch PDF</a>
<b>Guideline:</b> for the Evidence-Informed Primary Care Management of Low Back Pain	<a href="#">Launch PDF</a>
<b>Patient Handout:</b> Chronic Low Back Pain	<a href="#">Launch PDF</a>
<b>Patient Handout:</b> Acute Low Back Pain	<a href="#">Launch PDF</a>
<b>Clinical Assessment of Psychosocial Yellow Flags</b>	<a href="#">Launch PDF</a>
<b>What Can be Done to Help Somebody Who is at Risk?</b>	<a href="#">Launch PDF</a>

Copyright 2009 Toward Optimized Practice | [Terms of Use](#) | [Contacts](#)