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Boot Camp Translation: A Tool to Engage Communities for Patient-Centered Outcomes

Presented By:

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Agency for Healthcare Research and Quality

Sponsored by the AHRQ PBRN Resource Center
July 28, 2015

Agenda

- Welcome and introduction
- Presentations
- Q&A session with all presenters
- Instructions for obtaining your CME Certificate of Participation

Note: After today's webinar, a copy of the slides will be e-mailed to all webinar participants.

Disclosures

- Today's presenters have no financial relationships to disclose.
- Today's presenters will not discuss off label use and/or investigational use of medications in the presentation.

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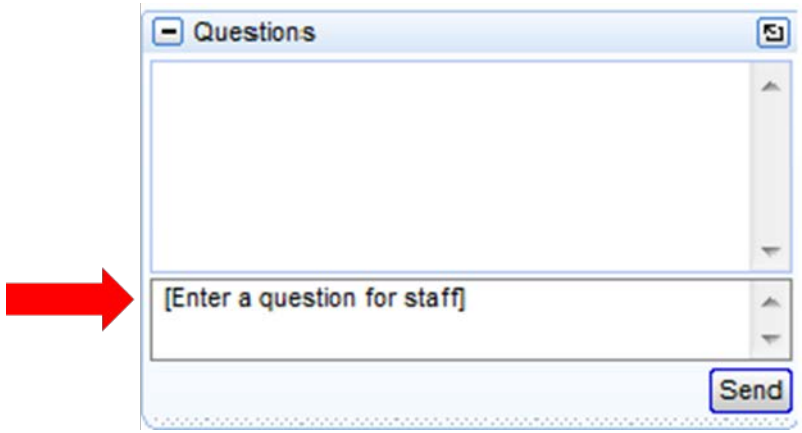

Today's Presenters

Boot Camp Translation: A Tool to Engage Patients, Communities, and Providers for Patient-Centered Outcomes

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SNOCAP PBRN Collaborative

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Boot Camp Translation

A Tool to Engage Patients, Communities, and Providers for Patient-Centered Outcomes

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PBRN Resource Center Webinar July 28, 2015

HIGHPLAINS RESEARCH NETWORK

CCTSI

University of Colorado Anschutz Medical Campus

Goals for Today:

- Describe Boot Camp Translation (BCT) process
- Discuss the structure and components of BCT
- Describe the team members and other resources needed to do BCT
- Review results of sample of BCTs

We’re from the University. We’re here to help!

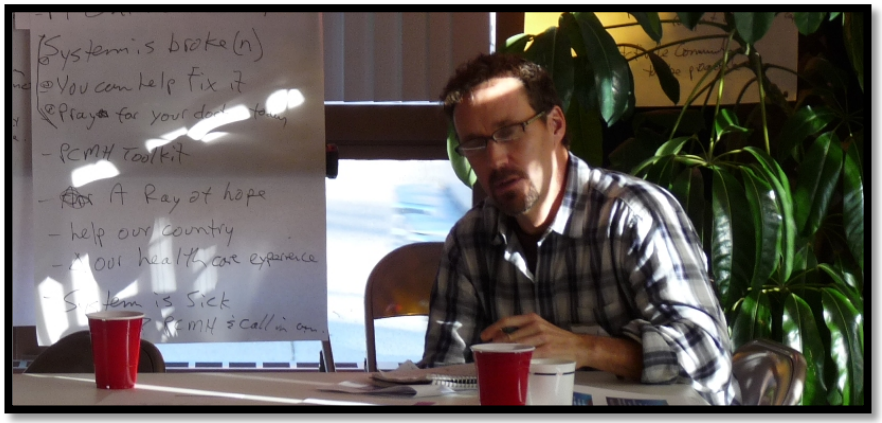
"It is inherently improbable
that an academic researcher can ask
a clinical question
that matters to a patient."

Boot Camp Translation (BCT)

- *A process* by which evidence-based medical information and jargon, and clinical guidelines are translated into concepts, messages, and materials that are locally relevant, meaningful, and engaging to community members.

BCT addresses 2 key questions:

- What is the message to our community?
- How do we effectively share that information with our community?



HPRN Mission: To provide excellent rural health care by translating the best scientific evidence into every-day clinical practice.

Community Advisory Council Guiding Principle: Help inform and guide research in real patient experience and assure information returns to and improves the quality of health care in individual rural communities.

HIGHPLAINS
RESEARCH NETWORK

High Plains Research Network
Community Advisory Council
Campus, Community, Collaboration

Boot Camp Translation Steps

Using their local community expertise and research skills, community members and research teams partner to:

1. **Evidence** - Meet to learn about a topic that is affecting their community.
2. **Relevance** - Determine what information to pass along to community.
3. **Target** - Determine target patients and community members.
4. **Action** - What do we want people to do?
5. **Create** - Messages, materials, and dissemination strategies.

Series of meetings and conference calls; 4 – 12 months

Boot Camp Translation

Knowledge is set free and we all become experts!

We share knowledge

We share information

We ask questions

Lots of questions!

We learn together

We meet each other face-to-face.

We talk about a topic that is affecting our communities.

As expert members of our community, these questions help us decide what knowledge needs to be passed on

We share the information with our communities

We act to improve the health in our community

Boot Camp Translation

It’s iterative.

It’s about learning together.

It’s about creating something new.

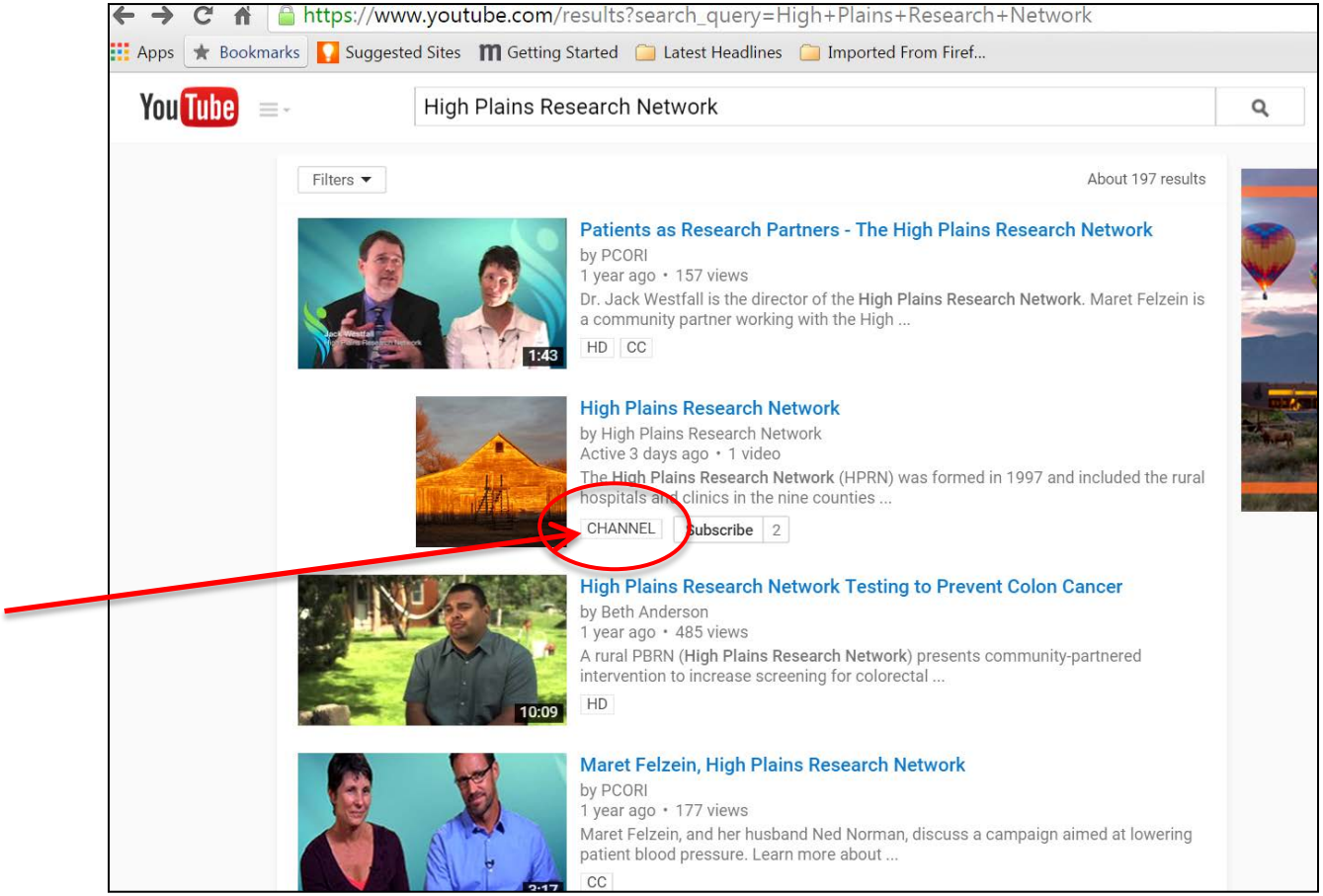
It’s all about expertise

- Community expertise
- Personal expertise
- Research expertise

- And
  - Grant writing expertise
  - Local communication expertise
  - Idioms in English
  - Idioms in Spanish – local Spanish
  - Where is the best place to meet old farmers?
  - What will get a rural teenagers attention?
  - Survey methodology expertise

Video Resources

- Search “High Plains Research Network” on Youtube
- Click on “channel” button

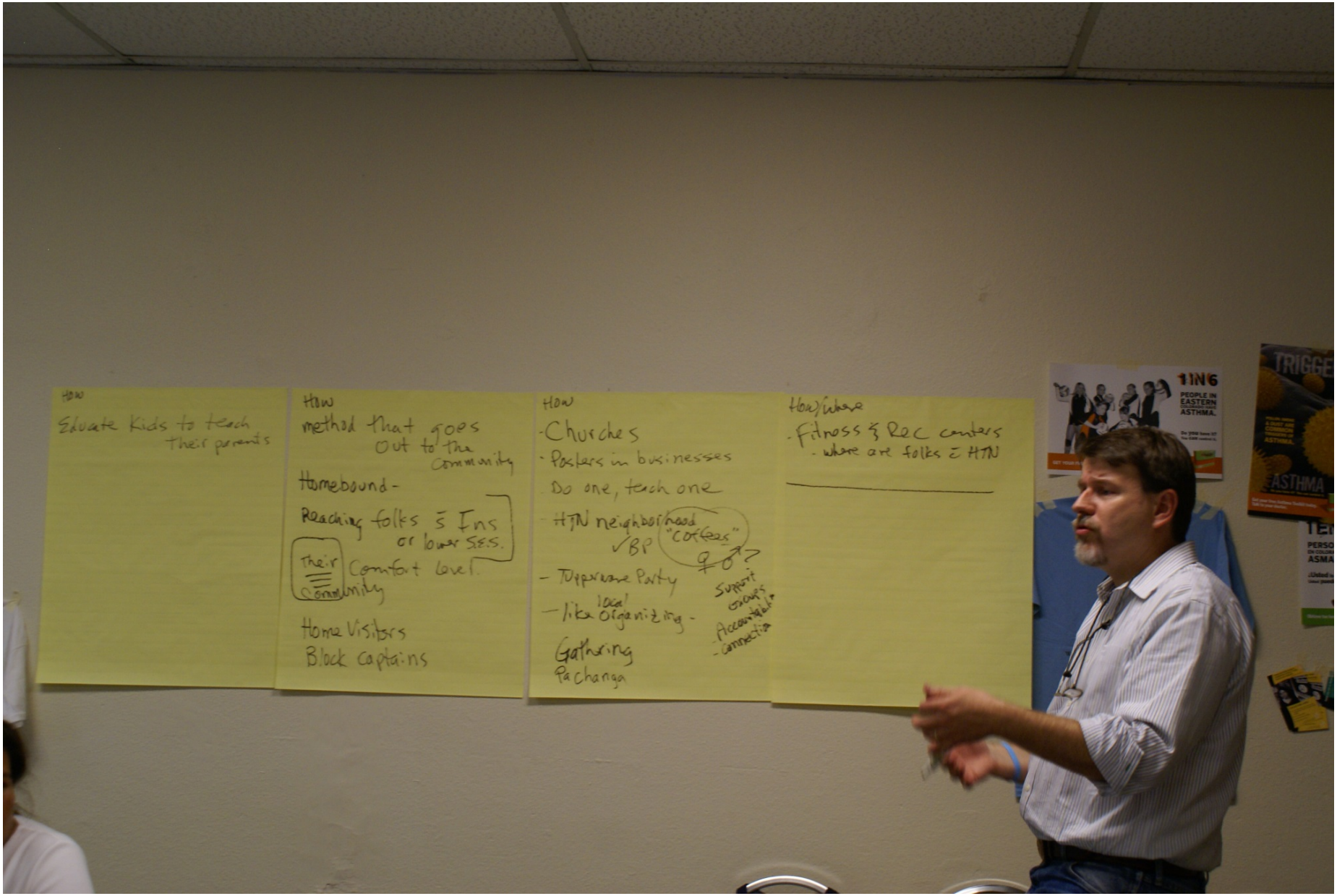


Boot Camp Translation Kick-Off Meeting

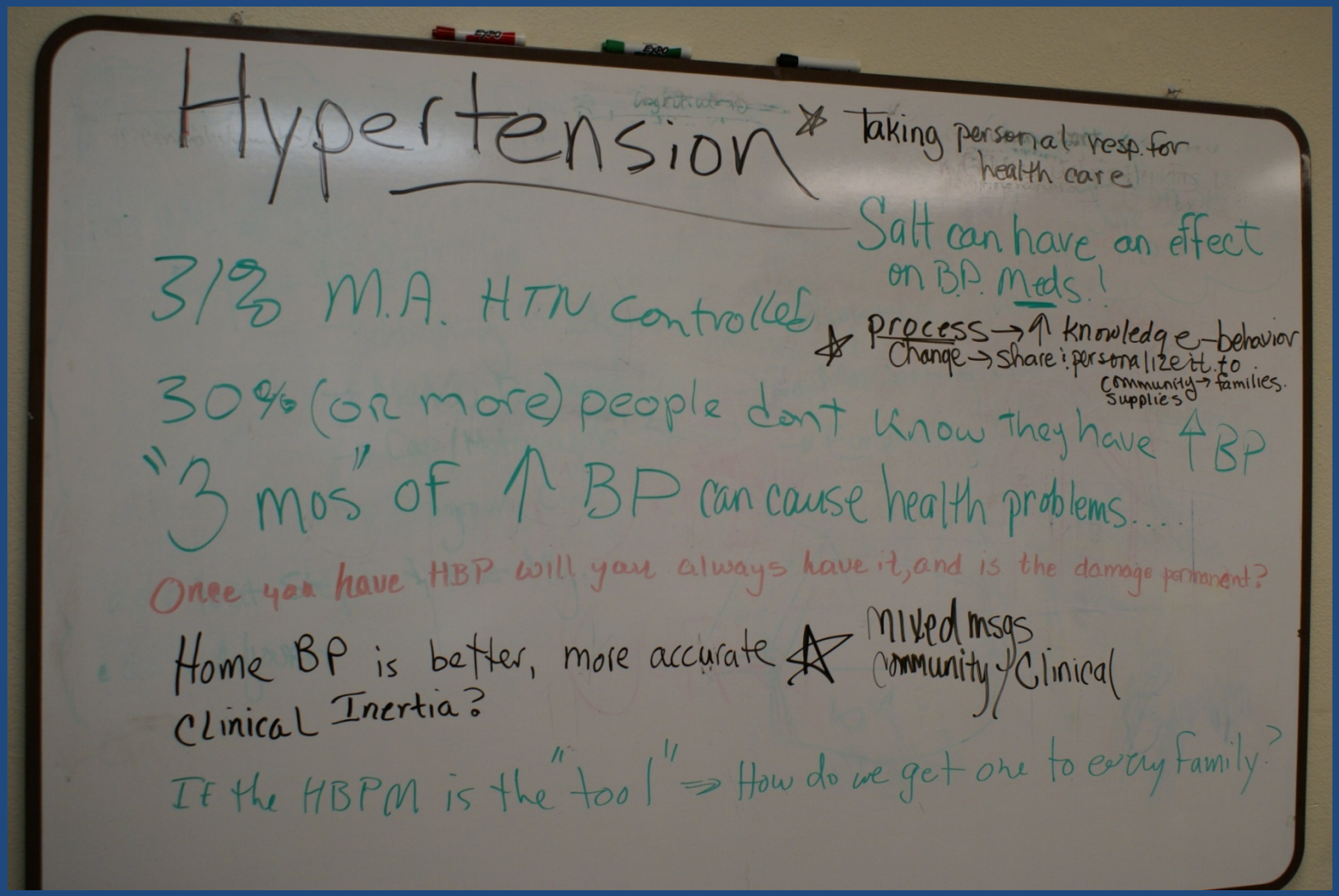
Evidence-based “lecture”

Co-Learning – everyone learns something

Facilitating Boot Camp – notes



Lots of notes – with ideas, questions, and priorities identified by the community



Examples of BCT Messages and Materials

Home blood pressure management/HTN
Boot Camp Translation Meeting (with CREA Results)

Do you know your blood pressure numbers? If you don't they could be high!

Educate and Motivate Your Family to Participate!

CREA RESULTS
COMMUNITY RESEARCH · EDUCATION · AWARENESS

Hypertension Boot Camp – CREA Results – Urban Latino(a)

HIGHPLAINS RESEARCH NETWORK

Testing To Prevent Colon Cancer Study

4 evidence-based Main Messages to providers and communities:

- Colon Cancer is the second leading cause of cancer death in the US.
- It is preventable.
- Testing is worth it.
- Talk to your doctor today.

Ads and Personal Stories in local newspapers

cancer prevention

Perry: Colorectal cancer testing a must

This is the last of a four-part series on colon cancer prevention. These articles are part of a CDC-sponsored project to improve rates of colon cancer testing in rural Colorado and are made available through the work of the Joint Planning Committee and the High Plains Research Network.

By Carol Barrett
Journal-Advocate community editor

STERLING — Hal Perry believes colorectal testing saved his life — or at the very least, prevented needless misery.

"I'm a firm believer in it," said the retired Northeastern Junior College professor. "I didn't want to go through what my dad went through."

By the time Perry's father was diagnosed with colon cancer, his treatment required the removal of a section of his colon, followed by chemotherapy. Perry remembers the chemotherapy as a miserable experience for his father. And although chemo is now less of an ordeal for the patient, he still wants to avoid all that if he can.

As a result of his father's cancer, Perry started having routine colonoscopies when he was about 41 or 42.

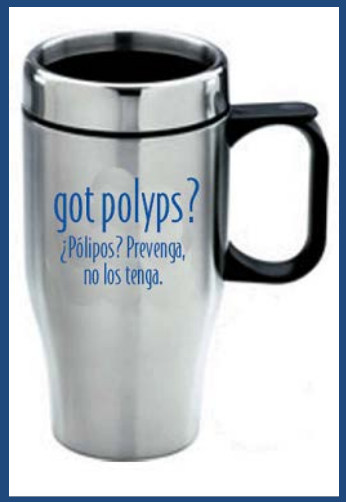
"Even then, I had a polyp," he said. Polyps are small growths that form in the intestinal tract or bladder and often develop into cancer if they are not removed.

Since then, Perry has been tested regularly, and nearly every time, one or two new polyps have shown up, which were promptly taken out. His next-to-last test, however, revealed six more polyps.

See CANCER on Page 7

Carol Barrett/Journal-Advocate
Hal Perry in his yard with the John Deere garden tractor.

Mugs given out by practices



Talks given at local clubs and organizations by community members and local providers

Farm Auction Flyer all about colon cancer

Farm Auction

ask your doctor about

Colon Cancer

Did you know that.....colon cancer is the second leading cause of cancer death in the US....colon cancer is preventable....colon cancer testing is worth it...you should talk to you doctor about testing today!

Auction

Take Action

Tractors, Combine, Trucks Pickups and Cars

Your risk for colorectal cancer may be higher than average if you or a close relative have had colorectal polyps or cancer or if you have inflammatory bowel disease.

Regular screening for polyps using sigmoidoscopy or colonoscopy can prevent cancer and save your life.

Your doctor can find and remove colon polyps before they develop into cancer.

A sigmoidoscopy views the lower part of the colon (where two-thirds of colorectal cancers occur).

A colonoscopy examines the entire colon and allows any polyps found to be removed.

Talk to your doctor!

Machinery

Colon cancer occurs when polyps (small growths in the colon) start to grow abnormally.

Not all polyps will develop into cancer, but nearly all colon cancers come from polyps.

Removal of polyps prevents the chance that one might become abnormal and develop into colon cancer.

Talk to your doctor!

Miscellaneous

- Most colon cancers develop from polyps in the colon.
- An estimated 105,000 new colon cancer cases will be diagnosed this year in the U.S. 1600 new cases will be in Colorado.
- Each week, about 6 women in Colorado die from colon cancer compared to about 9 women dying from breast cancer.
- Most people who have colon polyps do not experience any symptoms.
- Men and women have a similar risk of getting colorectal cancer.
- Regular testing for colon polyps to prevent colon cancer can save your life.
- 1 in 3 people over 65 has a colon polyp.

Talk to your doctor!

Farm and Shop Items

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway connecting the colon to the anus.

Several different screening tests can be used to test for polyps or colorectal cancer. Each can be used alone. Sometimes, they are used in combination with each other.

Fecal Occult Blood Test or Stool Test—A test you do at home using a test kit you get from your health care provider. You put stool samples on test cards and return the cards to the doctor or lab. This test checks for occult (hidden) blood in the stool.

Flexible Sigmoidoscopy—A test in which the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer in the rectum and lower third of the colon. Sometimes this test is used in combination with the fecal occult test.

Colonoscopy—This test is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer in the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

Double Contrast Barium Enema—A test in which you are given an enema with a liquid called barium. The doctor takes x-rays of your colon. The barium allows the doctor to see the outline of your colon to check for polyps or other abnormalities.

Talk to your doctor!

Collectables

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include:

Blood in or on your stool (bowel movement).

Stomach aches, pains, or cramps that happen a lot and you don't know why.

A change in bowel habits, such as having stools that are narrower than usual.

Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Talk to your doctor!

Auctioneers:

The Joint Planning Committee, High Plains Research Network

Talk to your doctor!

Pocket cards handed out at community talks and placed in businesses to pick up.

Diabetes Self-Management Tools Boot Camp Translation CaReNet Patient Advisory Council

Diabetes Boot Camp Translation

CaReNet PBRN

Urban underserved

Diabetes

The First Page

You have Type 2 Diabetes. Remember these messages:

* You can live a healthy life with Type 2 Diabetes.
* There is much to learn about diabetes. It's OK if you don't know everything right now.
* There are some things that you will need to do.
* There are some things we will do here (blood tests, education, regular checkups, look at your feet).
* This clinic team and I will be here for you.

Provider signature: **Patient signature:**

BCT…What it’s not:

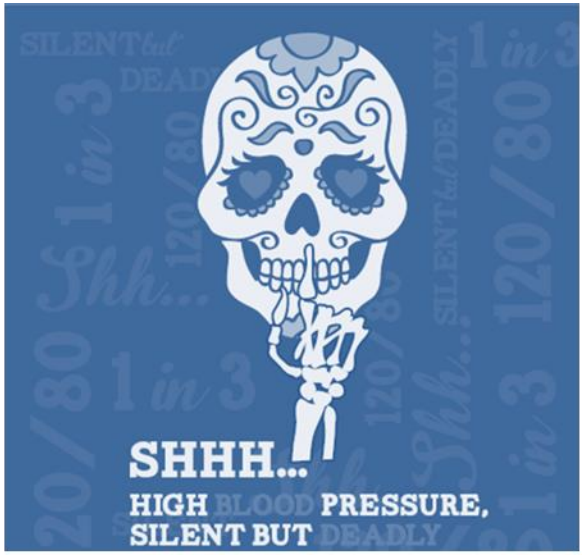
- Rhetorical question
- Series of focus groups

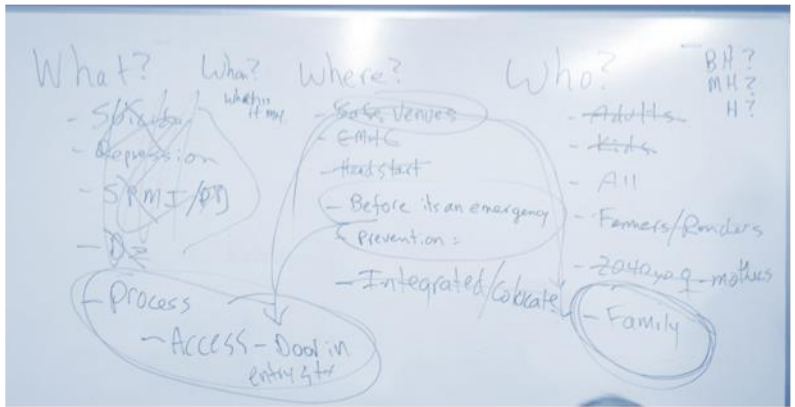
BCT is an opportunity for…:

- Shared expertise
- High level education experience for participants
- Collaborative co-creation
- Consistency in member participation (not onceo r twice but multiple points of engagement)
- Active facilitators

BCT Nuts and Bolts

- Team
- Process/timeline
- Budget





Topic selected prior to funding or based on already-funded project

1

BCT Meetings and Calls (primary BCT activities):
- What is the message about topic?
- How do we get the message out?

2

Production of Materials

Intervention/Program Implementation

3

Evaluation (process, health outcomes, or both)

Results reviewed with community

Results disseminated back to larger community and in academic settings

4

Dissemination of intervention/program (region, state, national)

1: Core BCT activities: determine messages, materials, and strategies to share messages with community. Funding may or may not be available.

2: Production of materials created during BCT. Funding from existing grant or team applies for funding for #2 and #3.

3: Intervention/program implementation and evaluation (processes, health outcomes, or both).

4: Creation of broad dissemination package. Apply for funding, if none available in existing grant.

BCT TEAMS

- Consists of academic researchers/staff and community members
- Ensemble of skills and personal characteristics

  Facilitator

  Co-facilitator

  Coordinator

  Administrative Support

  Medical Expert

  Community Members

BCT PROCESS:

- Uses a series of in-person meetings and conference calls.
- 20-40 hours of participant time and can last anywhere from 4-12 months.

BCT PROCESS: SAMPLE TIMELINE

Date	Event	Duration
January 7	In-person Kick Off Meeting: Extended meeting with intense education session, Q&A, reactions	6.5 hours (includes lunch and 2 15-min breaks)
Jan 24	Conference call	30 minutes
Feb 12	Conference call	30 minutes
Feb 22	Conference call	30 minutes
March 21	In-person meeting	2-3 hours
April 12	Conference call	30 minutes
April 30	Conference call	30 minutes
May 16	Conference call (if needed)	30 minutes
June 14	In person meeting	2-3 hours
July 2	Conference call	30 minutes
2-3 weeks	Schedule more conference calls as needed	30 minutes
Sept 12	In-person meeting: Review final product or outcome, bring process to close, discuss next steps, celebrate	2 hours

BCT BUDGETS

- Varies (25K – 40k)
- Variability results from:
  - Personnel
  - Travel
  - Production of materials

Sample Budget

Budget Category	Description		Amount Requested
Personnel		**Total**	**$23,200.00**
Facilitator			$5,000.00
Co-Facilitator			$10,000.00
Administrator			$3,000.00
Medical Expert			$1,000.00
BCT Participant Stipends	14 participants @ $300 each		$4,200.00
Supplies		**Total**	**$300.00**
Office and meeting supplies			$150.00
Printing			$150.00
Travel		**Total**	**$3,030.00**
In-state University employee travel (Rural BCT only)			$230.00
Community participant travel			$2,800.00
Other Expenses		**Total**	**$3695.00**
Meeting Space			$400.00
Food			$1,000.00
Teleconference services			$250.00
Postage			$45.00
Graphic Design			$2,000.00
		TOTAL	**$30,225.00**

BCT TEAMS: Facilitator

- Team leader; sets the tone
- Needs intermediate to advanced facilitation skills
- Provides focus and direction
- Identifies key concepts, facilitates decision-making over and over, tracks and responds to group dynamics
- Analyzes qualitative data and offers initial next steps
- Medical background very beneficial
- Relationship with community – some connection

BCT TEAMS: Co-Facilitator and Coordinator

- Understands and helps direct all aspects of BCT
- Primary link between community and academic partner
- Needs strong interpersonal communication skills and flexibility
- Needs coordination, facilitation, and research skills
- Works closely with facilitator throughout BCT
- Analyzes qualitative data and offers initial next steps
- Sets up meetings, communicates with all partners, processes notes, determines next steps, helps conduct evaluation activities.

BCT TEAMS: Medical Expert

- Educates the BCT partners on the specific health topic:
  - Broad medical condition
  - Basics of the disease process
  - Components of the medical guideline or recommendation
- Understands this is not a “lay” presentation
- Isn’t afraid to be the “expert”
- Does not have agenda
- Usually identified by academic partner
- Participates as much as possible during BCT activities

BCT TEAMS: Administrative Support

- Ensures smooth execution of several logistical tasks
- Typically falls to the partner organization or institution where the grant is housed and that is supporting the BCT activities

BCT TEAMS: Community Members

BCT TEAMS: Community Members

- Bring unique perspective and experiences
- Are experts at living in their community
- Are not representatives of community
- Range from heads of local organizations to lay persons
- Come from diverse educational, socio-economic, and ethnic backgrounds and ages

“There are a lot of people in the community who want to help and who are curious. All you have to do is ask.”

Ned Norman, High Plains Research Network
Community Advisory Council member

How to Successfully Fail at BCT:

- Cut corners wherever possible in preparing for meetings. We're all busy, and these things pretty much run themselves.
- Make sure to keep roles on the team loosely defined, so know one knows exactly what they are supposed to do during meetings. Confusion adds fun!
- If participants don't have the fortitude to jump in with their their input during meetings, just let them be. Their ideas probably don't matter anyway.
- Always remember this is your project. Your ideas come first. Those of your participants later.
- Encourage your expert presenters to pack a lot of material into their presentations and cover it quickly. No need for you to facilitate during this. Enjoy a little break!
- Make sure participants' questions are not welcome until the very end.
- Experts love to be experts! The group will love them!
- If participants leave early, just let them slip out quietly. No one will notice.

Why These Points Matter (seriously):

- **Groups naturally tend to struggle with the task of BCT. Bion called this "basic assumptions" vs. "work."**

  - Basic assumptions are the expectations members bring to the group like: "we are going to change the world", "the world is against us" or "if we could only go back to the good old days."

  - Facilitators manage these natural impulses. If they don't the group will put them into a role that satisfies one or more of these expectations.

  - A group that is well run can consciously put aside what they thought or wished the group was about, and focus on the real work!

Why These Points Matter (seriously):

- **Things to keep in mind:**
  - Preparation - make sure you are clear with yourself and the team about goals and roles. Meet to discuss these.
  - At each meeting - state for the group what the goals and roles are at the beginning and as often as needed
  - Cues and clues
    - Unending questions - "wouldn't it be better if you just solved this?" (Academics beware!)
    - Ain't it awful - "the system is to blame!"

Thank you!

Boot Camp Translation: A Tool to Engage Patients, Communities, and Providers for Patient-Centered Outcomes

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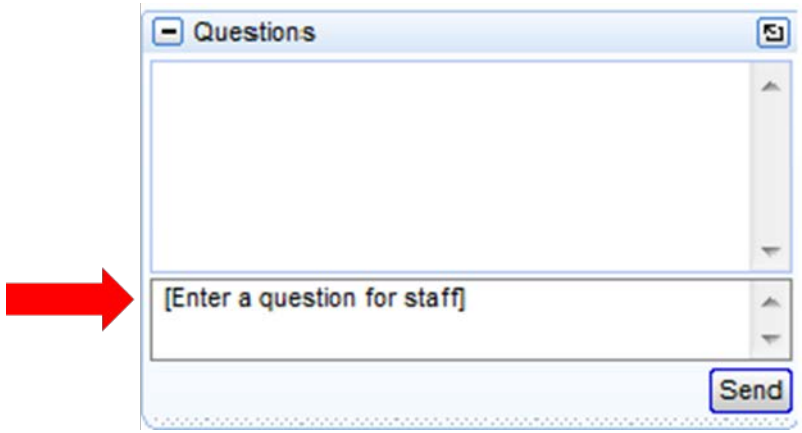

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Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

If you would like to request a copy of your CME Certificate of Participation, please e-mail PBRN@abtassoc.com. *Once this webinar has been approved for CME credit*, we will send you your CME Certificate of Participation.

Upcoming Events

Upcoming AHRQ PBRN Resource Center Webinars:

- **August 7, 2015, 1:00 – 2:30pm ET:** DARTNet Guided Exploration of Linkages Between Existing Health Data, Patient Reported Outcomes and PBRN Research
- **August 18, 2015, 12:30 – 2:00pm ET:** Adaptive Trial Design and Learning Evaluation
- **September 9, 1:30 – 3:00pm ET:** *Using Rapid-Cycle Research to Reach Goals: Awareness, Assessment, Adaptation, Acceleration*-A Guidance Document

Visit http://pbrn.ahrq.gov/events for webinar registration information and details on other upcoming PBRN-relevant events

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