



Outcomes Report of Activities Supported by Campus Alberta HOPH Meeting Grant

Please provide responses to the six questions below, expanding as necessary to a maximum of two, single-spaced pages.

Date of Report	April 12, 2017
Date of Meeting	Nov 4, 2016; Nov 25, 2016; Dec 8, 2016; Dec 19, 2016; Jan 16, 2017; Jan 19, 2017; March 9, 2017
Title of Meeting	IMPORTEN: Integrative Medicine Patient-ORiented Treatment Evaluation Network
Team Lead(s)	Sunita Vohra (University of Alberta); Salima Punja (University of Alberta)
Amount of Award	\$4000

1. Please append the program/agenda for your HOPH-sponsored meeting.

We had multiple meetings, not a single meeting; in all we discussed collaboration regarding IMPORTEN (one page summary attached).

2. Meeting attendance (total number of attendees, affiliations represented, etc):

This grant supported a number of small meetings, and one larger meeting for colleagues from across the province (Edmonton, Calgary, Lethbridge) to meet. The total number of attendees across the 7 meetings was 27 individuals representing the University of Alberta, University of Calgary, University of Lethbridge, Alberta Health, and Alberta Health Services.

3. Outline the meeting expenses covered by the awarded funding:

Travel expenses
Food and catering

4. List, provide, or explain outcomes from the meeting (reports, publications, etc):

- Expanded our provincial engagement strategy by building new relationships and strengthening existing relationships
- Developed access to various sites for recruitment across the province (clinics in Edmonton, Calgary, Lethbridge)
- Confirmed ongoing relevance of shared decision-making to the province (Alberta Health) as they are looking for ways to update how primary care is delivered across Alberta
- Networked with community engagement partners
- Developed/deployed access and funding for student community field work placements
- Discussed and identified additional funding opportunities
- Identified additional avenues for collaboration among patients, health care providers, policy makers, and knowledge translation partners



Faculty of Health Sciences



5. List (with projected timelines and names of participants) what activities or next steps are ensuing from the meeting (follow-up meetings, etc):
- April 27, 2017: Qualitative data analysis training program arranged for students (field placements) at the University of Lethbridge and will be open to all researchers at the University
 - Discuss community engagement strategy with IMAGINE, a provincial patient advocacy initiative
 - June 2: Meeting with IMPORTEN research team and KT partners to be held at the University of Calgary
6. Please provide any additional commentary on the benefits or unexpected consequences arising from the meeting:

Background

More than 70% of patients with chronic diseases use complementary therapies (CTs) such as natural health products (NHPs), mind-body therapies and acupuncture. Despite the prominence of CTs in patients' lives, healthcare providers (HCPs) do not routinely ask about CT use, nor do patients necessarily disclose it, which compromises shared decision-making (SDM). SDM is considered essential to evidence-informed, patient-centred care, especially in chronic disease management. SDM involves patients and HCPs in discussing the goals, preferences, and beliefs that motivate patient treatment decisions, as well as available best evidence about efficacy and safety of therapy options. For SDM to occur, patients must feel they can discuss their health goals and preferences, and HCPs must be willing to support SDM. CTs pose a valuable opportunity to promote SDM. Patients have stated they would like to discuss CTs with their conventional HCPs and conventional HCPs recognize that patients use CTs without restriction.

Hypothesis: Patients with chronic disease who are engaged in their health/health care have better outcomes than those who are not.

Aims:

1. Understand the barriers and facilitators to SDM between patients and HCPs using CTs as a model to explore these issues
2. Explore the role of personal health records in promoting SDM
3. Explore the factors that contribute to prescribing and de-prescribing both complementary and conventional therapies
4. Understand the factors that determine patient activation and effective self-care

Patient populations: Adult patients with cancer, cancer survivors, and patients with depression and/or anxiety and their HCPs. Patients will be recruited through participating AHS sites and Primary Care Networks across Alberta. We will ensure sampling of Aboriginal populations.

Research approach: Project 1: An ethnographic design with a participatory action approach for both patients and HCPs will be used to learn about experiences, perceptions, barriers, and facilitators of SDM and about processes to involve patients in research. Project 2: All consenting patients, whether using CTs or not, will be enrolled in our observational cohort for prospective outcomes research. Whether outcomes show benefit, no effect or adverse effect, sequential and systematic data capture is valuable. Future research: This cohort forms a registry for future clinical trials and data linkage with other provincial databases.

Outcomes:

1. SDM between patients and HCPs
2. Patient activation/engagement in their health care
3. Patient satisfaction with their health care
4. Clinical health outcomes
5. Health care utilization

Significance: A key priority for patients with chronic disease is to be able make decisions about the integration of CTs and conventional therapy jointly with their healthcare team. We anticipate that our work will facilitate SDM and will strengthen the health and wellbeing of individuals living with chronic conditions in Alberta.