

## POSTER ABSTRACT

### Implementing healthcare innovations in primary care: Strategies from New Zealand context to transform healthcare systems

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**Introduction:** Type 2 diabetes mellitus (T2DM) substantially increases the risk for severe Chronic Periodontitis (CP) and vice-versa. The International Diabetes Federation and World Dental Federation have also developed conjoint practice guidelines on oral health in diabetes care. New Zealand (NZ) and many other countries do not emphasise periodontal care for T2DM patients.

Factors affecting uptake of research and policy by primary Healthcare Professionals (HCPs) are incompletely understood in NZ. Nevertheless, there are good examples of successful changes in practice and uptake of innovations by NZ HCPs. Understanding such successful instances can inform how a proposed new periodontal intervention (and other care improvements) can be effectively integrated into T2DM care. Therefore, the study first explores existing innovations to understand the underlying mechanisms involved in such integrations and then attempts to translate that knowledge back to T2DM context.

Research question: How can GPs' and Practice Nurses' professional expertise and their perspectives of practice context contribute to the integration of periodontal intervention into NZ T2DM primary care context?

**Theory and Methods:** Qualitative methods (semi-structured interviews) are used. Multiple theories (Consolidated Framework for Implementation Research, Diffusion of Innovation Model, Normalisation Process Theory and Clinical Mindlines) inform this study. Purposeful sampling (positively-deviant outliers) is used. HCPs, who were deemed to be successful in the integration of a distinct innovation into their practice, were asked about their experiences on factors that influenced the implementation and sustainability of innovations. Data includes the experiences of HCPs (from primary care practices) on factors that influenced the sustainability of innovations for which they have an excellent reputation. Data is analysed using general inductive approach to develop an evidence-based model.

**Results:** A selection of key preliminary themes will be presented. Examples include: making professional sense of new practice; assessment of: relative risk and advantage of new practice, impact on existing routines, compatibility with practice priorities, local feasibility; building a collective understanding of each others' new roles and responsibilities; forming a

commitment to the new practice; constructing and participating in new collaborations; and making contextual decisions.

**Discussion and Conclusion:** This project work (the first such study in NZ):

Challenges the linear model framing of implementation of policy in clinical practice

Frames HCPs' perspectives of an intervention as complimentary practice scholarship

Applies principles of engaged scholarship

Has a multi-disciplinary team – Dentist, GP, Nurse leaders, Clinical Leads, Sociologist, Clinical Directors, Programme Managers and Advisors to District Health Boards and NZ Health Ministry.

Theoretical concepts in the model will be synthesised as a practical toolkit for use by policy-makers and healthcare managers. Findings will inform the 2015-2020 Living Well with Diabetes plan by the NZ Ministry of Health and then subsequently influence clinical practice locally and internationally.

Before a policy formalises a new periodontal intervention, findings can prospectively guide policy-makers (as an aide-mémoire) to understand innovation – system fit and consider strategies for addressing barriers before an implementation plan is finalised. Findings are also anticipated to be transferable to other new care improvements. Findings can also be used retrospectively as an evaluative tool to understand challenges in the integration of other existing innovations.

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**Keywords:** healthcare innovations; healthcare improvement; implementation science; evidence based medicine; knowledge translation; health services research; healthcare policy

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