

Primary Care Innovation Seminars: An experience in dissemination of knowledge on network

Primary Care Innovation Seminars, knowledge on network

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ABSTRACT

This descriptive text shows a teaching experience in diffusion of knowledge and innovation in the Primary Care in Spain.

The initiative of the “Primary Care Innovation Seminars” (PCIS) started from the professional perspective, designed and organised by a rural doctor. The objective of the seminars is to present and study innovative changes in the organisation and delivery of healthcare services in Primary Care. That is, the objective is putting knowledge into action.

In the almost five years of the PCIS, 17 seminars have been held on a number of topics (coordination with specialized care, clinical performance, organization, clinical prevention, diagnosis). In addition to the seminars had been conducted four scientific conferences. Twenty articles have been published in scientific journals which have been peer-reviewed (plus two articles in print and more in review process). There are also seven monographs. Among the critical factors of success are the following: network as a strategy, the existence of shared values, the presence of effective leadership, access to the group based on merit, the commitment to active participation to be allowed to continue in the group, the existence of a clear objective to publish the findings, the regularity of sponsorship and logistics support, the heterogeneity of points of views and personal experiences and the use of new technologies as a complement to the on site activities. The PICS have help in closing the gap from knowledge to practice and can be copy as a method of knowledge translation in other health care systems.

KEYWORDS

Family medicine

Innovations

Primary care

Social network

Medical education

Knowledge translation

BACKGROUND

Innovation in the delivery of services can be described as 'a novel set of behaviours, routines and ways of working, which are directed at improving health outcomes, administrative efficiency, cost-effectiveness or the user experience, and which are implemented by means of planned and coordinated action' [1]. The analysis of the diffusion of the innovations is a field in which the topics related to the analysis of innovation are in themselves relevant: innovation, the process of adaptation, maintenance, informal and planned diffusion and the context of healthcare organisations (internal and external) which facilitate/impede innovation [2]. Although the mechanisms which make innovation and its diffusion possible are not well known, it is well established that medical doctors generally learn from their own experience and from colleagues in whom they trust [3]. In this way, it is possible to accelerate the transfer of knowledge and innovation through

clinical leaders changing their micro-environment. This influences their colleagues in a more effective way than an external authority who, if he/she wants to support innovation, should transfer knowledge and resources to the professional leaders [4]. Moreover, informal networks and personal contacts are very important among professional leaders, who facilitate the establishment of virtual “communities of practice” [5,6,7] in which trust is established, thus avoiding formal procedures [8]. In any case, knowledge translation is a general problem, to all health care systems with not an easy answer [9].

In Primary Care, where it is common to work in isolation or in small groups, networking to share knowledge and innovation is needed to develop research and to improve clinical practice [10, 11]. The objective is to facilitate the creation of a clinical environment that makes it possible to create, develop, disseminate, and implement innovation and change [12,13].

This descriptive text portrays a teaching experience in diffusion of knowledge and innovation in the Primary Care arena in Spain which started in 2005 and is still in progress in 2009. It is a local experience which can be translated to other health care systems [14].

General Organization

The initiative of the “Primary Care Innovation Seminars” started in 2004 from the professional perspective, designed and organised by a rural doctor (JG)

working in daily practice and as a part-time lecturer at the university and also in a school of public health. Since 2005 the seminars have been carried out by a small group of approximately 20 professionals and, depending on the circumstances or topics, another 30 professionals have joined the seminars.

The model of working is via a network and the contact among participants is informal, based on mutual respect and appreciation, with the sole aim being to share knowledge. Participants are members of academic and healthcare organisations which are mainly public and from a wide range of professional fields. Participants are mainly doctors, but chemists, nurses, engineers, sociologists and economists, with a wide range of ages and experience also take part. Also present are clinical doctors from different geographical areas, doctors in their family medicine and public health vocational training period, managers, university and research institute teachers, officials from scientific societies, professional bodies and medical associations among others. The intervening participants represent only themselves and their individual knowledge and experiences. Recognition by peers is the main criterion used for invitation to the group, interest and commitment in participating actively in the activities proposed is also important.

In order to maintain momentum and enthusiasm in this project, bureaucracy is kept to a minimum while at the same time a culture of intellectual liberty is promoted where neither age nor experience nor academic or professional background are given priority. Furthermore, there is a commitment to “pass

on the torch” to the youngest participants in order to shorten the ‘apprentice status’ of the latter in the scientific community in Primary Care.

The objective is putting knowledge into action. That is to present and study innovative changes in the organisation and delivery of healthcare services in Primary Care. The purpose is to facilitate critical analysis of the innovations and to create the necessary framework to contextualise it, to exchange scientific knowledge and to develop an awareness of the need for change. In this way all the experiences analysed should help in the decision making through the transfer of knowledge on how to innovate change to the participants.

Practical Implementation

1. General structure

The core topic of the annual series of the seminars is chosen by consensus among the participants at the end of the year. Each seminar maintains a continuity with other in the same year, but is completely independent in content and leading presenters. The meeting is preceded and followed by email communication using a closed distribution list of the participants’ email addresses. Each seminar is conducted by a keynote speaker who is an expert in the field. Since 2007 two other speakers have given their

counterpoint argument, local and clinical, giving a broader view of the topic under debate.

In 2008 and 2009 the annual series was reduced to three seminars; in each a “technical scientific” speaker, (with a role in the public health field), was invited to speak along with a speaker from the clinical field working in a primary health centre.

2. Stages of the process

The initial document of the speakers is posted on the web pages of the sponsor foundation (www.fcs.es from 2005) plus the collaborating foundation (www.idiapjgol.org from 2008) two weeks before the seminar and criticism, comments, suggestions and questions are invited to help focus on the central issue. The participants' and speakers' answers are exchanged by email before the seminar. This debate, which takes place in the fifteen days leading up to the seminar generates ideas, new comments and exchange of relevant bibliographic references, in addition to an exchange of unpublished experiences and new intervention proposals.

The six hours on site seminar is in two parts. In the first three hours, the speakers address the innovations. In these presentations the initial seminar ideas and the virtual discussions are condensed and responses are invited (clarification, disagreement or modification). In the second part of the on site seminar there is general discussion with both participants and speakers

intervening. In the fifteen days following the seminar the speakers prepare the written the definitive texts, having analysed all the contributions. The final texts are included in the web pages of the previously mentioned foundations and are published as a monograph.

Furthermore, as a result of the debate, at least one article is written for a scientific journal. This text is initially written by the director of the seminar series (JG) who circulates it by email among all of the participants until a consensus is reached. Up to the point of writing for publication, all communication is in Spanish. Some publications have been written in English (see table 1).

To complement this, special conferences on topics arising from the seminars, which are open to the public, are carried out in a symposium format or scientific conference. The talks and the content of the debates are published as monographs.

Results

In the five years of the Innovation Seminars in Primary Care (from 2005 to 2009), 18 seminars have been held on a number of topics (coordination with specialized care, clinical performance, organization, clinical prevention, diagnosis) (tables 1 and 2).

In addition to the seminars had been conducted four scientific conferences (i) 2006 '*Three decades of evolution of Primary Care in Spain, 1976-2006*', (ii) 2007 '*The health system in situations of crisis*', (iii) 2008 '*Optimal use of knowledge in clinical practice, management and research. Science and health technology in medicine*', and (iv) 2009 "*Research for a better reform of clinical and management primary care*".

Twenty three articles have been published in scientific journals which have been peer-reviewed (plus one articles in print and more in review process) (table 1). There are also seven monographs (seminars 2005, 2006 2007 and 2008), scientific conferences 2006, 2007 and 2008, with one monograph currently in print (the scientific conference 2009).

DISCUSSION

Due to the instability of the current social environment, health systems are forced to find new answers to the challenges they face [15,16]. Despite the high level of 'organisational change' within the health system, there is little knowledge about the effectiveness or efficiency of these innovations [1]. The increasing needs and requirements, sometimes excessive, in healthcare services, medicalisation of society [14] and the unlimited growth in health expenditures, make it necessary to design a new social contract between doctors and the society they attend, [17,18] in which the establishment of an explicit procedure of accountability is the key instrument. In this context it is very important for professionals to take the initiative regarding medical education, innovation and research [19, 20, 21, 22, 23, 24].

The Innovation Seminars could be considered as a practice community: a group of people talking about how to share tasks in order to perform better) [Error: No se encuentra la fuente de referencia]. These communities of practice, which tend to strengthen trust among members, facilitate the sharing and development of ideas and the publication of the ideas in articles, without the need of formal management procedures [Error: No se encuentra la fuente de referencia].

Furthermore, with the development of new information and communication technologies and, in particular the Internet, a new 'network society' [Error: No se encuentra la fuente de referencia] is generated. Network structures share principles of cooperation, reciprocity, trust, information and cohesion [Error: No se encuentra la fuente de referencia]. The experience of the Innovation Seminars follows most of these principles: it is a network based on nodes (different participants), connected through internet and defined by a programme (objectives, rules of practice and assessment of what is a success or a failure).

In such networks information has little value without the knowledge of how to re-combine it for a specific purpose; the production and dissemination of scientific knowledge. As in other networks, the strength of the Seminars is its flexibility, adaptability and self-configuration. The value of each participant ('node') derives from the capacity to contribute to network aims: the value of the node is the consolidation of information so that participants can more readily and confidently use it.

It is of key importance that the main access criterion to the network is the capacity to contribute ideas and information on the topic under discussion and that this capacity should become effective (through participation and contribution). This does not mean that all the members of the network contribute to the same degree: it is a common behavioural characteristic in collaborative social groups that there are a few participants who produce most of the contributions and a 'long tail' of smaller contributions from the

rest of the members of the network, which may also be of great relevance- a phenomenon known as Anderson's [Error: No se encuentra la fuente de referencia] long tail phenomenon. As all the participants are normally well known local leaders they are in a position to share knowledge which can be transferred into their micro-environment.

As participants register independently (as experts and not as representatives of any organisation), the constraints that derive from participating on behalf of formal organisations can be avoided. The wide diversity of professional backgrounds (clinicians, managers, and people from the academic world and from professional bodies) has contributed significantly to the incorporation of complementary visions to complex topics.

The results are not limited to updating ideas related to primary care innovations, but have been converted into research questions whose answers form the basis of papers published in scientific journals.

Apart from the updating of information it is worth mentioning the additional knowledge generated. This was achieved as a result of the contact and exchange of information among professionals from a wide range of fields, who would not normally have met as there are no common spaces for exchange (the clinical, managerial and academic worlds are commonly closed circles with very few occasions to interrelate).

Also of note is the motivation generated by the Innovation Seminars for members of the network to develop their own research projects and the possibility of creating new research groups within this context, as well as generating new research questions about the innovations (table 2). Thus, weak links are strengthened, barriers are broken down between participants and there is trust in peer knowledge when decision making.

Some of the limitations that exist in this type of experience are the high level of dependence on a leader to organize the work, the voluntary nature of participating with no incentive other than generating new knowledge and the dependency on the sponsors to enable travel to the seminars by the participants.

There are numerous experiences in virtual communities focussed on health, (more than 7,000 Yahoo groups in 2006) [Error: No se encuentra la fuente de referencia] but few experiences in community training based on the generation of knowledge about health systems, and fewer still focussed on primary care. The result of the experience is of interest and worth further development. The experience can be apply to other health care systems as a way of spreading new knowledge from the innovators to key leaders who may transform the new ideas in new proposals adapted to local circumstances.

LESSONS FOR PRACTICE

The Innovation Seminars in primary care have produced a relatively large number of scientific publications in prestigious journals over a short period of time, thus spreading the benefit to a much wider audience of professionals.

Among the critical factors of success are the following:

- Network as a strategy
- The existence of shared values (commitment to primary care, mutual respect, acceptance of discrepancy, the use of scientific argument in debates, explicit rules of the game, etc...)
- The presence of effective leadership, recognised and accepted
- Access to the group based on merit (publications, participation in innovative experiences)
- The commitment to active participation to be allowed to continue in the group
- The existence of a clear objective to publish the findings
- The regularity of sponsorship and logistics support
- The heterogeneity of points of views and personal experiences
- The use of new technologies as a complement to the on site activities

As a result of the success of this network, several of the participants are planning to create a similar but wider network internationally.

COMPETING INTERESTS

The authors have stated that there are none.

This text was written as a result of discussions at the first face to face workshop of the 2008 Primary Care Innovation Seminars (*Seminarios de Innovación en Atención Primaria de 2008*). The seminar topic was Clinical Prevention (prospects, expectations and realities). The seminar took place in Madrid, on 7th March 2008. The keynote speaker was Iona Heath, with counter argument by Antonio Duran and Joan Gené, and the coordinator was Juan Gérvas. The Seminars on Innovation in Primary Care (*Innovación en Atención Primaria*) are organised by the Foundation of Health Sciences (*Fundación Ciencias de la Salud*) and the Foundation for Training of the Spanish Medical College Organization (*Fundación para la Formación, Organización Médica Colegial*) with the cooperation of the Institute for Research in Primary Care Jordi Gol (*IDIAP Jordi Gol*) and the sponsorship of GSK.

AUTHORS' CONTRIBUTIONS

Juan Gérvas (JG) manages and designs the seminars and helped to draft the manuscript.

Sergio Minué (SM) conceived the article, participated in its design and helped to draft the manuscript.

Concepció Violan (CV) helped to draft the manuscript.

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TABLE 1. INNOVATIONS SEMINARS IN PRIMARY CARE

	Topic	Seminars	Publications
2005	Coordination between Primary Care and Specialised Care	Innovation in the European Union in coordination between primary care and specialised care (Ana Rico)	Gérvas J, Rico A. Coordination in the health system and its improvement through the European Primary Care Reforms SEMERGEN. 2005; 31: 418-23. Gérvas J, Rico A, Innovation Seminar 2005. Innovation in the European Union (EU15) about the coordination between primary care and specialised care. Med Clin (Barc). 2006; 126: 658-61.
		Innovation in the Autonomous Communities in Spain in coordination between primary care and specialised care (José Manuel Freire)	Minué S. Continuing care and coordination between health levels. Something more than shared spaces? SEMERGEN. 2005; 31: 401-2. Ojeda JJ, Freire JM, Gérvas J. Coordination between primary care and specialised care. Reform of the health system or reform of the professional practice? Rev Adm Sanit. 2006; 4: 357-82

	Topic	Seminars	Publications
	Coordination between Primary Care and Specialised Care	Innovation in developed non European countries in coordination between primary care and specialised care. The example of the chronic heart failure patient follow up. (Juan Gérvas)	Gérvas J, Innovation seminar 2005. Substitution of primary care by secondary care. Some questions on the follow up of patients with chronic heart failure. SEMERGEN. 2006; 32: 125-31. Gérvas J, Innovation seminar 2005. Strengthen primary care in order to improve the follow up of chronic Herat patients in developed countries. Aten Primaria. 2006; 37: 457-9.
		Innovation during the democratic transition in Eastern European countries in coordination between primary care and specialised care (Antonio Durán)	Durán A, Gérvas J. Based on the transfer of experiences from western to eastern Europe. Some avoidable errors when assessing health reforms. Gac Sanit. 2006; 20: 503-9. Gervas J. Coordination between primary care and specialised care. What's new in Europe? El Médico (Anuario 2006). 2006 junio 2; (990 Supl): 38-42.

	Topic	Seminars	Publications
2006	Clinical performance in Primary Care	Effectiveness in Primary Care (Olga Pané)	Gérvas J, Pané O, Sicras A, Innovation seminar in primary care 2006. Primary care and network of services. The case of the Hospital Consortium of Catalonia. Aten Primaria.2006; 38: 506-10. Gérvas J, Pané O, Sicras A, Innovation Seminar in primary care 2006.Performance resolution in primary care and professional prestige, something more than good clinical practice. Med Clin (Barc). 2007;128: 540-4.
		Performance Capacity in Primary Care (Josefina Caminal)	Gérvas J, Caminal J, Participants in the Innovation Seminar 2006. Hospital admissions by Ambulatory Care Sensitive Conditions (ACSC) from the point of view of the primary health care doctor. Rev Esp Salud Pública. 2007; 81: 7-13.

	Topic	Seminars	Publications
		Primary care boundaries (Juan Gérvas)	Gérvas J, Innovation Seminar in primary care 2006. The multi functional clinical practice and the social context and organisation. Rev Admin Sanit. 2008;6: 357-66.
		Clinical and non clinical responses (Andreu Segura)	Gérvas J, Segura A, Innovation seminar in primary care 2006. Cooperation between public health and clinical practice in a context of change in the use of the health system. Aten Primaria. 2007; 39: 319-22.

	Topic	Seminars	Publications
2007	Clinical performance in Primary Care	<p>Super-specialization of the general practitioner/family medicine doctor and its clinical and outcomes impact</p> <p>(Barbara Starfield. Counterpoint: Sergio Minué, Concepción Violán)</p>	<p>Gérvas J, Starfield B, Violán C, Minué S. GPs with special interests: unanswered questions. Br J Gen Pract 2007; 57: 912-7.</p> <p>Gérvas J, Starfield B, Minué S, Violan C, Innovation seminar in primary care 2007. Some causes (and solutions) for the loss of prestige of the general practitioner/family medicine doctor. The Heroes fall from power. Aten Primaria. 2007; 39: 615-8.</p>
		<p>New forms of incentives in primary care, the impact on the organisation and the outcomes.</p> <p>(Vicente Ortún. Counterpoint: Luís Palomo, Miguel Ángel Ripoll)</p>	<p>Gérvas J, Ortún V, Palomo L, Ripoll MA, Innovation seminar in primary care 2007. Incentives in primary care: cutting of expenditure in the health of the population. Rev Esp Salud Pública. 2007; 81: 589-96.</p>

	Topic	Seminars	Publications
	<p align="center">The organisation of the primary care services</p>		
<p>New professions and new roles for old professionals in primary care (Juan Gérvas. Counterpoint: Beatriz Ogando, Julio Bonis)</p>		<p>Gérvas J, Bonis J, Innovation seminar in primary care 2007. Are there many or few doctors? From the point of view of professional development. Rev Esp Salud Pública. 2008;82: 627-35.</p>	
<p>Changes in the organisation and induced demand in primary care. (Luis Miguel García Olmos, counterpoints Juan Simó, Salvador Peiró)</p>		<p>Gérvas J, García-Olmos LM, Simó J, Peiró S, Innovation seminar 2007. Paradoxes in the referral from primary care to specialised care. Aten Primaria. 2008; 40: 253-5.</p> <p>García-Olmos L. Specialists and general practitioners: the new relations. Salud2000 2008;119: 17-19.</p>	

	Topic	Seminars	Publications
			<p>Peiró S. Hospital referrals: problem and symptom. <i>Gestión Clín Sanit.</i> 2008;10: 84-8.</p> <p>García-Olmos L, Gervas J. Organizational reforms in the interface between primary and secondary care: the impact in hospital referrals. <i>Aten Primaria.</i> 2009 [in press]</p>

	Topic	Seminars	Publications
2008	<p style="text-align: center;">Innovation in the area of clinical prevention.</p> <p style="text-align: center;">Expectations and realities</p>	<p>Innovation in clinical prevention and health systems (Iona Heath. Counterpoints: Antonio Durán, Joan Gené)</p>	<p>Gérvas J, Heath I, Durán A, Gené J; Members of the Seminar of Primary Health Innovation 2008 (Seminario de Innovación en Atención Primaria 2008). Clinical prevention: patients' fear and the doctor's guilt. Eur J Gen Pract. 2009;15(3):122-4. PubMed PMID: 19883148.</p> <p>Gérvas J, Heath I, Durán A, Gené J; participants in the 2008 Seminar of Innovation in Primary Care. Prevention and clinical complexity. Aten Primaria. 2009 Aug;41(8):460-2. Epub 2009 May 21. PubMed PMID: 19467735.</p>
		<p>Innovation in clinical prevention and prioritisation of prevention activities.</p>	

	Topic	Seminars	Publications
		(Juan Gérvas. Counterpoints: Amando Martín Zurro, Félix Miguel)	
		Innovation in clinical prevention and medical professionalism. (Diego Gracia. Counterpoints: Juan Irigoyen, José Ramón Vázquez Díaz)	

	Topic	Seminars	Publications
2009	Diagnosis in primary care	Innovation in diagnosis in primary care. General Questions. (Salvador Peiró, Counterpoints: Victor Abraira, Arturo Alvarez)	
		Innovation in diagnosis in daily practice, (Juan Gérvas. Counterpoints: Elena Serrano, Blanca Lumbreras)	<u>La búsqueda heroica del diagnóstico: una actitud contra la Medicina científica y humana. Grevas J, Serrano E, Lumbreras B and participants in the 2009 Seminar of Innovation in Primary Care</u>
		Rational and irrational components of diagnosis (Josep Casajuana. Counterpoints: Albert Jovell, Enrique Bernal)	<u>La inevitable irracionalidad de las decisiones de medicos y pacientes. Gervas J, Casajuana J, Bernal E, Jovell A participants in the 2009 Seminar of Innovation in Primary Care</u>
	Topic	Seminars	Publications
2010		Sanitary intelligence, a global necessity (Antonio Duran. Counterpoint: Josep Figueras)	

	Topic	Seminars	Publications
2009		Innovation in diagnosis in primary care. General Questions. (Salvador Peiró, Counterpoints: Victor Abraira, Arturo Alvarez)	
	Diagnosis in primary care Sanitary Intelligence and Innovation in primary care	Application of sanitary intelligence (Ricard Meneu. Counterpoint: Jorge Casas)	
		Necessities and possibilities of sanitary intelligence in daily practice (Juan Gervas. Counterpoints: Javier Padilla)	

Difussion article of the whole seminars:

Villanueva T, Gervas J, Minué S. Perspectivas internacionais: os ventos favoráveis que sopram de espanha e a experiência dos Seminários de Innovaca em Cuidados de Saúde Primários (SICSP). Rev Port Clin Geral 2009;25:560-4.

TABLE 2. RESEARCH QUESTIONS ABOUT THE INNOVATIONS IN PRIMARY CARE

Year	Theme of the seminars	Research questions generated
2005	Coordination between primary care and specialised care	<p>Which alternatives are more effective to improve the coordination between the different organisational models (hierarchical, market or network)?</p> <p>Is there a relation between the model and/or the size of the organisational units and the effectiveness of the coordination?</p> <p>The global primary care “person centred” or the vertical specialised care “problem centred”. Which alternative produces better results for the care of chronic patients?</p>
2006		

Year	Theme of the seminars	Research questions generated
	Performance resolution in primary care	<p>What risks can be transferred if the professional demands more autonomy of the patient?</p> <p>How could the impact of the activities in public health, clinical care and social services be evaluated, and how can its improved coordination be measured?</p> <p>What utilities and limitations do the following have in evaluating the effectiveness of the primary care?: hospitalisation by Ambulatory Care Sensitive Conditions (ACSC) indicators, or unnecessary and avoidable premature mortality (MIPSE)</p>
2007	The organisation of the primary care services	<p>What are the limitations of 'scientific evidence' when evaluating organisational interventions such as incentive systems?</p> <p>What could the attribution of achievement in health outcomes be, related to the health care level provided?</p> <p>What characteristics should the indicators have in order to measure the induced demand and to compare professionals with each other?</p>

Year	Theme of the seminars	Research questions generated
2008	<p>Innovation in the area of clinical prevention. Expectations and realities.</p>	<p>Does clinical prevention have limits?</p> <p>How can activities in clinical prevention be prioritised?</p> <p>How does being a medical professional change the way the doctor perceive prevention?</p>
2009	<p>Diagnosis in primary care</p>	<p>What is the application of the Bayes' theorem in primary care?</p> <p>What is the value of near testing in primary care?</p> <p>What general practitioners know and help in confronting clinical uncertainty?</p> <p>In which way does physician-patient interaction change the diagnosis process?</p>
2010		<p>How to present changes that involve innovation in the organization and delivery of services in</p>

Year	Theme of the seminars	Research questions generated
	<p>Health Intelligence and innovation in primary care</p>	<p>primary care?</p> <p>How to put innovation in context?</p> <p>How to evaluate the consequences of innovation? The positive and negative effects, expected and unexpected.</p> <p>Moving from anecdote to category. Should the professional, scientific and political context that gave foundation and strength to the experience be analyzed and given general sense?</p> <p>How to create and fill the framework and fabric needed to produce science and awareness?</p>

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