

## 2009 International Campbell Collaboration (C2) Colloquium

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### Abstract Information

**Abstract Title:**

Rebalance Focus - Knowledge Exchange informed by an Extended Health Technology Assessment Framework

**Format:**

Paper

**Themes:**

Evidence

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**Abstract:**

Introduction: As part of the Canadian Partnership Against Cancer (CPAC) and Cancer Journey Action Group (CJAG) was created to implement the recommendations focuses exclusively on psychosocial and supportive care. Through the Supportive Cancer Care Knowledge Exchange decision support (KE-DS) model, CJAG will support the 'Rebalance Focus' of the action group - to ensure improvements in quality of life through psychosocial and supportive care interventions and to help shift emphasis of care to be patient-centred. Objective: The KE-DS model is guided by an extended health technology assessment (HTA) framework. The model assumes a multiple disciplinary perspectives, recognizing that social (legal and ethical), economic, population, as well as, clinical and technologic determinants affect the degree to which evidence/interventions are adopted (Kazanjian, 2004). The objective of this paper is to present how this framework can inform the knowledge-to-action process. Method: Common theoretical underpinnings of the knowledge-to-action model and this knowledge exchange decision support model will be delineated and discussed. The degree to which the knowledge exchange mechanism draws from the expanded HTA framework will be elucidated. Results: The KE-DS model is a comprehensive model; it is designed for thorough understanding of the properties, effects, and impacts of a program or an intervention in the context of patient-centered supportive cancer care. The model recognizes and engages stakeholders at multiple levels in addition to identifying and appraising the scientific evidence on effectiveness, efficiency and appropriateness of the intervention. Distinct modules to review explicitly population, economic, and social context are integrated as part of the knowledge creation and application to bring about more realistic alternatives than existing narrower models of knowledge exchange. The core components of the KE-DS model will be reviewed. Preliminary results and lessons learnt from one pilot project pertaining to application of this KE-DS model will be presented as a case study. Implications: The presentation will challenge 1) the types of evidence that contribute to patient-centred interventions, and 2) the current conception of knowledge creators and users - to go beyond researchers, decision makers, and healthcare professionals. Successful integration of research evidence into practice involves multiple levels of stakeholders (such as patients, community-based agencies, and cultural representatives) and consideration of a wider range of 'evidence' by applying population, economic, and social perspectives.

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