

**Appendix 2 (as supplied by the authors): Creating a roadmap for researchers working with the Obesity, Diabetes, and Nutrition Strategic Clinical Network: A planning exercise to identify priorities for the care of Albertans with Diabetes**

**AGENDA**

<b>DAY 1</b>		
<b>Objectives:</b>		
<ul style="list-style-type: none"> <li>• To describe current care, and who provides it, for people with diabetes in Alberta</li> <li>• To determine what Alberta Health Services resources are available to evaluate care</li> <li>• To describe the context for and role of the Alberta Health Services Strategic Clinical Network for Diabetes, Obesity and Metabolism</li> <li>• To discuss standards of care for people with diabetes in Alberta</li> <li>• To discuss who should be responsible for the various aspects of care for people with diabetes</li> <li>• To discuss potential clinical pathways for people with diabetes</li> </ul>		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
<b>11:45am-12:15pm</b>	<b>WORKING LUNCH (O'Brien Room 1500)</b>	
<b>12:15 - 12:20pm</b>	<b>1. Welcome and purpose</b>	<b>Alun Edwards / Braden Manns</b>
<b>12:20 - 12:30pm</b>	<b>2. Introductions</b>	<b>Alun Edwards</b>
<b>12:30 – 2:00pm</b>	<b>3. Background:</b> <ul style="list-style-type: none"> <li>• An overview of the current programs, strategies and research initiatives targeting diabetes within Alberta (who are the current players) – 20 minutes</li> <li>• Describe the context for and role of the Alberta Health Services Strategic Clinical Network for Diabetes, Obesity and Metabolism (standards, clinical pathways) – 20 minutes</li> <li>• Describe the role of Primary care networks in diabetes care – 20 minutes</li> <li>• An overview of current care and outcomes in people with diabetes – 20 minutes</li> <li>• Questions and discussion – 10 minutes</li> </ul>	<b>Alun Edwards/Peter Sargious</b>  <b>Alun Edwards</b>  <b>Oliver David/Ted Braun / Richard Lewanczuk</b>

Appendix to: Manns B, Braun T, Edwards A, et al. Identifying strategies to improve diabetes care in Alberta, Canada, using the knowledge-to-action cycle. *CMAJ Open* 2013. DOI: 10.9778/cmajo.20130024. Copyright © 2013 The Author(s) or their employer(s).

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		<p><b>Braden Manns</b></p> <p><b>All</b></p>
<b>2:00 – 2:15pm</b>	<p><b>4. An Overview of Alberta research platforms</b></p> <ul style="list-style-type: none"> <li>• Interdisciplinary Chronic Disease Collaboration – 5 minutes</li> <li>• Alberta Diabetes Surveillance System / ACHORD – 5 minutes</li> <li>• APPROACH – 5 minutes</li> </ul>	<p><b>Brenda Hemmelgarn</b></p> <p><b>Jeff Johnson</b></p> <p><b>Doreen Rabi</b></p>
<b>2:15 – 2:35pm</b>	<p><b>5. How to improve care in diabetes – an overview of the knowledge to action cycle</b></p>	<p><b>Sharon Straus</b></p>
<b>2:35-3:05pm</b>	<p><b>6. What quality improvement initiatives work in diabetes? An update from a recent systematic review.</b></p>	<p><b>Andrea Tricco, Jeremy Grimshaw, Noah Ivers</b></p>
<b>3:05-3:30pm</b>	<p><b>COFFEE BREAK</b></p>	
<b>3:30-4:00pm</b>	<p><b>7. What are the barriers to optimizing care for people with diabetes?</b></p> <ul style="list-style-type: none"> <li>• Ontario experience – 8 minutes</li> <li>• Calgary experience – 8 minutes</li> <li>• Summary of primary care physician focus group and patient survey – 14 minutes</li> </ul>	<p><b>Catherine Yu</b></p> <p><b>Julie McKeen</b></p> <p><b>Selina Allu/Braden Manns</b></p>
<b>4:00-4:20pm</b>	<p><b>8. Defining the priorities of decision makers – the Strategic Clinical Network for Diabetes, Obesity and Metabolism, Alberta Health Services, Alberta Health</b></p> <ul style="list-style-type: none"> <li>• Who to target for intervention?</li> </ul>	<p><b>Alun Edwards</b></p> <p><b>Discussion by all</b></p>
<b>4:20-4:50pm</b>	<p><b>9. Defining the priorities of decision makers – the Strategic Clinical Network for Diabetes, Obesity and Metabolism, Alberta Health Services, Alberta Health</b></p>	

	<ul style="list-style-type: none"> <li>• How to identify those who need intervention? (1)</li> <li>• What interventions should be provided and to who? (2)</li> <li>• Setting standards (3)</li> <li>• How to track the effectiveness of changes in clinical care? (4) <ul style="list-style-type: none"> <li>○ What outcomes are relevant?</li> <li>○ What is measurable?</li> <li>○ What data sources are available (electronic etc)?</li> </ul> </li> </ul>	<b>Small group breakout:</b>  <b>Facilitator leads: Ted Braun (1); Peter Sargious (2), Alun Edwards (3), Marcello Tonelli(4)</b>  <b>Discussion by all</b>
<b>4:50-5:30pm</b>	<b>10. Small group presentations and overall discussion</b>	<b>Facilitator leads</b>  <b>All</b>
<b>5:30-5:45pm</b>	<b>11. Summary and Next Steps</b>	<b>Alun Edwards</b>

<b>Day 2</b>		
<b>Testing innovative strategies for identifying &amp; intervening in patients with diabetes at high risk–role of the laboratory</b>		
<b>Objectives:</b>		
<ul style="list-style-type: none"> <li>• To determine what subset of patients with diabetes should be targeted for potential intervention</li> <li>• To determine how we can efficiently and accurately identify patients on a population/provincial basis with diabetes and a high risk of complications</li> <li>• To determine how patients (once identified), can be accessed for intervention</li> <li>• To describe what are the barriers and facilitators to improving care</li> <li>• To determine what KT interventions should be considered</li> <li>• To determine the best method for testing the effectiveness of the selected strategy(ies)</li> <li>• To determine what outcomes should be tracked to assess the effectiveness of the implementation strategy</li> </ul>		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
<b>7:45 - 8:00am</b>	<b>BREAKFAST</b>	
<b>8:00 - 8:05am</b>	<b>1. Welcome and purpose</b>	<b>Braden Manns</b>

8:05 - 8:15am	<b>2. Introductions</b>	All
8:15 - 8:35am	<b>3. Background:</b> <ul style="list-style-type: none"> <li>• Overview of the relevant research activities <ul style="list-style-type: none"> <li>○ ICDC and the laboratory – 10 minutes</li> <li>○ ACHORD – 10 minutes</li> <li>○ KT Canada and Li Ka Shing Knowledge Institute – 10 minutes</li> </ul> </li> <li>• Restating the priorities/current interests of knowledge users (Summary of Day 1) – 5 minutes</li> </ul>	Braden Manns, Brenda Hemmelgarn, Sharon Straus, Jeremy Grimshaw
8:35 - 9:10am	<b>4. Restating the priorities/current interests of knowledge users (Summary of Day 1)</b> <ul style="list-style-type: none"> <li>• What interventions will be policy?</li> <li>• What is researchable?</li> </ul>	Braden Manns / Alun Edwards
9:10-9:35	<b>5. More on quality improvement initiatives in diabetes.</b> <ul style="list-style-type: none"> <li>• More details on the most effective QI initiatives</li> <li>• What QI strategies work in patients with inadequately controlled diabetes</li> </ul>	Noah Ivers, Andrea Tricco
9:35 - 9:55am	<b>6. What quality improvement initiatives work in diabetes?</b> <ul style="list-style-type: none"> <li>• Further information required – Forest and trees</li> </ul>	J. Grimshaw
9:55 – 10:15 am	<b>7. What will be the key CDA 2013 guidelines with respect to knowledge translation? – 15 minutes</b>	Catherine Yu
10:15-10:30 am	<b>COFFEE BREAK</b>	
<b>8. Designing the research project</b>		
10:30-10:50am	<b>8A) What subset of patients with diabetes to target?</b> <ul style="list-style-type: none"> <li>• Summarizing Day 1 discussion – 20 minutes</li> </ul>	All
10:50 – 11:20am	<b>8B) How can high risk patients be identified? – 30 minutes</b> <ul style="list-style-type: none"> <li>• Can the laboratory be used to identify patients? 10 mins</li> <li>• How can we efficiently and accurately identify patients on a population/provincial basis with diabetes at high risk of complications, including potentially using laboratory data? (20mins)</li> </ul>	Brenda Hemmelgarn / Chris Naugler  All

11:20- 11:50am	<b>8C) How can patients (once identified) be accessed for intervention? – 30 minutes</b>	All
11:50 – 12:30pm	<b>LUNCH BREAK</b>	
12:30am - 1:30pm	<b>8D) Given the identified barriers, what KT interventions should be considered? – 1 hour</b> <ul style="list-style-type: none"> <li>• What are the objectives/targets (improve A1C; BP; other?)?</li> <li>• What intervention do we need to consider - discussion will focus on addressing the barriers from the focus groups, and will be informed by the members of KT Canada.</li> <li>• Discussion and link to upcoming CDA guidelines.</li> </ul>	All
1:30 - 1:45pm	<b>8E) What study design is feasible and is the best to address the question? – 30 minutes</b>  Cluster RCT; Stepped wedge design?	All
1:45-2-15pm	<b>8F) What outcomes should be tracked to assess the effectiveness of the implementation strategy? – 30 minutes</b> <ul style="list-style-type: none"> <li>• Consideration will be given to the laboratory and administrative data sources available to the researchers, as well as determining the most appropriate outcomes for study.</li> </ul>	All
2:15-2:30pm	<b>8G) Should additional knowledge users/stakeholders be included? – 15 minutes</b>	All
2:30 – 3:00pm	<b>9. Summary and next steps – 30 minutes</b>	<b>Braden Manns</b>