

Appendix 3 (as supplied by the authors): Implementation Strategy

Clinical practice guidelines in Canada are, for the most part developed by national organizations and the recommendations are intended to apply to all of Canada. However, the implementation of the clinical practice guidelines is usually conducted at the local, provincial level. The mission of the C-CHANGE Initiative is to implement, update and evaluate an evidence-based, harmonized, multi-risk factor cardiovascular disease (CVD) guidelines to improve prevention and treatment of CVD in primary care.

The C-CHANGE clinical implementation expert panel collaborates with various provinces and our eight guideline partners to create C-CHANGE practice tools and programs that ensure the principles of harmonization are upheld --- they are consistent and not fragmented, that they are of high quality and are measurable, that there is fidelity with the C-CHANGE clinical recommendations and decision support process, and that they are aligned provincially and nationally.

Phase one of the C-CHANGE implementation program has been completed. National tools have been developed and can be used across Canada. The implementation strategy for C-CHANGE targets primary care practice through multiple educational and organizational interventions. These include education through continuing professional development and through the Clinical Resource Centre (CRC) web site, patient self- management strategies, and clinical decision support tools for health care providers, and a series of Train the Trainer (TTT) peer led, interactive education sessions across Ontario to build local capacity, increase guideline awareness, and facilitate guideline adoption in practice. All implementation tools and activities are designed to measure knowledge translation and to be replicable allowing for evaluation in controlled studies.

To support guideline awareness and adoption in clinical practice, the guidelines have been presented at continuing medical education sessions in Ontario through case studies delivered via C-CHANGE eTools. The first of these tools is the C-CHANGE Clinical Resource Centre (CRC) developed in partnership with Elsevier Canada. The purpose of this tool is to facilitate the use of the C-CHANGE guidelines in practice by acting as an educational resource for primary care practitioners, accessible at their convenience. This CRC is intended to provide evidence-informed support to all health care practitioners to better manage the prevention and treatment of cardiovascular disease. It will also assist in the care of patients that present with more than one CVD risk factor. The C-CHANGE CRC includes a harmonized guideline search feature, supplemental resources and clinical tools, along with a process for providing feedback for quality improvement. The CRC is accessible at <http://www.c-changeerc.ca>. A C-CHANGE mobile app has been developed to assist primary care practitioners to identify and implement relevant guidelines at the point of care. The app was presented at various medical education forums and continues to undergo further refinement and development. The final version which will include the updated, Ver. 2 of the CHANGE guideline will be launched in September 2014. Phase two of the C-CHANGE implementation program includes developing and testing C-CHANGE decision support tools into the EMRs by utilizing the Electronic Medical Record Administrative data Linked Database (EMRALD) housed at the Institute for Clinical Evaluative Sciences (ICES). This project is being conducted in partnership with ICES and is funded by the Canadian Vascular Network.