COMMUNICATIONS WITH HEALTH CARE PROVIDERS DURING PH EMERGENCIES

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Section I

Content

Lessons learned: 2009 H1N1 pandemic
Post-SARS Canadian public health response
was successful but the health care system was
strained. Pandemic H1N1 2009 feedback
highlighted the need for improved communication
with health professionals, particularly primary
care clinicians.

Research goal
Propose a clinical care guidance development
and dissemination process that is responsive
to the conditions of an influenza pandemic
in Canada.

Methods
A review of the Canadian literature, key
informant interviews, surveys of health care
providers and member-based organizations.

Section III

Content: Lavis’ Questions

Title: Needs-based assessment of clinician preferences
for guidance and dissemination. Lavis et al.

Define communications challenges
with these questions

1. What should be transferred?
2. To whom should it be transferred?
3. By whom should it be transferred?
4. How should it be transferred?
5. With what effect should it be transferred?

Health care professionals’ preferences

1. Information HCPs need during
PH emergencies.
2. Products that favor clinician uptake.
3. HCPs, as defined by their profession
and setting.
4. A broker that is recognized and trusted.
5. Clinicians have channel preferences.

Section IV

Based on the analysis of the historic pH1N1 event and the knowledge
gained from that experience, we identified four core strategic propositions:

1. Clinical pandemic planning and response needs to be patient-oriented and
therefore driven by health care providers.
2. The best role for HCPs is as a partner in pandemic response; their role must
extend well beyond that of a target audience for pandemic communications
strategies.
3. Canada needs a national approach supported by national standards for the
structures, processes and products of guidance development.
4. The clinical pandemic response system must be established before the next
public health emergency, because establishment of governance, funding,
structures, processes and standards requires time. Strategy could be
tested during inter-pandemic periods on other communicable diseases
(e.g., seasonal influenza, MERS corona virus, H7N9 etc.).

Agree or strongly agree that
it is important to have:

- PHYSICIAN
- PHARMACIST
- NURSE
- OTHER

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- PHYSICIAN
- PHARMACIST
- NURSE
- OTHER

Preferred formats for guidance

- GIVE
- MARKET
- PICTURES/VISUALS
- DEEM/TRENDS.COM/WEB
- POSTERS

HCP ranking of effectiveness

Very effective
Not or only somewhat effective

Public Health
Agency of Canada
Agence de la santé
de la santé
de la santé
público del Canada
Centre for Effective Practice

ASSOCIATION
MÉDICALE CANADIENNE
CANADIAN
MEDICAL
ASSOCIATION