

HOME IS WHERE THE HEALTH IS: SCALING UP INSPIRED APPROACHES TO COPD CARE

An 18-Month Quality Improvement Collaborative

PROSPECTUS

Let's make change **happen**

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About CFHI

The [Canadian Foundation for Healthcare Improvement](#) is a not-for-profit organization funded by Health Canada. CFHI identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.

The views expressed herein do not necessarily represent the views of Health Canada.

Executive Summary

The Canadian Foundation for Healthcare Improvement (CFHI) is inviting teams that participated in the *INSPIRED Approaches to COPD: Improving Care and Creating Value* spread collaborative – as well as those who partner with teams that participated in the spread collaborative – to scale up their INSPIRED COPD care programs and services.

INSPIRED is a hospital-to-home model of care for patients with moderate to severe COPD. CFHI's first INSPIRED collaborative ran from September 2014 to September 2015, with support from Boehringer Ingelheim (Canada) Ltd. That first collaborative helped to *spread* the INSPIRED COPD Outreach Program™ from the Nova Scotia Health Authority (NSHA) in Halifax to 19 improvement teams across Canada.

CFHI is now launching a *scale* collaborative to provide support for up to six health regions, jurisdictions or systems to expand already-implemented INSPIRED approaches that have demonstrated significant improvements in patient-reported, clinical and health system outcomes to date. This *scale* collaborative will take place from October 2017 to March 2019.

Why the INSPIRED scale collaborative?

The INSPIRED scale collaborative will help healthcare organizations across Canada to identify and reach all patients within their jurisdiction who stand to benefit, as well as to ensure that all providers who could deliver INSPIRED have the capacity and skills required to do so. Scaling up will create more equitable access to improved quality of care for patients living with advanced COPD and their families.

CFHI is focusing on shifting care from acute- to home- and community-based settings. The scale collaborative will support this shared federal/provincial/territorial priority by reducing the number of patients in hospital who could be better cared for at home or in the community.^{1,2}

With the spread of INSPIRED approaches to COPD care across Canada, the first collaborative realized gains in healthcare improvement at the micro level, changing COPD care processes; and at the meso level, changing the model of care for patients with moderate to advanced COPD. Participating in this collaborative to scale up to reach all those in participating jurisdictions who stand to benefit is an opportunity to generate even greater change at the macro level, facilitating healthcare system transformation.

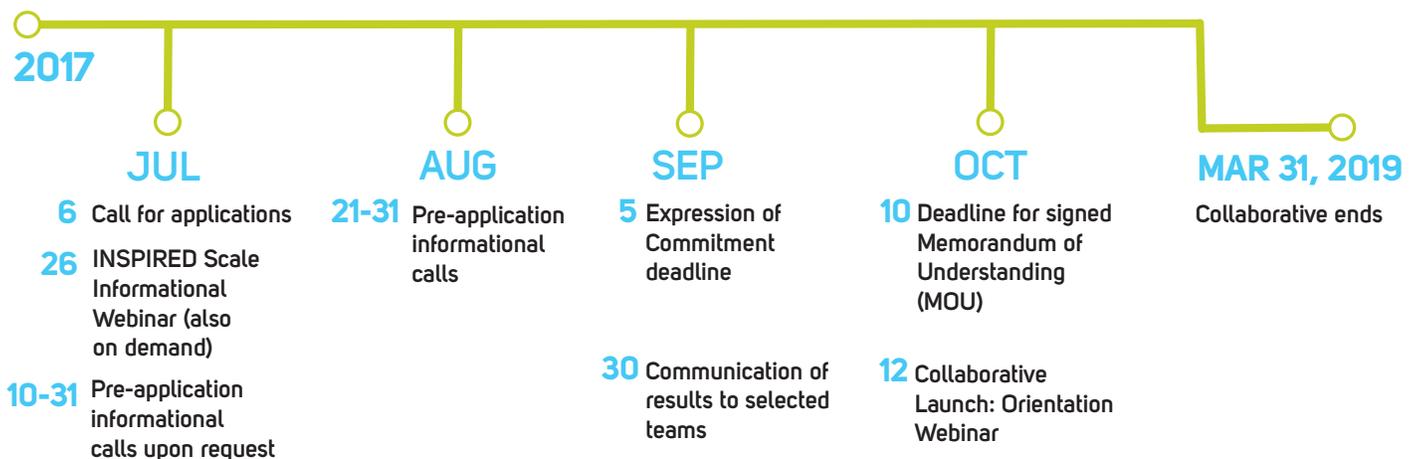
What does it mean to scale up INSPIRED?

- It means looking across an entire system, identifying the population that stands to benefit from INSPIRED, and outlining a plan for reaching them.
- It means developing partnerships across sectors.
- It means considering how to develop the skills of new providers or expand the reach of existing providers (for example, via eHealth supports) within that jurisdiction to deliver INSPIRED.
- It means setting out a scale-up performance management plan with bold-but-achievable improvement targets.

Funding

In addition to coaching, support, educational materials and tools, teams participating in the scale collaborative will receive funding for direct costs related to expanding their INSPIRED approach. A seed funding envelope of \$1.2 million to launch and support scaling efforts will be divided among up to six successful applicants, based on demonstrated need and ability to match funds (monetary or in-kind), with a portion to be spent on or before March 31, 2018 and again by March 31, 2019. Applicants must identify funds to be spent before each of those dates, e.g. if requesting \$200,000 in CFHI funding, then expect to spend nearly half that portion in each fiscal year. Please see the Expression of Commitment for more budgetary information.

KEY DATES



Note: dates are subject to change

Who should apply?

Prior participation in the *INSPIRED Approaches to COPD: Improving Care and Creating Value* spread collaborative (2014–15) is a prerequisite for eligibility in the scale collaborative (2017–19). Scale collaborative teams must include broader partnership across the region, jurisdiction or system, including (but not limited to) health authorities, Local Health Integration Networks (Ontario), Zones (Alberta), integrated health and social services centres (Quebec), and/or provincial/territorial governments. All key entities relevant to the proposed scale goals should be involved.

How to apply

- The INSPIRED scale collaborative call for applications is open from July 6, 2017 to September 5, 2017.
- Pre-application teleconference calls can be arranged between July 10–31 and August 21–31, 2017 by emailing Dina.Kutziubas@cfhi-fcass.ca.
- An informational webinar will be held on July 26, 2017, from 12:00pm to 1:00pm ET. Please register online at <https://www.research.net/r/INSPIRED-INFO-CALL>. The webinar recording will be available On Demand.
- Organizations must complete an Expression of Commitment and declare any potential conflicts of interest. To obtain the Expression of Commitment form, in the language of preference, applicants must email Dina.Kutziubas@cfhi-fcass.ca with the request and provide the names of all known organizations partnering to form a regional/jurisdictional scale collaborative team including an organization that participated in the first INSPIRED spread collaborative.
- Applications may be submitted in either English or French.
- Applicants are encouraged to read this Prospectus in full, as well as review the [INSPIRED Hub](#), [INSPIRED Change Package](#), and the [Memorandum of Understanding](#) (MOU) template in advance of submission.

Working Shoulder-to-Shoulder with CFHI

CFHI works shoulder-to-shoulder with you to improve health and care for all Canadians. We have [developed an evidence-based approach](#) to support the spread of innovation and improvement, focused on:

- Building improvement and skill capacity – enhancing organizational capacity to champion and lead improvement;
- Enabling patient, family and community engagement – catalyzing healthcare innovation by involving those who experience and need care as experts in improvement and co-design;
- Applying improvement methodology – using improvement tools and methods to drive measurable results towards better patient care, better health and better value; and
- Creating collaboratives to spread evidence-informed improvement – bringing together coalitions of the willing and supporting these change agents to implement improvement across Canada.

“... pockets of extraordinary creativity and innovation dot the Canadian healthcare landscape. Local, regional and even provincial programs worthy of emulation have simply not been scaled up across the nation... CFHI punches above its weight in scaling up innovation...” [Federal Advisory Panel on Healthcare Innovation (2015)]

This methodology includes fostering collaborative leadership among managers and providers; setting clear aims within a well-assessed population; developing supportive curriculum in change management, implementation, patient co-design and performance measurement; and providing peer-to-peer learning and coaching.

What is a CFHI quality improvement collaborative?

CFHI quality improvement collaboratives are shared learning programs that bring together inter-professional teams of dedicated healthcare professionals, patients and families from across Canada and internationally, each looking to tackle a common healthcare issue through a team-based improvement project. Collaboratives support teams in turning evidence-based best practices into common practices, while also enhancing quality improvement capacity in their own organizations. Although teams may face similar challenges, the design, testing, implementation and evaluation of each solution is customized to each team’s unique culture and context.

Learning within the collaborative focuses on increasing participant knowledge and skills and sharing experiences through interactive webinars, one-on-one calls, and face-to-face workshops – all led by expert faculty and coaches. There is a strong focus on evaluation, with teams completing each collaborative with measurable improvement in their focus area and acquiring an in-depth understanding of quality improvement methodology applicable to a broad range of issues.

Background: From Testing to Spreading to Scaling an INSPIRED Approach to COPD Care

Testing the innovation

Chronic Obstructive Pulmonary Disease (COPD) is a leading cause of morbidity, mortality and healthcare expenditure, and those living with advanced stage COPD are among the highest users of hospital-based care.³⁻⁵ Clinical practice guidelines, reviews and research related to COPD promote the use of more holistic, collaborative and integrated care approaches.⁶⁻¹¹ The INSPIRED COPD Outreach Program™ was developed by Dr. Graeme Rocker and his team at Capital Health (now the Nova Scotia Health Authority) in Halifax. INSPIRED is a hospital-to-home model of care for patients with moderate to severe COPD, and consists of several interventions.

INSPIRED COPD Outreach Program™ Interventions

- Hospital-to-home care – identification and enrollment in hospital with transition support and home visits
- Optimization of medications and written action plan prior to discharge (as per Canadian Thoracic Society guidelines)
- Home visits or community-based supports for 4 visits (spanning approx. 4 months):
 - o (1 visit) Self-management support (SMS) – education based on need (patient- and family-focused)
 - o (1 visit) Continuation of SMS and review of written action plans (per Canadian Thoracic Society guidelines) for COPD exacerbations
 - o (2 visits) Psychosocial/spiritual needs assessment and support, and advance care planning (where appropriate)
- Follow-up phone calls at one and three month(s), with further follow-up as required in response to patient need
- Telephone help-line available during daytime hours
- Liaison and partnerships with community/allied health

INSPIRED COPD Outreach Program™

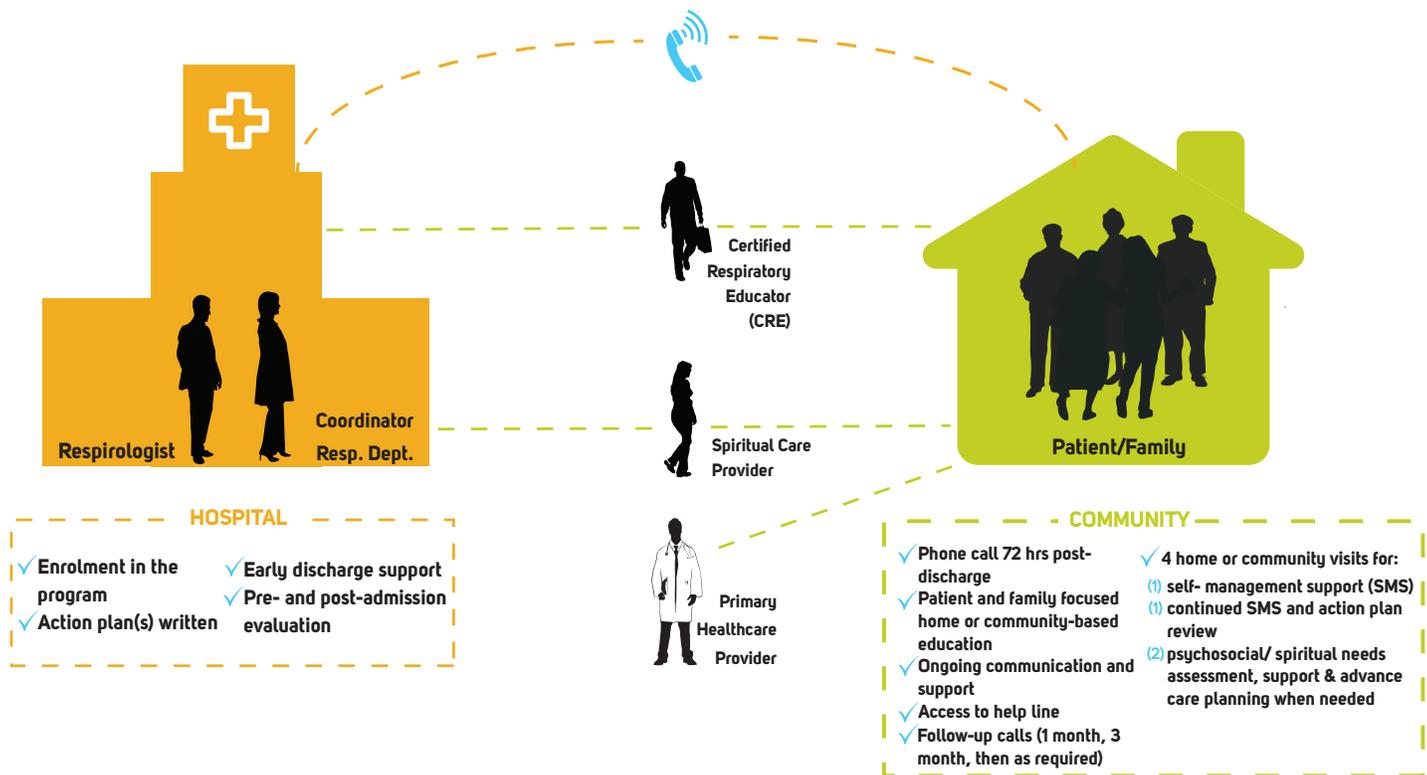


Figure 1. INSPIRED COPD Outreach Program™ – Model of Care

INSPIRED summary of key results

The [INSPIRED COPD Outreach Program™](#) in Halifax has consistently shown reductions in hospital usage, enhanced patient confidence in symptom management, and increased willingness to discuss care goals and care planning among enrolled patients.

- Compared to 12 months before INSPIRED, patients who completed the full program and survived for at least 12 months afterwards consistently experienced 50% fewer emergency department (ED) visits and between 50-70% fewer hospital readmissions.^{12, 15}
- Patients and families reported feeling more willing to discuss goals of care, including those related to end-of-life care.
- Compared with patients not enrolled in INSPIRED, those enrolled were more likely to complete a personal directive (74% INSPIRED vs. 10% non-INSPIRED) and able to palliate at home (38% INSPIRED vs. non-INSPIRED 8.3%).¹²

Spreading the innovation

CFHI identifies proven innovations and accelerates their spread across Canada. Building on local success and recognizing the widespread nature of the underlying problems that INSPIRED addresses, CFHI delivered a pan-Canadian quality improvement collaborative in 2014–15 with support from Boehringer Ingelheim (Canada) Ltd.

Nineteen teams from across Canada were supported in adapting and adopting an INSPIRED approach to care.¹³ Collectively, the collaborative teams reached more than 1,000 patients, with patients and families reporting greater self-confidence in symptom management, return to daily activities, and enjoyment of enhanced functional status.¹⁴ Teams have also reported substantially fewer ED visits and hospitalizations among those enrolled, better transitions from hospital to home, and greater coordination of care.^{14, 15}

Additional resources, including all INSPIRED e-collaborative (2014) and collaborative (2014–15) webinar recordings, are available through the [INSPIRED Hub](#). Interested applicants are also encouraged to review the [INSPIRED Change Package](#) in detail prior to applying to the scale collaborative.

Scaling the innovation

The INSPIRED model improves patient and family experience of care, coordination, appropriateness, and efficiency of care, and has the potential to impact clinical quality and costs at scale.¹⁵ After one year in the spread collaborative, participating teams demonstrated beneficial outcomes for patients and families living with advanced COPD, with implications for healthcare delivery and system redesign across Canada.^{ibid}

The scale collaborative will provide support for up to six health regions, jurisdictions or systems to expand already-implemented INSPIRED approaches that have demonstrated significant improvements in patient-reported, clinical and health system outcomes to date. This scale collaborative will take place from October 2017 to March 2019.

By scaling INSPIRED to reach just 14,000 people with advanced COPD – which is fewer than 1% of people living with COPD in Canada – it is estimated that 68,500 ED visits, 44,100 hospitalizations, and 400,000 bed days would be avoided in the next five years, preventing approximately \$688 million in hospital-based costs.¹⁶ INSPIRED provides excellent value-for-money, with every dollar invested in the program saving \$21 in hospital costs.^{ibid}



I used to feel so alone with my illness, now people check on me and I know there's someone I can call if I'm having a problem. I would feel so much more isolated, frustrated and apprehensive without this support.

– INSPIRED™ Patient





Before INSPIRED, I lost hope about ever managing my COPD symptoms, but the INSPIRED team has helped me get back into the 'driver's seat' again... my family can't get over the change in me!

– Patient, Joseph Brant Hospital, Ontario



"The collaborative provided an opportunity for development and testing of an innovative partnership model between the hospital and community-based partners to ensure that the right care is delivered in the right place at the right time."

– Team Participant, Hamilton Health Sciences, Ontario



Potential Return on Investment of Scaling INSPIRED

SCALE UP would provide better care for **14,000** Canadians with advanced COPD

REDUCE 68,500 ED visits
44,100 hospitalizations
400,000 bed days



SAVE **\$688 million** over 5 years



Figure 2. Potential Return on Investment of Scaling INSPIRED

Testing to Spreading to Scaling INSPIRED

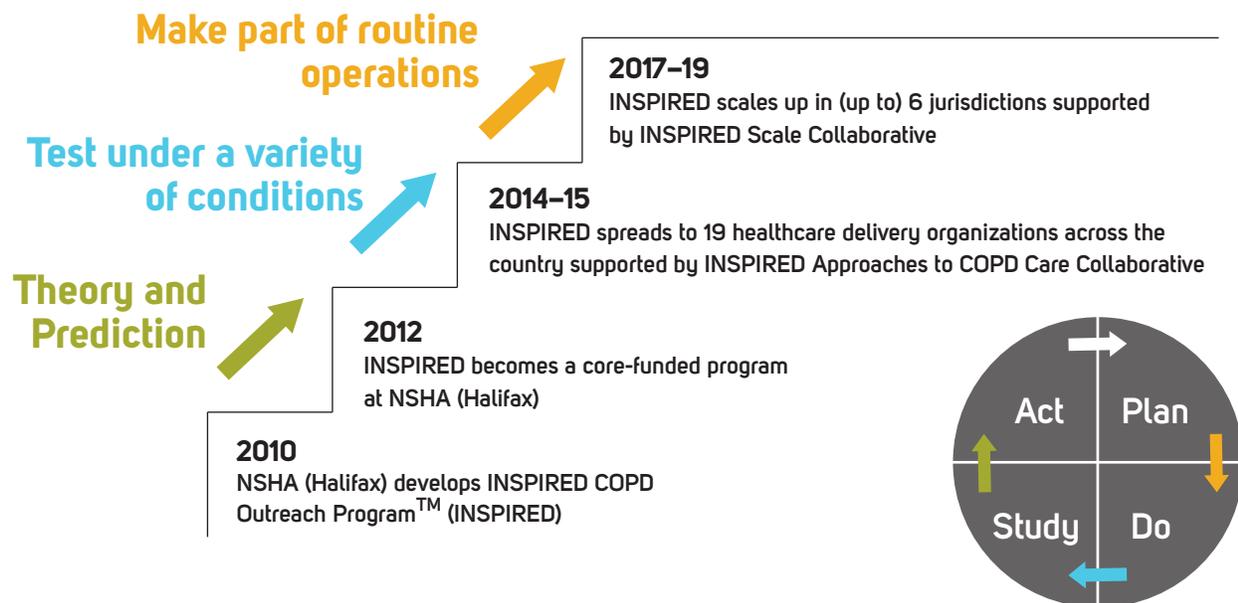


Figure 3. Testing to Spreading to Scaling INSPIRED

Applying to the INSPIRED Scale Collaborative

Eligibility criteria

Teams applying to participate in the INSPIRED scale collaborative must:

- Include an [organization](#) that i) participated in the *INSPIRED Approaches to COPD: Improving Care and Creating Value* spread collaborative (2014–2015); ii) successfully implemented an INSPIRED approach to COPD care; and iii) has at least six months of results.
- Form a broader partnership with other Canadian healthcare delivery organizations within their region, jurisdiction, or system, involving all key entities relevant to the proposed scale goals. These organizations should also have experience that prepares them to take on a quality improvement initiative.
- Have a well-defined partnership and planned strategy for working together.
- Have executive endorsement and support from each participating organization.
- With a detailed scale-up work plan and budget, demonstrate readiness to scale their INSPIRED programs throughout their region, jurisdiction or system, including (but not limited to) health authorities, Local Health Integration Networks (Ontario), Zones (Alberta), integrated health and social services centres (Quebec), and/or provincial/territorial governments.

Interventions to scale

The interventions that comprise the INSPIRED COPD Outreach Program™ are key to providing more holistic, accessible, patient-centred care for those living with advanced COPD and their families. INSPIRED represents a critical shift from delivering services predominantly in acute care to delivering them in the home and community. In doing so, this program addresses key challenges facing healthcare systems across Canada: overuse of EDs, frequent readmissions, and long lengths of stay.

Participating in the INSPIRED scale collaborative requires adapting, adopting and expanding the following core interventions in care pathways across the region/jurisdiction:

- Optimizing medications and action plan prescription prior to discharge (as per Canadian Thoracic Society guidelines)
- Care that addresses continuity across the hospital-to-home transition (identification in hospital with transition support and home visits)
- Individualized, coordinated, and proactive care that includes:
 - o In-home or community-based COPD self-management education by a Certified Respiratory Educator (CRE)
 - o In-home psychosocial/spiritual assessment and support including advance care planning when appropriate
 - o Follow-up phone calls at set intervals, with further follow-up as required in response to patient need
 - o Telephone access to team support during working hours
- Liaison and partnership-building with community and allied healthcare support services
- Monitoring/evaluation for quality assurance purposes

Additional interventions (smoking cessation, pulmonary rehabilitation, and improvement of inter-professional collaboration for patients living with complex needs) may also be considered, depending on the resources available and the needs of patients locally. Similarly, regions interested in informing a broader health system strategy – for example, to enhance integrated COPD or chronic disease care more broadly – are also eligible, as long as INSPIRED forms a core part of the scale plans.

Target COPD patient population(s) for scaling up INSPIRED must include all of the following:

- ✓ Confirmed or pending diagnosis of COPD with spirometry
- ✓ Dwelling in a community within the defined region/catchment
- ✓ Willingness to be enrolled
- ✓ At least one criterion that defines advanced disease and increased mortality risk:
 - o Medical Research Council dyspnea scale, grade 4 or 5
 - o At least one admission in the 12 months prior to index admission
 - o An ICU/IMCU admission in previous 12 months
 - o Chronic respiratory failure (PaCO₂ > 45), or clinical signs of right heart failure

Quality improvement and measurement

Participating organizations are expected to have dedicated resources in place as well as teams committed to full participation in the scale collaborative. Teams should be prepared to track and share the following core measures of improvement:

- ✓ ED visit rate
- ✓ Readmission rate (for advanced COPD, at 30-90-180 days) for patients pre-and-post enrollment in INSPIRED
- ✓ Care Transitions Measure (CTM-3)

The following optional measures are encouraged:

- ✓ Intensive/Intermediate Care Unit (ICU/IMCU) admission rate
- ✓ Personal Directive (PD) and palliative care use

As part of CFHI's commitment to capacity development, we will track and share a range of metrics, including:

- ✓ Skills acquisition in scaling INSPIRED approaches to COPD care
- ✓ Uptake of new work practices
- ✓ Cultural change factors
- ✓ Sustainability of innovative practices in teams participating in the scale collaborative.

Demonstrated Results

Teams that participated in the *INSPIRED Approaches to COPD: Improving Care and Creating Value* spread collaborative are asked to provide evidence of improvement in the following areas since first implementing an INSPIRED approach to COPD care (minimum of 6 months of results pre- and post-INSPIRED). All interested organizations must demonstrate sustained outcomes and results as a precursor to scale. These outcomes can include, for example:

- Patient and caregiver satisfaction as evidenced by patient/caregiver testimonials given pre-INSPIRED compared to those post-INSPIRED, using CTM-3 or other data instruments
- Efficiency gains as evidenced by decreased ED visit and 30-90-180 day readmission rates for persons with moderate or advanced COPD, and
- Demonstrable cost-avoidance due to efficiency gains as a result of implementation of INSPIRED interventions.

Team Composition

Regional/jurisdictional teams must be inter-professional, cross-organizational and cross-sectoral*, and include the following core team members with representation across the organizations forming the scale collaborative team:

- *Senior Administrative Leads* of the organizations, to ensure top level regional/jurisdictional commitment to scale, access to the senior executive teams, protected time for the work, and support for – and active engagement in – the organizational or policy change dimensions.
- *Scale-Up Champion/Project Leads/Coordinators* with the time, resources, and accountability to oversee the day-to-day activities of development and implementation of scale. Note: We recommend a primary Scale-Up Champion oversee the full scope of the initiative, working with project leads at each identified site.
- *Evaluation and Measurement Leads* to support the tracking and sharing of process and outcome results over time. Note: We recommend a primary Evaluation and Measurement Lead oversee the full scope of the initiative, working with project leads at each identified site.
- *Physician Champions*, who will work closely with the project leads and provide necessary clinical support for staff. More than one physician site champion can be included, but at least one should be a physician leader from a medical discipline directly associated with the scope of this collaborative (e.g. Respiriology, Internal Medicine, Palliative Care, Primary Care, or Emergency Medicine).
- *Certified Respiratory Educators (CREs)* [e.g. Registered Respiratory Therapist (RRT) or Registered Nurse (RN)], who will work closely with the teams and provide in-home self-management education.
- *Social Workers or Spiritual Care Practitioners*, who will work closely with teams in providing psychosocial support and guiding the advance care planning component.
- *Patient and Family Caregiver Advisors*, who bring experience and expertise as a service-user or caregiver, and who will advise the team on patient-centred approaches to care. Various individuals may fill this role throughout the duration of the scale collaborative as appropriate.

* Improvement Team Key Definitions:

- **Cross-sectoral teams** contain at least one team member representing a sector outside of the rest of the team members' sector (e.g. acute care, social service, long term care, primary care, community health, justice, education).
- **Cross-organizational teams** contain team members from more than one distinct organization.
- **Inter-professional teams** contain team members representing multiple professions or disciplines (e.g. nurses, doctors, pharmacists, social workers, specialists, community health workers, personal support workers).

KEY DATES



Note: dates are subject to change

How to Apply

Call for Applications

- The INSPIRED scale collaborative call for applications is open from July 6, 2017 to September 5, 2017.

Pre-application Teleconference Calls

- CFHI is offering organizations interested in applying to the INSPIRED scale collaborative the opportunity to participate in a 30-60 minute call with a CFHI faculty and/or staff prior to submitting their application. The call will guide interested teams on key elements of the application and help gauge readiness for participation in the collaborative.
- Informational teleconference calls will be held between July 10–31 and August 21–31, 2017.
- To request a pre-application call, please email Dina.Kutziubas@cfhi-fcass.ca.

Informational Webinar

- To learn more about the INSPIRED scale collaborative, you are invited to join faculty and CFHI staff on an informational webinar on July 26, 2017, from 12:00pm to 1:00pm ET. Please register online at <https://www.research.net/r/INSPIRED-INFO-CALL>.
- The webinar recording will also be available on demand.

Expression of Commitment

- Applicants must email Dina.Kutziubas@cfhi-fcass.ca to request an Expression of Commitment form. The email must include the names of all known organizations partnering to form a regional/jurisdictional scale collaborative team including an organization that participated in the first INSPIRED spread collaborative.
- The completed Expression of Commitment and any declaration of conflicts of interest may be submitted in English or French via email to Dina.Kutziubas@cfhi-fcass.ca.

Merit Review Process

- All applications will be screened by CFHI staff to ensure that essential program requirements have been met.
- An expert panel will review the compliant applications and select teams to participate in the collaborative based on established criteria. All applicants will be notified whether accepted or not.

Memorandum of Understanding

- Successful teams will be asked to sign a Memorandum of Understanding (MOU) with CFHI that reflects CFHI's support and the commitment of the organizations and team members. Applicants are encouraged to review the [MOU template](#) before submitting their application.

If you would like to arrange a call with CFHI to discuss your application, please email Dina.Kutziubas@cfhi-fcass.ca.

Ethics

It is the responsibility of each organization applying to participate in the INSPIRED scale collaborative to determine if ethics approval from a research ethics board is required. Organizations should identify at the application stage if the nature of the improvement project will require ethics board approval. If applicable, plans to attain ethics approval must be described and factored into the timeline of the proposed improvement project.

Tri-Council Policy Statement (TCPS2) governs requirements pertaining to research ethics in Canada, distinguishes quality improvement and research, and advises when seeking ethics approval is required.

[Article 2.5](#): "Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of [research ethics board] review."

For more information, please consult the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (2014), the [Tri-Agency Framework: Responsible Conduct of Research](#) (2016), [TCPS: Section 6: Research Involving Aboriginal Peoples](#) and [First Nations Principles of OCAP™ \(ownership, control, access, and possession\)](#).

Conflicts of Interest

By completing the Expression of Commitment, the organization and team members confirm that they have reviewed and understood CFHI's [Conflict of Interest Policy](#), including the rules regarding the eligibility of CFHI employees, directors, registrants and agents. Organizations from which any members of CFHI's Board of Directors, or Foundation agents or employees, receive remuneration are eligible to apply to this competition. Applicants must fully disclose any relationship with members of [CFHI's Board of Directors](#).

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