Intermediary Organisations

Scope
The work and capabilities of the Centre for Clinical Effectiveness (CCE) team are much broader than what we currently define ourselves to be – an “evidence-based practice support unit offering support to health professionals, managers and policy makers to engage and use the best available evidence for healthcare improvement and clinical practice and organisational decision making at Monash Health”. Based on recommendations of a recent evaluation of our service we find a need to increase our visibility within Monash Health, our involvement in leadership teams, our human and financial resources and develop clearer rules of engagement and processes around the initiation of services to meet the needs of Monash Health staff. Based on these recommendations, CCE are looking to see how we can change and reinvent the way we work within and external to Monash Health.

Purpose
Intermediary organisations are surfacing within the healthcare system literature internationally. The purpose of this review is to identify what an intermediary organisation is, the relationship it has to knowledge translation, brokering and mobilisation and whether or not the CCE team have the capabilities to function under this umbrella?

Identifying evidence
A search of Google and Google Scholar was undertaken using the snowballing technique.

Results
Eleven papers were identified by this evidence snapshot to help describe intermediary organisations and the relationship these have with knowledge translation, brokering and mobilisation. These papers are only a subset of the available literature on this topic.

Definitions
**Intermediary Organisation**: Intermediaries in the context of knowledge mobilization are those entities that have an active role in facilitating the movement of knowledge between and among research users and research producers through the development of networks and relationships (Bell, 2017).

**Knowledge Mobilisation**: Involves getting the right information to the right people in the right format at the right time to influence decision-making.

**Knowledge Broker**: A knowledge broker works collaboratively with stakeholders to facilitate the transfer and exchange of relevant information. They represent the human component of Knowledge Translation Strategies as they work to facilitate interaction; develop mutual understanding of stakeholders’ goals and contexts; identify emerging areas of concern warranting attention; expedite the identification, evaluation, and translation of evidence into practice and/or policy; and facilitate the management of relevant knowledge (Bornbaum, 2015).

**Knowledge Translation**: is defined as a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products and strengthen the healthcare system (CIHR, 2016). Knowledge Translation encompasses all ways of knowing and recognizes there are many forms of evidence: such as research data, local data, evaluation findings, organization prioritize, organizational culture and context, patient experience and preference and resource availability (Graham, 2006).

**Knowledge Transfer**: Implies that knowledge can be given from one person to another whereas Knowledge Exchange or Mobilization imply that the knowledge is altered as it is passed on.

**What is an intermediary?**
Failure to optimize the use of research evidence may result in reduced quality of care, inefficient use of resources, and poorer health outcomes for individuals and communities. To mitigate the challenges associated with knowledge sharing between researchers, practitioners, and decision-makers, some knowledge translation (KT) experts have advocated for the use of an intermediary, also known as a knowledge broker (KB) (Bornbaum, 2015).

Intermediary refers to an organisations dedication to knowledge transfer and mobilisation (Gagnon, 2019). The role of a knowledge mobilisation intermediary is ‘proactive’; it involves connections and collaborations between people, networks...
and organisations (Bell, 2017). Intermediaries help bridge the research-practice gap through various roles and functions providing support to facilitate the implementation of evidence-based practices and build capacity to sustain such practices with fidelity (Franks, 2017; De Silva, 2018).

Proctor et al (2019) describes Intermediary/purveyor organisations as a combination of two key constructs in the dissemination and implementation literature. Purveyors are seen as individuals or groups of individuals representing a program or practice who actively work to implement that practice or program with fidelity and good effect and intermediaries as developing, implementing and supporting multiple best practice programs or services, as well as building the capacity within an agency or system in order to implement and sustain such programs – intermediary roles also include consultation, quality assurance, and continuous quality improvement, outcome evaluation, and training (Proctor, 2019; Cooper, 2015).

For intermediaries to be successful Biebel et al (2013) describes three key characteristics:

- **Trust** - Trust is based on the intermediary's reputation, existing relationships or networks, and the reliability of the information they share (Biebel, 2013; Phipps, 2017).
- **Neutrality and Transparency** - ability to remain impartial – not representing any one position and transparent about how they translate the research evidence in context.
- **Collegiality and enthusiasm** - Ease of working together, enthusiasm for the work and commitment to the collaborative knowledge exchange process facilitate evidence-informed decision-making. This is particularly important given time and resource parameters.

**The role/functions of an intermediary**

Intermediaries serve a vital role at improving the quality of health care and building organisational and system capacity to bridge the research to practice gap (Franks, 2017). Intermediary organisations are the implementation practitioners utilising the implementation science research literature and applying it to real-world practice settings. They engage in a wide range of activities and functions to help provide the necessary scaffolding and support to implement and sustain best practices (Franks, 2017).

Innovation intermediaries also act as knowledge repositories that introduce new combinations of knowledge and also make knowledge-based contributions when providing solutions to clients (De Silva, 2018). Their services involve the handling of complex knowledge and the ability to cover knowledge searching, problem solving and connecting and coordinating knowledge between actors (De Silva, 2018).

Knowledge management tasks are related to the facilitation or management of the creation, translation, diffusion, and application of knowledge (Bornbaum, 2015). Linkage and exchange activities focus on the development of positive relationships between knowledge creators (e.g. researchers) and knowledge users (e.g. decision-makers, clinicians) as a means to stimulate new information, collaborative knowledge exchange, and the use of evidence-informed approaches (Bornbaum, 2015).

Capacity building activities aim to develop knowledge users’ understanding and skills, enable evidence-informed decision-making, and enhance capacity to access and apply knowledge (Bornbaum, 2015).

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<tr>
<th>Roles and Functions</th>
<th>References</th>
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<tbody>
<tr>
<td>Consultation and technical assistance activities</td>
<td>Franks, 2017; Bornbaum, 2015</td>
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<tr>
<td>Best practice model development</td>
<td>Franks, 2017</td>
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<tr>
<td>Purveyor of evidence based practices</td>
<td>Franks, 2017</td>
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<tr>
<td>Quality assurance and continuous quality improvement</td>
<td>Franks, 2017</td>
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<tr>
<td>Outcome evaluation</td>
<td>Franks, 2017; Bornbaum, 2015</td>
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<tr>
<td>Training, public awareness and education</td>
<td>Franks, 2017; De Silva, 2018</td>
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<tr>
<td>Policy and systems development</td>
<td>Franks, 2017</td>
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<tr>
<td>Brokering important relationships between research, practice and policy</td>
<td>Franks, 2017; Bornbaum, 2015; De Silva, 2018; Cooper, 2015</td>
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<td>Helping providers and governmental agencies to use research to make data-informed practice and policy decisions</td>
<td>Franks, 2017; Bornbaum, 2015; De Silva, 2018; Phipps, 2017</td>
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<td>Conducting and implementing best practice, evidence-based practices and programs through the use of implementation teams</td>
<td>Franks, 2017; Bornbaum, 2015; Cooper, 2015</td>
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<td>Using well defined implementation methodologies to implement evidence based practices across multiple settings and content areas (co-creation &amp; co-development)</td>
<td>Franks, 2017; De Silva, 2018</td>
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<td>Influencing the decision-making process to adopt EBPs through social</td>
<td>Franks, 2017</td>
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Intermediary Organisations
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Intermediary organisations are networks that assist in knowledge transfer, translation and brokering; assist providers and government agencies to build capacities to implement EBPs and programs; provide external facilitation in the adoption, uptake and sustainability of EBPs; and build culture (Franks, 2017; Bornbaum, 2015; Phipps, 2017).

| Core intermediary roles and corresponding competencies (Franks, 2017) |
|---|---|
| Paper identifies contextual factors that may impact the development of intermediary organisations and to recommend strategies for building the necessary capacities and competencies that correspond to the intermediary’s identified roles and functions (Franks, 2017). |

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<th>Intermediary role</th>
<th>Corresponding competencies</th>
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<tr>
<td>Consultation and technical assistance activities</td>
<td>Knowledge of best practices, analytical skills, engagement skills, content knowledge, experience working with systems, collaboration and conflict resolution skills, problem solving.</td>
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<tr>
<td>Best practice model development</td>
<td>Knowledge of best practices, observational and assessment skills, ability to synthesize complexity, understanding of outcome research and evaluation, benchmarking, understanding of fidelity and fidelity monitoring, ability to operationalize and create practice models, understanding of implementation science.</td>
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<tr>
<td>Purveyor of evidence-based practices</td>
<td>Knowledge of best practices, knowledge and skill in implementation science and dissemination, ability to translate research into practice, understanding of fidelity and fidelity monitoring, data collection and synthesis, training experience, engagement skills, experience working with organizations complex systems.</td>
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<tr>
<td>Quality assurance and continuous quality improvement</td>
<td>Knowledge and skill in developing and implementing quality assurance and continuous quality-improvement models, knowledge of quality assistance/quality improvement tools and procedures, skill in data analysis, management, synthesis and reporting, engagement and consultative skills.</td>
</tr>
<tr>
<td>Outcome evaluation</td>
<td>Knowledge of research design, development, data collection, and management. Statistical knowledge and ability to synthesize data and monitor outcomes. Experience with benchmarking and linking outcomes to programmatic and funding goals.</td>
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<tr>
<td>Training, public awareness, and education</td>
<td>Experience in training, teaching, and community engagement. Context knowledge and mastery of subject matter. Communication and public awareness skills.</td>
</tr>
<tr>
<td>Policy and systems development</td>
<td>Ability to work with complex systems and political environment. Ability to translate research and complex material into brief policy statements and recommendations. Engagement and collaborative skills. Ability to align priorities with political will and available resources.</td>
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| Barriers and facilitators to intermediary work |
|---|---|
| Several facilitators and barriers have been identified by intermediaries that support or impede their work (Franks, 2017). These can play critical roles in determining how intermediaries develop over time and how successful they are in supporting the active implementation process (Franks, 2017). Franks et al (2017) point out the following facilitators and barriers: |

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<th>Barriers</th>
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<td>Interest in outcomes and effectiveness</td>
<td>Inadequate funding</td>
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<td>Adequate funding</td>
<td>Insufficient readiness for change and buy-in</td>
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<td>Strong leadership or champions that support innovation and implementation of new practices</td>
<td>Not having an adequate timeline for implementation</td>
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As well as facilitators and barriers, a range of contextual factors can influence the development of intermediaries including: political climate, history, policies, need, funding and resources, system capacities, collaboration and competition (Franks, 2017).
Strategies to develop intermediaries

Franks et al (2017) recommend the following strategies to consider when developing an intermediary within a system of care:

1. **Conduct a scan of the system and a needs assessment**
   a. Understand the local system and contextual factors that may influence what capacities are most needed.
   b. Consider:
      - What is the readiness of the system for change?
      - How can readiness be facilitated?
      - What are the potential facilitators and barriers in the local system that may promote or impede the successful development of an intermediary organization?
      - What is the local political climate, and does it support innovation, practice change, and investment in building capacities and infrastructure?
      - What is the history of successful practice change initiatives and implementation of new practices, programs, and innovations within the system of care?
      - How does this history impact current attitudes and buy-in?
      - What policies exist that promote best practices and quality of care?
      - What are the local needs within the system?
      - What issues and concerns are prioritized in the local context?
      - How can data be used to help identify the areas of greatest need?
      - What are the potential sources of funding?
      - Are there potential resources within the system that can be leveraged to achieve shared goals?
      - Where do the current needs of the system align with available funding resources?
      - Are there existing capacities across systems that serve as a foundation for practice change and improvement?
      - What are the gaps in current capacities and infrastructure that will need to be developed?
      - Who are the potential collaborators within the system?
      - How can partnerships be developed to achieve shared goals and outcomes?
      - What other entities provide the identified roles and functions of intermediaries?
      - What are the greatest deficits within the system?
      - What is the appropriate “home” or setting for the intermediary organization?
      - How can existing capacities and resources be leveraged to maximize success?

2. **Identify resources and funding sources**
   a. Consider both short and long term funding sources and a “Home” for the intermediary
   b. Multistream funding strategy can increase the likelihood of sustainability and long-term success eg. Government agencies, philanthropy, grants and contracts

3. **Align capacities with the needs of the system**
   a. Identify where there is synergy between funding opportunities and areas of identified need.
   b. It is important for intermediaries to be evidence-informed and use data to demonstrate their efficacy and value in changing practice and improving outcomes.
   c. Demonstrating the value of the intermediary’s role over time, intermediaries can become a valuable part of the system

4. **Set goals and measure progress**
   a. Clearly articulate goals and identify benchmarks of success that can be measured overtime
   b. Develop a logic model
   c. Quality improvement strategies
   d. Be adaptable and responsive to the environment
5. **Develop appropriate competencies**
   
a. Build appropriate competencies within the team in response to changing contextual environments and needs of the system

**Conclusions**

The Centre for Clinical Effectiveness has the capabilities to function as an intermediary organisation in the context of knowledge mobilization as an entity that has an active role in facilitating the movement of knowledge producers and users through the development of networks and relationships. CCE plays a unique and important role within Monash Health and considering the functions, competencies and strategies described in Franks et al (2017) paper can broaden the scope for work within the organisation.

Functioning as an intermediary will allow CCE to build on our current skill set and further incorporate the functions of relationship building, co-creation, implementation and evaluation of evidence-based programs within Monash Health. Instead of providing these services in isolation we can promote our work as knowledge brokers and provide a full service package.

The biggest change in CCEs daily functioning would be a proactive element. At present we work mainly from a reactive perspective responding to the organisations needs.

The Characteristics of a successful intermediary organisation, a trustworthy unit who are neutral and transparent in our work and function in a collegiate manner, enthusiastic about evidence-based practice are all part of our current practice and transitioning into the space of knowledge mobilisation would provide Monash Health another valuable resource.

**References**