



DEFY
GRAVITY

2022 IMPACT REPORT

Fidani Chair in Improvement and Innovation

Prepared for: The FDC Foundation

FIDANI CHAIR IN IMPROVEMENT AND INNOVATION AT THE TEMERTY FACULTY OF MEDICINE



DR. TARA KIRAN

Fidani Chair in Improvement and Innovation and Vice-Chair Quality and Innovation,
Department of Family and Community Medicine,
University of Toronto

2021-22 was a hard year. One year after a global pandemic was declared, we had the scientific miracle of COVID-19 vaccinations that could reduce morbidity and mortality from the virus. But while we worked hard to get vaccines in arms as quickly as possible, we were faced with growing case counts, more lockdowns, and later with a variant that was highly transmissible even in a doubly vaccinated population. Throughout this difficult time, our program worked hard to meet the need of family physicians, their teams, and patients while also thinking about the future to come.

We needed to ensure family physicians had the skills and knowledge to counsel patients appropriately and deliver the vaccine directly to them. After all, trust is the number one factor driving vaccine confidence and patients trust their family doctors. Our program partnered with the Ontario College of Family Physicians (OCFP) to develop a series of e-modules on COVID-19 vaccination for primary

care practitioners. Throughout 2021, we updated the modules to keep up with rapidly changing evidence and policy including the approval of the kid's vaccine in November 2021. Since our modules were launched in February 2021, over 4700 people have registered to view the modules including more than 1800 family doctors.

Interest in our COVID-19 Community of Practice sessions ballooned with approval of COVID vaccines and then grew again when the Omicron wave hit. Our sessions brought the knowledge of leading COVID-19 experts—including the head of Ontario's COVID-19 Science Advisory Table, the Chief Medical Officer of Ontario, and many different Infectious Disease experts—directly to family physicians from across the province. By the March 2021, we routinely had more than 1000 participants join our biweekly virtual sessions.

The Omicron wave was one of the most stressful periods of the pandemic. Public health units were overwhelmed by the sheer number of cases and public were left on their own to make sense of rapidly evolving guidance around isolation, testing, and contact management. Our program stepped up to ease the confusion. Together with the OCFP, we launched ConfusedAboutCOVID.ca, a website with plain-language resources that addressed some of the most common and pressing questions about COVID-19. During the first month alone, our website

received more than 27,000 unique page views—meeting a huge demand for clear, accurate, up-to-date information.

Family physicians worked incredibly hard to keep their offices running while meeting the additional demands of COVID testing centres and vaccination centres. Despite this, some questioned whether family doctors were open and seeing patients in person. We undertook a collaborative research project to bring data to these anecdotal musings, confirming that the vast majority of family practices were indeed open even pre-vaccination but that many were considering closing their practice in the next five years—a picture consistent with stories of burnout plaguing healthcare.

Our team also continued to advance our understanding of patient experience in primary care during the pandemic and patients' views of virtual care. Our local teams used our patient experience survey to drive local care improvements. At the same time, we analyzed data from across all our teams to shed light on some of the equity issues with virtual care—for example, that people new to Canada or who have difficulty making ends meet are less comfortable with virtual modalities.

Finally, our program continues to plan for the future state. We know that there is a heavy backlog of missed and delayed care coming out of the pandemic and we are developing tools to support family practices to address this backlog. We secured external funding to accelerate development of our QI dashboard that will provide physicians with practice and patient-level data that can help them identify patients who are overdue for screening or testing. We continue to lead nationally in teaching Quality Improvement (QI) to family medicine residents and this past year launched a new e-series to upskill faculty to do and teach QI. We also continue to make important strides in how we partner with patients to improve care, for example, compiling a toolbox of online resources to support faculty and teams to work alongside patients to improve.

All of this work is only possible because of our amazing staff, including Trish O'Brien, Kirsten Eldridge, and Dana Arafeh, and our large, dedicated team of faculty. Earlier this year, we said good-bye to Trish O'Brien, who has been a key member of our program since 2012. Trish was instrumental in development of our postgraduate QI curriculum and supporting the upskilling of faculty very early in our program's inception. It is an understatement to say she is missed!

We continue to be immensely grateful for the support of the FDC Foundation which enables all that we do. It is a true privilege to have the resources to develop programs and services to support the needs of family physicians and their patients during a global crisis. Primary care is the foundation of a strong healthcare system, and your support makes it even stronger. Thank you!

HIGHLIGHTING ACHIEVEMENTS FROM 2021-22

The Quality and Innovation (Q&I) Program of the Department of Family and Community Medicine (DFCM) is pleased to highlight our achievements for 2021-22.

Our achievements this past year will be highlighted within categories focused on a) improving quality during COVID-19; b) building capacity to improve quality; c) supporting a learning health system; d) working with patients to improve care; and e) academic site achievements.

A) IMPROVING QUALITY DURING COVID-19

COVID-19 continued to change the way we work in primary care during 2021/22. We continued several initiatives and introduced new ones to meet the continued challenge of providing high-quality care during COVID-19.

Confused about COVID-19?

When the Omicron variant hit, public health guidance around testing and isolation changed rapidly. Suddenly, the public were left to manage COVID on their own, with little access to testing and supports.

**“I CAN DISCUSS
COVID-19 ISSUES
WITH MY FAMILY
DOCTOR AND FEEL
CONFIDENT
BECAUSE NOW I
UNDERSTAND THE
CONVERSATION!”**

Our department, together with the OCFP, recognized the need for clear communication to the public on a variety of pertinent topics. Together, we created a set of new resources, [ConfusedAboutCOVID.ca](https://www.confusedaboutcovid.ca), that answered common questions in plain language, including:

- I'm feeling unwell. How do I know I have COVID? What should I do?
- I think I have COVID, when should I call my doctor?
- Do I need a COVID PCR test?
- When should I use a Rapid Antigen Test?
- I've been exposed to COVID. What should I do?
- I'm worried about the new variant. How do I keep safe during Omicron?
- My child has COVID. What should I know?

Resource development was led by Dr. Tara Kiran and Dr. Danielle Martin together with the communications teams at DFCM and OCFP and many faculty advisors who contributed content.

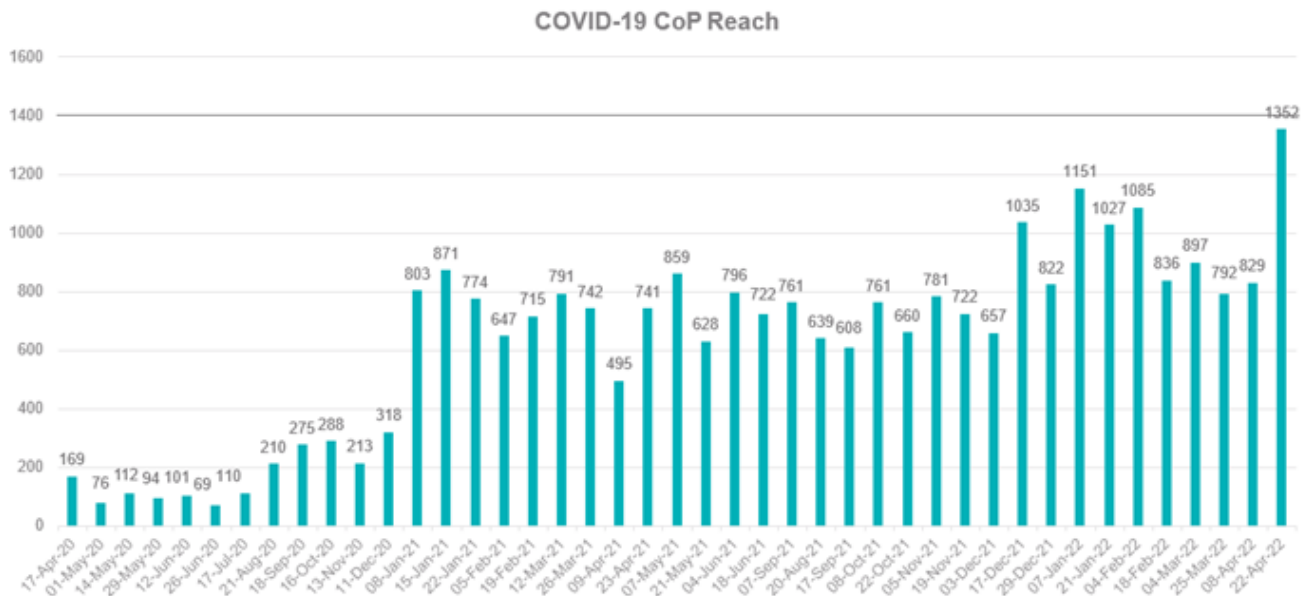
As things evolve, we have continued to keep these resources up to date with the help of a large team, with content updates now led by Dr. Andrea Chittle. Initial resources were available in a multitude of languages including Spanish, Chinese, Korean and Farsi.

The number of views for Confused About COVID have been impressive. Since launching on January 12, 2022, we have had 40,942 total page views and 44,483 PDF downloads. We have also had strong uptake in traditional and social media. Meltwater, a media monitoring software, estimates our reach at 7,212,327.

COVID-19 Community of Practice

We have continued this successful collaboration with the Ontario College of Family Physicians (OCFP) having recently delivered our 45th session on May 27th, 2022. **Over 4000 unique participants from across Ontario have come together virtually every 2-3 weeks to hear from experts on the latest COVID evidence!**

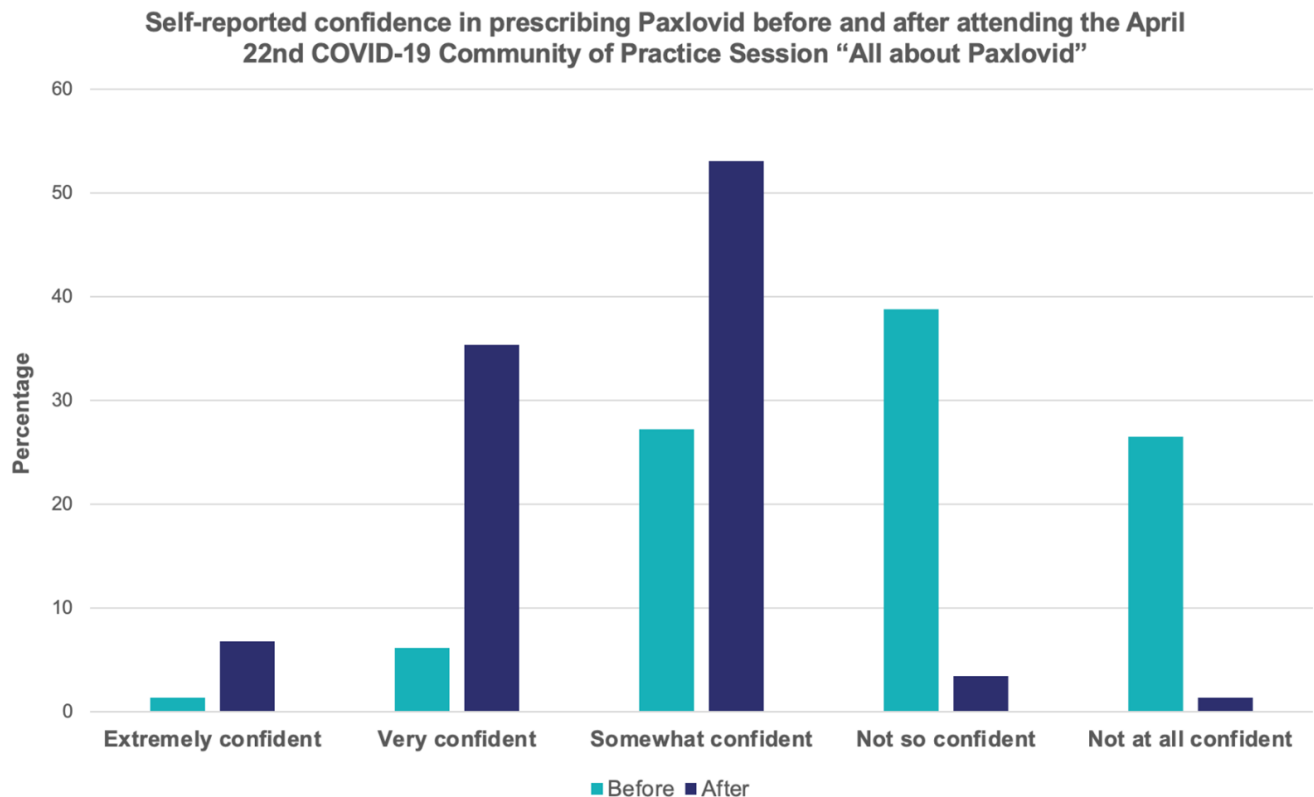
The following graph shows the growth in attendees at individual sessions over the last two years. More than 75% of attendees are family physicians; physicians are from a range of practice models.



As illustrated by this word cloud from one of our sessions, our attendees come from communities outside the Greater Toronto Area and across Ontario.



Our sessions have increased providers' knowledge and confidence in supporting their patients to navigate COVID illness, vaccination, and treatment. As an example, this graph shows the increase in attendees' confidence prescribing a new COVID treatment following a related session.



The positive feedback from participants continues to inspire our teams:

"I am so grateful for virtual meetings. I could never have participated in these meetings if they were in person. If one can say COVID brought anything good, it would be allowing me to convene with my peers in healthcare despite my more remote location relative to medical institutions. Thank you for continuing these meetings."

"These have been excellent sessions and I hope when the pandemic is done, they will continue with other current and relevant updates on a variety of topics so relevant to family medicine"

"Your series continues to be the most relevant and up to the minute info and support for docs in this province. Kudos to you all!"

More information about this program can be found here: <https://dfcm.utoronto.ca/past-covid-19-community-practice-sessions>

COVID-19 Vaccine Modules

We know the importance of vaccination in reducing morbidity and mortality from COVID-19. Our job as an academic department was to support our colleagues to gain the expertise to counsel their patients and administer the vaccine in various settings including their offices.

In collaboration with the Ontario College of Family Physicians, our COVID-19 vaccination modules were launched in February 2021, just a few short weeks after vaccines became available in Canada. The core content was led by Drs. Tara Kiran and Noah Ivers with design work from DFCM's E-Learning and Media Assistant Olivia Neale and tremendous help and input from faculty. The content was updated numerous times in the following months with changing evidence and guidance with a last major update in the fall of 2021 when vaccines were approved for children aged 5 to 11.

As of May 20, 2022, we have had 4,784 individuals register for the modules. This includes 1,866 family physicians.

More information about this program can be found here: <https://dfcm.utoronto.ca/covid-19-vaccination-canada-educational-series-primary-care-professionals>

Balancing In-Person and Virtual Care

COVID-19 meant an increase in virtual care and primary care practitioners needed guidance on how to integrate virtual care in practice in a way that maintained safety, efficacy, and equity. We launched a [collaboration with the Centre for Effective Practice \(CEP\)](#) in 2020, under the leadership of Dr. Payal Agarwal as clinical lead, to develop resources to specifically support use of virtual care for chronic condition management. This collaboration continued into 2021-22 and the following four of resources are now available:

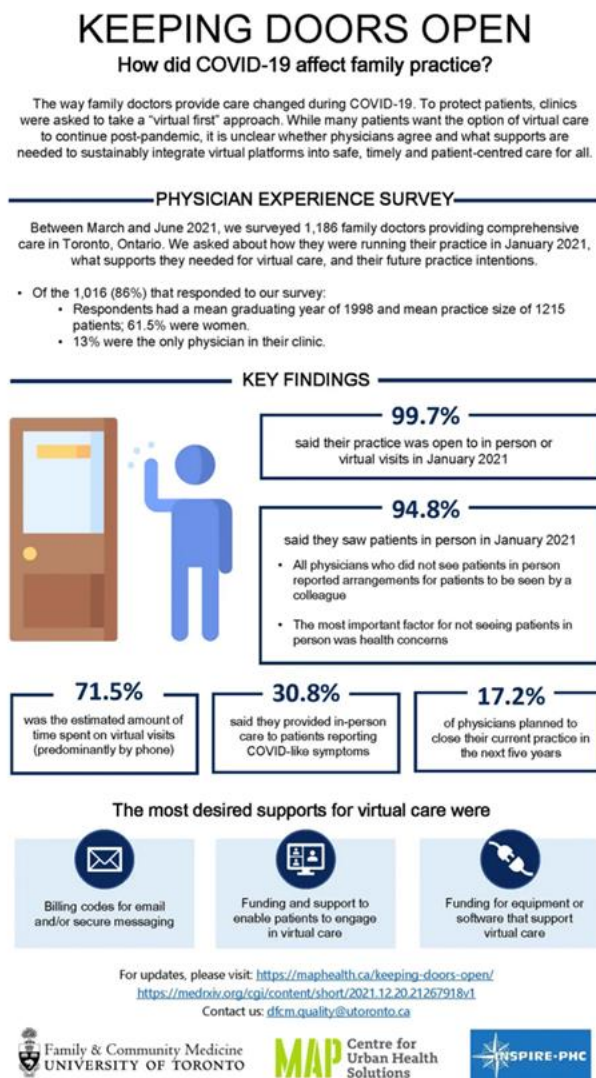
- [A virtual-first approach to managing type 2 diabetes during COVID-19](#)
- [Managing chronic conditions using virtual care during COVID-19](#)
- [Screening and managing at-risk drinking and alcohol use disorder during COVID-19](#)
- [Management of youth and young adult mood disorders during COVID-19](#)

Our resources on diabetes have been the most popular with 11,909 downloads and a related [peer-reviewed publication](#). It has been integrated into 1:1 academic detailing for family physicians that is led by Centre for Effective Practice. This work is also influencing provincial and national work on best practices for virtual care delivery in primary care being led by Ontario Health and the Healthcare Excellence Canada, respectively.

More information about this program can be found here:
<https://cep.health/toolkit/virtual-care/>
<https://dfcm.utoronto.ca/balancing-person-and-virtual-care>

Keeping Doors Open

Primary care is the front door of the healthcare system and there was concern early in the pandemic that some family practices were closing. We felt it was important to gather data to better understand the problem and collaborated with primary care leaders across Toronto to survey family doctors about practice patterns. We conducted two rounds of surveys, one that assessed practice patterns at the start of the pandemic and a second more detailed survey that assessed practice patterns but also practice intentions in early 2021.



Our findings highlighted that the vast majority of family doctor's offices continued to be open during even the worst parts of the pandemic, but it also highlighted upcoming challenges. Almost one in five physicians reported they were thinking about closing their practice in the next 5 years. Our preliminary findings, released on [pre-print](#), have had a lot of [uptake in the media](#) (for example, in this [Toronto Star](#) article). The manuscript has been accepted for publication at *Canadian Family Physician*.

In addition, we partnered with partner organizations to produce a [one-page handout](#) for patients and families confirming that family doctors' offices are open, virtual care is care, and what to do in case your doctor's office is closed.

More information about this program can be found here:
<https://dfcm.utoronto.ca/keeping-doors-open>

B) BUILDING CAPACITY TO IMPROVE QUALITY

Our program continues to lead the way nationally in the development and delivery of quality improvement-focused educational offerings for family medicine residents, family physicians, teachers and educators, and community-based primary care teams. We are pleased that anyone can register through a short process on our website to access our core e-modules at no charge and that our work is now being promoted and highlighted by provincial organizations including the College of Physicians and Surgeons of Ontario.

Postgraduate Educational Series

“...THOROUGHLY ENJOYED THE CONTENT AND THOUGHT IT WAS BEAUTIFULLY ORGANIZED. I LOVED THAT THERE WERE OPPORTUNITIES TO GO A LITTLE DEEPER ON TOPICS THAT WERE OF PARTICULAR INTEREST TO ME.”

We improved our QI curriculum for family resident learners in the summer of 2021 by enhancing content and active learning elements focused on the role of measurement in improving quality. A new module was created, ‘Measuring System Performance’, and content focused on measurement in other modules was augmented. The past year has seen increased interest from other departments of family medicine across Ontario and Canada (including Queen’s University and the Northern Ontario School of Medicine) to adapt our series for their family medicine residents. The series has also been adopted by the residency programs of Aga Khan University in Kenya for all first-year medical residents. To date, 213 faculty and resident learners outside our department have registered to access this series.

More information about the program can be found here: <https://dfcm.utoronto.ca/postgraduate-educational-series>

Faculty Education Series



Dr. Navsheer Gill, DFCM QI Faculty Development Lead, Trish O'Brien, some QI Program Directors, and faculty colleagues led the development and launch of a new accredited series in 2021 focused on building capability among family medicine faculty to lead and teach how to improve quality in primary care. This series' content mirrors the postgraduate modules and includes the Faculty Guide to support facilitating, assessing, and evaluating application of quality improvement learning with first year family medicine residents.

There have been several opportunities to share and promote this work with family medicine faculty at DFCM and other Ontario departments of family medicine. Dr. Gill has presented at our local DFCM Basics Training for new faculty and at our DFCM conference.

She will be presenting in the fall at the Conference on Practice Quality & Improvement hosted by the Society of Teachers of Family Medicine in the U.S. Since the accreditation of the series in February 2022, 63 faculty have registered to access this series. Dr. Gill will also be co-delivering QI faculty development workshops at several of our DCFM sites in the fall.

More information about the program can be found here: <https://dfcm.utoronto.ca/faculty-educational-series>

C) SUPPORTING A HEALTH LEARNING SYSTEM

Our Quality and Innovation Program strives to support primary care teams to improve care. Supporting these teams to capture and analyze practice data and patient experiences is a core component of a Learning Health System. Our team aims to leverage data from the practice's electronic medical record, patient experience surveys, and administrative data to illustrate a fulsome view of the practice and to support a learning health system.

We know that data is necessary but not sufficient to drive improvement and envision linking Continuing Professional Development opportunities that are directly related to the data.

Patient Experience Survey



DR. PAYAL AGARWAL,
Qi Patient Experience
Measurement Lead,
June 2019 to August 2021



DR. DEBBIE ELMAN,
Qi Patient Experience
Measurement Co-Lead,
August 2021 to August 2022



DR. ERICA LI,
Qi Patient Experience
Measurement Co-Lead,
August 2021 to August 2022

Dr. Payal Agarwal led the development of our cross-site patient experience survey beginning in 2019. While Dr. Agarwal was on maternity leave, **Drs. Debbie Elman and Erica Li** stepped in and led the continued collaboration to understand patients experience of care during the pandemic. Our patient experience survey includes questions focused on access to care, perspectives on virtual care, patient centredness and preferences for care delivery in the future. The results inform improvement activities for our academic site-based teams. It minimizes work spent by local teams on collecting data and allows them to instead spend the time on improvement of care.

This year, we modified the survey to better understand nuances in virtual care and preferences for post-pandemic care. We extended the reach of the English and French language survey options by also translating the survey into Mandarin. [We developed patient-facing infographics to communicate results directly to patients.](#)

We used the data collected to do a deep dive on equity in care, understanding how experience varied by patient sociodemographic characteristics. Our findings have now been published in the [British Medical Journal \(BMJ\) Open publication](#). We have shared our survey and findings broadly including at a meeting with other Family Health Team leaders and directly with decision-makers and primary care leaders engaged with Ontario Health.

More information about the program can be found here: <https://dfcm.utoronto.ca/measuring-and-improving-patient-experience>

Looking ahead: In May 2022, we launched a series of [‘Share and Learn sessions’](#) where we will showcase and explore how different teams have approached reducing wait times on the phone, a key improvement priority coming out of the survey.

QI Dashboard



COVID-19 has resulted in a worsening of mental and physical health and a backlog of missed preventive and chronic disease care. Family physicians need data and supports to help them take a proactive, population-based approach to COVID-19 recovery.

Our team is developing an **interactive web-based electronic dashboard for family physicians** designed by physicians for physicians. It includes both physician and patient-level data on chronic disease and preventive care using data from the practice electronic medical record (EMR) data.

The dashboard leverages the University of Toronto Practice Based Research Network ([UTOPIAN](#)) Data Safe Haven - a secure researchable database comprised of de-identified patient records that can be re-identified at the practice level. These records are extracted from participating practices every 6 months. Data is then cleaned, coded, de-identified and transferred to the secure UTOPIAN Data Safe Haven.

The dashboard will summarize **more than 15 quality of care measures** and select measures are stratified by patient neighborhood income level. Physicians can use information from the dashboard to assess gaps in care and, at a higher level, the areas of their practice that need to be improved relative to their peers. For example, physicians can use the data to identify which patients with high blood pressure have not been seen in the last year or how their opioid prescribing has changed over time.

A clinic-level and Ontario Health Team (OHT)-level dashboard that mirror the content of the physician-level dashboard are being developed in parallel to help clinics and OHTs use data to identify gaps in care at the population-level. The clinic-level dashboard will also integrate the patient experience survey and administrative data sources so that information is in one place for users. Physicians, clinic leaders, and OHT leaders are being engaged in dashboard design to ensure it meets the needs of end-users. We are actively collaborating with [POPLAR](#) (the Primary care Ontario Practice-based Learning and Research Network), Ontario Health and other stakeholders to enable scale up to all family physicians in Ontario.

An expanded team is contributing to other aspects of the dashboard including:

Dr. Payal Agarwal – family physician and clinician investigator supporting user-design and stakeholder engagement

Dr. Noah Ivers – family physician and Canada Research Chair in Implementation of Evidence-based Practice and an expert in how data is provided back to physicians

Dr. Jennifer Shuldiner – Postdoctoral Fellow at Women’s College Hospital Institute for Health System Solutions and Virtual Care who is leading user-design interviews

Ms. Kirsten Eldridge – DFCM Research Officer who is supporting project coordination

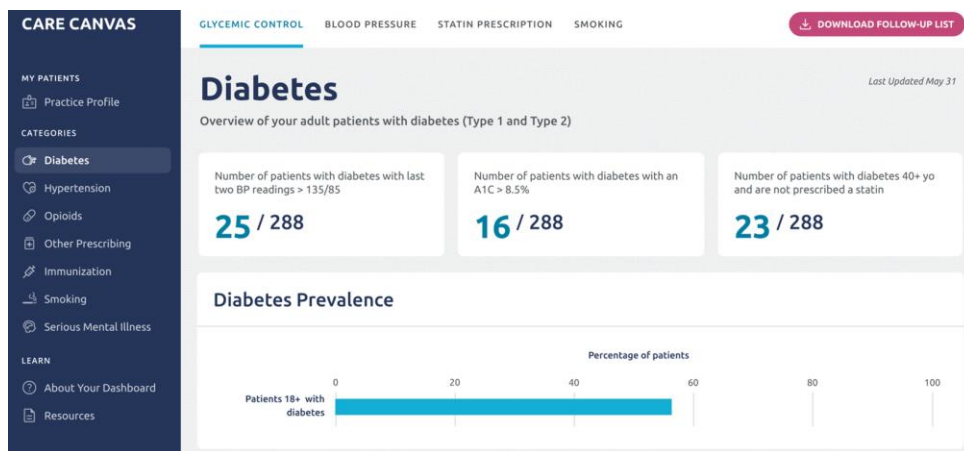
Dr. Susie Kim – family physician and QI Program Director supporting dashboard implementation at DFCM sites

Dr. Michelle Greiver, Greg Clark, Tom Riley, and the UTOPIAN team who are supporting integration of the UTOPIAN data into the dashboard

We have been successful in securing additional funds for the dashboard development from the St. Michael’s Hospital Medical Services Association (SMHA) Alternate Funding Plan (AFP) Innovation Fund, the Women’s College Hospital Academic and Medical Services Group (WCHAMSG) Alternate Funding Plan (AFP) Innovation Fund, and the INSPIRE-PHC Program. With these funds we have contracted with the PIVOT Design Group which is supporting graphics and user design of the dashboard.

Looking ahead: We anticipate rolling out the dashboard to existing users in the fall of 2022. In April 2022, Dr. Payal Agarwal took on the role of Learning Health System Lead to support integration of our different initiatives related to collecting and reporting meaningful data to primary care practices.

Dashboard Screenshots



Glycemic Control

Patients 18+ with diabetes

Latest Values

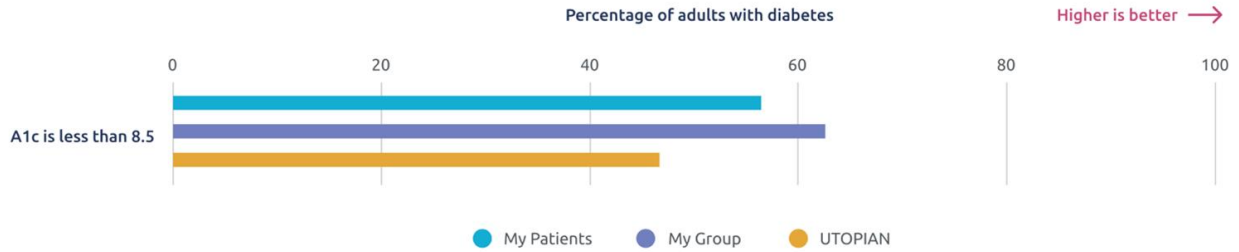
Change Over Time

By Age

By Income

A1c Target < 8.5

[MORE INFO](#)



Blood Pressure Control

Patients 18+ with diabetes

Latest Values

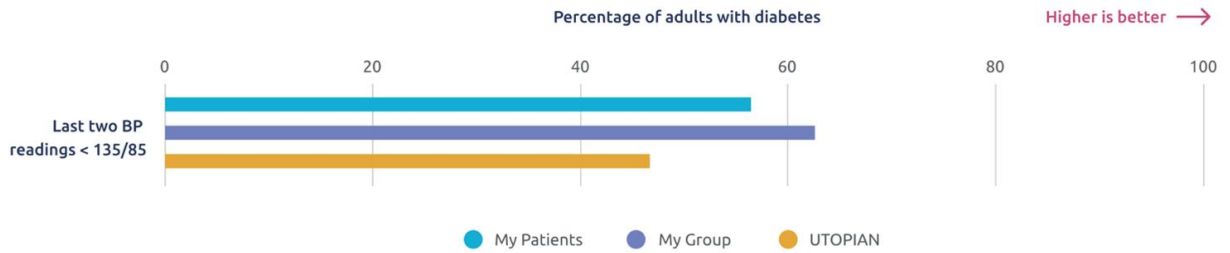
Change Over Time

By Age

By Income

BP Target < 135/85

[MORE INFO](#)



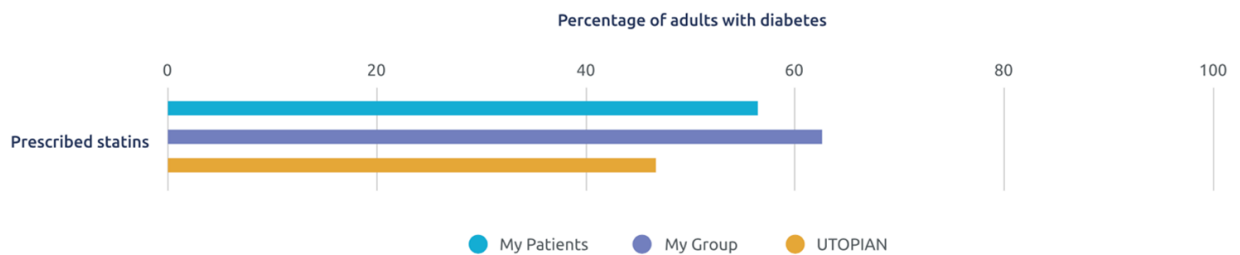
Statin Prescription

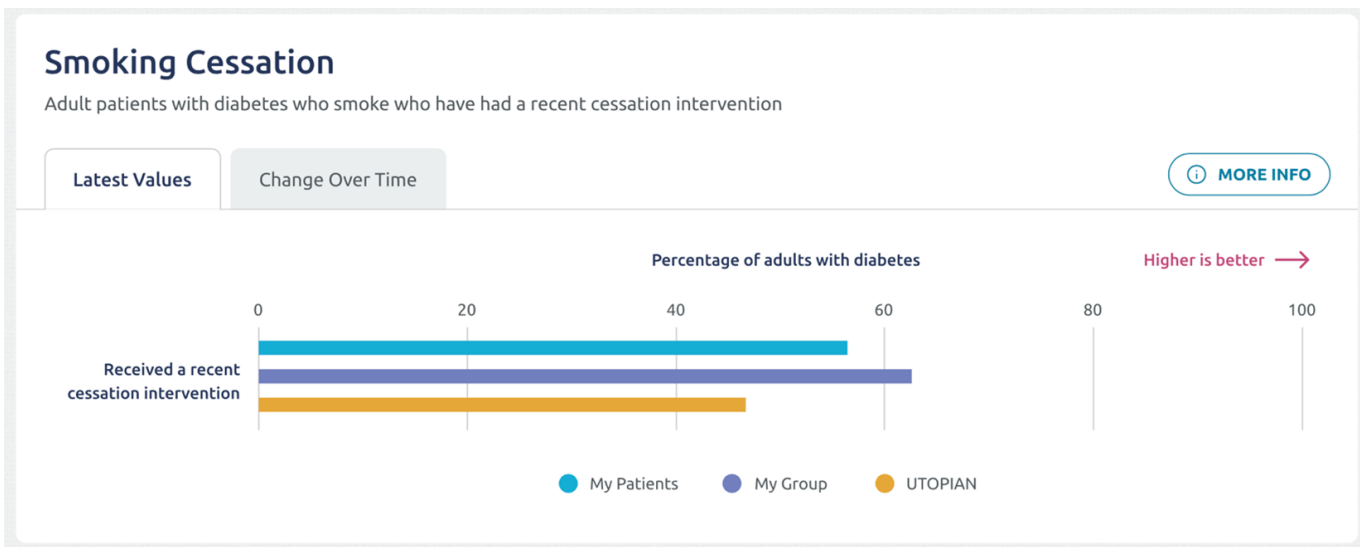
Adult patients aged 40+ with diabetes who have been prescribed statins

Latest Values

Change Over Time

[MORE INFO](#)





Clinical Resources

- ◆ Reference quick clinical practice reference guidelines [here](#).
Diabetes Canada
- ◆ Complete [this tool](#) to help assess appropriate pharmacotherapy for type 2 diabetes based on agent and patient characteristics.
Diabetes Canada
- ◆ You can sign up for a virtual [Academic Detailing session](#) with Centre for Effective Practice on this topic.
Centre for Effective Practice
- ◆ Consider reviewing [this tool](#) on non-insulin therapeutics.
Centre for Effective Practice
- ◆ [Managing Type 2 Diabetes During COVID-19](#)
Centre for Effective Practice
- ◆ Review the Quality Standard placemat for [prediabetes and type 2 diabetes](#)
Ontario Health

Patient Resources

- ◆ **Information:** share [this patient guide](#) on type 2 diabetes so patients know what to discuss with their care team
Ontario Health
- ◆ **Handout:** Use this [self-management guide](#) with your patients
Diabetes Canada
- ◆ **Support:** Have your patients see a diabetes education team. Patients can find out more about self-management programs in their region [here](#) or can access free diabetes education by calling 1-800-BANTING (226-8464).
Government of Ontario
- ◆ **Support:** For smokers, consider referring to [Centre for Addictions and Mental Health's STOP on the Net](#) online program to receive free nicotine replacement therapy.
Centre for Addiction and Mental Health

Looking ahead: Our goal is to link the dashboard with continuing professional development (CPD) offerings (for example, peer-to-peer coaching) to directly support physicians & teams to act using their data and importantly, to drive a paradigm shift towards proactive, population-based care and a learning health system where data is used to inform practice and practices in turn influence what data is collected and what research questions are asked.

D) WORKING WITH PATIENTS TO IMPROVE CARE



Ms. Dana Arafeh joined our team in February 2021 as our inaugural Patient Engagement Specialist—a unique role among departments of family medicine across Canada and within the Faculty of Medicine at the University of Toronto. During her first six months, she led a series of one-on-one meetings and focus groups with faculty and staff to describe the current state of patient engagement at DFCM and to recommend future activities.

Goal: Build a culture of patient engagement within the DFCM and increase the capability of DFCM faculty, staff, learners, and clinical teams to effectively engage patients that are representative of the communities we serve

The [Patient and Family Engagement in the DFCM: Current State and Future Directions](#) report was

disseminated widely in October and highlighted that despite the COVID-19 pandemic, there was enthusiasm and interest in engaging patients across the department. The report details the goal and activities over the next 1-3 years toward building a culture of patient and family engagement. Dana will be leading the work summarized in the graphic to the right.

A. Develop, collate, and share new and existing resources to support engagement	<ul style="list-style-type: none">• Collate a toolbox of practical resources for primary care clinicians• Develop patient-facing communication to explain the DFCM sites and programs and prepare them as advisors• Design and deliver educational sessions to DFCM faculty, staff, learners, and clinical teams on patient engagement
B. Provide support to DFCM faculty, staff, learners, and clinical teams to learn from best practices and each other	<ul style="list-style-type: none">• Provide ongoing consultations with DFCM faculty, staff, learners clinical teams as needed• Share patient engagement stories and tips through a regular column in the DFCM newsletter• Build connections between dedicated patient engagement staff and patient partners who work at different sites or programs
C. Work with the post-graduate program to advance patient partnership in the DFCM residency training program	<ul style="list-style-type: none">• Support an environmental scan and review of the literature to understand how other post-graduate programs engage patients• Develop patient-facing materials that describe the role of the resident in clinical care• Propose potential paths forward to engage patients in curriculum design, curriculum delivery, resident evaluation, and optimizing care delivered by residents at DFCM sites
D. Develop and support a DFCM patient pool and advisory committee	<ul style="list-style-type: none">• Recruit active DFCM patients from across DFCM sites to form a patient and family advisory committee and patient pool of advisors that support central or cross-site DFCM activities• Work with the patient pool and advisory committee to support improvement work and patient experience across sites

Dana also worked hard to develop a [Patient Engagement Toolbox](#) of resources that was launched in 2021. The curated collection of patient engagement tools addresses common engagement questions posed by faculty and staff with easy-to-access resources and guides.

Looking ahead: In February 2022, Dana began working to recruit our inaugural [UofT Family Medicine Patient Advisory Committee](#) which is set to meet for the first time in the summer of 2022.

E) ACADEMIC SITE ACHIEVEMENTS: IMPROVING QUALITY

Credit Valley Family Medicine Teaching Unit, Mississauga



The Credit Valley Family Health Team has led several initiatives to improve the health of our community. These include a remote palliative care monitoring program, ensuring rapid assessments of patients presenting with viral illnesses through a team-based approach during the Omicron surge, enhancing preventative screening for marginalized populations, and using the Patient Experience Survey to improve the booking experience for our patients. Using a QI approach, we established a Neuro-palliative Care program to meet a significant need from patients suffering from neurodegenerative disorders such as ALS. We continue to share our learnings with the broader community through our partnerships.

Health for All Family Health Team, Markham



Throughout this past year, the Markham Family Medicine Teaching Unit was actively involved in multiple QI endeavors. The unifying theme for all these projects is shifting focus towards sustainability and taking all prior QI work to the next level.

Team members critically examined prior change ideas and current performance in various clinical areas, including diabetes, de-prescribing, smoking cessation, depression, hypertension, and preventative care. Strategies were then developed to sustain continuous improvements, such as: new EMR tools, prioritizing information transfer during transitions of care, enhancing CME

throughout the team, and learning about what other QI teams are doing to inform the development of internal structures to sustain change. We are excited to see the team developing a true culture of improvement. Dr. Gina Yip and Dr. Karuna Gupta lead this unit.

Mt. Sinai Academic Family Health Team



DR. SAKINA WALJI

Mount Sinai Academic Family Health Team have continued to engage their patient advisory committee including through the various changes in process related to COVID-19. An area of current focus includes improving efficiency of virtual care for which they are working with the staff and patients to optimize workflows, processes, and patient education.

North York Family Health Team, Toronto



DR. TIFFANY FLORINDO



DR. JEN STUNBURG

We have started a department-wide QI project on MDI (metered dose inhaler) de-prescribing involving residents and faculty. We collaborated with multiple teaching sites and health professionals in a city-wide initiative. We have also been involved in SPIDER projects and the DFCM Patient Experience Survey. Within the department, we have assisted in mentoring our colleagues in their CPSO QI projects.

Our 'Do It Better Rounds' are flourishing with positive feedback. We have invited our specialist colleagues and residents to promote multi-disciplinary approaches and QI as an important part of our work as Family Physicians. Additionally, we participated in Joint QI Rounds with our GIM (general internal medicine) colleagues.

Royal Victoria Hospital - Family Medicine Teaching Unit, Barrie



DR. MELISSA WITTY



DR. LYNDA EKEH

Achievements for our family medicine teaching unit this year include the awarding of the 2021 DFCM QI Faculty and Staff Impact Award to our Patient Safety Committee for our annual QI workshop - '*Do It Better Rounds*' which analyzed vaccine errors.

QI methodology helped examine workflow changes caused by the COVID-19 Pandemic. In addition, one of our resident projects, "*Minimizing unnecessary office visits in the context of COVID-19: use of Medeo secure patient messaging platform*" won the DFCM QI PGY1 Impact Award. We celebrate our REQIP (Research, Education and QI Program) committee that supports QI initiatives within our medical community!

Scarborough Family Medicine Teaching Unit



DR. SUSANNA FUNG

This year, our quality improvement program focused on decreasing the environmental impact of inhalers and initiated a project to decrease our prescriptions of metered dose inhalers. The pandemic slowed our efforts to complete a written commentary on our previous work focusing on improving post-hospital discharge follow-up care using support from the 2020 Better Improvement Grant (BIG) Fund, but we are aiming to have it completed this year. We held our first departmental Patient Safety Rounds examining vaccination safety in our practices and in teaching our residents. We continue to build capacity for improvement work amongst our preceptors in Scarborough.

Scarborough Family Medicine Teaching Unit

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Southlake Academic Family Health Team



DR. NAVSHEER GILL

At Southlake, we have worked hard to continue to deliver high standard primary care during the second year of the pandemic as well as use this opportunity to improve many services. We have dug deep into the results of our Patient Experience Surveys to work on improving our phone lines and we continue to onboard more and more patients to our online services to ease access to care and provide more channels of communication.

Our clinic was able to successfully deliver Covid-19 vaccines to our most vulnerable patients throughout the pandemic as well as provide timely webinars and information sessions on important Covid-19 related topics to ensure our patients had access to accurate and reliable information at all times. For 2022-23, our improvement goals include launching our new Weight Management Program which has been created in collaboration with our patient partners and making our clinic more accessible from an EDI - equity, diversity, inclusiveness lens.

St. Joseph's Health Centre/Urban Family Health Team Family Medicine Teaching Unit

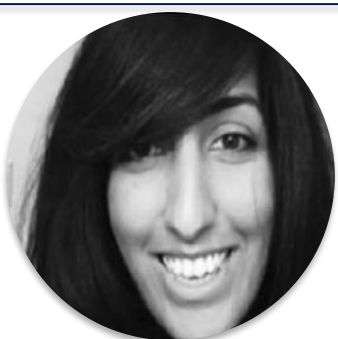


DR. LINDA WEBER

At St. Joseph's Health Centre/Urban Family Health Team, we made an effort to enhance communication with our patients and each other. We've learned that without good communication, engagement is poor, and change is difficult. We have collected email addresses for 92% of our patients. We have launched regular patient newsletters and surveyed our patients to evaluate how we are communicating with them. We organized a focus group to gather patient feedback on what information they want from us and how they would like to be informed.

For staff, we shifted our quarterly team development events to monthly virtual team meetings when the entire team gather over zoom to celebrate our successes, share our frustrations, review data, and learn about/provide input on the next QI initiative.

St. Michael's Hospital Academic Family Health Team



DR. NOOR RAMJI

A The St Michael's Hospital Quality Improvement team spent much of 2021 focusing on COVID-vaccination uptake for our FHT patients, enhancing virtual and in-person access and catch-up on overdue chronic disease follow-up and preventative health screening. With an aim to ensure patient populations where access to vaccinations was limited (e.g., Homebound) or vaccine hesitancy was prevalent, directed communications, outreach and targeted vaccination clinics were held at the FHT.

These efforts specifically included monthly, virtual Townhalls for patients on COVID-19 infection and vaccinations, review of patient lists at high risk of COVID-19 infection and targeted phone and email invitation to vaccinations, and continuous monitoring of COVID-19 vaccination completion within the FHT to monitor for particular social demographics of patients who may not receive their vaccinations to then inform further improvement work in this area. We were successful in having over 70% of our eligible patients vaccinated for COVID19 by the start of 2022.

Summerville Family Medicine Teaching Unit



DR. FRAN COUSINS

At the Summerville FMTU we have been working to improve patient access to care as we move into post-pandemic recovery. Working with our health promotion and communication specialists we have implemented changes to telephone and website messaging to improve patient awareness of availability and our steadfast commitment to their care. With part of the new QIP priorities turning to focus on optimization of preventative care screening, our Quality steering committee is actively working with all 5 Summerville sites to implement strategies for change including mass screening programs involving all members of our team with the goal of reaching patients who were lost to follow-up during the COVID 19 pandemic.

Sunnybrook Hospital Academic Family Health Team



DR. DEBBIE ELMAN

The second year of the pandemic brought with it new challenges and new opportunities for improvement. One of the quality improvement initiatives of the Sunnybrook Academic Family Health Team this past year has been cancer screening catch-up - trying to engage all patients but especially those who live in lower income postal codes. We have also been focusing our efforts on increasing communication with those same patients. Several projects this past year were focused on environmental impact in healthcare, including trying to decrease glove use, and choosing inhalers with lower carbon footprint. We also improved after-hours access for patients.

University Health Network Family Health Team



DR. CARLY SCHENKER

As COVID-19 continues to change our reality, our Quality Committee has focused on adapting the fundamentals of family practice to our new context. We have found new efficiencies in our system of engaging patients in cancer screening, and piloted successful nurse-led Pap screening clinics. We have formed enthusiastic working groups that are streamlining our processes for hospital discharge and immunization best practices. We have been delighted by the opportunity to deepen our collaboration with other DFCM sites, including by contributing to educational modules for providers and participating in new “Share & Learn” sessions. Dr. Carly Schenker and Dr. Rory O’Sullivan lead this team.

Women’s College Academic Family Health Team



DR. SUSIE KIM

A Pandemic-related reductions in services have resulted in a 40% increase in the number of overdue Pap tests at the Women’s College Academic Family Health Team. Nurse-practitioner led teaching clinics have been a unique opportunity where learners with a wide range of scopes (RPN, NP, clerks, residents) learned to perform Paps independently under the supervision of NPs, using a trauma informed approach.

This allowed patient’s flexibility in scheduling and improved access for all patients by increasing availability of in-person appointments with their own provider that would otherwise be taken up by these Paps. Learners also acquired essential skills in Women’s Health such as IUD insertions, endometrial biopsies, and bimanual and clinical breast exams as indicated. Over a 6-month period, the team reduced overdue Paps by 8%. These clinics have helped reduce the backlog of cervical cancer screening, improve access, and support future providers in gaining skills in Women’s Health.

CONCLUDING THOUGHTS AND LOOKING AHEAD



Funding from the Fidani Chair allows me to dedicate time to lead a program of research to improve quality in primary care. The work ranges from understanding the impact of policy reforms on quality to developing and testing innovations to improve quality of care in practice.

In addition, I have led several COVID-19 research initiatives and engaged regularly with the media on COVID-19 to educate the public, counter misinformation, and advocate for better policy.

We are all hopeful that the worst of the pandemic is behind us and that 2022-23 will allow us to focus on healing and recovery. We are grateful to our colleagues across the healthcare system who worked especially hard during the pandemic and are pleased that our program could offer supports in this unprecedented time to enable them to provide the best care possible.

At the same time, our program continues to be focused on preparing family practices for the future, developing resources that can support patient-centred, data-driven, equitable, population-based care. Although it has been a hard year, engaging in the work of health system improvement has been protective against burnout for our team and we feel very privileged to have the needed time and support. All our work is made possible by your generosity, and we are immensely grateful. Thank you!

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "T. Kiran".

T. KIRAN

Fidani Chair, Improvement, and Innovation
Vice-Chair Quality & Innovation

APPENDIX: SUMMARY OF HONOURS, PUBLICATIONS, AND ACHIEVEMENTS OVER THE LAST YEAR

SELECT HONOURS

Top Articles of 2020, BMJ Quality & Safety, Research Award

One of the top 20 articles published in BMJ Quality & Safety in 2020. Awarded for “Patient and caregiver priorities in the transformation from hospital to home: results from province- wide group concept mapping”.

The 25 Most Read Articles from 2021, Canadian Medical Association Journal

Awarded #15 for the research paper “Shifts in office and virtual primary care during the early COVID-19 pandemic in Ontario, Canada”.

Medical Post’s 2021 Power List, Canadian Healthcare Network

Awarded for making an abundance of wide-ranging contributions to healthcare across research, policy-making and clinical care.

20 people who took on the biggest job of the pandemic and helped Ontario get its shots, Toronto Star

The Toronto Star features Dr. Tara Kiran for her contributions to Ontario's vaccination efforts and being among those who helped to get more than 25 million doses into arms. It directly features the impact of the DFCM’s COVID-19 Community of Practice for Family Physicians.

SELECT MEDIA APPEARANCES

National

February 23, 2022, Study “Association of homelessness with COVID-19 positivity among individuals visiting a testing centre: a cross-sectional study” featured in: • “Toronto homeless twice as likely to contract COVID-19” interview with Dr. Tara Kiran for CBC Radio-Canada, February 23, 2022, <https://ici.radio-canada.ca/nouvelle/1864399/sans-abris-toronto-covid-itinerants>

January 19, 2022. Commentary: Williams N “Researchers examine why Ontario ER visits spike when COVID-19 cases drop” *CBC News*, January 19, 2022

<https://www.cbc.ca/news/canada/ottawa/ontario-emergency-department-visits-covid-19-1.6318994>

November 16, 2021, Commentary: Abouseif C “Virtual Health: Pandemic Band-Aid or Opportunity for Better Care?” *The Walrus*, November 16, 2021, <https://thewalrus.ca/virtual-health-pandemic-band-aid-or-opportunity-for-better-care/>

October 21, 2021. Commentary: Weeks, Carly; Stone, Laura “Family doctors in Ontario urged to find balance between virtual care and in-person visits as emergency rooms grapple with huge bottlenecks, wait times” interview with Dr. Tara Kiran in *The Globe and Mail*, October 21, 2021 <https://www.theglobeandmail.com/canada/article-family-doctors-in-ontario-urged-to-find-balance-between-virtual-care/>

September 6, 2021. Commentary: Beattie, Samantha “Patients frustrated, concerned as some Ontario doctors slow to return to in-person appointments” *CBC News*, September 6, 2021 <https://www.cbc.ca/news/canada/toronto/patients-frustrated-concerned-as-some-ontario-doctors-slow-to-return-to-in-person-appointments-1.6160171>

August 23, 2021. Commentary: Alfa, Ismalia “Vaccine mandates, medical exemptions and the Charter: a lawyer and a family doctor explain” interview with Dr. Tara Kiran and Hena Singh on *CBC Metro Morning*, August 23, 2021 <https://www.cbc.ca/listen/live-radio/1-39-metro-morning/clip/15862027-vaccine-mandates-medical-exemptions-charter-lawyer-family-doctor>

June 19, 2021. Commentary: Lee-Shanok, Philip “The Delta variant vs. vaccinations” featured on *The World this Weekend and World Report*, *CBC Radio*, and *CBC TV News*, June 19, 2021

June 11, 2021. Commentary: Boyd, Alex “How Canada came to lead the world in first dose COVID vaccine coverage” *Toronto Star*, June 11, 2021 <https://www.thestar.com/news/canada/2021/06/09/how-canada-came-to-lead-the-world-in-first-dose-covid-vaccine-coverage.html>

June 10, 2021. Commentary: Leung, Wency “Ontario urged to reduce 12-week interval between AstraZeneca COVID-19 doses” *The Globe and Mail*, June 10, 2021 <https://www.theglobeandmail.com/canada/article-ontario-urged-to-reduce-12-week-interval-between-astrazeneca-doses/>



May 20, 2021. Commentary: Ghosh, Twinkle “Wasting COVID-19 vaccines ‘unethical’ expert says as AstraZeneca expiry nears” interview with Dr. Tara Kiran on Global News, May 20, 2021, <https://globalnews.ca/news/7879703/astrazeneca-covid-2nd-doses/>

Provincial/Regional

January 19, 2022. Commentary: “Ontarians feel health care recovery is the first step to economic recovery” interview with Dr. Tara Kiran on CP24, January 19, 2022, <https://www.cp24.com/video?clipId=2362206>

December 5, 2021. Commentary: Yousif N “The pandemic encouraged virtual family doctor visits. Are they here to stay?” Toronto Star, December 5, 2021 <https://www.thestar.com/news/gta/2021/12/05/the-pandemic-encouraged-virtual-family-doctor-visits-are-they-here-to-stay.html>

November 25, 2021. Commentary: Kiwanuka N “Vaccinating Ontario Kids Against COVID-19” interview with Dr. Tara Kiran, TVO, November 25, 2021, <https://www.youtube.com/watch?v=Zmdm5V4IOhs>

November 15, 2021. Commentary: Sismondo C “It’s time to put down the phone and see your doctor in person, physicians say” Toronto Star, November 15, 2021 <https://www.thestar.com/life/2021/11/15/its-time-to-put-down-the-phone-and-see-your-doctor-in-person-physicians-say.html?rf>

October 19. Study “Did the COVID-19 pandemic result in more family physicians stopping practice? Results from Ontario Canada” featured in:

- Interview segment on CBC Radio in multiple locations in Ontario, October 19, 2021, <https://twitter.com/LondonMorning/status/1450416444819140612>

September 29, 2021. Commentary: Wallace K, Warren M “This Ontario age group has a COVID-19 vaccination rate of less than half. Why that’s a problem for all of us” Toronto Star, September 29, 2021 <https://www.thestar.com/news/gta/2021/09/29/this-ontario-age-group-has-a-covid-19-vaccination-rate-of-less-than-half-why-thats-a-problem-for-all-of-us.html>

September 20, 2021. Commentary: Sarrouh M, Warren M “When will younger kids be eligible for COVID vaccines in Canada” Toronto Star, September 20, 2021 <https://www.thestar.com/news/gta/2021/09/20/when-will-younger-kids-be-eligible-for-covid-vaccines-in-canada.html>

July 9, 2021. Commentary: Dempsey, Amy “They were afraid of getting the COVID-19 vaccine. How a talk with the family doctor changed their minds” interview with Dr. Tara Kiran, Toronto

Star, July 9, 2021 <https://www.thestar.com/news/gta/2021/07/09/they-were-afraid-of-getting-the-covid-19-vaccine-how-a-talk-with-the-family-doctor-changed-their-minds.html>

June 2, 2021. Commentary: Lavery, Irelyne “If I had AstraZeneca for my first jab, should I switch to Pfizer for my second? Here’s what health experts say about mixing vaccines” Toronto Star, June 2, 2021 <https://www.thestar.com/news/gta/2021/06/01/if-i-had-astrazeneca-for-my-first-jab-should-a-switch-to-pfizer-for-my-second-heres-what-health-experts-say-about-mixing-vaccines.html>

March 23, 2021. Commentary: “Family docs say they have a role in vaccinations” interview with Dr. Tara Kiran on CP24, March 23, 2021, <https://www.cp24.com/video?clipId=2166734>

SELECT PEER-REVIEWED PUBLICATIONS

COVID-19

Kiran T, Carig-Neil A, Das P, Lockwood J, Wang R, Nathanielsz N, Rosenthal E, Hwang S. Association of homelessness with COVID-19 positivity among individuals visiting a testing centre: a cross-sectional study. *Healthcare Policy*, 2022;17(3):34-41

Kiran T, Craig-Neil A, Das P, Lockwood J, Wang R, Nathanielsz N, Rosenthal E, Snider C, Hwang S. Factors associated with COVID-19 positivity in twenty homeless shelters in Toronto, Canada from April to July 2020. *CMAJ Open*, March 30, 2021; 9(1): E302-E308. doi: <https://doi.org/10.9778/cmajo.20200253>

Jüni P, Baert S, Bobos P, Johnstone J, Patel S, Dhalla I, Born K, Allen U, Barrett K, Barrett L, Bodmer N, Corbeil A, Day T, Evans G, Hopkins J, **Kiran T**, Manuel D, Morris A, Razak F, Sander B, Science M, Steiner R, Tepper J, Thampi N, McGeer A. Rapid antigen tests for voluntary screen testing. *Science Briefs of the Ontario COVID*

Improving Quality in Primary Care

Pinto A, Shenfeld E, Aratangy T, Wang R, Nisenbaum R, Lofters A, Bloch G, Kiran T. Routinely asking patients about income in primary care: a mixed-methods study. *BJGP Open*, January 13, 2022; BJGPO.2021.0090. DOI: <https://doi.org/10.3399/BJGPO.2021.0090>

Lofters A, Baker N, Corrado A, Schuler A, Rau A, Baxter N, Leung F, Weyman K, **Kiran T**. Care in the Community: Opportunities to improve cancer screening uptake for people living with low income. *Preventive Medicine Reports*, October 25, 2021; 24:101622. doi: 10.1016/j.pmedr.2021.101622



DeRocher M, Davie S, **Kiran T**. Using positive deviance to improve timely access in primary care. *BMJ Open Quality*, September 10, 2021; 10: e001228. doi: 10.1136/bmjopen-2020-001228

Zhong A, Davie S, Wang R, **Kiran T**. Understanding disparities in primary care patient experience. *Canadian Family Physician*, July 1, 2021; 67(7) e178-e187. doi: <https://doi.org/10.46747/cfp.6707e178>

Advancing Primary Care Policy

Kiran T, Moineddin R, Kopp A, Glazier R. Impact of team-based primary care on emergency department use in the context of payment reform. *Annals of Family Medicine*, January 2022; 20(1) 24-31. DOI: <https://doi.org/10.1370/afm.2728>

SELECT OPINION PIECES

Kiran T, Martin D. “Cutting through the COVID confusion” [blog] *Healthy Debate*, January 31, 2022
<https://healthydebate.ca/2022/01/topic/cutting-through-covid-confusion/>

Kiran T, Ivers N, Vohra -Miller S. “Vaccine for kids under 12 by Halloween? Research shows it could happen. Now, Canada needs to plan for an equitable rollout” [newspaper op-ed] *Toronto Star*, September 29, 2021
<https://www.thestar.com/opinion/contributors/2021/09/29/vaccine-for-kids-under-12-by-halloween-research-shows-it-could-happen-now-canada-needs-to-plan-for-an-equitable-rollout.html>

Kiran T, Martin D. “Build Back Better: Every Canadian Should Have a Family Doctor.” [Newspaper Op-Ed] *Toronto Star*, August 15, 2021
<https://www.thestar.com/opinion/contributors/2021/08/15/build-back-better-every-canadian-should-have-a-family-doctor.html>

Kiran T. “From virtual-first to patient-directed: A new normal for primary care” [blog] *CMAJ Blogs*, July 21, 2021
<https://cmajblogs.com/from-virtual-first-to-patient-directed-a-new-normal-for-primary-care/>

Miller K, Grindrod K, Ivers N, Jeimy S, **Kiran T**, Pai M, Poon A, Smith V, Vohra-Miller S, Watt K, Witteman H, Yammine S. “‘I got AstraZeneca for my first dose. Which should I get for my second?’ A COVID vaccination guide” [blog]
<https://healthydebate.ca> June 20, 2021.

Spithoff S, **Kiran T.** “The dark side of Canada’s shift to corporate-driven health care” [newspaper op-ed] *The Globe and Mail*, April 30, 2021

<https://www.theglobeandmail.com/opinion/article-the-dark-side-of-canadas-shift-to-corporate-driven-health-care/>

Pinto A, Shakory S, Eissa A, **Kiran T.** “Accelerating Canada’s COVID-19 mass vaccination efforts” [blog] *Canadian Family Physician*, April 1, 2021

<https://www.cfp.ca/news/2021/04/01/4-1-3>

Kiran T. “Why have family doctors been overlooked in vaccine rollout?” [newspaper op-ed] *Toronto Star*, March 5, 2021

<https://www.thestar.com/opinion/contributors/2021/03/05/why-have-family-doctors-been-overlooked-in-vaccine-rollout.html>



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The campaign theme, Defy Gravity, reflects U of T's long history of challenging the impossible to create a more caring and inclusive world through the ingenuity and resolve of its faculty, students, alumni, and supporters which is critical today in addressing racial injustice, climate change, technological disruption, pandemic recovery and more.

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