

2021 IMPACT REPORT

Fidani Chair in Improvement and Innovation

Prepared for: The FDC Foundation



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

COVER ART

Sharing Bioethics by **Lisa Boivin**, a member of the Deninu Kue First Nation, interdisciplinary artist and PhD student at the Rehabilitation Sciences Institute at University of Toronto's Temerty Faculty of Medicine.

ARTIST'S STATEMENT

Sharing Bioethics came about when my Mother asked me, 'Lisa, what do you do? How do I explain it?' My Mother knows what bioethics is and she understands aspects of my Dene culture, but she wasn't sure how I marry the two academically. I told her I would paint her an image-based story so she could understand. The painting is over owing with bioethical, medical, familial and Dene stories. My Mother is connected to all of them. In the painting I am sharing bioethics with a clinician; in real life I am sharing bioethics with my Mother. *Sharing Bioethics* is an honour song that I painted for my Mother.

FROM THE TEMERTY FACULTY OF MEDICINE

Ethics guide us when the right path is not necessarily clear. The art selected for the cover inspires reflection about the many considerations and tensions that health care professionals must weigh when faced with hard choices. It is an apt image at this time of global pandemic, when difficult decisions are made on a daily basis. The artwork's origins following a conversation between Lisa and her mother also speak to another guiding force in our lives: our families, friendships and communities. In a time of crisis, our relationships and connections to one another are more valuable than ever. We are grateful to Lisa for sharing her work and story with us, and are delighted to share it with our community of Temerty Faculty of Medicine supporters.



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



TARA KIRAN

Fidani Chair in
Improvement and
Innovation

Vice-Chair Quality &
Innovation, Department of
Family and Community
Medicine, University of
Toronto

This year has been a year like no other. COVID-19 has highlighted the importance of a quality improvement mindset in responding to a complex problem. Primary care clinicians have pivoted quickly to respond to the crisis—providing a combination of in-person and virtual care but also staffing testing centres, long-term care homes, and more recently organizing and supporting Canada’s vaccination efforts.

Our Quality and Innovation Program has also pivoted. We have led a number of initiatives to support our colleagues to deliver high-quality care during the pandemic. We have collaborated with the Ontario College of Family Physicians on a COVID-19 Community of Practice for Family Physicians—bi-weekly sessions that are routinely attended by 600-900 family doctors from across the province. We have developed an accredited e-learning series on COVID-19 vaccination for primary care providers that has been accessed by more than 2600 practitioners. We have collaborated with the Centre for Effective Practice to develop practical guidance for family physicians on how they can safely and effectively balance in-person and virtual visits for people with chronic conditions. Finally, we launched a common patient survey across all fourteen teaching sites to help us understand patient experience with care during the pandemic and how we can better spread best practices across sites.

We have also continued to move forward our core work. We revamped our QI curriculum for residents, putting it on a new interactive e-learning platform and adding an additional module on health equity. This curriculum will soon form the foundation of a QI curriculum for faculty that we hope to launch in the fall of 2021. We continue to make strides on common measurement with our patient experience survey and with the development of a QI dashboard using electronic medical record data. Perhaps most exciting, we welcomed a new team member, Dana Arafeh, the DFCM’s first-ever patient and family engagement specialist. Dana is helping us to solidify a culture and practice of partnering with patients in all aspects of our work.

I continue to be incredibly proud of the work done by the QI Program Directors at each of our 14 sites. These individuals have worked tirelessly through the last year to lead needed change in their local clinics to respond to COVID-19—from implementing virtual care to figuring out how to provide mass vaccinations while maintaining COVID-19 precautions. The QI Program Committee has been an important space for the QI Program Directors to share innovations and learn from each other.

It is worth noting that all the contributions summarized in this report were led by DFCM faculty and staff under difficult conditions—working remotely, juggling increased home responsibilities, and feeling the stress of the pandemic restrictions. I am especially thankful to our core team members, Ms. Trish O’Brien and Kirsten Eldridge who have supported the breadth of work across our program.



Trish O'Brien



Kirsten Eldridge

Our program has supported primary care professionals to deliver high quality care during one of the most difficult times in recent history. At the same time, we are laying a foundation for improved care in the years to come. We are immensely grateful for the support of the FDC Foundation in making all of this possible.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Tara Kiran".

Tara Kiran

The Quality and Innovation (Q&I) Program of the Department of Family and Community Medicine (DFCM) is pleased to highlight our achievements over the past year. Our achievements will be highlighted within the respective themes of supporting high-quality care during COVID-19, building capacity for QI, meaningful measurement, patient engagement and knowledge mobilization

SUPPORTING HIGH-QUALITY CARE DURING COVID-19

COVID-19 Community of Practice

We have continued the successful and rewarding collaboration with the Ontario College of Family Physicians (OCFP) to host a COVID-19 Community of Practice focused on keeping up with new guidance, responding to the changing clinical environment and navigating uncertainty for family physicians in Ontario.

<https://www.dfcu.utoronto.ca/covid-19-community-practice>

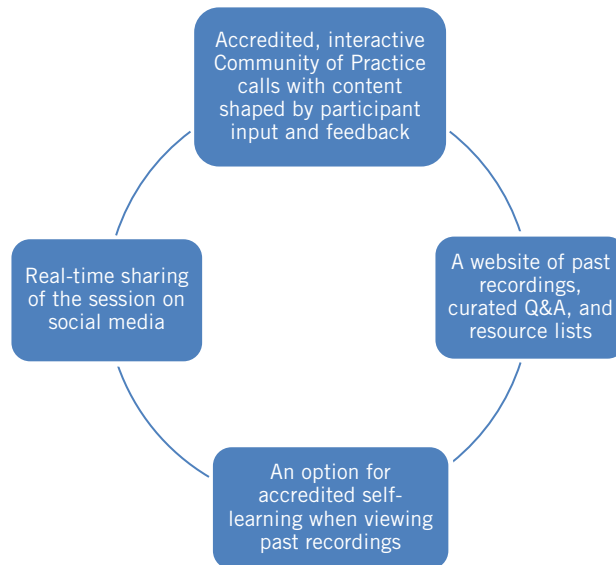


Changing the Way We Work



Our COVID-19 community of practice has become *'the Friday morning educational event'* for family physicians across Ontario. Since April 2020, we have developed and hosted 24 one-hour webinar sessions inviting family physicians, community members and COVID-19 experts to share their innovations and expertise with attendees who interact via a live chat. Sessions have focused on topics ranging from implementing virtual care, to organizing community collaborations, to supporting patients with mental health and addiction and navigating the evolving science of vaccination. Since the start of the vaccine rollout, we routinely have 600-900 attendees join any given session and, thirteen months after its launch, approximately 2,755 unique participants have joined at least one session.

Supporting provider during COVID-19



Participating in the community of practice is enhanced by a popular ‘[past sessions](#)’ webpage that provides access to YouTube videos for each session and downloadable resources. The COVID-19 community of practice session materials are available as self-learning modules as of January 2021 and have been certified by the College of Family Physicians of Canada and the Ontario Chapter. More than 500 Ontario family physicians to date have accessed the webpage and self-learning modules to date, which highlights how the community of practice continues to provide a valuable space for primary care professionals to connect and learn with and from each other during the pandemic.

“These sessions are excellent and have become a main source of clear information which I, in turn, share with the rest of our team. Many thanks for continuing to have these sessions.”

“You continue to share a geographically and culturally diverse selection of stories and amazing family physicians.”

“The talk today validated so many things that I have been doing right in my practice for the past nine months and that was quite reassuring.”

COVID-19 Vaccination in Canada Educational Series

“Primary care providers – family doctors and nurse practitioners – have long been public health’s strongest partners at getting vaccines to their patients. They are the experts at reaching those whom public health misses. Canada’s COVID-19 vaccination rollout needs to leverage their skill and capacity.”

-Vincent Lam

In Spring 2021, we developed a free [educational series](#), with colleagues at the Ontario College of Family Physicians (OCFP), to provide family physicians and primary care professionals with the knowledge and skills to support an effective vaccine rollout in Canada. The e-module series is designed to build capability among primary care professionals to support COVID-19 vaccination both as a continuous learning experience and as a resource that they can refer back to as needed.

The e-learning modules are interactive and include references, practical resources and reflective questions to help consolidate learning. They also include short videos from the [COVID-19 Community of Practice for Family Physicians](#). The topics include why we need the vaccine; the safety and efficacy of mRNA vaccines; the safety and efficacy of viral vector vaccines; plans for vaccine rollout; how to build vaccine confidence among patients; and emerging issues. The content for the module series is reviewed and revised as needed given the changing landscape of COVID-19 vaccination in our communities.

More than 2,600 family physicians and primary care professionals have registered to view the educational series. Over 470 evaluations have been shared highlighting positive feedback, specifically noting how this resource has increased their confidence:

“This was hands down the most useful, well designed, clinically relevant set of modules I have ever reviewed. On any topic in medicine. In my entire career. Thank you so much for this wonderful resource!”

“Modules were excellent to reinforce conversations I have daily with patients, staff, friends and family.”

Tools to Support Care of Chronic Conditions During COVID-19 (DFCM-CEP collaboration)

In May 2020, we initiated a collaboration with the Centre for Effective Practice (CEP), under the leadership of Dr. Payal Agrawal as the Clinical Lead, to develop a series of tools that provide guidance to primary care professionals on how to take a virtual-first approach to safely and effectively managing chronic conditions during the COVID-19 pandemic and beyond. Our first tool was launched in July 2020 and focused on [managing diabetes care](#), one of the most common conditions seen in primary care. The tool was accompanied

by an [article in Canadian Family Physician](#) providing national dissemination. Since then, we have published a tool providing practical guidance on incorporating both [synchronous and asynchronous virtual visits](#) in practice as well as tools for [alcohol use disorder](#) and [youth mental health](#) – two conditions that have been exacerbated by the COVID-19 pandemic.

The uptake of the tools has been impressive (statistics current to June 10, 2021)

- Virtual Care During COVID-19: 1313 downloads, featured on eHealth Centre of Excellence's website.
- Screening for and Managing at-Risk Drinking and Alcohol Use Disorder (AUD) During COVID-19: 790 downloads, featured in Ontario Hospital Association (OHA) Health System News and the Medical Post
- Managing Type 2 Diabetes During COVID-19: 989 downloads.
- Management of Youth and Young Adult Mood Disorders (Anxiety and Depression) During COVID-19: 67 downloads in the first week (tool launched May 31, 2021).

Each tool has been led by a DFCM faculty member and informed by a working group and advisory committee that includes DFCM faculty but also primary care clinicians, patients, and experts across the province. We anticipate that the guidance will provide a foundation for how primary care practices can continue to incorporate virtual care into practice post-pandemic.

Understanding and Improving Patient Experience During COVID-19



Dr. Payal Agarwal, DFCM Patient Experience Measurement Lead

Gathering feedback from patients from across our 14 academic sites is critical in enabling our teams to achieve the goal of improving the patient experience. In the summer of 2020, Dr. Payal Agarwal led our Program in the development and launch of a common patient experience survey across the DFCM core teaching sites to better understand patient experience in primary care practice during COVID-19. To date, 3 waves of the survey have been completed with a wave 4 beginning this month.

The survey questions relate to modes of access, timeliness and continuity of care, patient-centredness, privacy and security and more. To meet the language preference of patients across our diverse teaching units, we have translated the survey to French and Mandarin in 2021. The survey results directly inform site operations and also provide a more general picture of the patient experience of the changes in care during COVID-19. In the spirit of collaboration, we have posted the survey questions on our website to enable primary care teams to incorporate it in their efforts to improve quality.

Recently, Dr. Agarwal presented a summary of the results of the Wave 1 survey (June – September 2020) with the data stratified by demographic characteristics. This has initiated an important discussion surrounding our understanding of equity in patient experience and has set the stage for use of patient feedback to improve equitable access to primary care at our sites now and post-pandemic.

BUILDING CAPACITY FOR QI

Postgraduate QI Curriculum

“Everyone in health care should have two jobs: to do the work and to improve how the work is done.”

Batalden PB, Davidoff F. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care 2007; 16(1):2-3.

For the 2020-21 academic year, we redesigned our Postgraduate QI curriculum using Articulate Rise. The new e-learning platform significantly improved the learning experience allowing for active learning elements and embedded links to key articles, videos and resources. During the redesign we also added a new module - Improving Equity. The pandemic has highlighted how social determinants of health play a critical role in achieving population health. Our health equity module is unique in the context of QI and is an opportunity to highlight how improvement interventions need to be mindful to reduce unfair disparities in care and outcomes.



Faculty QI Curriculum



Dr. Navsheer Toor, DFCM QI Faculty Lead

“The formal integration of QI as a core competency reflects the importance of physician engagement with system-level efforts to improve the quality and safety of care.”

Supporting our faculty to teach QI has continued to be a priority this year. Dr. Navsheer Toor is our DFCM QI Faculty Development Lead and, together with a faculty work group representing several of our academic sites, she has led the development of a dedicated QI curriculum for DFCM Faculty. Developed as a companion curriculum to the Postgraduate QI curriculum, the Faculty version includes multiple active learning elements within the 8 modules. The modules are focused on the teacher role and also include an appendix of resources and tools for facilitating the completion of the practicum for residents. The faculty QI curriculum will launch in the fall of 2021 after which Dr. Toor will

lead an evaluation of the effectiveness and impact of the curriculum. This will be supported via a DFCM Art of the Possible Educational Scholarship Grant.

Meaningful Measurement

“Measurement helps to know whether innovations should be kept, changed, or rejected; to understand causes; and to clarify aims”

- Don Berwick - A primer on leading the improvement of systems. BMJ 1996

In 2020-21, we continued to work toward developing a culture of data-driven improvement and learning at each of our family medicine sites. The focus on meaningful measurement has been evident in the work led by Dr. Agarwal on the patient experience survey described above as well as the QI dashboard work led by Dr. Adam Cadotte.

Data from the Practice Electronic Medical Record



Dr. Adam Cadotte, DFCM UTOPIAN QI Measurement Lead

Dr. Cadotte continues to lead the development of a QI dashboard using data from DFCM’s practice-based research network, UTOPIAN. UTOPIAN houses data from clinic electronic medical records. These are used to populate the QI dashboard with quality of care measures that can help practitioners assess, for example, whether their patients with diabetes are meeting blood pressure targets or whether their patients over age 65 are being prescribed potentially harmful medication. Dr. Cadotte’s work this year has focused on cleaning the data extracted from the electronic medical records, developing code that calculates the quality measures for each physician, and designing a prototype website through which physicians can securely access the dashboard. In the coming year, we will be validating the quality measures, optimizing the design of the dashboard, and ensuring proper privacy and security review before eventually launching it as a new offering. We anticipate that the dashboard will be particularly useful post-pandemic as family physicians work to “catch up” on the backlog of chronic disease management and preventive care caused by the pandemic.

Patient Engagement

“Some say that doctors and patients should now be partners in care. Not so, I think. In my view, we doctors are not our patients' partners; we are guests in our patients' lives.”

- Don Berwick
<https://bjgp.org/content/59/559/128>



Ms. Dana Arafeh, Patient Engagement Specialist (DFCM)

Dana joined our Quality and Innovation Program team in February 2021 in the role of patient engagement specialist - a shared position with the Joannah and Brian Lawson Centre for Child Nutrition. The purpose of her position is to promote a culture and practice of partnership with patients and families in all DFCM activities.

Dana is wrapping up the completion of an environmental scan and needs assessment having met with many of the QI Program Directors as well as with DFCM leaders connected to key program areas. The findings from these meetings will contribute to informing a strategy to move forward the DFCM's vision to engage with patients and their families across all areas of their clinical, education and research work.

Based on some of the early consultations, some proposed activities include having our patient and family engagement specialist provide consultations to sites as needed, developing a DFCM hub of patient engagement resources, a DFCM newsletter column sharing patient engagement stories and tips, a Community of Practice for site staff and patients involved in patient engagement activities, and accelerating the integration of patient partners into curriculum development, curriculum delivery and evaluation of our post-graduate learners.

Knowledge Mobilization

Knowledge Mobilization continues to be represented across many facets of our work. Despite the barriers of the COVID-19 pandemic, we have purposefully sought to maintain connections and share expertise with the goal to improve quality. We continue to actively partner with provincial, national, and international stakeholders including the Ontario College of Family Physicians (OCFP), the College of Family Physicians of Canada (CFPC), and Ontario Health-Quality (OH-Q). We also continue to foster strong professional relationships with organizations such as the Association of Family Health Teams of Ontario (AFHTO) and our University of Toronto colleagues at the Faculty of Medicine, the Dalla Lana School of Public Health, and the Centre for Quality and Patient Safety (CQUIPS).

We continue to encourage and support faculty and learners within our department to disseminate their work via virtual presentations, papers, and lay media and have participated with our Global Health & Social Accountability Program colleagues in the Virtual Toronto International Program to Strengthen Family

Medicine and Primary Care (V-TIPS) where we facilitated two virtual workshops for family physicians from around the world.

In early 2021, we provided access to our Postgraduate QI curriculum e-modules via a dedicated registration link on our 'QI curriculum' webpage in support of national/international dissemination. To date, more than 40 medical residents and practicing physicians from the Aga Khan University campus in Nairobi, Kenya have downloaded the curriculum and are completing improvement-focused projects. We have also effectively promoted our Postgraduate QI curriculum with the CFPC and colleagues at other departments of medicine across Canada and look forward to a new collaboration this summer with family medicine faculty at Queen's University as they introduce our Postgraduate QI curriculum to their first year family medicine residents. A highlight this year has been publication of the proceedings from our International QI conference in 2019 - *Improving Equity Through Primary Care: Proceedings of the 2019 Toronto International Conference on Quality in Primary Care*, in the Annals of Family Medicine. The topic, improving health equity in primary care, was particularly timely given the challenges highlighted by COVID-19. We are also pleased that the qualitative evaluation of the early years of our QI program has been accepted for publication in *Canadian Family Physician*.

Trish O'Brien and Tara Kiran continue to represent the DFCM provincially and nationally through leadership and participation on committees working to improve quality in primary care. Dr. Kiran is a member of the Primary Care Quality Advisory Committee at Ontario Health and a founding member of [PC2025](#), a group of primary care leaders who are working towards a better primary care system in Ontario. Ms. O'Brien has continued participation in the national research project 'SPIDER: Structured Process Informed by Data, Evidence and Research', focused on facilitating medication appropriateness in primary care for complex older patients and as a member of the College of Family Physicians of Canada (CFPC) Scientific Planning Committee for the Practice Improvement Essentials (PIE).

DEMONSTRATING IMPACT - ACADEMIC SITE ACHIEVEMENTS



Credit Valley Family Medicine Teaching Unit, Mississauga
Dr. Ali Damji

The Credit Valley Family Health Team has led numerous innovations to fight against COVID-19. We provided COVID-19 testing for the community through the development of a novel assessment clinic. We launched the COVID@Home program for our region, where COVID positive patients across the community are able to access daily team-based assessments and home monitoring to support their recovery and alleviate pressures on hospitals and emergency departments. We were the first family medicine clinic to administer Pfizer-BioNTech vaccines in the region. We co-led mass vaccine clinics and are now administering vaccines to homebound patients.



**Health for All Family Health Team, Markham
Dr. Karuna Gupta (Interim QI Director)**

During the pandemic, the use of the Ocean platform at Health for All FHT has grown beyond supporting virtual care to include patient outreach and QI. We now have email contact with more than 80% of active patients, and patient engagement has benefited. 63% of 80+ year old emailed regarding COVID vaccinations were responsive, and 100 AZ vaccine appointments for 40+ year old's were booked within 36 hours of email. The team has utilized patient feedback to make Ocean communications more user friendly. The roll out of Ocean how-to sheets has reduced tech-related queries. Our residents used Ocean to support QI projects in SDOH and blood pressure measurement. Currently, QI data on a well-baby Ocean initiative is being collected and analysed.



**Mt. Sinai Academic Family Health Team, Toronto
Dr. Sakina Walji**

Our QI committee has been committed to hearing the patient voice and working with patients to improve overall quality of care. Our patient advisory committee (PAC) has challenged us to improve access and communication. The PAC worked closely with us to improve care pathways as well as communication received by patients particularly during the pandemic. We have made various changes to our workflows and telephone system; we are continuously working to improve our IT systems to enhance access and have recently implemented a pilot project for online booking at our Vaughan site. We continue to work on a post-discharge follow-up process to ensure a smooth transition for our patients from hospital to home. In addition, our residents' QI projects pilot innovations such as the Asthma application and contribute to our QI culture.



**North York Family Health Team, Toronto
Dr. Tiffany Florindo, Dr. Joanne Laine-Gossin, Dr. Jen Stunburg**

The past year been challenging due to COVID-19 efforts focused on how to provide the best most safest care to patients. While our QI projects were limited, our QI residency teaching was successful as faculty and residents embraced virtual teaching. Mentorship of our postgraduate first year residents by second year residents was particularly noteworthy and appreciated. And our 'Do It Better Rounds' are flourishing with positive feedback. NYGH has a distributed model of academic family medicine which can be challenging at times. We do collaborate effectively with the North York Family Health Team with an example being the DFCM's Patient Experience Project. We are also excited to start a department-wide project de-prescribing multi-dose inhalers in favor of DMIs to help climate change and reduce our carbon footprint.





Royal Victoria Hospital - Family Medicine Teaching Unit, Barrie
Dr. Melissa Witty

The multidisciplinary Patient Safety Committee, established in 2018, hosted the third annual 'Doing Better Rounds' in January 2021. This 2-hour workshop was attended by 30 staff, faculty and learners participating as an interactive group with appropriate physical distancing. The patient safety incident that was analyzed as a group was "Wrong Childhood Routine Immunization". This committee's work has successfully implemented improvements in patient education, postgraduate year-1 resident education, two-provider review of injections and proper documentation of childhood immunizations.

Regarding the postgraduate QI curriculum, two practicums utilized practice-based data to improve the quality of dedicated chronic disease visits and cancer screening rates in our practices. QI knowledge and a positive culture within our team has enabled us to continue to provide the best and safest quality of care to our patients, including championing vaccination clinics during the COVID-19 pandemic.



Scarborough Family Medicine Teaching Unit, Scarborough
Dr. Susanna Fung

This year, our quality improvement program focused on improving COVID-19 vaccine acceptance amongst our patients in our community-based clinics. As the vaccines became available to the general population, we targeted vaccine-hesitant adults individually at their regular appointments. We adapted the project as the situation changed by addressing concerns regarding the AstraZeneca vaccine and then lowering the age group to 12 years old. With a core group of QI enthusiasts, we continue to build capacity for community-based QI work amongst our preceptors in Scarborough. With support from the Better Improvement Grant (BIG) Fund in 2020, our quality improvement program was able to successfully disseminate our inaugural project, focused on improving follow-up care after discharge from hospital, at two conferences/platforms.

With our recent successes, we continue to build capacity and enthusiasm for community-based QI work amongst our preceptors in Scarborough.



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

Dr. Linda Weber

With the COVID-19 pandemic came a flood of emails intended to inform and guide us in new ways to provide primary care amidst pandemic restrictions. It is overwhelming. Our team developed two toolbars for our EMR. One to support providing virtual care and the other on providing COVID-19 care. We curate the endless e-mail/web offerings and embed links on these toolbars allowing providers to find the information they need at their fingertips while providing care. In addition, our new patient resource tool allows us to easily e-mail patients links to help them care for their mental health, book lab tests, seek financial assistance and/or learn what they need to know about all things COVID-19. All of these tools are maintained and, as the pandemic evolves, so too do these resources.



St. Michael's Hospital Academic Family Health Team, Toronto

Dr. Noor Ramji

When the pandemic struck, it was apparent that a specific focus on equity and vulnerable populations would be required; the COVID-19 Social Determinants of Health (SDOH) Working Group was created to address this. The group aimed to support the FHT by applying a health equity lens to clinical operations, teaching, research and quality improvement, while coordinating SDOH-related activities, and engaging the broader community in care provision and advocacy during the pandemic.

Our working group engaged in the following activities: wellness check-in calls, an equity-focused review of clinical operations, SDOH resource dissemination (e.g., through collation of resources on shared drive) and participation in community and government advocacy efforts. We completed site based capacity assessments and monitored our phone lines to ensure patients would have access to our real and virtual front doors. We performed over 2000 wellness checks, distributed over \$1200 in grocery cards, 60 cloth masks and supported over 70 patients with income-related concerns. The most frequent concerns identified through our wellness check-ins were seniors-health related, mental health and medical. In June 2020, our Patient and Family Advisory Committee encouraged the FHT to further address cloth masks, cell phone/tablet and WiFi access for patients. In response, a cloth mask and used-cellphone/tablet drive was launched and the creation of a Toronto Wi-Fi/Internet map. The value of this type of interaction with patients was tremendous.



Southeast Toronto Family Health Team, Toronto

Dr. Tia Pham & Dr. Sam Tirkos

The Toronto East academic family physicians' Quality Improvement work during the pandemic year is proud of two achievements. By organizing all 270 family physicians in the east as an Ontario-first incorporated Family Practice Network, primary care actively co-designed the pandemic community response with the East Toronto Ontario Health Team, with a strong focus on the heavily affected neighborhoods. Secondly, despite provincial politics, east family practices were leaders in getting early access to vaccines for their patients requiring more personalized support, with 12,000 doses delivered in our own clinics by the end of May 2021, using PDSA cycles to improve efficiencies.



Southlake Academic Family Health Team, Newmarket

Dr. Navsheer Toor

At Southlake, much like everywhere else, we have been riding the pandemic wave and pivoting as needed. This year more than ever, our QI efforts have focused on keeping our patients front and centre. Our residents launched a new patient engagement project to improve our approach to addressing sensitive topics; and our patient experience survey has helped inform our efforts in improving access to care by providing widespread onboarding to our online platforms, upscaling our social media presence and providing timely webinars to keep our patients informed on all things COVID. Lastly, we are very proud to have successfully done our part in the vaccine rollout - all whilst providing ongoing excellent primary care every single day of the pandemic!



Summerville Family Medicine Teaching Unit, Mississauga

Dr. Fran Cousins

At Trillium-Summerville FMTU, we participated in the DFCM central COVID-19 patient experience survey contributing over 5000 patient voices to overall survey results. Residents worked hard on their QI practicums with focus this year being on improving the following: Safety in Opioid Prescribing in Resident Practices; Optimizing on-line Simulated Learning for ACLS during COVID restrictions; Improving Efficiency in Preventative Health Management and Documentation and; Improving Efficiency in Mental Health Documentation. Upcoming focus for future QI initiatives will be to expand on improving safety in patients considered high-risk with concurrent opioid and benzodiazepine use as well as improving patient safety during hand over from outgoing PGY-2 to incoming PGY-1 Residents.





Sunnybrook Hospital Academic Family Health Team, Toronto

Dr. Debbie Elman

Despite the additional clinical and infrastructure requirements of the past year, the Sunnybrook Academic Family Health Team has been very busy with quality and safety initiatives. Early in the pandemic a process was created to identify and reach out to our most vulnerable patients to help them with various aspects of the lockdown. As flu season approached, we established drive through flu clinics for patients of the FHT as well as the local community. As the results of significant event analyses, our emergency kit and processes were completely updated; INR management, education and medical directives were created and revised; Prolia education was rolled out to the patients and the health care providers. Recognizing that patients might be reluctant to come to the office we also looked at childhood immunizations and substantially increased the number of children with all vaccines up to date.



Toronto Western Family Health Team, Toronto

Dr. Carly Schenker, Dr. Rory O'Sullivan

This year's focus has been on reimagining our commitment to quality improvement. We have taken stock of the indicators most important to our team, in domains ranging from appointment access to preventative care to diabetes. We have piloted new measures for access to appointments and a new flowsheet for diabetes care. We have developed recommendations for equity, diversity, and inclusion policy that will inform activity throughout the FHT. Our residents led quality improvement initiatives that bolstered our FHT's commitment to safe, effective, and patient-centred care, such as identifying and addressing barriers to completing CRC screening with FIT during the pandemic.



Women's College Academic Family Health Team, Toronto

Dr. Susie Kim

We have made considerable strides towards improving access and quality of virtual care this year. COVIDCare@Home continues to connect patients who have tested positive for COVID-19 with appropriate and timely medical and interdisciplinary resources. Our SW team developed a weekly virtual Covid support group, and our Virtual Care team implemented video visits directly through our EMR to minimize risks around privacy/security. We used QI methodologies for multiple initiatives, including outreach to our vulnerable patients, and an onsite covid vaccination clinic for our patients and those in nearby practices. We celebrate the amazing achievements of our kind and dedicated team!

DEMONSTRATING IMPACT - VICE-CHAIR ACHIEVEMENTS

Funding from this 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. Below is a summary of some of my notable achievements over the last year.

Select Peer-Reviewed Publications

1. Glazier R, Green M, Wu F, Frymire E, Kopp A, **Kiran T**. Shifts in office and virtual primary care during the early COVID-19 pandemic in Ontario, Canada. *CMAJ*, February 8, 2021; 193 (6) E200-E210; doi: <https://doi.org/10.1503/cmaj.202303> (role: **senior author**)

- Featured in: Boyle, Theresa “Doctors’ virtual visits jumped by 5,600% during COVID. What does that mean for the future of Canadian health care?” *Toronto Star*, February 8, 2021
<https://www.thestar.com/news/canada/2021/02/08/doctors-virtual-visits-jumped-by-5600-during-covid-what-does-that-mean-for-the-future-of-canadian-health-care.html>

Our study highlighted how primary care practice patterns changed during COVID-19 and which populations received or were more likely to receive relative reductions in care.

2. **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> (role: **principal author**)

Our research shed light on high transmission of COVID-19 in homeless shelters and the importance of surveillance for detecting cases.

3. Desveaux L, Ivers NM, Devotta K, Ramji N, Weyman K, **Kiran T**. Unpacking the intention to action gap: A qualitative study understanding how physicians engage with audit and feedback. *Implementation Science*, February 17, 2021; 16 (19). doi: <https://doi.org/10.1186/s13012-021-01088-1> (role: **senior author**)

This paper is a first of a series describing different approaches for supporting how physicians can best use data for learning. Our finding confirms that providing data to physicians is insufficient on its own in driving behaviour change; it needs to be accompanied by supports/resources to facilitate interpretation and action.



4. Girdhari R, Krueger P, Wang R, Meaney C, **Kiran T**. Electronic communication between family physicians and patients: findings from a multi-site survey of academic family physicians in Ontario, Canada. *Canadian Family Physician*, January 2021; 67 (1) 39-46; DOI: <https://doi.org/10.46747/cfp.670139> (role: **senior author**)

We surveyed family physicians to better understand their use of e-communication with patients and their views on the topic. We found that integration with existing electronic medical record technology was the most commonly noted facilitator of e-mail use with patients, while privacy and security concerns were the most common barrier.

5. **Kiran T**, Rodrigues J, Aratangy T, Devotta K, Sava N, O'Campo P. Awareness and use of community services among primary care physicians. *Healthcare Policy*, August 2020; 16(1):58-77. doi: 10.12927/hcpol.2020.26290 (role: **principal author**)

We found that many primary care physicians in Toronto were unaware of existing community services including important centralized services designed to improve access to mental health and addictions care. Physicians working in teams were more likely to be aware of these services than those not, suggesting these care-providers may be doubly disadvantaged when it comes to encouraging patients to access community services.

6. Cohen M, **Kiran T**. Closing the gender pay gap in Canadian medicine. *CMAJ*, August 31, 2020; 192(35):E1011-E1017. doi: 10.1503/cmaj.200375 (role: **co-principal author**)

Featured in:

- Bresge, Adina “Systemic biases allow gender pay gap to persist in Canadian medicine, study says” The Canadian Press, August 31, 2020 (reprinted in >85 newspapers and online media <https://globalnews.ca/news/7307257/canada-gender-pay-gap-medicine/>)
- McLean, Jesse “Female doctors are consistently paid less than male physicians. A new paper proposes ways to close Canadian medicine's gender wage gap” *Toronto Star*, August 31, 2020 <https://www.thestar.com/news/canada/2020/08/31/female-doctors-are-consistently-paid-less-than-male-physicians-a-new-paper-proposes-ways-to-close-canadian-medicines-gender-wage-gap.html>

Our analysis confirmed that there is a sizeable gender pay gap in medicine both between and within specialties and that the gap cannot be attributed to women working less. We provide concrete recommendations for how individuals and institutions can close the gap.

Select Blogs and Opinion Pieces

Over the last year, I have written a number of blogs and opinion pieces for the public and practitioners. These have highlighted the impact of COVID-19 on patients and providers and articulated recommendations for a better way forward during and after the pandemic:

1. 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/>
2. 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>
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>
4. **Kiran T,** Kwong J, Ivers N. “Breaking down walls: Teamwork key to effective vaccine rollout” [blog] <https://healthydebate.ca> December 29, 2020.
5. **Kiran T.** “Don’t let COVID-19 defer the diabetes care you need” [blog] <https://healthydebate.ca> November 13, 2020.
6. **Kiran T.** “The issue is not resilience” [blog] <http://cmajblogs.com> September 25, 2020.
7. **Kiran T.** “We need to strengthen publicly funded homecare in time for winter” [newspaper op-ed] *Toronto Star*, July 20, 2020 <https://www.thestar.com/opinion/contributors/2020/07/20/we-need-to-strengthen-publicly-funded-homecare-in-time-for-winter.html>.

Select Invited Lectures

National:

- | | |
|----------------|--|
| May 1, 2021 | Invited Speaker. Closing the gender pay gap in Canadian medicine. BC Society of Allergy and Immunology Conference, Vancouver, British Columbia. Virtual. Presenter: Kiran T. |
| April 27, 2021 | Invited Panelist. COVID-19 & Policy: are we following the science? Healthcare in Canada, Twitter Spaces. Virtual. Panelists: Fisman D, Salamon L, Kiran T, Kalpin J. |
| March 10, 2021 | Invited Panelist. Beyond the basics: Enhancing virtual care. Virtual Care Knowledge Exchange Webinar Series, Nova Scotia Health. Virtual. Panelists: Kiran T, Sadler L, Holland M. |

- March 8, 2021 **Invited Speaker.** Closing the gender pay gap in Canadian medicine. 2021 International Women’s Day Special Event, Vancouver Coastal Health. Virtual. Presenters: **Kiran T**, Cohen M.
- October 23, 2020 **Invited Speaker.** Closing the gender pay gap in Canadian medicine. British Columbia Tariff Committee Meeting, British Columbia. Presenters: **Kiran, T**, Cohen M.
- July 15, 2020 **Invited Speaker.** Weekly virtual gatherings during COVID-19: Ramping up in-person office visits in primary care in the aftermath of COVID-19. Choosing Wisely Canada, virtual. Presenter: **Kiran T**.

Provincial/Regional:

- May 20, 2021 **Keynote Speaker.** Equity in Healthcare. Quality Improvement and Patient Safety Symposium. McMaster Program for Faculty Development and McMaster Department of Medicine, McMaster University, Hamilton, Ontario. Virtual. Presenter: **Kiran T**.
- November 27, 2020 **Invited Panelist.** Healing the Gender Gap. Ontario Medical Association. Virtual. Panelists: **Kiran T**, Cohen M, Straus S, Lorello G.

Select Awards:

2021 DFCM Awards

- 2020 **Philip Ellison Excellence in Continuing Professional Development (CPD) Award.** Fully Affiliated Site Category. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada.
Awarded for developing an innovative CPD program to advance the use of data among family physicians for learning and improvement.
- 2020 **Quality Improvement Award of Excellence.** Fully Affiliated Site Category. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada.
Awarded to the St. Michael’s Hospital Academic Family Health Team for patient engagement work done under the leadership of T. Kiran, offering primary care teams innovative approaches to involving a diverse group of patients in practice improvement

LOOKING AHEAD

It is difficult to know what the next year will bring. Like everyone, we are hoping for a gradual return to “normal”. But there is no doubt that the post-pandemic “normal” will be different from the pre-pandemic “normal” and that we will have new challenges to address. Virtual care is going to continue to play an important role in primary care practice and we will need to ensure that it is integrated in a way that promotes equity in access and patient experience. Primary care practices will need to help ensure population-wide COVID-19 vaccine coverage. Family physicians will also be busy to work down the backlog of delayed chronic disease and preventive care. Change will be the constant and healthcare will continue to need strong leaders to drive improvements in quality. With our focus on building capacity, data driven improvement, patient engagement, and knowledge mobilization, our program will continue to support primary care practices to provide the best patient care possible with a view to improving outcomes and experience for all.