



Family & Community Medicine  
UNIVERSITY OF TORONTO

**2019 DFCM Research and Advocacy Program/UTOPIAN Retreat**

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FINAL REPORT

January 2020

DEPARTMENT OF FAMILY AND  
COMMUNITY MEDICINE  
UNIVERSITY OF TORONTO

**DFCM RESEARCH AND ADVOCACY PROGRAM**

**FINAL REPORT**

**2019 DFCM Research and Advocacy Program/UTOPIAN Retreat**

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**RETREAT OVERVIEW**

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The DFCM Research and Advocacy Program/UTOPIAN Retreat took place on Friday December 6, 2019. The Retreat was an opportunity for attendees to help guide the Research and Advocacy Program and UTOPIAN into the future. The objectives of the Retreat were to propose ideas on how to strengthen the Research and Advocacy Program and UTOPIAN and to explore possible thematic areas that – from a research perspective - can pull all DFCM programs closer together..

The Retreat began with Dr. Eva Grunfeld, Vice-Chair Research & Advocacy Program outlining the activities for the day which included:

- **Keynote address** “Making a Difference: Considerations for the Future of DFCM Research and UTOPIAN” by Dr. Rick Glazier, DFCM Professor and Scientific Director of the Canadian Institutes of Health Research’s Institute of Health Services and Policy Research.
- **5 Strategic Research Idea Pitches** (“The Big Idea”) proposed by DFCM faculty members (facilitated by Dr. Eva Grunfeld):
  1. **Primary Care Centre of Excellence in Health Equity** by Dr. Tara Kiran
  2. **Advancing research on artificial intelligence in primary care** by Dr. Andrew Pinto
  3. **Multi-morbidity** by Dr. Ross Upshur
  4. **Transformation of UTOPIAN into a Practice-Based Learning Network** by Dr. Michelle Greiver
  5. **Information Technology** by Dr. Risa Freeman:
- **5 Breakout groups** to discuss each of the above Strategic Research Ideas
- **Breakout groups report back for large group discussion** (led by Dr. Rick Glassier)
- **Vote for best Strategic Research Idea**
- **State of UTOPIAN address** by Dr. Michelle Greiver
- **2 Breakout groups to discuss clinical trials and EMR data safe haven**
- **Breakout groups report back for large group discussion** (led by Drs. Michelle Greiver and Andrew Pinto)
- **Next steps and closing**

Prior to the keynote address, Dr. Grunfeld provided an overview of DFCM research productivity for the past 10 years. This included graphical displays of: the total number of PI and Co-PI grants held by year (for both peer reviewed and non peer reviewed grants); the total amount of PI and Co-PI grants held by year (for both peer reviewed and non peer reviewed grants); and the number of peer reviewed publications by year.

Dr. Rick Glazier, the Scientific Director of the Institute of Health Services and Policy Research at the Canadian Institute of Health Research, then opened the day with his keynote address entitled “Making a Difference: Considerations for the Future of DFCM Research and UTOPIAN.” Dr. Glazier provided a reflection on the DFCM research program over the years, spoke about important questions/areas for primary care research, offered suggestions for making research stronger in the DFCM, and provided some ideas for research funding opportunities and where things may be headed in the future. Dr. Glazier’s keynote presentation can be accessed at: <https://play.library.utoronto.ca/ESNZuUykVMDC>.

Following the keynote address, 5 DFCM faculty members each presented a pitch for an overarching strategic research idea they thought could pull all DFCM programs closer together.. Each pitch included an overview of the strategic idea, explaining why the idea is important for family and community medicine, how the idea is cross-cutting with other DFCM programs, and what resources and existing capacity are available to further develop the idea. Dr. Tara Kiran began by presenting her idea for a Primary Care Centre of Excellence in Health Equity. Dr. Andrew Pinto then presented his idea for advancing research on artificial intelligence in primary care. This was followed by Dr. Ross Upshur’s presentation “Multi-morbidity: Better late than never?”. Dr. Michelle Greiver’s presented “Transformation of UTOPIAN into a Practice Based Learning Network”. Dr. Risa Freeman (with contributions from Drs. Onil Bhattacharyya and Karen Fleming) was the final presenter with her pitch on “Information Technology”.

Attendees were then asked to select one of the 4 strategic research ideas (Note: because of the overlap between the Artificial Intelligence and Information Technology ideas, these 2 groups were combined) that interested them the most and join that smaller group for an in-depth discussion. Each group was provided the following context and questions to answer:

**Context:** “Think about a donor who is interested in giving a large amount of money to fund an family medicine initiative - one that is cross-cutting, will resonate well across all DFCM programs and will result in important impacts on clinical practice, policy, teaching and research at the local, national and international levels. Please consider various viewpoints, not just the Research Program’s perspective, when answering the following questions.”

**Question #1:** Is this an important, potentially practice changing topic that would be relevant to family medicine locally, nationally, and internationally?

**Question #2:** Is this a topic that would resonate with and draw in DFCM-wide faculty, researchers, and learners?

**Question #3:** Is this topic exciting enough to pitch to donors?

**Question #4:** Is this something you would be personally interested in?

Representatives from each of the smaller groups then reported back to the larger group. Dr. Rick Glazier facilitated the large group discussion. After some riveting discussion, attendees were asked to anonymously select their first and second choices for the strategic research ideas they supported the most. Because of the overlap between ideas 2 and 4 (artificial intelligence and information technology respectively), they were combined into a single strategic research idea for the purpose of voting.

Dr. Michelle Greiver, Director of UTOPIAN, then gave the state of UTOPIAN address, highlighting the Clinical Research arm (led Dr. Andrew Pinto) and the EMR Data Safe Haven arm of UTOPIAN (led by Dr. Karen Tu), noting input from Dr. Tony D'Urzo. Dr. Greiver's state of UTOPIAN address can be accessed at: <https://play.library.utoronto.ca/0LMZ8yXGqmui>.

Attendees were then asked to participate in 1 of 2 breakout groups to discuss either discuss clinical trials or the EMR data safe haven led by Drs. Pinto and Greiver respectively. Attendees were given the opportunity to provide feedback on UTOPIAN's mission, vision and directions.

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## RETREAT FINDINGS

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Approximately 55 of the DFCM's research-focused faculty and senior leadership attended the Retreat.

Presented below are summaries of comments made during the large group discussions - after the 4 small breakout groups reported back on their respective discussions of the 4 Strategic Research Ideas. These large group discussions were facilitated by Dr. Rick Glazier.

### **Primary Care Centre of Excellence in Health Equity (Dr. Tara Kiran)**

**Overview:** Tara Kiran presented the idea of creating a primary care centre of excellence in health equity.

#### ***Large Group Comments:***

- The Centre must be upstream and preventive. It must also be community led and governed. It must be intersectional by nature.
- The Centre will allow for family doctors to take a community approach to identify gaps in care.
- By creating the Centre, we can change the way family medicine is practiced, such as being out in the community or virtually providing care to patients in need, all while preventing inequities from happening through education.
- International leaders in health equity are already DFCM faculty members. There are already data showing the inequities patients face.

- The Centre will be outcome focused; goals will be defined and action plans will be created to develop the process. This will hopefully remove disparities in patient outcomes over time. There will be a generational difference created while still directly affecting present patients.
- Health equity is currently a preferred donor area.
- Decreasing inequities will lead to lower economic costs on health care in the long run.
- Policy outside of health care systems will largely affect the Centre. These policy experts must be included in the creation of the Centre as well as for ongoing advocacy.
- The Centre will help the Research and Advocacy Program focus on its advocacy initiatives.
- Family doctors should be the health care providers to lead the health equity movement as they are respected in the community and deal with health equity issues first hand on a daily basis in clinic.
- There is a need to address health equity internally (what do we as doctors do to enforce inequities), then change our behavior to immediately help our patients. This then can scale up to the policy change level. The Centre will help with this education of our doctors so that they can begin the process of providing better patient care to all patients.

### **Artificial Intelligence and Information Technology** (Drs. Andrew Pinto and Risa Freeman)

**Overview:** Dr. Pinto and Dr. Freeman were asked to combine their ideas on utilizing information technology and artificial intelligence to further develop the face of family medicine (with contributions from Dr. Onil Bhattacharyya and Dr. Karen Fleming).

#### ***Large Group Comments:***

- AI and IT can engage colleagues in both an academic and community setting. The emergent technology can help to enhance one's practice.
- We here at the DFCM need to be part of shaping the technology and policy surrounding it as it emerges. We need to be proactive as opposed to reactive.
- We must change how we conduct research and change training methods to include IT and AI to maintain current and innovative research/behavior.
- Patients must be kept at the center of all technological advancements we as doctors, learners, teachers, etc. make.
- These new technologies are already here and will keep on developing; this is our opportunity to shape the future of family medicine and health policy.
- Data are already available.
- We need to act quickly to develop new patient-centered tools.

- Our patients would like access to their health information. This would allow patients to take a leading role in their health care and improve communication with their family doctors.
- We need to prepare learners and practitioners for the future already here. We need to be at the forefront of policy that shapes how for-profit companies engage in this space. We need to work collectively to negotiate terms with these companies and to develop useful products/tools/technologies.
- This idea is about integrating and enhancing patient care while incorporating technological advancements/improvements.
- Our faculty can be involved in setting priorities and identifying barriers. We can bring our patients' voices to the creation of technologies and policy surrounding them.
- AI and IT are cross-cutting every part of the DFCM and health care.

### **Multi-morbidity (Dr. Ross Upshur)**

**Overview:** Dr. Upshur presented the idea to create a centre focused on the study and prevention of multi-morbidity.

#### ***Large Group Comments:***

- Globally, every citizen has been faced with multiple chronic conditions, whether it is as a patient, support system, health care provider, etc.
- DFCM needs to become a world leader and answer the questions on how to treat multi-morbidities, as well as show how to manage, teach, and provide quality care.
- A centre focusing on multi-morbidities would be beneficial to most of the population.
- We need to refocus our thinking of health care, education, research, and resources. By changing our thinking, we can systematically improve health care provided to our patients.
- The Centre would focus on prevention, social determinants of health, redefine health care goals, be driven by patient and caregiver outcomes, and include new technology/methodology/treatments/interventions.
- Investing in multi-morbidity would allow DFCM to become an international leader in the field, as we are still creating the definition for multi-morbidity around the globe.
- We need to partner with other health services in the community to focus on prevention of multi-morbidity.
- The Centre will work to create both preventive tools and tools for treatment for family doctors to be educated in, to improve the overall quality of care for our patients.
- In the future, the investment of resources into this area will allow for better system coordinating services, better long-term health, and decrease the economic burden multi-morbidities places on our health care system.

## **Transforming UTOPIAN to a Practice-Based Learning Network (Dr. Michelle Greiver)**

**Overview:** Dr. Greiver discussed transforming UTOPIAN from a practice-based research network (PBRN) into a practice-based learning network (PBLN).

### ***Large Group Comments:***

- A PBLN is more cross-cutting than a PBRN as it includes research, education, and quality improvement as pillars.
- UTOPIAN can build on its existing relationships, already built on trust, power, and data. Therefore, the infrastructure base is already in place and can act a catalyst for change.
- Infrastructure is hard to “sell” to a donor as it can be hard for those external to DFCM to see its excitement and impact. The pitch therefore must be donor-specific going forward and must be well explained.
- UTOPIAN has the infrastructure that can support the DFCM already; by changing to a PBLN this will ensure UTOPIAN remains relevant and able to support the DFCM in the future.
- UTOPIAN needs a mature and significant database at the center of all projects. The database needs to continue to grow. UTOPIAN would benefit from creating a central database with other Ontario networks to continue to grow the database.
- The new ask:
  - UTOPIAN needs people familiar with the context. An innovation ambassador working on the ground with sites and specific projects will help build relationships/trust over time as well as improve the data.
  - UTOPIAN wants to focus on asking people what they need and how they want to use the data. This will aim to change community level care.
  - Larger projects on a larger scale need to be developed, as well as increase the speed in which UTOPIAN research can take place.
- By being in a learning network, it enables the sharing of responsibilities and expertise within UTOPIAN and their partners.

### **Final Large Group Comments:**

- Focusing our resources on Health Equity will ensure that patients without resources will receive them.
- Multi-morbidity isn’t well-known like HIV, as an example. We will need to do a lot of re-branding (maybe a new name).
- We can create a “menu” for donors to pick and choose from.

- We can't focus on donations, we need to focus on what is best for patients, what needs to be done now, the patient voice, and how we can support these initiatives.
- The pressing problem appears to be multi-morbidity. The solution seems to be emergent technologies and health equity principles. A PBLN can be developed as a tool.
- It was recommended to combine all of the initiatives so that all of these urgent issues can be addressed and benefit one another.

### **Voting Results for the Best Strategic Research Idea**

*The discussion clearly showed a high level of support for all of the ideas.* The greatest support, however, was for a Primary Care Centre of Excellence in Health Equity. Health Equity as an overarching thematic area, could focus on vulnerable populations such as those with multi-morbidity and could be enabled by improved use of digital tools and UTOPIAN as a practice-based learning network. The final scoring of the anonymous voting resulted in the following ranking for the best strategic research idea:

- **1<sup>st</sup> place:** Primary Care Centre of Excellence in Health Equity
- **2<sup>nd</sup> place:** Multi-morbidity
- **3<sup>rd</sup> place:** The combined Artificial Intelligence + Information Technology
- **4<sup>th</sup> place:** Transforming UTOPIAN into a Practice-Based Learning Network

### **State of UTOPIAN Address (Dr. Michelle Greiver)**

<https://play.library.utoronto.ca/0LMZ8yXGqmui>

Dr. Michelle Greiver, Director of UTOPIAN, then gave the state of UTOPIAN address, highlighting the Clinical Research arm (led Dr. Andrew Pinto) and the EMR Data Safe Haven arm of UTOPIAN (led by Dr. Karen Tu). A renewed mission and vision were discussed, with a focus on identifying research priorities that can be addressed strategically among and between DFCM and UTOPIAN sites. UTOPIAN's contribution to Learning Health Systems in Family Medicine was highlighted: a Learning Health System is enabled through mutually beneficial, trusting relationships between faculty and clinicians built over time and multiple projects. Ongoing communication and collaborations enable practice to influence research and then research to influence practice. UTOPIAN will enable more clinical studies in our practices' living laboratories, relevant health services research and the translation of knowledge into daily practice, collectively building a culture of curiosity in primary care.

### ***Small Group Comments:***



Attendees were given the opportunity to provide feedback on UTOPIAN’s mission, vision and directions in smaller groups led by Drs. Greiver and Pinto. Site-based Innovation ambassadors, Practice Enhancement Associates responsible for groups of sites/practices and thematic pods within UTOPIAN academic sites with specific project interests and priorities were suggested to help strengthen relationships between sites and UTOPIAN. Pursuing a diverse mix of funding opportunities, building strategic partnerships, continuing to grow capacity for clinical trials, enhancing the engagement of community-based physicians in UTOPIAN through an effective community based participatory research framework and broadening the data in the EMR database were highlighted as important priorities for UTOPIAN.

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## **RETREAT EVALUATION**

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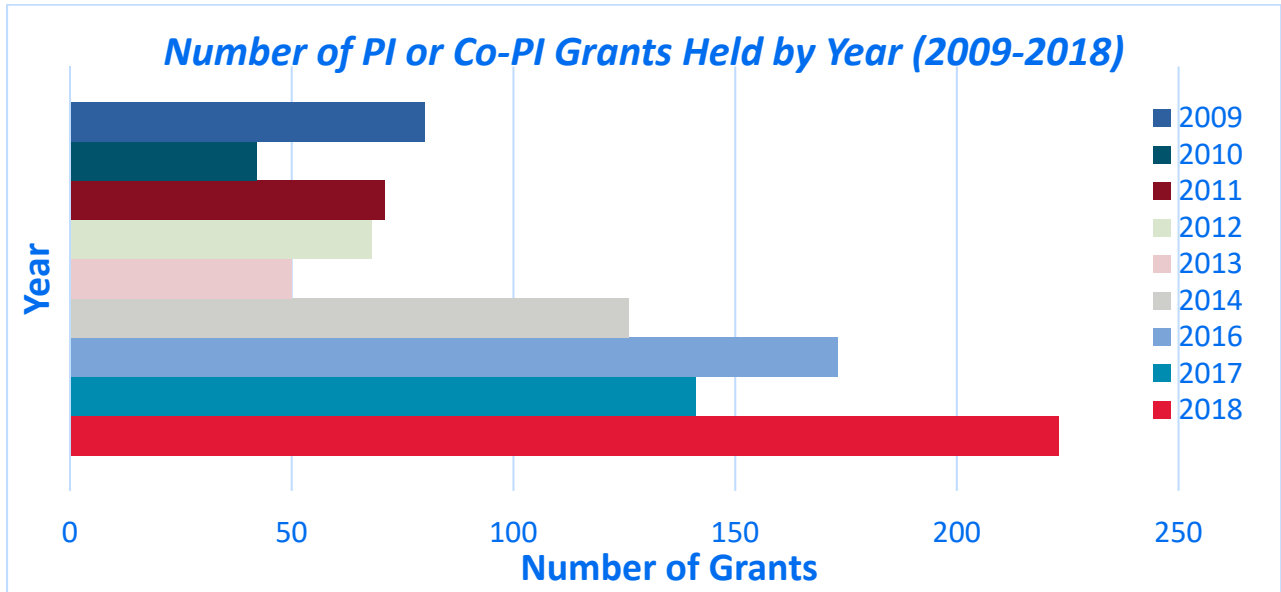
Of the 55 attendees, 31 completed the Retreat evaluation survey. The evaluation found that:

- 81% were mostly or very satisfied that the Retreat met its objectives
- 97% felt that the information collected will be somewhat or very useful for guiding the Research and Advocacy Program and UTOPIAN into the future
- 90% were mostly or very satisfied overall with the Retreat

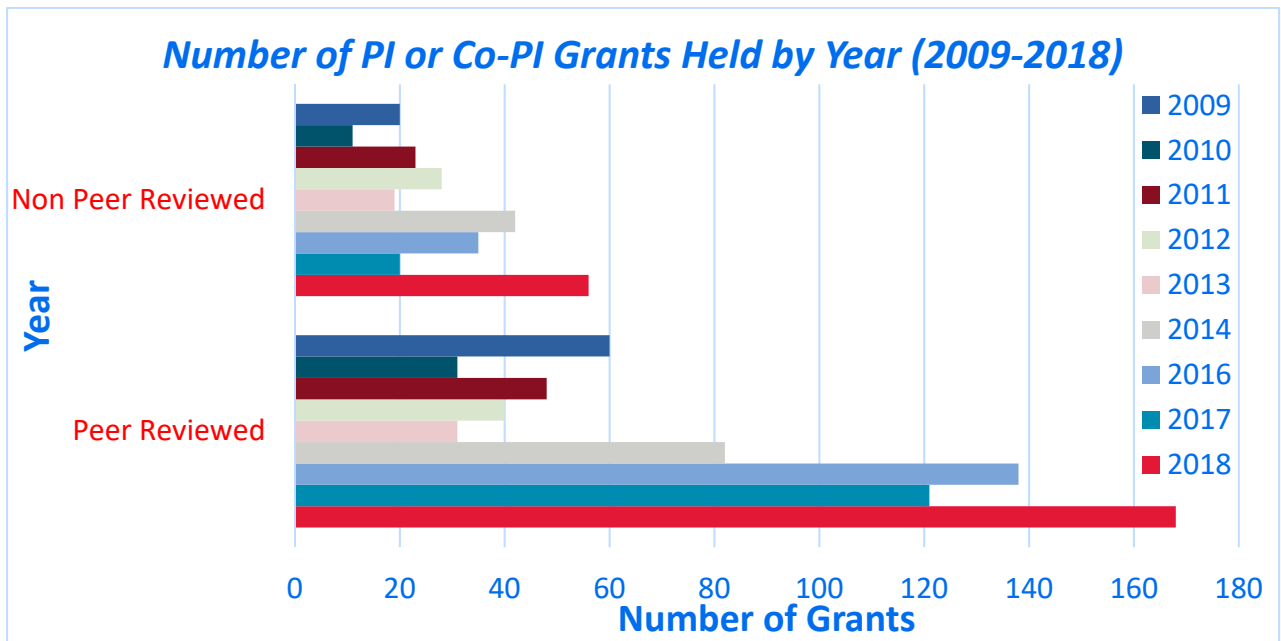
**End of Report**

## Appendix A: Measures of DFCM research productivity over 9 years

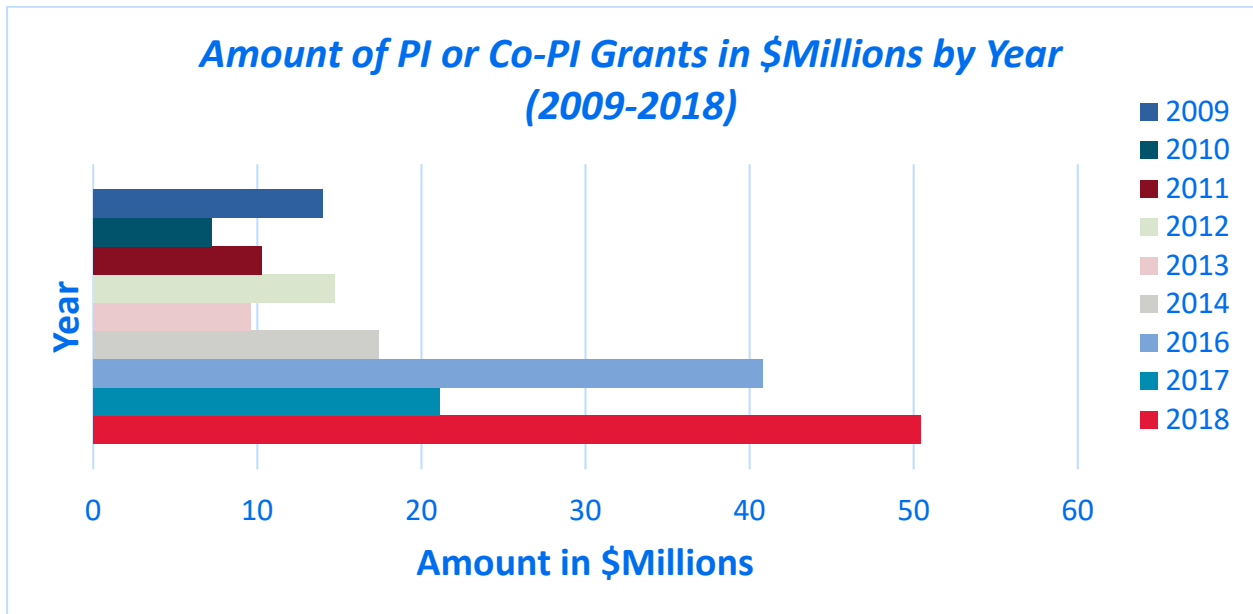
**Total Number of PI and Co-PI Grants Held by Year**  
(includes peer reviewed & non peer reviewed grants)



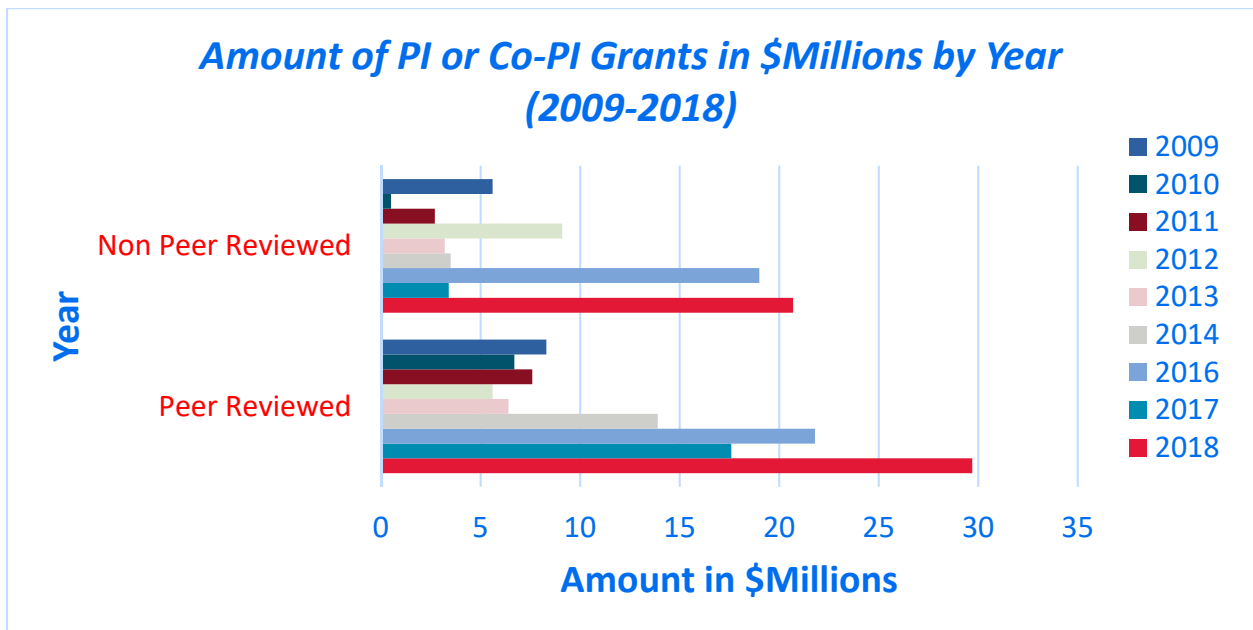
**Number of PI and Co-PI Grants Held by Year**



**Total Amount of PI and Co-PI Grants by Year**  
 (includes peer reviewed & non peer reviewed grants)



**Amount of PI and Co-PI Grants by Year**



**Number of Peer Reviewed Publications by Year**

