

2018-2019 IMPACT REPORT

Fidani Chair, Improvement and Innovation

Presented to: Mr. Carlo Fidani and Ms. Theresa Ferracuti



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

BOUNDLESS



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Fidani Chair, Improvement and Innovation

Vice-Chair Quality & Program

Director, Quality Improvement

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Knowledge Institute

LEADING TO IMPROVE QUALITY

I feel privileged to have taken on the role of *Vice Chair Quality and Innovation* in the largest academic department of family medicine in North America. Under the leadership of Phil Ellison, the Quality and Innovation (Q&I) Program has led the way nationally in the development of a quality improvement (QI) curriculum for family medicine resident physicians. Over the last decade, we have trained hundreds of residents – and the faculty who teach them – in improvement methods and the nuances of applying them in primary care practice. We have shared our curriculum with our national colleges and other university departments to support their efforts to advance quality improvement in primary care.

As we know, better has no limit and there is still work we can do to further support our faculty, learners, and our colleagues outside academic settings to realize practice improvement. I have used my first year to engage with our leadership within the university and at each of our fourteen core teaching sites and build partnerships with key provincial and national stakeholders. Through these conversations, we have developed a two-year work-plan to improve quality in primary care – locally, nationally, and internationally. Our work will focus on strengthening the “building blocks” of high-performing primary care. First, engaging our leadership to support faculty to dedicate time for QI and build capacity among faculty, learners, and community clinicians to lead QI. Second, building an infrastructure to collect, report, and learn from practice data. Third, supporting our teams to function effectively to deliver front-line care. We will strive to involve patients as partners in this work, disseminate our work in scholarly and lay forums, and collaborate with government and other stakeholders to have our work influence policy and practice.

There is a tremendous opportunity ahead to improve the quality of care we deliver to patients in practice settings around the world and I am grateful for the opportunity to affect positive change.



The Quality and Innovation Program team includes myself, Dr. Tara Kiran, Vice-Chair Quality and the Fidani Chair of Improvement and Innovation in Family Medicine, Ms. Patricia O'Brien, Program Manager, Ms. Marisa Schwartz, Program Assistant, based at our central DFCM, and our fourteen academic site faculty champions based at our teaching divisions.

I would like to express my sincere appreciation for the generous support you have provided to primary care improvement programs. Thank you.

Respectfully,



T. Kiran
Fidani Chair, Improvement and Innovation
Vice-Chair Quality & Program Director, Quality Improvement



HIGHLIGHTING ACHIEVEMENT FROM 2018-2019

Program achievements during 2018-19 are evident in the accomplishment of the following:

SPIDER: A Research and QI Collaboration Supporting Practices in Improving Care for Complex Elderly Patients

We launched the SPIDER project at DFCM in September 2018. The initiative was focused on improving care for elderly patients living with polypharmacy and was a unique collaboration between our program and the University of Toronto Practice Based Research Network. Eleven teams participated representing over 40 family physicians and allied health team members. We designed the project with both a QI lens (applying QI methods to support practice change), and a research lens (evaluating the process to inform spread to other practices). Our participating teams celebrated their achievements at a congress event on May 24, 2019. Presentations highlighted how the application of improvement methods, use of validated electronic medical record (EMR) data, and coaching support enabled a patient-centred, safe approach to deprescribing medications for complex older patients. As the participants from the DFCM teams focus on sustaining and spreading improvement, the national multi-site project continues across multiple departments of family medicine, practice-based primary care research networks, and QI professionals in Nova Scotia, Quebec, Ontario, Manitoba, and Alberta.

We have disseminated this work on a national and international scale. To date, workshops, oral papers and posters have promoted the DFCM SPIDER project experience at the 2018 Family Medicine Forum (FMF), 2018 International Conference on Practice Facilitation (ICPF), 2019 DFCM Conference, 2019 Practice-Based Research Network (North American Primary Care Research Group).

Patient Safety Improvement Collaborative (PSLC) – Qualitative Evaluation

We conducted a qualitative research study to better understand the impact of the *Patient Safety Learning Collaborative (PSLC)* on the experience and outcomes of the participating faculty and teams, and to identify key enablers and barriers to building QI capacity and capability at academic sites, perceptions of culture shift, readiness for QI, and sustainable practice change. The findings, shared with the participants in October 2018 concluded that:

- The PSLC was an important initiative for building a culture of patient safety improvement in primary care.
- The multi-site collaborative projects that were undertaken demonstrated that the benefits of sites working together outweighed the challenges, and that the learning of these “collaborative within the collaborative experiences” could be used to inform future DFCM strategies to build improvement capacity and capability across all the DFCM’s academic sites.



We will use the knowledge we gained from the evaluation to help inform future supports to our sites to build improvement capacity in patient safety improvement. This work has had a lasting impact as evidenced by the site-based achievements summarized later in the report.

Faculty Experience Evaluation

Our Quality and Innovation Program is unique because it is the first dedicated academic department of family medicine program in Canada focused solely on quality improvement (QI). We designed a qualitative evaluation to provide insight into the experiences of family medicine faculty who have been quality improvement leads at their respective academic sites with a view of supporting future iterations of the program and the wider integration of QI into primary care settings. Findings from the interviews included a desire for a more visible academic career track focused on quality and innovation; concern about the misalignment of external demands for quality indicators and local improvement priorities; a desire to integrate QI more effectively into clinical care; requests for additional supports such as practice facilitation and advanced training; attention to leadership development; and a desire for increased collaboration across the 14 academic sites. Our evaluation also identified emerging areas of opportunity such as finding new ways to involve patients as partners in quality improvement. We are currently working on a publication manuscript with the goal to share this work nationally and beyond. We believe the lessons learned can be generalized to other settings and are relevant to government and academic departments who are working to support improvement work in primary care.



Dr. Kiran speaking at the DFCM retreat

Setting the Stage

The Quality and Innovation (Q&I) Program of the Department of Family and Community Medicine (DFCM), hosted a retreat on February 8, 2019 with a focus on the theme of *Improving Quality in Primary Care: Working Together to Achieve a Vision*. We designed the retreat to engage DFCM colleagues in a half-day session of sharing perspectives on improving quality in primary care across the fourteen academic sites. Participants for the half-day retreat

included academic site chiefs, departmental program directors, executive directors representing family health teams, data leads, and quality improvement (QI) leads.

Specific areas that were evident from the discussions included a desire to:

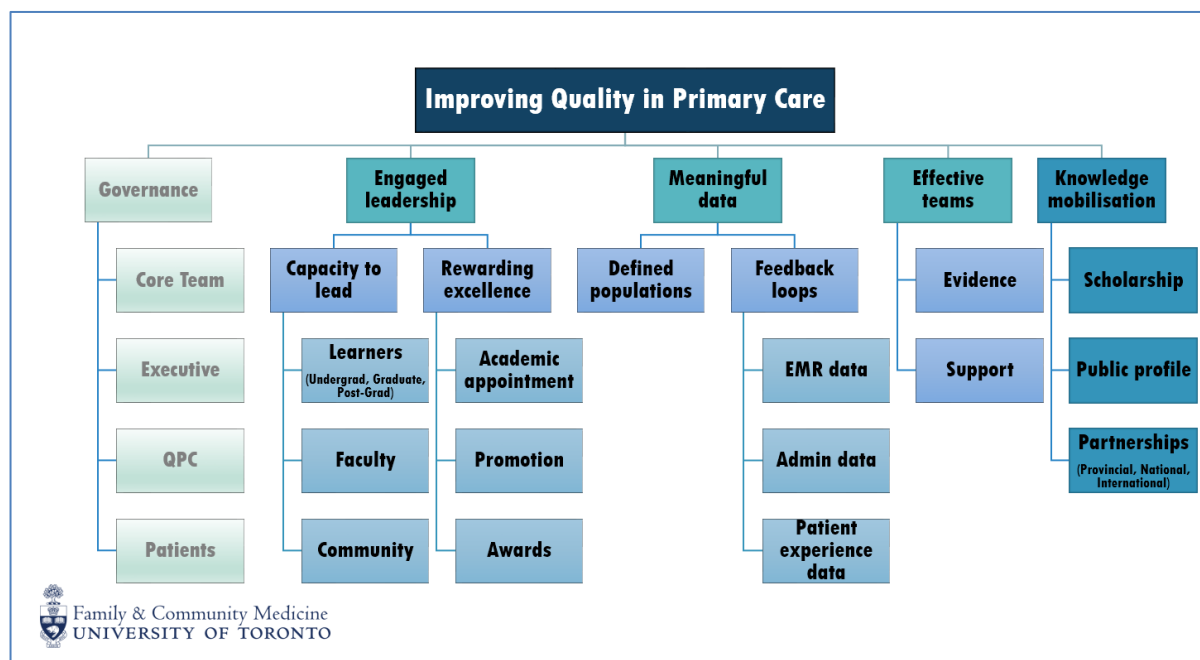
- Actively foster collaboration between sites and joint initiatives that can demonstrate big impact
- Increase capacity among faculty to do and lead work to improve quality
- Leverage UTOPIAN (DFCM's Practice Based Research Network) infrastructure to support common measurement and a learning health network

The output from the retreat provided the foundation for a multi-year program work-plan highlighting opportunities for:

Leadership — Building capacity in the current and future primary care workforce to improve quality of care

Evidence — Using and generating evidence on how to improve patient experience, improve health outcomes, and reduce cost in primary care

Dialogue — Working in partnership with government, clinicians, and patients to influence policy and practice provincially, nationally, and internationally



Quality & Innovation Program Workplan – May 2019

Vice-Chair Achievements

I would like to share a few highlights of achievements that I have led, or been part of, since assuming the role of Vice-Chair:

PEER-REVIEWED PRESENTATIONS AND POSTERS

Nov 9-13, 2018 **Presenter.** Province-Wide Concept Mapping to Understand What Affects Patient and Caregiver Experience When Transitioning From Hospital to Home. Oral Presentation. North American Primary Care Research Group Annual Meeting, Chicago, USA.

Nov 9-13, 2018 **Presenter.** The Association Between Physician Practice Model and Timely Access to Primary Care in Ontario, Canada. Oral Presentation. North American Primary Care Research Group Annual Meeting, Chicago, USA.

INVITED LECTURES AND PRESENTATIONS

Sep 25, 2018 **Keynote Speaker.** QI supported by data: The St. Michael's story. Invitational Canadian Family Medicine QI Symposium, Toronto, Ontario.

Aug 21, 2018 **Invited Panelist.** Innovative strategies to improve access and reduce health inequalities. Canadian Medical Association Health Summit, Winnipeg, Manitoba.

Dec 6, 2018 **Invited Speaker.** Reflections on using data for improvement. Quality Rounds Ontario, Toronto/Ontario Telemedicine Network, Ontario. Presenter:

Oct 16, 2018 **Invited panelist.** "Straight Talk" Barriers to Patient Engagement and How to Overcome Them. Quality Improvement and Patient Safety Forum 2018.

GRANTS FUNDED AS PRINCIPAL INVESTIGATOR OR CO-PRINCIPAL INVESTIGATOR

Jan 1, 2019-Dec 31, 2019 **Principal Investigator.** Reducing opioid-related harm through improved prescribing in primary care. St. Michael's Foundation Angel's Den Innovation Competition. Peer-reviewed. \$25,000

Jan 1, 2019-Dec 31, 2019 **Co-Principal Investigator.** Micro-elimination of Hepatitis C in a High-Risk Urban Family Health Team. Gilead Sciences Canada Incorporated. Co-PI: Ann Stewart. Non-peer reviewed. \$54,450.

PEER-REVIEWED PUBLICATIONS AS FIRST OR SENIOR AUTHOR

Glazier R, Green M, Frymire E, Kopp A, Hogg W, Premji K, **Kiran T.** The largest payments to incentivize primary care access in Ontario, Canada go to practices with the least after-hours care, highest emergency department visits, and highest adjusted ambulatory costs. Health Affairs, April 2019, Vol. 38, No. 4 (role: co-principal author)

Kiran T, Davie S, Singh D, Hranilovic S, Pinto A, Abramovich A, Lofters A. Cancer screening rates for people who identify as transgender: a cross-sectional analysis of primary care data. Canadian Family Physician, January 2019, 65 (1) e30-e3 (role: principal author)

National media coverage including:

Ubelacker, Sheryl. "Transgender cancer screening rates lower than those for other patients: study." Canadian Press (reprinted in >120 media outlets including the National Post and the Sun):



<https://nationalpost.com/pmnh/health-pmnh/transgender-cancer-screening-rates-lower-than-those-for-other-patients-study>

CTV News: <https://www.ctvnews.ca/health/transgender-canadians-far-less-likely-to-be-screened-for-cancer-raising-risk-1.4265998>

Pinto A, Aratangy T, Abramovich A, Devotta K, Nisenbaum R, Wang R, **Kiran T**. Routine collection of sexual orientation and gender identity data in primary care: a mixed-methods study. CMAJ, January 21, 2019 191 (3) E63-E68; DOI: <https://doi.org/10.1503/cmaj.180839> (role: co-principal author)

Kiran T, Davie S, Moineddin R, Lofters A. Mailed letter versus phone call to increase uptake of cervical, breast, and colorectal cancer screening in a primary care setting: a pragmatic randomized trial. Journal of the American Board of Family Medicine, November 2018, 31(6) 857-868 (role: principal author)

Kiran T, Ramji N, Derocher M, Girdhari R, Davie S, Lam-Antoniades M. Ten tips for advancing a culture of improvement in primary care. BMJ Quality and Safety. Online First: 31 October 2018. doi: 10.1136/bmjqs-2018-008451 (role: principal author)

Kiran T, Moineddin R, Kopp A, Frymire E, Glazier R. Emergency Department Use and Enrollment in a Medical Home Providing After-Hours Care. Annals of Family Medicine, September/October 2018 16(5) 419-427

BLOGS AND OPINION PIECES

Kiran T. “Cuts to primary care in Ontario would be a disaster for patients” [magazine op-ed] *The Conversation Canada*, December 29, 2018 <https://theconversation.com/cuts-to-primary-care-in-ontario-would-be-a-disaster-for-patients-109041> Republished including in National Post and Medical Post.

Kiran T. “After-hours patient care needs rethinking” [newspaper op-ed] *Toronto Star*, September 23, 2018 <https://www.thestar.com/opinion/contributors/2018/09/23/after-hours-patient-care-needs-rethinking.html> Republished including in *Canadian Healthcare Network*, *Ottawa Life Magazine*, *The Hamilton Spectator*, *Winnipeg Sun*, and *Policy Options*.

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ACADEMIC SITE ACHIEVEMENTS FROM 2018-2019

Focus on Equity: Sunnybrook Academic Family Health Team

“The Sunnybrook Academic Family Health Team (SAFHT) staff and residents have participated in many QI initiatives with both staff and medical residents. We would like to highlight a project that will be recognized with a 2019 DFCM Quality & Innovation Program Faculty and Staff Impact Award. We designed this project to address health inequities among our patients acknowledging that many Ontario families live in poverty and that health care providers sometimes suggest resources that patients cannot afford. Our team identified free and/or subsidized community services that incorporated aspects of the determinants of health. The “Budget Friendly Community Resources” handout was developed and made available to all clinical staff of the SAFHT for distribution to patients who express financial concerns accessing resources. This QI project was successful as it focused not just on identifying patients who may be having financial difficulty, but also on the development of patient-centred resources to assist our patients.”

- Dr. Alison Cuthbert

Focus on Access: Women’s College Hospital Academic Family Health Team

“Our team has completed a considerable amount of work on improving access to care, specifically access to physician appointments. Our providers agreed to offer an urgent care (UC) evening clinic Mon-Thurs, in addition to the existing evening and Saturday UC clinics. In just a few months, we have experienced that the new evening UC clinics are almost always at capacity, and our Patient Experience Survey data has shown an improvement from 45% same/next day access to 52% over the past 2 years. The Ministry currently tracks enrolled patients who use services outside of our FHT that could be provided within the team. Using this number as a proxy for access, we have shown a significant increase from the 14.2% retention in 2014, to 32% today.”

– Dr. Susie Kim & Dr. Payal Agarwal

Focus on Patient Safety: Toronto Western Hospital Academic Family Health Team

“Over the past year we have endeavored to increase staff knowledge and expertise in safety through the adoption of Caring Safely, a UHN Strategic Initiative, aimed at eliminating preventable harm to patients and staff. All staff completed a three-hour education session focusing on safety behaviours and an error prevention toolkit. Four of our Safety Committee Leaders also completed the intensive fifteen-hour “Caring Safely High Reliable Leadership Methods Education”.



Bolstered by these acquired skills, our team initiated safety huddles in the morning looking back and forward twenty-four hours with a safety lens. These huddles provide an opportunity and forum for staff to bring safety related concerns to the attention of all team members. Concerns are identified and all can have input into root cause analysis of issues that arise. Issues are dealt with in a timely manner by our Safety Committee members and outcomes communicated back to the staff. This openness and transparency has provided all team members with an equal voice. A number of process changes have stemmed from issues that were identified by various team members which has served to strengthen the value of safety and embed a safety lens within all of our activities.”

– Dr. Lesley Adcock

Focus on Celebrating Improvement – St. Joseph’s Toronto Urban Family Health Team

“In recognition of the great work that is done throughout the year, all our leaders, clinicians, administrative support staff, and the family medicine residents and learners look forward to attending to the annual fall “QI Fest”. The event is a great opportunity to learn more about the progress and findings from multiple projects and highlights for our team the importance of quality data input and accurate documentation overall, since we rely on our electronic medical record to create searches and to generate valuable information for the different initiatives. We acknowledge that there are endless opportunities for us to improve patient care, our daily processes/tools, and our work environment. Over the past several years, we have cultivated the importance of balancing our quest for continued improvement with generating time for reflection and for the team to celebrate accomplishments. The theme for this year’s QI Fest was “Its Story Time!” It was a great opportunity to celebrate and let others know what makes each of us a proud member of this team. By sharing stories of success and appreciation, we acknowledged the things that we already do well, who we are as a team and the many things we have already accomplished through our QI work to date.”

– Dr. Linda Weber

Focus on Patient Safety - Royal Victoria Hospital Family Medicine Teaching Unit

“Building on our participation in the Patient Safety Learning Collaborative, we have developed a formal process for residents and staff to report incidents that ‘almost happened’, or did result, in unnecessary harm to a patient. We have initiated a formal patient safety committee and annual ‘Do it Better Rounds’ that all staff and learners in our unit attend (approximately 35 attendees). The committee conducts a significant event analysis of a reported incident, reviews the findings with peers, and then develops, tests and implements change ideas. The most recent incident that was analyzed and informed improvement focused on missed specialist/investigation appointments due to flawed communication processes with patients and medical offices.”

– Dr. Melissa Witty & Dr. Brent Elsey



Focus on Patient Safety & Faculty/Staff Engagement – North York General Hospital Family Medicine Teaching Unit

“Our team has formed a Patient Safety Working Group which leads the monthly “Doing it Better” Rounds as part of our departmental monthly meetings, and we are collaborating with our internal medicine colleagues to identify and select common patient safety issues for improvement. Currently, our project work is focused on improving transitions in care and we are about to launch joint QI rounds with our internal medicine colleagues. With the goal of making QI more “fun” for our faculty and staff, we have initiated a bi-monthly QI Challenge where we identify a particular patient safety issue and challenge physicians to respond to how they are working to improve this issue based on their current state. Our first “challenge” is focused on increasing immunization rates for measles with a promising rate of engagement thus far. To sustain engagement, we are using Twitter and other social media to keep communication flowing and to encourage colleagues to participate in departmental-wide projects, the Family Health Team advocates for the work and enables resource/template sharing.”

– Dr. Joanne Laine-Gossin, Dr. Tiffany Florindo, Dr. Jennifer Stulberg

Focus on Building Capacity for QI – The Scarborough Health Network

“This year at the Scarborough Health Network, we are launching a site-wide quality improvement project with the goal of encouraging more preceptor interest in QI work. This year’s project aims to improve the rates of 14-day post discharge follow up - a measure tracked by the Ministry as a metric for patient safety and timely access. Once completed, we hope to publish our findings and disseminate our research so that other community-based family physicians can learn from our work.”

- Dr. Sisi Li & Dr. Susanna Fung

Focus on Patient Experience - Mt. Sinai Academic Family Health Team

“We are proud of the development and evolution of our high functioning patient advisory committee; they provide input into several FHT projects including the redesign of the waiting room. The patient advisory committee is a diverse group of men and women that bring different skill sets and perspectives. By working with this team, we are able to develop a more patient-centred environment and process for our patients. We are also using experience based design to allow the collection of qualitative data to better understand the rich experiences of our patients. We have used this data to guide several changes within the department.”

– Dr. Sakina Walji



Focus on Patient Safety – Southlake Academic Family Health Team

“Our patient safety project was initiated out of the need to formalize learning around patient safety scenarios, improve our culture of safety, and emphasize the team approach to patient care. Through DFCM’s Patient Safety Learning Collaborative we were able to learn the process of a significant event analysis (SEA) and develop the structure for our patient safety rounds. Over our first four rounds, survey data collected demonstrated that the number of participants that were aware of, or very aware of, solutions from previous patient safety rounds increased from 44% to 67%. The number of participants that felt comfortable or very comfortable sharing their opinions during the rounds increased from 81% to 92%. Furthermore, 94% of participants said they were likely or very likely to report patient safety incidents in the future. Overall, the “Doing It Better” rounds have had a significantly positive impact on our teams’ safety initiatives and culture. A specific example of a patient safety improvement project is our initiative focused on improving transitions from hospital to home by partnering with Southlake’s newly designed Southlake@home (S@H) program. Through the S@H program we are using QI to learn how to work in a more integrated manner with particular attention to improving communication between patients and care providers. In addition, both patients and their care providers are provided with 24/7 access to their medical team through a centralized number. To date, 80% of patients discharged with S@H see their primary care provider within 7 days of hospital discharge.”

– Dr. David Makary & Dr. Navsheer Toor

Focus on Patient Safety – Markham Family Medicine Teaching Unit

“We completed a patient safety project that demonstrated quality improvement - Choosing Wisely: Sedative-Hypnotic Deprescribing and Cognitive Behavioural Therapy for Insomnia Practices. The improvement was the result of the dedicated efforts of our team members which included Dr. Karuna Gupta (leader), Social Worker Ms. Stefanie Belli, IT Administrator Ms. Zhanying Shi, and Clinical Pharmacist Dr. Lindsay Wong. Initially, our Social Worker and Clinical Pharmacist provided individual and joint counselling for patients 65 years of age or older as part of the initiative. This quickly developed into Cognitive Behavioural Therapy for Insomnia (CBT-I), a group program that was co-facilitated and accessible to all individuals to meet the needs of our patients. The aim was to deprescribe sedative-hypnotics safely and also to provide patients with the skills to improve their quality of sleep without needing to start or use sedative-hypnotic medication over the long-term. This enabled clinicians to offer patients an alternative to bedside medication and changed the culture of sedative-hypnotic prescribing and re-assessment at our site by engaging faculty, residents and inter-professional health providers. This initiative inspired one Resident’s Research Project in 2nd year.



Dr. Nicola Yang went on to present her project: Evaluating healthcare providers' understanding of CBT-I in an interdisciplinary Family Health Team at the 2018 Choosing Wisely Canada National Meeting: Leading and Implementing Change. Deprescribing and CBT-I continues to be sustained at our site with local collaborations being built to extend the benefits of this program more frequently throughout the year to a broader population within the Markham community."

– Dr. John Maxted & Dr. Gina Yip

Focus on Patient Safety Education & Patient Experience – Southeast Toronto Family Health Team

"Our residents led patient safety improvement work focused on education for residents that led to international/national posters/presentations at the North American Primary Care Research Group Annual Meeting in 2018, and the Society of Teachers of Family Medicine in 2019. This work represented a collaboration between our site and the St. Michael's Academic Family Health Team. In support of enhancing our patients' experience, we have initiated self check-in through a secure, encrypted portal for communicating electronically with patients. We anticipate that this will reduce congestion on our phone lines and better serve our patients. We have also initiated e-Fax communications and e-Prescribing directly from EMR to improve communication and efficiency for patients. We promoted our achievements with 3 presentations and 3 posters at the Association of Family Health Teams Conference in October, 2018."

– Dr. Thuy-Nga Pham & Dr. Sam Tirkos

Focus on Patient Engagement, Improving Effectiveness & Patient Safety – St. Michael's Academic Family Health Team (FHT)

"Our team was involved in the following quality improvement work in 2018-19:

- 1) We identified patients in our practices diagnosed with treatment naïve Hepatitis C and developed an interprofessional workflow to increase opportunity for providers to connect with Pharmacy, Social Work and Family MD Mentors in Hepatitis C treatment as a means to offer improved treatment to patients with Hepatitis C.*
- 2) We developed a local Patient and Family Advisory Committee (PFAC), which meets monthly to advise on change ideas within our FHT and opportunities for improvement. The creation of a Patient newsletter launched in March/2019 for patients, created by the PFAC, to share news and programs within the FHT.*
- 3) Our Pharmacists have identified patients who are co-prescribed opioids and benzodiazepines. Through collaboration and review, appropriate patients have been approached by our pharmacist team at our Sumac Site to engage in deprescribing counseling with a resultant decrease in the opioid and benzodiazepine prescription doses. This work is now being spread via the pharmacy team to the entire FHT.*



- 4) *We created an interactive physician and FHT dashboard to provide quarterly updates on quality metrics (e.g. access to care, patient experience feedback, cancer screening rate, diabetes care, follow-up from hospital) for team members to reflect on and participate in peer coaching to identify opportunities for improvement and change.”*

- Dr. Noor Ramji

Focus on Patient Safety – Summerville Family Medicine Teaching Unit

“Our team continues the focus on improving opioid prescribing with a) improving documentation for patients prescribed opioids b) ensuring opioids are prescribed by the right provider at the right time c) development of an opioid tracker tool for use in the electronic medical record for family medicine residents. As the site QI lead, I have been guiding one of our resident projects this year focused on initiating Naloxone discussions and recommending kits for patients on opioids. The potential to spread this work is significant and over the next few months, I will be working with our executive director and quality improvement decision support specialist to design a spread strategy.”

– Dr. Fran Cousins



KEY INITIATIVES FOR 2019-2020

Focused on the workplan foundation elements of leadership, evidence, and dialogue, we present our initial initiatives for the next 2-3 years:

QI Curriculum Redesign

We are redesigning our DFCM quality improvement (QI) curriculum to accommodate not just the education of family medicine residents, but to act as a curriculum foundation to enable capacity building for quality improvement for family medicine faculty and community-based primary care health care professionals. Influenced by feedback from faculty and residents, and informed by program development led by the Canadian College of Family Physicians (CCFP), our curriculum will be redesigned to align to the broader opportunity to *improve quality* and support QI activities at the microsystem (care processes, teamwork), mesosystem (health care organization, leadership), and macro system (healthcare policy) levels. We will present QI methodological content as a pathway highlighting the iterative nature of improvement work and the role of team and patients in improving quality.

Patient Experience Measurement

We are moving forward to advance common patient experience measurements across our core teaching sites. Dr. Payal Agarwal from Women's College Hospital's Family Health Team will be taking on the part-time role of Patient Experience Measurement Lead. Dr. Agrawal will complete an environmental scan of current patient experience measurement, explore different methods of data collection and make recommendations for common survey questions and data collection method with a view toward the implementation of a spread strategy to five DFCM sites by May 2020.

Second Toronto International Conference on Quality in Primary Care - Improving Health Equity in Primary Care, November 16, 2019

We are planning our second international conference, designed to answer the question, "*How can primary care best address the social determinants of health and improve health equity?*" We anticipate that the conference will explore several aspects of health equity, including health disadvantages related to income, race, and social position. We are designing the conference to be solution-oriented and will highlight promising primary care approaches for addressing health equity. These include a primary care network to improve service in impoverished areas of Scotland, novel community collaborations in Belgium, integration between primary care and public health in Costa Rica, programs to address Indigenous health disparities in Canada and Australia, and examples of how practices have started to screen for and address social determinants in Canada and the U.S.



We are joined in the conference planning process with partners representing the DFCM, Canadian College of Family Physicians (CFPC), North American Primary Care Research Group (NAPCRG), Health Quality Ontario (HQO), and the Canadian Foundation for Healthcare Improvement (CFHI).

Influencing Direction

Influencing policy and practice that guides and informs the journey to improve quality has been enabled through our participation in these efforts provincially and nationally. Examples of participation through committee or workgroup membership include:

Dr. Tara Kiran –

Member, Primary Care Quality Advisory Committee, Health Quality Ontario: This steering group brings together representatives from organizations representing primary care providers and other key stakeholders *engaged in primary care performance measurement and/or quality improvement in Ontario.*

Member, Transitions from hospital to home Quality Standard Advisory Committee, Health Quality Ontario: Dr. Kiran led provincial patient engagement efforts to inform the development of standards that outline what quality care looks like in the transition from hospital to home (<https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Transitions-from-Hospital-to-Home>)

Trish O'Brien –

Member, Practice Improvement Initiative (Pii) Work Group, Canadian College of Family Physicians (CFPC): This working group is designing an application-focused learning series for family physicians.

Member, Practice Facilitation Work Group, Canadian College of Family Physicians (CFPC): This group is developing an advocacy paper in support of practice facilitation/coaching for family medicine practices across Canada with the goal of building capacity for quality improvement.

