2019-2020 IMPACT REPORT

FIDANI CHAIR IN IMPROVEMENT AND INNOVATION IN FAMILY MEDICINE

Prepared for: Mr. Carlo Fidani and Ms. Theresa Ferracuti

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

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 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 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 Faculty of Medicine supporters.

FIDANI CHAIR IN IMPROVEMENT AND INNOVATION IN FAMILY MEDICINE

AT THE FACULTY OF MEDICINE

DR. TARA KIRAN

A lot has changed in the last two months due to COVID-19 and our world will never look the same. Family doctors continue to support our patients but in different ways. More than eighty percent of our interactions are now virtual – by phone, video, or email. We are seeing only a few people in-person and when we do, we have to take extra care to protect patients, staff, and ourselves from acquiring COVID-19. We are keeping up with rapidly changing guidance and also helping in many roles outside the clinic – in COVID-19 assessment centres, emergency departments, long-term care and more.

Reflecting on and improving the quality of care we deliver has never been more important. Recently, in a commentary for the Canadian Medical Association Journal, I highlighted how a quality improvement lens can help us strike just the right balance between virtual and in-person visits – guiding us on what factors we need to consider and what data we should collect to know we are on the right track.

Our work over the last few years has perfectly positioned us to take a leadership role in the healthcare system, articulating how we can best move forward in this challenging time. The Quality Improvement (QI) Program Directors at each of our sites are leading initiatives locally to help their teams adapt. Our partnerships and teaching experience has enabled us to quickly develop a biweekly COVID-19 Community of Practice for Family Physicians in Ontario where physicians can come together and learn from one another. We have always been committed to integrating the patient voice into our work and our department is now leading by example by quickly developing and launching a common patient survey across our sites to understand and improve patient experience in primary care during COVID-19.

Of course, all of this work has been possible because of your generous support and our sustained focus on improving quality. Pre-COVID-19, we had many initiatives underway as part of an ambitious workplan. We revamped our postgraduate QI curriculum and were in the early stages of designing a faculty development curriculum. We were pursuing a vision of shared reporting of quality measures across DFCM sites to encourage data-driven improvement and reflection. Our signature event in 2019 was our Second International Conference on Quality in Primary Care where more than 150 attendees gathered from around the world to discuss improving health equity.

In addition to myself, the Quality and Innovation Program team includes Ms. Patricia O'Brien as Program Manager, Ms. Marisa Schwartz as Program Assistant based at our central U of T Department of Family and Community Medicine, and our fourteen academic site faculty champions based at our teaching divisions.

We know that the work we have done over the last many years will help us continue to lead the way nationally and internationally on how primary care can best contribute to improved patient care and outcomes. COVID-19 will continue to challenge us, but we know we have the resources to meet that challenge. We are immensely grateful to the support of the FDC Foundation in making our work possible.

Your support has inspired our team and enabled this work to happen. Thank you!

Respectfully submitted,

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

HIGHLIGHTING ACHIEVEMENTS FROM 2019-2020

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 that arose from our February 2019 program retreat and have informed our workstreams – engaged leadership, meaningful measurement, and knowledge mobilization.

ENGAGED LEADERSHIP

Engaged leadership is key to enabling our program team to achieve our goals. We updated the role description of the Quality Improvement (QI) Director in 2019 to better reflect this important leadership position acknowledging that the QI Director at each academic site plays a dual role of leading improvement efforts and teaching, and collaborating with members of the Quality Program Committee members across our department to advance the teaching, practice, and evaluation of activities to improve quality of care across all core sites.

Engaging leadership also speaks to our goal of building capability to improve quality so that current and future family medicine leaders have the knowledge and skills to effect positive change for patients, teams and the broader system. Our work to date has influenced the College of Family Physicians of Canada and other academic family medicine departments' efforts to develop educational tools and resources focused on learning and applying quality improvement.

MS. TRISH O'BRIEN, QUALITY & INNOVATION PROGRAM MANAGER

In summer 2019, Trish O'Brien led the redesign of our postgraduate QI curriculum. Our team welcomed Cathy Lu, a medical student from U of T to participate in this work as part of the DFCM summer student research program. A series of seven e-learning modules were developed building on previous iterations of the curriculum: Introduction - Patient Engagement - Using a QI Methodology - Measurement - Patient Safety - Achieving Positive Change - Pathway to Scholarship. The educational experience is augmented by the practicum requirement to support application of learning.

Looking ahead: We are currently completing a multipronged evaluation of the learner and teacher experience which will inform revisions for the 2020-21 academic year. We have plans to develop two new e-learning modules for 2020-21 focused on equity and practice transformation.

DR. NAVSHEER TOOR, DFCM QI FACULTY LEAD

Dr. Navsheer Toor from Southlake Academic Family Health Team was appointed in February 2020 to the part-time role of the DFCM QI Faculty Development Lead. Dr. Toor will lead work focused on the design, development, implementation and evaluation of an educational offering focused on the role of faculty in improving quality.

Looking ahead: Dr. Toor will initiate this work targeting a continuous professional development focus on COVID-19 this spring. Eventually, this work will pivot to a more general capacity-building educational focus in collaboration with faculty development colleagues.

MEANINGFUL MEASUREMENT

Meaningful measurement is required to grow a culture of data-driven improvement and learning at all family medicine sites. Over the past year, we met individually with leadership of each of our 14 sites – Chiefs, QI Program Directors, Executive Directors and others – to build a shared vision around common data collection and reporting to understand quality of care across DFCM sites. With site enthusiasm, we have launched three workstreams to use data to help us understand common areas of strength, common areas needing improvement, and areas of variation where we can learn from each other.

Collection, analysis, and interpretation of data on quality of care is just the first step in our planned improvement process. Once we have comparable quality measurement across sites, we envision bringing sites together to reflect on the data and prioritize an area for collective improvement that can be supported by the DFCM Q&I Program.

Three workstreams to harness data to understand quality of care:

1. **Data from the practice Electronic Medical Record**

DR. ADAM CADOTTE, DFCM UTOPIAN QI MEASUREMENT LEAD

Dr. Adam Cadotte was appointed in September 2019 as the DFCM UTOPIAN QI Measurement Lead. Dr. Cadotte is collaborating with colleagues from the DFCM Research Program to leverage data from the UTOPIAN Data Safe Haven. UTOPIAN extracts data from practice EMRs at participating sites and stores this in a secure Data Safe Haven. To date, the Data Safe Haven has been used to answer research questions. Dr. Cadotte is collaborating with the UTOPIAN team to use the data to develop quality indicators that can be fed back to individual sites to inform care delivery.

2. **Provincial Administrative data from ICES**

Dr. Tara Kiran is working closely with Dr. Rick Glazier at ICES to use administrative data sources to produce a customized report for DFCM sites that summarizes a range of quality indicators. ICES is a unique entity that houses much of Ontario's health-related data, including population-based health surveys, anonymous patient records, and clinical and administrative databases including data from physician billings, laboratories, and prescriptions. The customized DFCM report will include quality measures reported by Ontario Health-Quality but also some custom indicators.

3. **Data on patient experience**

DR. PAYAL AGARWAL, DFCM PATIENT EXPERIENCE MEASUREMENT LEAD

Dr. Payal Agarwal from Women's College Hospital Academic Family Health Team was appointed in the summer of 2019 as the DFCM Patient Experience Measurement Lead. Dr. Agarwal's position is tasked with advancing a common patient experience measurement across our fourteen sites to inform improvement opportunities. Yousuf Ahmed, an undergraduate medical student from U of T, participated in this work as a summer student. Dr. Agarwal has led the development of a common core set of patient experience questions and common process that can be used by all sites. More recently, Dr. Agarwal has worked with our QI Program Directors to create a COVID-19 relevant version of the patient experience survey that can be used by all sites. The COVID-19 patient experience survey will provide information directly to sites, for example, on the experience using phone, video and/or email to access care. Aggregate results across sites can help use inform broader provincial and national policy.

Looking ahead: In 3-5 years, we envision having an easy-to-use dashboard that integrates multiple different data sources. Sites would be able to use the dashboard to understand quality of care across a multitude of dimensions from patient experience to chronic disease management.

KNOWLEDGE MOBILIZATION

Knowledge Mobilization is represented across many facets of our work. Beyond bridging gaps, we have purposefully sought to make connections and share expertise with the goal to improve quality. We continue to partner with local/provincial/national stakeholders including the Ontario College of Family Physicians (OCFP), College of Family Physicians of Canada (CFPC), and Ontario Health-Quality (OH-Q). We maintain strong professional relationships with many other partners including the Canadian Foundation for Healthcare Innovation (CFHI), the Association of Family Health Teams of Ontario (AFHTO) and our University of Toronto colleagues at the Faculty of Medicine and

the Dalla Lana School of Public Health. We continue to encourage and support faculty and learners within our department to disseminate their work via presentations, papers, and lay media. We have also been more deliberate about building international collaborations, starting with the Centre for Primary Care Excellence associated with the Department of Family Medicine at the University of California San Francisco.

On November 16, 2019, we welcomed the world to Toronto for the 2019 Toronto International Conference on Quality in Primary Care: Improving Health Equity. Over 150 participants representing eight countries joined our speakers to help answer the question, "how can primary care best address the social determinants of health and promote health equity?" Through storytelling, presentations, poster displays, and interactive dialogue, several themes emerged. Themes identified included the role of primary care in addressing health equity through relationships with others; and the need for appropriate resourcing of primary care. Under the leadership of Dr. Braden O'Neill, a manuscript submitted to the Annals of Family Medicine journal highlighting the contribution that the output of the 2019 International Conference can offer in the quest to improve health equity, was accepted for publication on May 26th.

In planning the conference (www.dfcm.utoronto.ca/conference-quality-primary-care) we made the decision to engage patient partners to participate alongside other speakers. The theme of the conference, 'Improving Health Equity', signaled the importance of listening to the story of lived experience with poverty, homelessness, and social factors that we know to be detrimental to health. Supported in our engagement of patients by colleagues at the Canadian Foundation for Healthcare Improvement, we were able to effectively guide the conversation during the conference to include the voices of patients in generating solutions.

Looking ahead: The experience of the conference has reinforced our practice of including patient partners in all the work we do and confirmed our intention to hire a part-time patient engagement specialist.

We have initiated work to update our website to better showcase our work targeting the question: "How can we advance high quality primary care?". The revised website will enable the provision of quality content; up-to-date information; add practical resources and worksheet templates for people to proactively engage in QI projects/initiatives; and profile recent and inspiring QI publications/reports.

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. Over the last year, Dr. Kiran has co-chaired the Building Capacity Primary Care Quality Improvement Capacity Building Working Group at Ontario-Health Quality. Ms. O'Brien has continued participation as a member of the Practice Facilitation Work Group with the Canadian College of Family Physicians and in the role of quality improvement lead for the Quality Improvement-Practice Based Research Network project - 'SPIDER: Structured Process Informed by Data, Evidence and Research', focused on facilitating medication appropriateness in primary care for complex older patients.

Impact of COVID-19

We have all had to change the way we work in response to COVID-19. Keeping up with new guidance, responding to the changing environment, and navigating uncertainty has become the new normal. At the same time, COVID-19 has been an opportunity for the DFCM QI program to lead locally and provincially – by supporting family doctors to deliver care in the new environment and highlighting what matters most to patients. Here are three examples of how the Q&I Program has shown leadership during COVID-19:

1. We have created a virtual space - the COVID-19 Community of Practice, where we can welcome family physicians across Ontario to come together to learn from each other during this challenging time. Beginning in mid-April, we have collaborated with colleagues at the Ontario College of Family Physicians (OCFP) to bring people together virtually bi-weekly to share perspectives from a few practicing family physicians on topics ranging from implementing virtual care, to organizing community collaborations, to supporting patients with mental health and addiction. These one-hour webinars are interactive and questions from participants are answered in real-time. We also post answers after each session so that the sharing continues in the time between virtual sessions. www.dfcm.utoronto.ca/covid-19-community-practice

2. Dr. Navsheer Toor is pivoting the work she is leading to develop a series of **COVID-19 e-learning** modules for family physicians that embeds QI principles. These professional development offerings are targeted both at UofT faculty as well as family physicians in the community. The needs assessment for this work has been informed by the COVID-19 Community of Practice and will be augmented with feedback and input on topic selection from faculty across the DFCM. The modules will support doctors to use QI principles and techniques on COVID-19 practice topics from ensuring safety for patients and staff, to optimizing access and efficiency with virtual care, to supporting patients who are vulnerable to COVID-19 complications.

3. Dr. Payal Agarwal has been leading work to develop a common primary care patient experience survey for our sites that is relevant for COVID-19. Family practices have radically changed how we work, with more than 80% of care now being virtual. The patient experience survey will help us understand patient's comfort with virtual care and also whether practices have been able to maintain timely access and patient-centredness during this difficult time. We are leading the way nationally in this work and hope it will influence others.

We have also had to defer several planned activities due to COVID-19 including:

1. **Patient and Family Engagement Specialist:** We look forward to welcoming a Patient and Family Engagement Specialist to our team – a new position for the DFCM. The role will support the integration of the patient and family perspective into all aspects of our department's work. The hired individual will help us identify opportunities to effectively collaborate with patients and families across the DFCM and will lead engagement activities including selection and support of potential advisors. We had planned to hire in the spring, but hiring has now been delayed until the fall.

2. We look forward to rescheduling the **Quality and Innovation Program retreat** which was scheduled for June 2nd. We were excited to welcome colleagues from the University of San Francisco (UCSF), Department of Family Medicine to join leaders from across our academic sites to come together to reflect on how we can go further to achieve the twin aims of **excellent patient care** and **excellent resident education**.

3. We also look forward to rescheduling this year's **Toronto International Conference on Quality in Primary Care**. We had planned to co-host a session with colleagues from UCSF at the North American Primary Care Research Group meeting in San Francisco (NAPCRG).

Academic Site Achievements

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

This year, we focused efforts on adapting the new curriculum to the unique experience of our residents training with community physicians and a community hospital. Our PGY2 QI leads played key roles as important stakeholders and were involved in both the planning and teaching of the curriculum. Patient safety was a key element and a real-life example of a patient with a missed

positive mammogram result was interwoven throughout our teaching. Informal feedback from the residents was very positive.

Another accomplishment was our continuing outreach to non-FHT physicians and collaboration with our FHT to improve care for these physicians and their patients. This culminated in one of these physicians, Dr. Martin Shack winning the DFCM Award of Excellence for his work on equitable care for the frail elderly. We look forward to continuing these improvements in the coming year.

2. Health for All Family Health Team, Markham
   Dr. Gina Yip

   This year, the Markham Family Medicine Teaching Unit (MFMTU) has focused on improving patient care by integrating electronic communication tools into our clinical environment. Under the leadership of Nurse Practitioner Jadie Stone and Dr. Michelle Homer, the EMR team carefully selected, promoted and implemented the use of an electronic communication platform for the MFMTU. The clinic's utilization of the platform has addressed the quality dimensions of Patient-Centeredness and Efficiency. The EMR team's dedicated efforts in mapping and testing processes, and eliciting feedback and making further improvements, have laid a strong foundation for the MFMTU's ability to respond to the coronavirus disease (COVID-19) pandemic in a timely manner. The use of electronic communication tools enabled our clinic to quickly transition from in-person clinical care to virtual care effectively, efficiently and safely. We are certain that these tools will continue to be an invaluable component of quality improvement at our site, ensuring patient-centred care remains at the heart of what we do.

3. Royal Victoria Hospital - Family Medicine Teaching Unit, Barrie
   Dr. Melissa Witty & Dr. Brent Elsey

   I am very proud of the work by the Patient Safety Committee - established in 2018. We held the second annual 'Doing Better Rounds' November 2019. This was a two hour workshop attended by all staff, faculty and learners – 35 attendees. The patient safety incident that was processed as a group with a SEA framework was "The Wrong Patient" – proper and confidential patient identification in a primary care outpatient setting with great discussions and many patient-centered opportunities for improvement around safety in the delivery of patient care. This multidisciplinary committee successfully established resident representation and is in the final stages of establishing a patient representative.

As always, I am very impressed by the learning and QI projects that the first year residents engage in for the QI Residency Curriculum. One QI team's project entitled *De-prescribing Statins for Primary Prevention in Elderly Patients > 75 years old*, was shared at the 2019 Family Medicine Forum poster presentations and chosen to compete in the New England Journal of Medicine Resident 360 QI Challenge.

Finally, our unit observed how much QI methodology has been ingrained in our staff, faculty and learners as we tackled the abrupt change in our workflow and threat to quality patient care, with the Covid-19 Pandemic. It has been and continues to be a showcase of the QI knowledge and positive culture within our team.

4. Scarborough Family Medicine Teaching Unit
   Dr. Sisi Li & Dr. Susanna Fung

This past year, our quality improvement program in Scarborough focused on a collaborative project between 8 community-based primary care family physicians aimed at improving the provision of follow-up care post-hospitalization. Most family physicians in Scarborough are distributed in solo/group practices with limited access to multidisciplinary support and without a centralized EMR system which creates additional barriers in coordinating care and quality improvement efforts. Our efforts looked to improve timely access and patient safety while involving input from support staff to assess the burden of time and the sustainability of improvement efforts. In our work, we implemented telephone outreach calls to patients following discharge from hospital to identify patients that needed additional follow-up care in office. We also designed patient education posters for our examination rooms to stress the importance of post-discharge follow-up care and to remind patients to ensure that admitting hospitals have the correct information for their family physicians to facilitate efficient flow of information from hospital to provider. Through our endeavors, we were able to increase rates of 14-day post-discharge office follow-up from a baseline of 37% to 64%. From the feedback we gathered, our group of participating physicians is now also more engaged to participate in future QI initiatives.

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

As QI Program Director at Credit Valley Family Health Team (CVFHT), I have had the pleasure of leading numerous initiatives to improve patient care. The role has become even more transformative during this pandemic. A year-long plan for adoption of virtual primary care tools has been shortened to merely four weeks, and we have successfully adopted the technology thanks to efforts across our organization. Our story has since been shared with AFHTO, OntarioMD, and the Mississauga Halton Primary Care Network to spread the innovation.

Physicians are leading change within our team. A faculty member has re-shaped the palliative care/home visit program at CVFHT. Initially, there was little structure to the program, causing inefficiencies. Through rapid cycles of change, CVFHT has enrolled over 45 patients in just 6 months, serving an urgent community need.

Residents and students are leading change too. We have developed a project to improve response time to our patients who are homebound with palliative needs, and are working with students from the Institute of Health Policy, Management & Evaluation to develop a novel smartphone app. It will allow patients and caregivers to be more connected with their trusted family physician, allowing early intervention and preventing rehospitalization.

6. St. Michael's Hospital Academic Family Health Team
   Dr. Noor Ramji

Much of the quality improvement work at St. Michael's Hospital Academic Family Health Team, in the past, has been completed through team-based, project-focused approach that allowed collaboration of different health disciplines and service providers to achieve significant, measurable clinical and

patient-centered outcomes. This past year, we focused on quality improvement and operations integration and provider reflection on personal and clinic practice level data to further drive improvement efforts.

In June 2019, we formed the department Quality Improvement Core team. The team consisted of leaders from different disciplines including the QI director, Nurse Education Specialist, EMR specialist, QI and Decision Support Specialist, and Clinical Leader Managers. The main objective of the team was to collaborate in applying a QI lens towards daily departmental processes and building an integrated and sustainable approach to system change through linking QI and operations. Since its inception, the Core Team has been successful in developing an interprofessional pathway for routine Diabetes Care management, improved understanding of our local Phone Centre and Referral Office operations and developed a standardized way for learning from patient experience surveys and safety event analysis to inform operational improvement.

We continue to work on building capacity for provider reflection on personal and site level practice data by running a self-directed reflection program to accompany our MD/FHT Data Dashboard. This was followed by instituting a Peer Coaching program and organizing semi-annual facilitated group discussions around site-based, patient-centered opportunities for improvement. From these programs, we have begun work on improving comprehensive care for patients with schizophrenia, improving colon cancer screening with the new FIT kit, and reached over 400 patients with Hepatitis C to begin treatment in Primary Care. These programs will continue to remain an integral part of the Quality Improvement efforts within our FHT.

7. Sunnybrook Hospital Academic Family Health Team
   Dr. Debbie Elman

Quality and Innovation at Sunnybrook is alive and well. We have a robust Cognitive Behaviour Therapy for insomnia program that is interprofessional and quite successful. In starting up this program, we arranged CBT-I training for Interprofessional Health care providers from around the city and have created a 'train the trainer'' system. Our CBT-I program was initially developed to decrease the use of sedating medication in elderly patients and although we have succeeded in that respect, we have also found that the act of screening someone as appropriate for the CBT-I program has diagnosed other previously unknown illnesses. Another one of QI projects that expanded beyond its initial intent is our diabetes tool bar. We began hoping to increase the number of patients with diabetes who had a validated foot exam in the last year. Again, we succeeded in meeting our foot exam goal but in the

process developed an electronic diabetes tool bar for our EMR which has been presented at several academic conferences and is currently in the process of being shared with the IT specialists at other Family Practice Units and Family Health Teams.

8. Mt. Sinai Academic Family Health Team
   Dr. Sakina Walji, Dr. Sabrina Kolker & Ms. Clarys Tirel

Hello, we are glad to answer your call...A year ago, if you had called our Family Health Team, chances are you would have reached our answering machine and probably felt frustrated by not getting a call back rapidly. And if you were a patient with an urgent concern, this meant that you could not easily access your family physician.

But today, if you call our Family Health Team, your call will be answered right away. On a busy Monday morning, you may be placed in a queue and have to wait a few minutes, but your call will be answered. So, any urgent calls will be answered, you will be able to talk to our nurse, or make an appointment. We are delighted by this great change to our access. What did we do, you ask?
We knew from many perspectives that we had a problem: our patient surveys told us that access was an issue; we received many complaints from patients who told us over and over that they could not get through our phones, and our Patient Advisory Committee (PAC) highlighted the problems to us too!
Dr. Walji had conducted patient guided tours and completed a study that gave us sound data and information about our waiting room flow and our access.

So, equipped with an understanding of the problem, we partnered with our PAC to find creative solutions. Our PAC was an integral part of re-designing our waiting room working with a design student from OCAD and imagining with us a new way of functioning. We also had the good fortune to get financial support from our Foundation to manage the cost of the re-design of our waiting room.
Our staff and our front line secretarial team worked tireless to completely re-design the workflow and the distribution of the workload. Our phone system was changed and we moved to a system allowing us to queue phone calls. We also enhanced our use of technology by including check-in kiosks in the waiting room.

9. St. Joseph's Health Centre/Urban Family Health Team Family Medicine Teaching Unit
   Dr. Linda Weber

I would like to highlight two of the initiatives we are working on at SJHC UFHT:
We have been working on a project that is a collaboration between the Toronto Central Regional Cancer Program, the West Toronto Assertive Community Treatment Team and the SJHC UFHT to increase colon cancer screening among our patients with schizophrenia. Our patients with schizophrenia are 17.4% less likely to be screened according to Cancer Care Ontario guidelines than our patients without schizophrenia. We aim to eliminate this gap. This work is currently on hold as the COVID-19 pandemic has resulted in the suspension of all colon cancer screening.

We are also excited about our work to increase the number of comprehensive palliative assessments when indicated. Our physicians have reviewed the charts of our high risk patients to identify who would benefit from a palliative assessment. In the wake of COVID-19 we have shifted our focus. We now have a list of patients who are benefiting from physician initiated targeted goals of care conversations. We are documenting patients' substitute decision maker and encouraging patients to have conversations with their family to express what is important to them should they become very sick during the pandemic.

Today, we have data that shows us that our phones are answered in real time. We will complete an evaluation to formally assess the impact of the change. We already have anecdotal reports from patients that are delighted to be able to call and get an answer in real time! This success story means that we answer our phones in real time and our redesigned waiting room provides a serene and functional environment for all our patients.

10. Southlake Academic Family Health Team
    Dr. Navsheer Toor

In 2019, at Southlake we focussed our quality improvement efforts on Patient Experience and Timely Access. Although we had always conducted patient experience surveys, in recent years we had noted a decline in participation which was concerning as the voice of the patient was being lost. Fortunately, QPC was serendipitously working on developing a DFCM-wide patient experience survey and we were able to join this group and take our survey online. This single change increased our response numbers 10 fold in the first quarter alone! Moving forward, we feel well positioned to make improvements with patient experiences in mind.

Our biggest success, however, is definitely timely access. 2019 saw Southlake improve its 7-day post discharge numbers rise from 69% to 76% and we feel confident we will further improve this number in collaboration with our OHT partners. Simultaneously, we are proud of having increased our same day or next day access from 17% in 2018 to 55% in 2019 – we are excited by the progress we have made in our virtual platforms and are hopeful we can push this number higher in 2020.

11. Women's College Academic Family Health Team
    Dr. Payal Agarwal

COVIDCare@Home is a primary care program, developed in partnership with Women's College Hospital (WCH), the Department of Family and Community Medicine at University of Toronto and Mount Sinai Hospital, with the goal of providing virtual care for patients with COVID-19 in their homes.

The program provides regular check-ins with patients via video or phone, sometimes delivering a pulse oximeter and thermometer to their home. We serve patients with COVID-19 both within the WCH family practice and those in the community who do not have their own primary care practitioner or are unable to connect with them in a timely fashion. Our interdisciplinary team of residents, family

physicians, registered nurses, nurse practitioners, therapists, social workers, and a pharmacist address the often complex medical and psychosocial factors that impact illness associated with COVID-19.

To date over 150 patients have been supported with more than 500 visits. Social workers were engaged in approximately 20% of cases with support including food delivery, applications for income support and mental health counselling. An embedded evaluation and rapid dissemination of learnings is ongoing.

12. Toronto Western Family Health Team
    Dr. Lesley Adcock

The past year has been busy in terms of Quality Improvement activities at the TWFHT.
Two resident led projects were completed that informed system changes that led to increased screening rates: Promoting Adolescent Head Screening and Promoting Anal Cancer Screening in high risk populations. Another project centered on Appropriate ASA Prescribing for primary prevention of coronary artery disease (CAD) and cardiovascular disease (CVD). This project led to improved documentation ensuring that inappropriate use was able to easily be identified.

Ongoing projects include:

Appropriate HCC Screening in our Hepatitis B population – a joint endeavor with our Hepatology Colleagues; Appropriate B 12 therapy – co-led by one of our Nurse Practitioner's, aimed at reducing inappropriate parenteral B12 therapy; and a third project is aimed at increasing timely notification of test results for patient's utilizing an electronic platform.

Although the COVID-19 pandemic has shifted priorities for us, I am heartened to know that the core principles of quality improvement are ingrained in our day to day activities. From the inception of the TWH Covid Assessment Centre, staffed and coordinated by our Family Health Team, to changes to patient flow, documentation and assessment that have been made through rapid PDSA cycles. For me this highlights a true culture of quality improvement within our FHT – we study, adapt and make appropriate changes utilizing the core principles of QI without necessarily labelling it as such.

13. Summerville Family Medicine Teaching Unit
    Dr. Fran Cousins

In the early stages of the COVID pandemic, several primary care offices in our region closed due to the lack of Personal Protective Equipment. This left many newborn patients without timely access to discharge follow-up.

Realizing this would be a potential for harm, our Chief of Family Medicine reached out to the teaching units asking us to provide care to these babies until their Primary Care Providers were able to open safely.

Since April 6, 2020, the staff and residents of both teaching units have been involved in providing that care. Together the Primary Care Lead and I initiated a process to ensure all babies without access to their Family MD had appointments within 72 hours of discharge. Along the way, several improvements were needed as the process was enacted quickly without time to consider pitfalls. Within the span of two weeks, several iterations to improve the process were enacted, including engaging paediatricians, hospital and nursing leadership all to ensure the process was sound for these babies who would temporarily be in our care. Two months later, I am happy to report that all babies discharged from Trillium Health Partners have had access to the care they require after discharge.

14. South East Toronto Family Health Team
    Dr. Sam Tirkos & Dr. Tia Pham

This has been a very dynamic year at the South East Toronto Family Health Team and Michael Garron Hospital teaching site. A change in leadership has given us the opportunity to reinvigorate our Quality Improvement Plan with a particular focus on transitions between acute and primary care. We welcomed a new faculty member, Stephanie Godard, who has further advanced our safety teaching of incident analysis to residents and faculty as well as enhanced our existing processes for incident reporting and analysis. We have been able to represent primary care and collaborate with the newly formed East Toronto Ontario Health Team in community-wide Quality Improvement initiatives. The COVID-19 pandemic has also allowed us to build upon the partnerships between primary, home and community care in the East Toronto Ontario Health Team to identify barriers to care in our catchment's vulnerable populations and facilitate access to medical care through the organization of Mobile Unit Medics during a time of unprecedented challenges to our health care system.

Demonstrating Impact - Vice-Chair Achievements

Funding from the Fidani Chair allows me to dedicate time to lead a program of research to improve quality in primary care. The work ranges from understanding the impact of policy reforms on quality to developing and testing innovations to improve quality of care in practice. Below is a summary of some of my notable achievements over the last year.

Select Peer-Reviewed Publications

I lead a variety of research projects to advance quality in primary care. I would like to highlight select published research related to three streams of work.

1. Patient experience in the transition from hospital to home

My most impactful research this year relates to my work as an Embedded Clinician Researcher with Ontario Health, Quality Division (formerly Health Quality Ontario). Since 2017, I have led a program of research in collaboration with OH-Q focused on understanding and improving patient experience in the transition from hospital to home. Using a research technique called concept mapping, we engaged with more than 700 patients and caregivers across Ontario with a lived experience transitioning home from hospital. We heard from them what mattered most and what aspects of care they would prioritize for improvement. This year, we published two papers summarizing our results and a third highlighting the need to better involve patients in best practice recommendations related to the transition from hospital to home.

Kiran T, Wells D, Okrainec K, Kennedy C, Devotta K, Mabaya G, Phillips L, Lang A, O'Campo P. Patient and caregiver priorities in the transition from hospital to home: results from province-wide group concept mapping. BMJ Quality and Safety. On-line first Jan 6, 2020 (role: principal author)

Kiran T, Wells D, Okrainec K, Kennedy C, Devotta K, Mabaya G, Phillips L, Lang A, O'Campo P. Patient and caregiver experience in the transition from hospital to home — brainstorming results from group concept mapping: a patient-oriented study. CMAJ Open. doi: 10.9778/cmajo.20190009, cmajo March 2, 2020 vol. 8 no. 1 E121-E133 (role: principal author)

Zhao G, Kennedy C, Mabaya G, Okraneic K, Kiran T. Patient engagement in the development of best practices for transitions from hospital to home: a scoping review. BMJ Open 2019; 9:e029693. doi: 10.1136/bmjopen-2019-029693 (role: senior author)

Our research directly influenced the content of Health Quality Ontario's (HQO's) Quality Standard on the Transition from Hospital to Home, released in January 2020. The transitions quality standard is HQO's most popular ever, with over 8000 views in the two months following publication.

Our research garnered national media attention (https://www.cbc.ca/news/canada/toronto/ontario-home-care-research-study-1.5416431) and Ontario's Minister of Health directly responded to our finding about the inadequacy of publicly-funded home care. Organizations across Canada, ranging from the Health Quality Council of Alberta to the Canadian Union of Public Employees, have reached out to learn more about our findings. The quality standard and study findings have been packaged into a "playbook" to support new Ontario Health Teams tasked with improving transitions in care.

Perhaps most notable, our study built capacity among HQO staff to generate and use evidence. HQO staff were members of the study team and learned how to use concept mapping. Partnerships with health service, community, and patient organizations across Ontario enabled us to conduct HQO's largest and most rigorous patient and public engagement to date. The findings will additionally be influencing a new quality standard related to transitions for people with mental health and addictions. Finally, I am now working with HQO to align both provincial patient experience measurement and quality improvement guidance with the priorities identified in the study.

2. Quality improvement initiatives in primary care

Prior to taking on the role of this Chair, I led efforts at the St. Michael's Hospital Academic Family Health Team to engage patients to improve the care we deliver. This year, we published two papers highlighting these efforts.

> Davie S, Kiran T. Partnering with patients to improve access to primary care. BMJ Open Quality 2020;9:e000777. doi: 10.1136/bmjoq-2019-000777 (role: senior author)
>
> Dainty KN, Kiran T. 'Spending the day with your Family Health Team': rapid ethnography of a patient-centred quality improvement event. British Journal of General Practice Open. 2020;4(1):bjgpopen20X101002. Published 2020 May 1. doi:10.3399/ (role: senior author)

My passion for patient engagement led me to publishing a commentary in the Canadian Medical Association Journal describing why we need to work with patients to improve care and how clinicians can do so

> Kiran T, Tepper J, Gavin F. Working with patients to improve care. Canadian Medical Association Journal. February 10, 2020 192 (6) E125-E127; DOI: https://doi.org/10.1503/cmaj.190439

We also published two papers summarizing our practice efforts to reduce disparities related to cancer screening and reduce high-risk opioid prescribing.

Lofters A, Baker N, Schuler A, Rau A, Baxter A, Baxter N, Kucharski E, Leung FH, Weyman K, Kiran T. A "tea and cookies" approach: A qualitative study to co-design cancer screening interventions with patients living with low income in Toronto, Canada. Journal of General Internal Medicine, October 21, 2019; doi.org/10.1007/s11606-019-05400-0 (role: senior author)

Tilli T, Hunchuck J, Dewhurst N, Kiran T. Opioid stewardship: implementing a proactive, pharmacist-led intervention for patients coprescribed opioids and benzodiazepines at an urban academic primary care centre. BMJ Open Qual. 2020;9(2):e000635. doi:10.1136/bmjoq-2019-000635 (role: senior author)

COVID-19 has highlighted how Ontario has a gap in race-based data that can allow us to understand disparities in care. Our own practice has been leading the way in socio-demographic data collection and recently published a paper on patient perspectives of being asked about race and ethnicity.

Kiran T, Sandhu P, Aratangy T, Devotta K, Lofters A, Pinto A. Patient perspectives on routinely being asked about their race and ethnicity: a qualitative study in primary care. Canadian Family Physician, Aug 2019, 65 (8) e363-e369 (role: principal author)

3. Impact of primary care policy on quality of care

I continue to collaborate with Dr. Rick Glazier on a program of research to improve primary care policy. We had two notable publications this year. The first found that the "access bonus" incentive payment for family doctors went to doctors whose patients had more emergency department visits and fewer visits to their family doctor. The paper won second place in the DFCM Best Research Paper competition and has been used to argue for revisions to the access bonus. The second paper found that patients of new practice models – where physicians are paid by capitation and are part of teams – were more likely to report challenges getting urgent access when sick but were more likely to know their physician had an after-hours clinic. The paper highlights that we have more work to do to measure and improve access in primary care.

Glazier R, Green ME, Frymire E, Kopp A, Hogg W, Premji K, Kiran T. Do Incentive Payments Reward The Wrong Providers? A Study of Primary Care Reform in Ontario, Canada. Health Affairs (Millwood) 2019, vol. 38, no. 4. pp. 624-632 (role: senior author)

Kiran T, Green M, DeWitt Y, Khan S, Schultz S, Kopp A, Yeritsyan N, Wissam H, Glazier R. The association of physician payment and team-based care with timely access in primary care: a population-based cross-sectional study. CMAJOpen. doi: 10.9778/ cmajo.2019006 cmajo May 7, 2020 vol. 8 no. 2 E328-E337 (role: principal author)

Select Blogs and Opinion Pieces

I continue to try and influence and support my clinical colleagues, policy-makers, and the public through writing opinion pieces. Through COVID-19, I have written several blog posts for the Canadian Medical Association Journal, available at http://cmajblogs.com/tag/tara-kiran/. I also recently highlighted the need for primary care reform in a new piece on Healthy Debate.

Kiran T, "COVID-19 has highlighted how we can improve family doctor care" Healthy Debate, May 26, 2020 https://healthydebate.ca/opinions/covid-19-improve-family-doctor-care

Select Invited Lectures

Over the last year, I have had the opportunity to continue to share perspectives on improving quality in primary care nationally and internationally including at two other Canadian departments of family medicine as well as through a visiting lecture at the Department of Family Medicine at University of California, San Francisco (UCSF).

August 6, 2019	Invited Speaker. Improving quality in primary care: A Canadian perspective. Department of Family Medicine, University of California San Francisco, San Francisco, USA. Presenter: Kiran, T.
October 24, 2019	Plenary Speaker. Improving quality in primary care. 56th Annual Andre Aisenstadt, Memorial Clinical Day, Department of Family Medicine, McGill University, Montreal, Quebec. Presenter: Kiran, T.
October 5, 2019	Keynote Speaker. Surfing the crest of change in academic family medicine. Strategic planning retreat, Department of Family Medicine, University of Manitoba, Gimli, Manitoba. Presenter: Kiran, T.

Select Awards

I have been humbled to receive a number of awards recognizing my leadership in quality improvement and innovation.

DFCM Awards in 2020

DFCM Award of Excellence in Quality Improvement:
Dr. Tara Kiran, Jacqueline Chen, Jane Cooney, Sam Davies, Cian Knights, Linda Jackson, Nassim Vahidi, Dr. Karen Weyman
Awarded for our leadership in patient and family engagement, work that has been nationally and internationally disseminated and recognized.

Philip Ellison Excellence in Continuing Professional Development:
Dr. Tara Kiran
Awarded for development of a continuing professional development program that supported physicians to use practice data for learning and improvement, for example, through peer-coaching and facilitated group interactions. Needless to say, I was honoured to be the first recipient of this award!

Outstanding Peer-Reviewed Publication, Second Place
Awarded for the paper "Do Incentive Payments Reward The Wrong Providers? A Study of Primary Care Reform in Ontario, Canada."

Provincial Awards in 2019-20

Bright Lights Award for Patient and Family-Centred Care, Association of Family Health Teams of Ontario
Awarded to the St. Michael's Hospital Academic Family Health Team for the innovative patient engagement day (see publication: Kiran T, Davie S, MacLeod P. Citizen Engagement in Primary Care. Ann Fam Med. 2018; 16(2):175. doi:10.1370/afm.2185)

THE FUTURE

As we look to the future, we will maintain our strategic focus on:

1. Leadership—Building capacity in the current and future primary care workforce to improve quality of care
2. Evidence—Using and generating evidence on how to improve patient experience, improve health outcomes, and reduce cost in primary care
3. Dialogue—Working in partnership with government, clinicians, and patients to influence policy and practice provincially, nationally, and internationally

Continuing the focus across work stream elements of engaging leadership, meaningful measurement, effective teams and knowledge mobilization, we are beginning to plan for an additional phase of work focused on scaling up research initiatives. Research led by Dr. Kiran and her team at St. Michael's Academic Family Health Team will inform the spread of two initiatives across the DFCM – i) a quality improvement initiative to treat patients with known Hepatitis C and ii) a continuing professional development program to support family physicians to use of personal practice data for learning and improvement using innovative models such as peer-coaching.