



2016 – 17

Yearbook



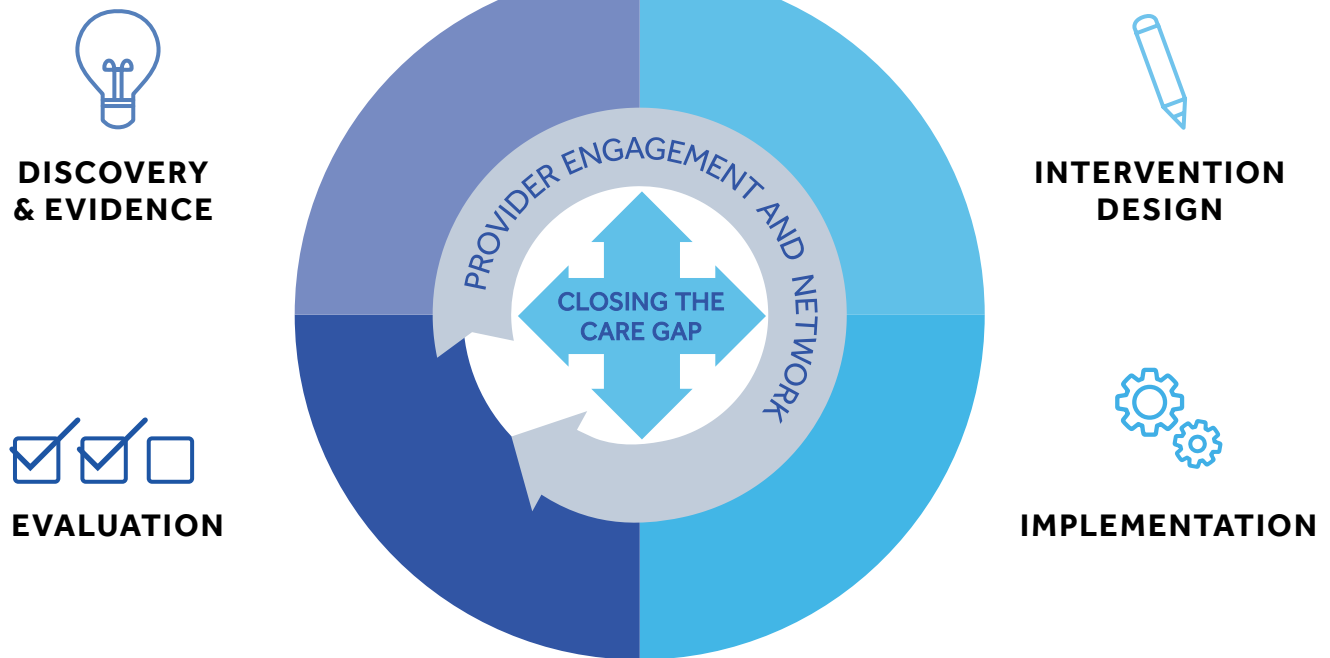
A YEAR IN REVIEW

of the



Centre for Effective Practice

Our Services



The Centre for Effective Practice (CEP) aims to close the gap between evidence and practice for health care providers. We give providers what they need to deliver the best care to their patients by engaging them throughout our processes to create evidence-based solutions that can be adapted into their local contexts. The CEP is a federally-incorporated, not-for-profit organization founded in 2004 by the University of Toronto's Department of Family and Community Medicine.

This Yearbook covers the CEP's achievements to date and highlights key successes from the past fiscal year.



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Tupper Bean

EXECUTIVE DIRECTOR

When I look back at the last decade at the Centre for Effective Practice, I am struck by how much we have grown and evolved. We've evolved from a two staff shop with a \$60,000 budget within the University of Toronto's Department of Family and Community Medicine, to an independent not-for-profit organization raising over \$15 million in project work. Our work has expanded to include academic detailing, tool and support development and implementation, EMR optimization, and program evaluation. Our team now includes staff with skills ranging from evaluation to information and knowledge management to user-centred design. Our formal partnerships – a demonstration of our commitment to share, align and collaborate on work – include the College of Family Physicians of Canada (CFPC), Ontario College of Family Physicians (OCFP), the Nurse Practitioners' Association of Ontario (NPAO) and CognisantMD. These organizations share our values and vision to contribute meaningful health system solutions.

Yet over the years, what has not changed is our steadfast commitment to developing tools and delivering services to support primary care providers in care delivery. We translate provincial priorities and policies to make them real on the ground, in the offices of providers.

We bring to the frontlines what they tell us they need. We listen and work with providers because context matters. Through engagement and the experience and expertise of our clinical leaders, we are able to curate, create and implement change interventions that reflect both the evidence and realities of primary care providers.

As you leaf through our first official yearbook, bear in mind that this is a reflection of our journey and how far we have come. Our journey has been one of a nimble organization, unobscured by regulation and policies, that has innovated, pivoted and rebuilt itself to meet the needs of providers and implement health system priorities. The numbers and narratives tell a story of hard work and dedication that has amounted to many wins and I thank everyone who has contributed to our success – our board, our staff, our partners, our clinical leaders, all the countless collaborators, and most of all, the providers who use our resources, give us their feedback and hold us accountable as they continue providing patient care.

We recognize there is still a long road ahead. We see the growing list of demands placed on providers. We look forward to continuing to walk alongside providers and our partners at the crossroads where policy meets practice.



Bernita Drenth

BOARD CHAIR

As Board Chair, I am pleased to share CEP's first official yearbook and contribute to a small piece of our story. As I reflect upon my message here, I want to share what was missing from the narrative – the value of the CEP approach. Similar to other organizations, we measure value in a number of ways including value to providers, value to patients and economic value. These are all very important metrics of impact and success. Yet, this is not enough nor is it the full picture because it does not capture the value of the CEP approach.

As I immersed myself in CEP's work, as board members often do with small organizations, I quickly realized the significant investment—in time and people—the organization makes to engage with providers and stakeholders. Engagement and communication is not something the team takes lightly. It is not a checkbox on a list or a basic requirement for a project. It is much more. The commitment to engage and communicate permeates throughout the organization with each staff member, and across every client, clinical lead and stakeholder. It translates into bringing people in from the onset, active listening,

iterative learning, innovating, and sharing information and ideas openly. This culture and approach of engagement and communication is what makes CEP's tools and resources for providers practical and useable. This skillset lies at the heart of their academic detailing program. It is what brings clinical leaders and providers back to the CEP to lead work, participate in focus groups and sign up to receive their tools and resources.

But more importantly, even at times when there are stark differences, all perspectives and experiences are welcome, in pursuit of common ground and mutual interest. It is the difficult job of bringing various parties to the table to focus on the collective good that is immeasurable. It is the continuous dialogue and discussions that open the lines of communications, facilitate relationships, create trust, build partnerships and catalyze change. Amidst the formal presentations and informal conversations, the false starts and strong finishes, and the public successes and internal setbacks, herein lies the hidden value of the CEP approach.



Hugh MacLeod

CEP BOARD MEMBER

Today, through the looking glass of a former health care executive, parent and patient, I see a dynamic primary care landscape with juxtaposing realities. At 50,000 feet, the policy environment continues to navigate unprecedented complexities to work towards better patient care and outcomes. At 5,000 feet, the organizations and structures that will be overseeing change and measuring results seek to find the balance between provincial and local priorities. At five feet, the day-to-day realities of providers are often far removed from the aggregated data upon which we measure the collective success of our health care system.

Between these three layers—provincial policy, regional management and local implementation—there exists enormous opportunity for leadership. It is in these spaces, these gaps—the intersections of evidence and practice, policy and implementation, knowledge and behaviour change—where any organization such as the CEP bring a unique skillset and quietly demonstrate remarkable results. Based on a decade of learning, both through successes

and failures, the CEP has deep knowledge of primary care and understands how to work with providers to help develop practical solutions. Solutions which help move the policy agenda forward whether it is related to poverty, mental health and addictions, MSK or any other provincial priority.

As a board member, I understand that the CEP alone cannot fill the vast space or solely address current gaps. Through their many partnerships and collaborations, the CEP supports frontline providers with practical tools and resources to help them deliver quality care to patients and improve health outcomes. By working together, and sharing ideas and lessons learned, the CEP works hard to fill the spaces in a meaningful way that bring policy and priorities to the frontlines and ultimately to patients. We are privileged to work in this space. We are proud of how we address the gaps in the health system. We are pleased to share our successes with our partners.



David Price

CEP BOARD MEMBER

The success of our health care system relies heavily on effective primary care services to deliver quality patient care. Today, the primary care context is more dynamic than ever and in a constant state of flux. We know that patients are living longer, have multiple co-morbidities and more complex illnesses, and have access to new medications and technologies. In addition, providers must stay on top of the evolving legislative and regulatory landscape as most health care policy decisions impact or can be affected by primary care.

For these, and a host of other reasons, it is important to have tools and resources available to support primary care providers, and there is no shortage of tools, supports and information available. There are countless clinical guidelines. The body of evidence on behaviour change in primary care is plentiful. The list of interventions and implementation science literature continues to grow. In reality, many change interventions frequently fall by the wayside for one simple reason – context. Studies have shown that guidelines are not always followed in primary care because they are typically created with a focus on one disease and do not reflect the complexity of patients. Moreover, they are often written for settings other than primary care. As a policy

advisor, academic and practicing clinician, it is this opportunity and challenge – translating knowledge in the primary care context – that brought me to the CEP.

This is where the CEP excels and supports provincial priorities by bringing academic rigour to clinical tools and resources created specifically for primary care. Based on their experience and through their evidence reviews, clinical engagement and user-centred design testing the CEP has unearthed the science and art of developing meaningful resources and interventions to support primary care providers in their practices. Building on international evidence of effectiveness, the CEP's provincial academic detailing program is one such example. The CEP's Poverty Tool is another example of a resource that brings a provincial priority to the frontlines and makes it real in primary care. The tool has been embraced by primary care providers: it's been included in teaching curriculums, reprinted in textbooks, integrated into EMRs, and has been adopted in provinces across Canada. In the pages that follow, you will find numerous examples of CEP-led initiatives that bring policy and practice together for providers.

By the Numbers



70+

Tools, resources
& programs
developed



17,020+

Tool downloads
Since November 2016



1,172+

Guideline reviews
conducted



220+

Stakeholder
organizations
engaged



18,867

Print tools,
resources & guides
distributed



SPOTLIGHT: KNOWLEDGE TRANSLATION IN PRIMARY CARE INITIATIVE



~2,000

Points of
provider
engagement
/input



50+

Stakeholders
engaged



10

Clinical
tools
developed



30+

Clinical leads
and experts
directly
engaged

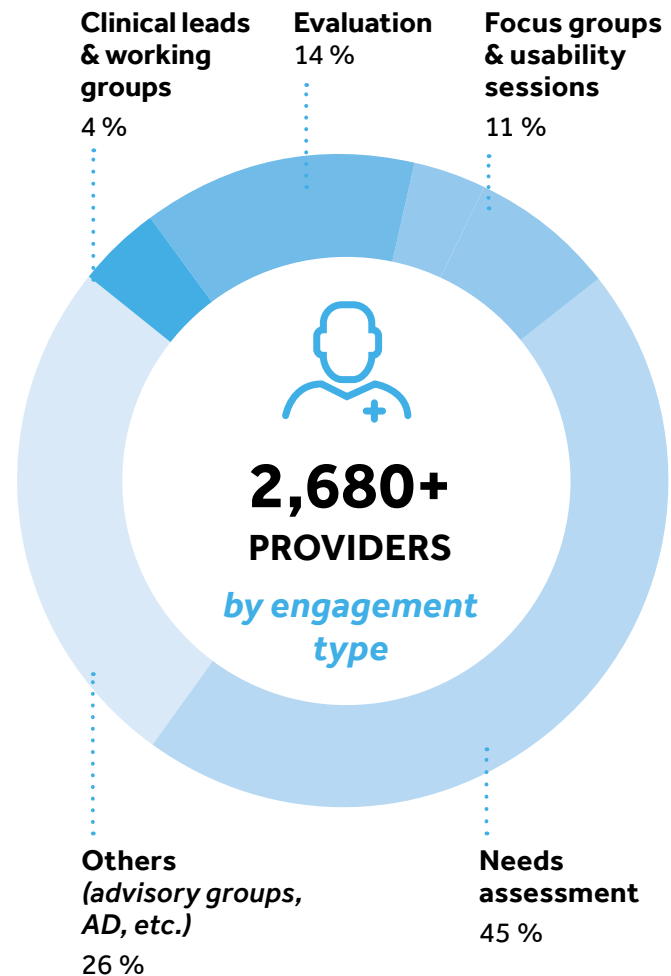
“ Really excellent that [the tools] are centrally developed from a reputable source.”

“ Understanding the process of development, knowing partners involved, having previous connections with them, seeing uptake, knowing calibre of resources that are needed for credibility in a clinical setting.”



PROVIDERS DIRECTLY INVOLVED IN OUR PROJECTS

across all LHINs



SPOTLIGHT: ACADEMIC DETAILING



41

Long-term care homes serviced



5,000

Residents serviced across 9 LHINs



788

Individuals directly engaged (providers, administrators and other staff)



548

Visits



181

Educational presentations



7220

Discussion guides disseminated

“ I would love to see the academic detailing service continue in long-term care homes. It provides an excellent educational resource which can be flexible to meet the needs and practices of particular facilities. The development standard approaches to these issues and the evidence-based resources provided have been valuable to a home which does not have the resources to develop this type of work.”

— DR. LYLA GRAHAM
MEDICAL DIRECTOR,
ST. PATRICK'S HOME OF OTTAWA

Who We've Worked With & Our Partners

The health care landscape is far too big to address issues on our own.

Collaboration and partnership is at the heart of what we do. This is why we partner with other organizations to help address health care challenges together. We have partnership agreements with the **Ontario College of Family Physicians (OCFP)**, the **Nurse Practitioners' Association of Ontario (NPAO)**, **Canadian Agency for Drugs and Technologies in Health (CADTH)**, **CognisantMD** and the **College of Family Physicians of Canada (CFPC)**. We also partner and collaborate with many organizations such as the **Ontario Medical Association (OMA)**, the **College of Physicians and Surgeons of Ontario (CPSO)**, **Health Quality Ontario (HQO)** and the **Registered Nurses' Association of Ontario (RNAO)**, to help identify linkages within the health system and innovate primary care further without sacrificing quality or provider satisfaction.

Strategic planning in the CEP Boardroom



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Our strong partnership with the CEP supports primary care providers and contributes to provincial priorities by leveraging evidence-based knowledge products across the country and across a range of clinical topics.

— **DR. JAMIE MEUSER**
EXECUTIVE DIRECTOR, PROFESSIONAL
DEVELOPMENT AND PRACTICE
SUPPORT, COLLEGE OF FAMILY
PHYSICIANS OF CANADA

Our partnerships have given us opportunities to meet, share views and perspectives, and participate in collaborations—all of which have helped us make strides towards a more coordinated, streamlined approach to support quality evidence-based resources for providers in a timely and efficient manner. Our partners and collaborators have enabled us to establish and validate our:

- Topic prioritization and selection processes
- Provincial stakeholder engagement framework
- Clinical tool/resource development (with LHIN specific resource mapping)
- Provincial communications/dissemination model

“

There has been great uptake from our nurse practitioner members on this initiative both in the development and utilization of the clinical practice tools that have been developed. The Knowledge Translation in Primary Care Initiative has enabled primary care providers to be better equipped to provide the best possible care to their patients. These clinical tools and resources have been pivotal in improving NP practice in Ontario.

— **VANESSA MOONEY**

CONTINUING EDUCATION MANAGER, NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO

“

We've been so proud to partner with the CEP on the KT in PC initiative, which meets the clinical needs of providers through engaging health information and clinical tools to help close the gap between evidence and practice.

— **JESSICA HILL**

CHIEF EXECUTIVE OFFICER, ONTARIO COLLEGE OF FAMILY PHYSICIANS

WHO WE'VE WORKED WITH & OUR PARTNERS



APPROPRIATE PRESCRIBING DEMONSTRATION PROJECT

- 41 Long-term care homes across nine LHINs • Ontario Long-Term Care Association • Ontario Association of Residents' Councils • Ontario Association of Non-Profit Homes and Services for Seniors • Family Council Program • Ontario Pharmacists Association • Pharmacy Council • Hamilton Niagara Haldimand Brant LHIN

CARE OF THE ELDERLY

- Alzheimer Society of Ontario • Alzheimer Society of Canada • Quinte Health Link • Advocacy Centre for the Elderly • Seniors Health Knowledge Network • Concerned Friends of Ontario Citizens in Care • Geriatric Education and Research in Aging Sciences • Canadian Society of Consultant Pharmacists • Neighbourhood Pharmacy Association of Canada • Institute for Human Development, Life Course and Aging at the University of Toronto • Accreditation Canada

CHRONIC NON-CANCER PAIN

- Project ECHO – Mental Health • Local Health Integration Networks • Medical Mentoring for Addictions and Pain Network • The eHealth Centre of Excellence

ADULT MENTAL HEALTH

- Mental Health and Addictions Leadership Advisory Panel (MHLAC): Ontario's Mental Health and Addictions Leadership Advisory Council • Ontario Family Caregivers' Advisory Network • Addictions and Mental Health Ontario • Family Physician in the Department of Family and Community Medicine at the University Health Network • Hawkesbury & District General Hospital • National Native Addictions Partnership Foundation • Provincial Centre for Excellence for Child and Youth Mental Health, Children's Hospital of Eastern Ontario • North East Local Health Integration Network • Canadian Mental Health Association - Ontario • Across Boundaries: An Ethnoracial Mental Health Centre • Mental Health ASSIST, Hamilton-Wentworth Board of Education • Community Safety Command, Toronto Police Services • Community and Health Services, Regional Municipality of York • Parkdale Activity and Recreation Centre • Jack.org Project ECHO – Mental Health • Canadian Mental Health Association: Ontario • Centre for Addiction and Mental Health • OCFP's Collaborative Mental Health Care Network

LOW BACK PAIN

- Association of Ontario Health Centres • Society of Rural Physicians (Ontario) • Ontario Physiotherapy Association • Ontario Society of Occupational Therapists • Ontario Chiropractic Association • Institute for Work and Health • Workplace Safety and Insurance Board • Registered Massage Therapists' Association of Ontario • Canadian Athletic Therapy Association • Canadian Academy of Sports Medicine • Canadian Spine Society • CPD Ontario • Bone and Joint Canada Health Network • Alberta TOP Guidelines • Alberta Health Services – Spine Assessment Clinic • British Columbia Low Back Pain Program • Saskatchewan LBP Program

WATERLOO WELLINGTON E-REFERRAL

- ThinkResearch • CognisantMD • eHealth Centre for Excellence

MEDICAL ASSISTANCE IN DYING

- Catholic Health Association of Ontario • Canadian Medical Association • Canadian Medical Protective Association • Central East LHIN – MAID Working Group • College of Nurses of Ontario • College of Physicians and Surgeons of Ontario • Joint Centre for Bioethics • Nurse Practitioners' Association of Ontario • Office of the Chief Coroner of Ontario • Ontario Medical Association • Ontario College of Family Physicians • Ontario College of Pharmacists • Ontario Hospital Association • Ontario Ministry of Health and Long-Term Care • Mount Sinai Support Services and Bridgepoint • Thunder Bay Hospital MAID Committee • Trillium Gift of Life Network • George & Fay Yee Centre for Healthcare Innovation

DIABETES SCORE CARD

- Sunnybrook Health Sciences Centre • University Health Network • Mount Sinai Hospital • Toronto Central LHIN • St. Michael's Hospital • Canadian Partnership Against Cancer • ALS Canada • Women's College • Healthy Kids Obesity

NORTH WEST QUALITY IMPROVEMENT SCORECARD

- Sioux Lookout Meno Ya Win Health Centre • Health Integration Network: Atikokan General Hospital • Dryden Regional Health Centre • Geraldton District Hospital • Lake of the Woods District Hospital • McCausland Hospital • Manitouwadge General Hospital • Nipigon District Memorial Hospital • Red Lake Hospital Margaret Cochenour Memorial Hospital • Riverside Health Care Facilities • Sioux Lookout Meno Ya Win Health Centre • Wilson Memorial General Hospital

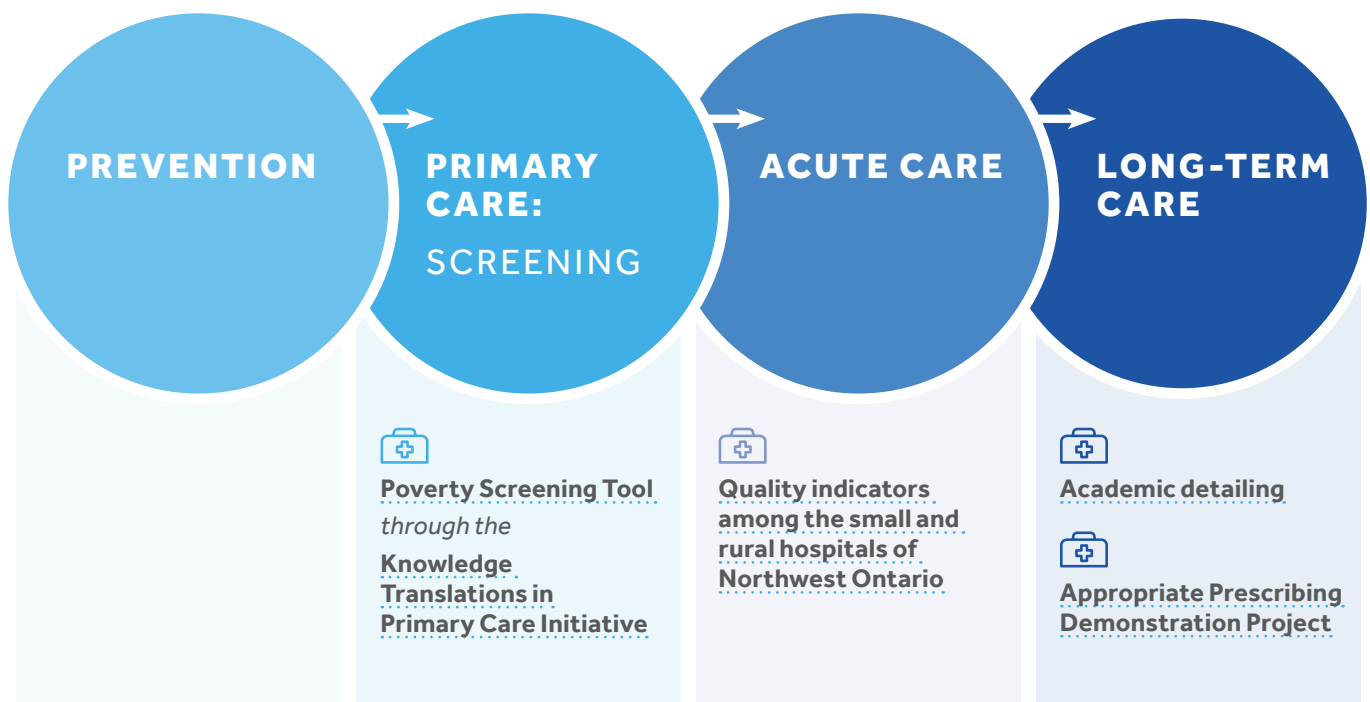
OPIOID MANAGER

- National Opioid Use Guideline Group • Toronto Rehab

CLINICAL PRACTICE GUIDELINES

- Ministry of Child and Youth Services • Canadian Blood Services • Canadian Partnership Against Cancer • Canadian Hereditary Angioedema Network • Hospital for Sick Children / Leslie Dan School of Pharmacy HELPnKIDS Guideline for management of pain in children at the time of immunization • University of Alberta • University of Toronto

Cutting Across *the* Continuum of Care



/////// E-HEALTH //////////////////////////////////////

eReferrals & the Waterloo Wellington LHIN

/////// PALLIATIVE CARE //////////////////////////////////////

Medical Assistance in Dying Resource

eHealth



INTERVENTION DESIGN

From integrating tools to collaborating on implementing eReferral solutions, the CEP has worked on multiple projects that help providers maximize their EMR use. We have integrated our [Preconception Health Care Tool](#) and our [Chronic Non-Cancer Pain Tool](#) into Telus Practice Solutions Suite EMR. We are also currently working on integrating our [Poverty Tool](#) into EMRs to support providers in the identification and care of patients affected by poverty. Finally, we are supporting the implementing of an EMR-integrated eReferral solution to improve coordinated access of services and transitions for the Waterloo Wellington LHIN.



Waterloo Wellington Local Health Integration Network eReferral solution

The CEP is working with the Waterloo Wellington Local Health Integration Network (WW LHIN), Think Research and CognisantMD to support the implementation of an EMR-integrated eReferral solution to improve access and coordination of services in the region. Our core role is to engage target end users of the system in the design and development of eReferral forms and training material, as well as training target end users and central intake teams on future state eReferral workflows. Once live, the eReferral solution will support a system-wide eReferral process where standardized information can flow and be distributed across the continuum of care. It is our hope that this project will be used to develop a scalable change model to support eReferrals across Ontario.



In the News

- [New approach to procurement finds vendors for e-referral solutions](#)
Canadian Healthcare Technology

Screening



INTERVENTION DESIGN

We launched a poverty screening tool—[Poverty: A Clinical Tool for Primary Care Providers](#). The tool uses key questions to help providers assess patients' living situations and current benefits, and help link them to key government and community services.

This year, we've expanded and customized the tool for participating provinces across the country. The poverty tool has been in presentations and courses throughout Canada and internationally, and continues to be covered by the media.



Poverty Screening

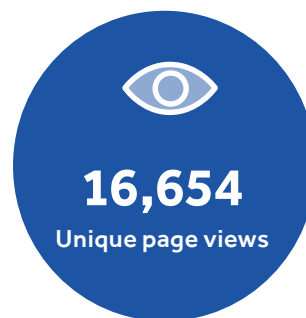
Successes of the tool include:

- McMaster University recently embedded the tool into its undergraduate medical school curriculum.
- The tool has also been integrated into RNAO's e-learning module: Nursing towards equity: Applying the social determinants of health in practice
- It was also incorporated within American Medical Association medical textbooks.
- The College of Family Physicians of Canada (CFPC) collaborated with the CEP to expand the Poverty screening tool across the country by customizing the tool for participating provinces and territories.
- The CEP has recently received funding to partner with 211Ontario and CognisantMD, to pilot an EMR-integrated strategy for screening for poverty within primary care practices. The pilot project will develop and implement a patient-focused screening tool and an EMR-integrated intervention process in 4-5 primary care practices across Ontario.



In the News

- [Doctors Can Help Cure Poverty Without Leaving The Office](#)
Huffington Post Canada
- [P.E.I. family doctors get toolkit to help patients in poverty](#)
CBC News
- [Poverty tool will help at-risk patients access better health care](#)
CBC News | New Brunswick
- [Saskatchewan doctors now checking the fiscal health of patients](#)
Regina Leader Post
- [Toronto doctor screening for poverty using postal codes to make patients' lives better](#)
CBC News



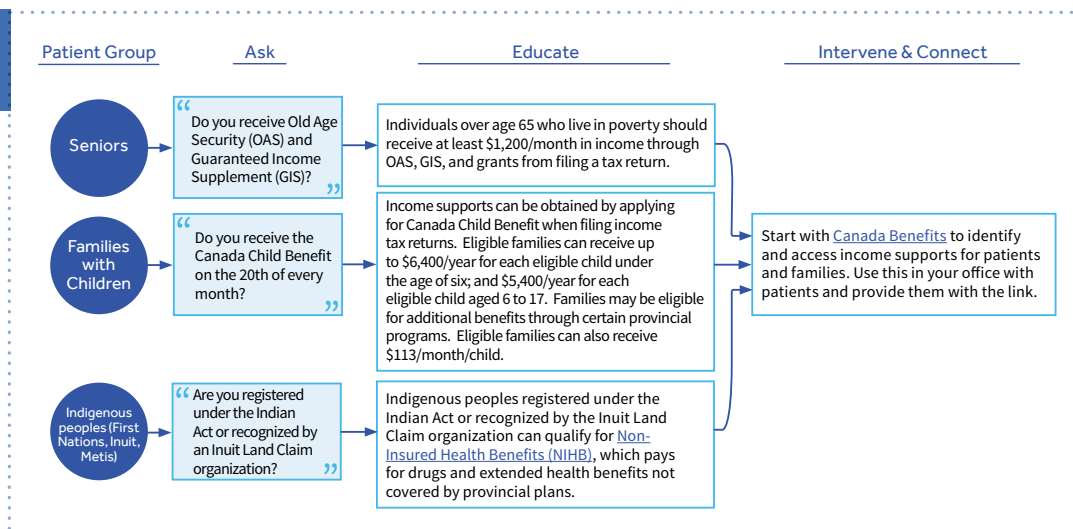
Dr. Gary Bloch
presents the
Poverty Tool



“
The Poverty Tool has filled a major gap in my ability to address my patients’ health needs. I always saw, in my practice, and heard, from my patients, that poverty and other social issues pose a huge barrier to achieving health goals, but I never knew what to do about it. The poverty tool finally provided me with a toolkit to challenge this major risk to my patients’ health.

— **DR. GARY BLOCH**
CLINICAL LEAD, CEP’S POVERTY TOOL
FAMILY PHYSICIAN, ST. MICHAEL’S
HOSPITAL ALLIANCE

Selection from the Poverty Tool



Acute Care



INTERVENTION DESIGN

To support [high-quality care in small and rural hospitals in the North West Local Health Integration Network \(NW LHIN\)](#), the CEP partnered with the ten hospital corporations in the region to develop a set of quality indicators that take into account the local context, volumes and resources.



[North West Local Health Integration Network](#)

The CEP worked with the ten small and rural hospital corporations from the NWLHIN to spearhead the development of quality indicators that reflect the unique environment and challenges of delivering care in small and rural care settings. These indicators have been incorporated into a quality scorecard that focuses on accessible, effective, integrated, safe and patient-centered indicators, to align with the attributes of a high-quality health system, as identified by Health Quality Ontario. This scorecard is being used across participating hospitals to appropriately measure the quality of care being delivered at the site, regional and LHIN levels. In the last year, expansion indicators have been added to the scorecard that reflect the integrated nature of care delivery roles within the small and rural care context, and the CEP has partnered with the North West Health Alliance to integrate the scorecard into their electronic business intelligence tool to ensure sustainability of the scorecard.

[Learn more.](#)



Presentations

- [Improving the Quality of Measurement in Ontario Small and Rural Hospitals](#)
11th Annual Showcase of Health Research 2016, Ontario Hospital Association Rural and Northern Health Care Leadership Conference 2016

The CEP Team in
Thunder Bay



“

I have worked with the CEP on a series of learning collaborations to support the implementation of an initial set of change ideas related to the quality of care in rural acute care settings in the North West Local Health Integration Network (NW LHIN). The CEP has truly taken a comprehensive approach to better identifying and tailoring performance indicators to delivering quality care in rural and northern settings for hospital corporations in the NW LHIN.

— **DAVID MURRAY**
EXECUTIVE DIRECTOR,
NORTH WEST HEALTH ALLIANCE

The CEP Team Working
on the NWLHIN



10

Hospital corporations
we worked with



14

Indicators developed
to date

Example of
Indicators

Indicators	Anticipated Effort Level	Anticipated Impact (on re-admissions)	Suggested Prioritization
Percentage of patients for whom a risk assessment is completed on chart or EHR audit.	Easy	Low	1
Percentage of patients for whom discharge plan is completed and sent to receiving Primary Care Provider at time of discharge on chart or EHR audit.	Difficult	High	2

Long-Term Care



IMPLEMENTATION



Ontario's long-term care academic detailing service

As part of the [Appropriate Prescribing Demonstration Project](#), the CEP designed and lead the largest long-term care (LTC) focused [academic detailing](#) service in Ontario. Our service delivered LTC providers and staff, through one-on-one and small groups visits with our academic detailers, objective, balanced, evidence-informed drug information on best prescribing practices related to two topics:

- The appropriate prescribing of antipsychotic medications for residents living with the behavioural and psychological symptoms of dementia; and
- The role of appropriate prescribing in falls prevention.

Overall 97 per cent of LTC providers and staff who received an academic detailing visit and completed a post-visit evaluation (across both topics) said they would be interested in receiving another visit. Participating LTC providers and staff found academic detailing valuable and favorably compared to other educational experiences.



In the News

- [Possible help for the opioid crisis: academic detailing](#)
Canadian Healthcare Network



Symposium on Academic Detailing

On February 14, 2017, the CEP team held a Symposium on academic detailing where over 50 provincial healthcare leaders met to discuss academic detailing's potential role in provincial health system improvement. Throughout the event, participants acknowledged that academic detailing should be part of the broader quality improvement agenda. These comments were echoed in the evaluation survey where 87.5 per cent of respondents noted that academic detailing could make a significant contribution to health system improvement in Ontario.

[Learn more.](#)

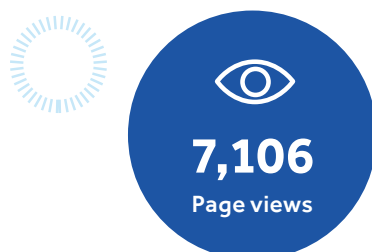
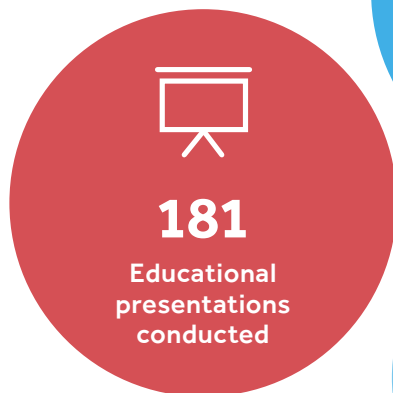
KEYNOTE ADDRESS:

Supporting Evidence-Based Practice in Complex Health Systems: *The Role of Academic Detailing*

Michael Fischer, MD, MS
Director, National Resource Center for Academic Detailing
Associate Professor of Medicine
Division of Pharmacoepidemiology and Pharmacoeconomics
Brigham and Women's Hospital | Harvard Medical School



Keynote Address



“

When qualified ‘detailers’ meet in person with physicians, nurse practitioners and consulting pharmacists working in long-term care homes, and educate them on how to appropriately prescribe antipsychotics, some important things happen: patient outcomes improve, caregiver satisfaction rises, and costs fall.

[Read more.](#)

— **DR. ANDREA MOSER & DR. SID FELDMAN**
CLINICAL CO-LEADS, CEP’S ACADEMIC
DETAILING SERVICE

“

The 1:1 ratio of detailer to physician is unique in medical education. In my view, it allows for more open, honest discussions. It provides a safe environment for the detailer and the physician to ask each other questions and to challenge each other’s thinking on issues that are often not well represented in the literature. Also, the 1:1 nature of this educational intervention, I feel, leaves participating physicians feeling valued and supported. This is vital to LTC home physician retention and recruitment efforts.

— **DR. W. SCOTT NASH**
MEDICAL DIRECTOR,
WENTWORTH LODGE

MAID



INTERVENTION DESIGN

In November 2016, we launched the [Medical Assistance in Dying \(MAID\) Resource](#), which summarizes and presents legislation on medically assisted death in a logical, sequential order to support clinicians.

The MAID Resource was featured in several educational sessions including a seminar for over 30 nurse practitioners and has been adapted and tailored for several different health care settings. Currently, it has the most online downloads of the electronic file among all our tools and resources since its launch last fall.

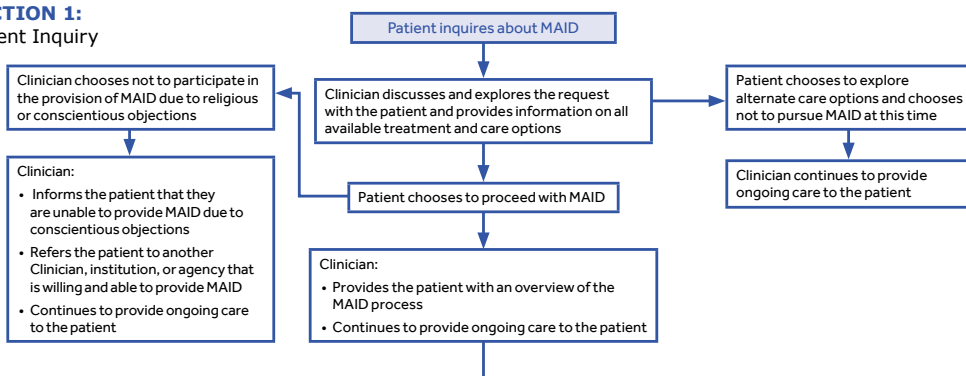


In the News

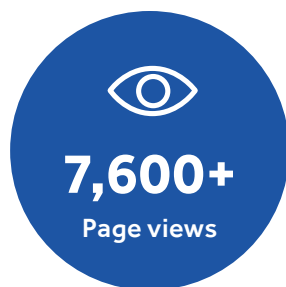
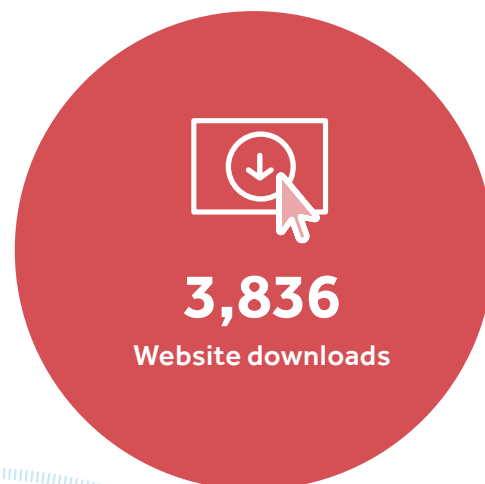
- [Why some doctors seem to know little about assisted death](#)
The Globe and Mail

INTRODUCTION: Full Pathway for MAID

SECTION 1: Patient Inquiry



Selection from
the MAID Tool



Dr. Sandy
Buchman

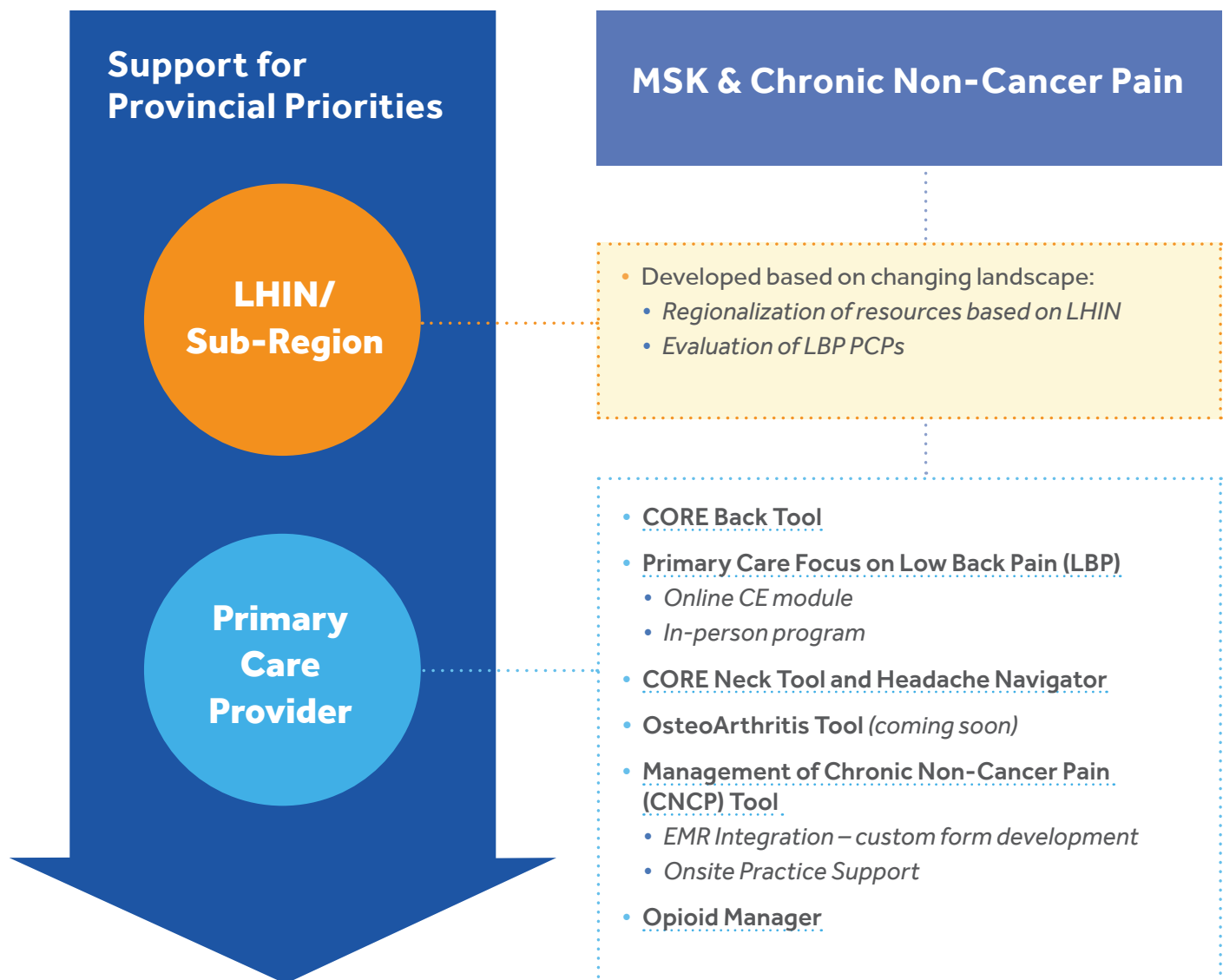
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I had the opportunity this past year to serve as a clinical lead working in collaboration with the Centre for Effective Practice to develop a clinical tool to assist clinicians in the provision of Medical Assistance in Dying (MAID). I found this collaborative process extremely useful as we embarked on a new learning experience together. No one had ever before attempted to develop a tool like this in Canada. This proved to be a creative process facilitated by highly skilled and intelligent staff who not only have the competencies to question and challenge ideas and suggestions, but also to efficiently provide the research evidence that lead to development of a logical and well supported instrument that is now proving to be extremely useful to clinicians in Ontario and across Canada. This tool has been referenced on numerous healthcare websites and the feedback received describes how valuable this resource has become in guiding the process around MAID.

— **DR. SANDY BUCHMAN**

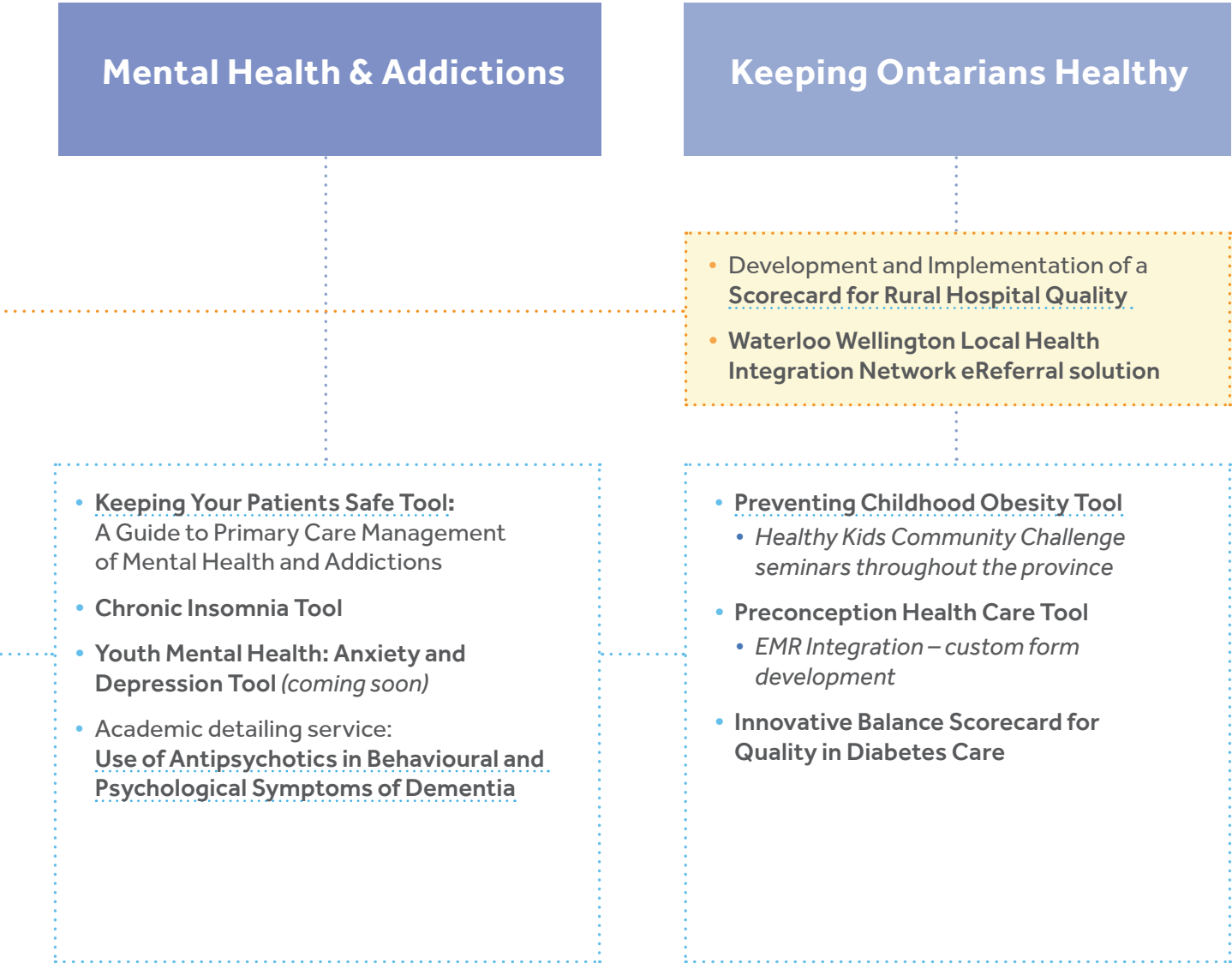
CLINICAL LEAD, CEP'S MEDICAL ASSISTANCE IN DYING RESOURCE;
PALLIATIVE CARE PHYSICIAN; ASSOCIATE PROFESSOR,
DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE,
UNIVERSITY OF TORONTO

Policy *to* Practice



Over the past few years, we collaborated on a wide range of clinical topics to meet providers’ needs and support the Ontario Ministry of Health and Long-Term Care’s provincial priorities. A major challenge in the provincial health care system is the movement from policy to practice. Below are three provincial priorities that showcase how we’ve worked to target priorities at the provider level.

The work we do is also flexible to the changing health care landscape. For example, we are starting to work on potential solutions by focusing on priorities, not only at the provider level, but at the LHIN/ sub-regional level as well. MSK and Chronic Non-Cancer Pain are the first topics in which we’ve begun to implement work tailored to LHINs/sub-regions, in addition to the general work we do for providers.



MSK & Chronic Non-Cancer Pain



INTERVENTION DESIGN



IMPLEMENTATION



EVALUATION

For several years, we've worked on multiple projects related to musculoskeletal management and chronic non-cancer pain management to support primary care providers. This year, we introduced an updated [CORE Back Tool](#) along with a [CORE Neck Tool and Headache Navigator](#), and the [Management of Chronic Non-Cancer Pain Tool](#). These tools are part of our suite of pain tools, which include the updated [Primary Care Focus on Low Back Pain](#) online course and our soon to be updated [Opioid Manager](#), which will reflect the new guidelines. These resources were created to help address appropriate prescribing approaches by Ontario providers and develop and implement a management plan for those living with chronic non-cancer pain.

[Read our academic detailing clinical leads' Op-Ed on opioids in the Medical Post.](#)



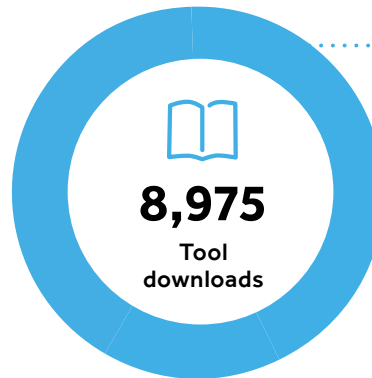
Low Back Pain

CEP worked collaboratively to engage primary care providers and over 50 relevant stakeholder organizations to develop and test an evidence platform, patient self-management education material and provider curriculum designed to improve the treatment and management of low back. Due to ongoing interest and feedback from primary care providers about the tools and program the CEP has continued to update the tool and online program to reflect current evidence with the latest launch in March 2017. To date, 4,500 primary care providers have participated in the on-line education program.



Products

- [CORE Back Tool](#)
- [CORE Neck Tool and Headache Navigator](#)
- [Management of Chronic Non-Cancer Pain](#)
- [Primary Care Focus on Low Back Pain](#)
- [Opioid Manager](#)
- [Low Back Pain Evaluation](#)



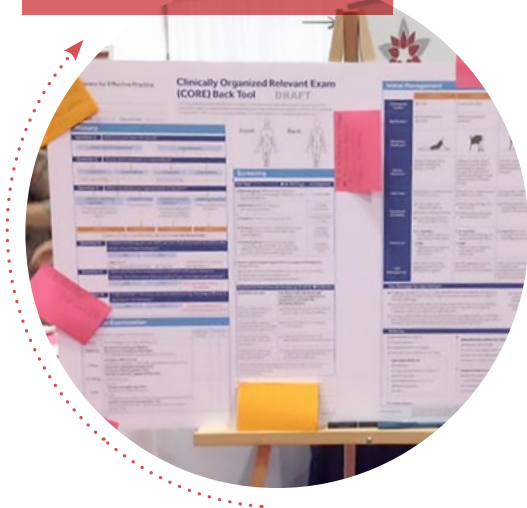
5,215
Chronic Non-Cancer Pain Tool

2,399
CORE Back Tool

905
CORE Neck Tool & Headache Manager

456
Opioid Manager

Feedback from providers on a prototype of updated Core Back Tool.



Dr. Julia Alleyne presents in an In The Know video on low back pain.



“

My work with the team at the CEP has been an important and gratifying one. As a family physician, the complexity and uncertainty that is seen in primary care, particularly in the areas of chronic pain, are important challenges that need to be addressed to improve the quality of care. The opportunity to work on projects where evidence can be made more accessible and applicable to the clinical context are important steps to address these challenges. I absolutely enjoyed working with the dedicated, passionate and collegial team at the CEP who made the task of developing clinical tools a rewarding one. The team and I had a shared passion in working on projects that will help support and improve our health care system and we hope that these tools will play a role to achieve it.

— **ARUN RADHAKRISHNAN**

CLINICAL LEAD, CEP'S CHRONIC NON-CANCER PAIN TOOL; FAMILY PHYSICIAN; CO-CHAIR, COLLABORATIVE MENTAL HEALTH NETWORK AND THE MEDICAL MENTORING FOR ADDICTIONS AND PAIN NETWORK, ONTARIO COLLEGE OF FAMILY PHYSICIANS

“

I'm very impressed with the of work. As a smart, responsive, conscientious and easy to work with team, they helped us obtain a comprehensive understanding of the design, implementation and impact of a primary care driven model for low back pain assessment and management. I highly recommend them as an organization.

— **VALERIE CARTER**

DIRECTOR, ONTARIO CHIROPRACTIC ASSOCIATION

Mental Health & Addictions



INTERVENTION DESIGN



IMPLEMENTATION

As part of the Knowledge Translation in Primary Care Initiative, we worked with providers, partners and collaborators to develop a series of mental health and addictions-related tools including the [Keeping Your Patients Safe Tool](#), [Management of Chronic Insomnia Tool](#) and the [Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia \(BPSD\) Discussion Guide](#). These tools help support the province's aim to enhance delivery of mental health and addictions care for patients at the primary provider level.



Products

- [Keeping Your Patients Safe Tool](#)
- [Management of Chronic Insomnia Tool](#)
- [Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia \(BPSD\) Discussion Guide \(Primary Care Edition\)](#)
- Youth Mental Health: Anxiety and Depression Tool (coming soon)



*As a physician myself,
I value that the topics we've worked
on are for providers, by providers.
Gathered directly from their needs, providers
shape the resources from the beginning though to
their final form. These resources are intended
to be usable in community office settings addressing
practice realities and considering resource and
time constraints involved in clinical practice.
It has been a rewarding experience.*

— [JOSE SILVEIRA](#)

CLINICAL LEAD, KEEPING YOUR PATIENTS SAFE TOOL,
MANAGEMENT OF CHRONIC INSOMNIA TOOL AND
OPIOID MANAGER; PSYCHIATRIST-IN-CHIEF,
ST. JOSEPH'S HEALTH CENTRE

4,390
Insomnia Tool

3,847
*Adult Mental
Health Tool*

4,200
*BPSD
Discussion
Guide*


12,037
Unique
page views

1,956
Insomnia Tool

2,050
*Adult Mental
Health Tool*

730
*BPSD
Discussion
Guide*


4,736
Tool
downloads

242
Insomnia Tool

199
*Adult Mental
Health Tool*

150
*BPSD
Discussion
Guide*


591
Print tools
distributed

FMF Focus Group Session




37
Providers involved
in development

Keeping Ontarians Healthy



INTERVENTION DESIGN

We collaborate with other health care organizations to develop and disseminate tools and resources that can help guide providers on how to keep Ontarians healthy. Through this work, we have developed a [Preconception Health Care Tool](#) and a [Childhood Obesity Tool](#).



[Preconception Health Care Tool](#)

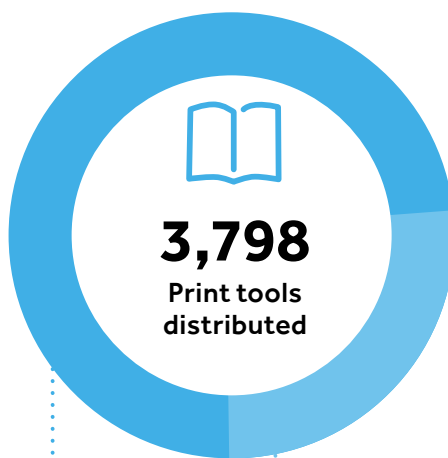
Identified through the Healthy Kids Strategy and the strong evidence that shows good health begins before conception, our Preconception Tool helps assess health and risk factors for pregnancy of all patients of reproductive age. The tool was circulated to more than 400 providers including public health nurses, registered dietitians, community nutritionists and physicians. It was listed as a resource on Toronto Public Health's intranet, Best Start Manuals and in the integrative course handbook for primary care nurse practitioners. The tool is available also in French and in Telus PS Suite EMR.

A research grant has been awarded by Women's College to implement and test the tool with public health nurses and postnatal patients and a *Praxis* article about the development and use of the Preconception Health Care tool was recently accepted for publication in *Canadian Family Physician Journal*.



[Childhood Obesity Tool](#)

Under the clinical leadership of Dr. Yoni Freedhoff and a clinical working group, the CEP developed the Preventing Childhood Obesity Tool, which is designed to help guide conversations with paediatric patients and their families over a series of visits that focus on goal setting and healthy lifestyle choices. The tool has been used for Healthy Kids Community Challenge seminars throughout the province and presented at several primary care conferences and workshops. The tool is also available in French.



“

Being a clinical lead for a project led by CEP is a highly rewarding experience. The topics chosen are always those with a high impact to patient care. Helping the CEP team determine the key objectives of the project, focusing on the main issues and clinical pearls as they relate to practice and working on the specific details in the content of the tools being developed is a highly valuable experience. CEP also has relationships with many specialists to collaborate with or to ask for opinions in controversial areas. By disseminating the work developed by the project to colleagues, you can see the direct benefit this has on primary care practitioners and on the patients they assess and treat. As an added benefit, working on these projects enriches my own knowledge in the topic areas. Working with CEP is a thoroughly worthwhile experience!

— **DEANNA TELNER**

CLINICAL LEAD, CEP'S PRECONCEPTION HEALTH CARE TOOL

“

I am impressed by the work that has gone into developing [The Childhood Obesity Tool] and would like to know more about provincial plans for knowledge translation and dissemination/implementation.

— **PRIMARY CARE PROVIDER**



Clinical Practice Guidelines



DISCOVERY & EVIDENCE

Clinical practice guidelines (CPGs) are a core component of evidence-based medicine.

The CEP is one of the leading organizations in Canada that actively and consistently appraises CPGs on its methodological quality using the Appraisal of Guidelines for Research and Evaluation (AGREE) II instrument.

Through CEP's CPG training and assessment services, we help guideline developers implement best practices in their methods to improve the quality of national guidelines. We also actively undertake CPG quality reviews to ensure that the best available evidence informs both policy-making and clinical decision-making processes.

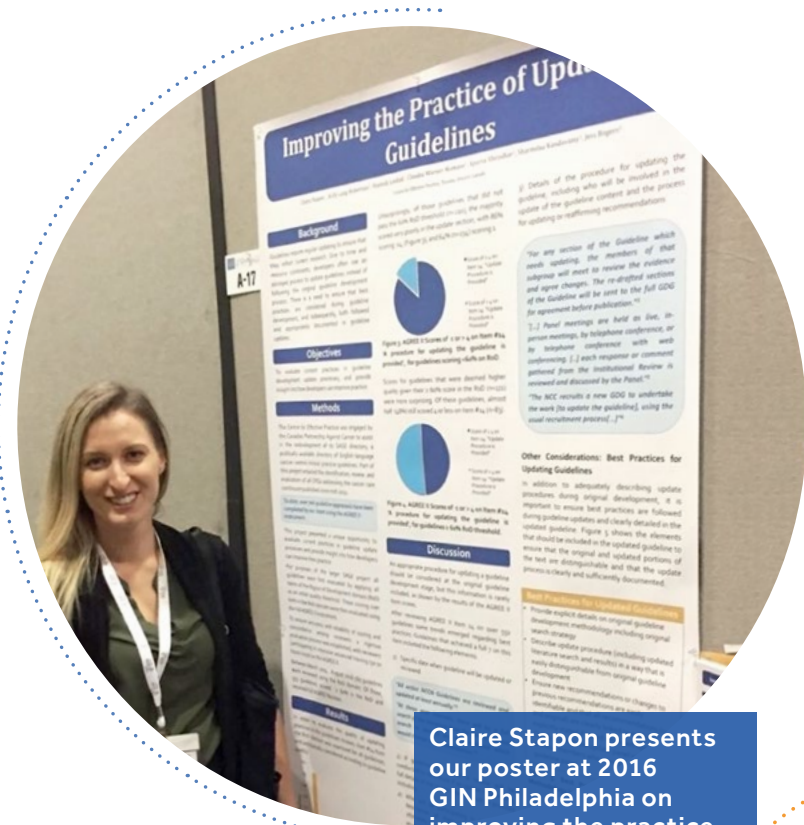
Over the past several years we have worked with the Canadian Partnership Against Cancer (CPAC) to assist in the redevelopment and update of its Standards and Guidelines Evidence (SAGE) repository, a publically available directory of English language cancer control clinical practice guidelines and important knowledge resource for the cancer control community. Part of this update has entailed the identification, review, and evaluation of all guidelines addressing the cancer care continuum published since mid-2012.

Additionally, CEP has been engaged by several other organizations including the University of Alberta to execute, compile and apply literature searches and reviews for many clinical topic areas including chronic disease prevention and screening. We are considered among the number one reviewer of CPGs in the province.



Poster Presentations

- Training a diverse team on critical appraisal using AGREE II Instrument
Joint Canadian Health Library Association / Medical Library Association Conference 2016
- Improving how we update guidelines
G-I-N Philadelphia 2016



Claire Stapon presents our poster at 2016 GIN Philadelphia on improving the practice of updating guidelines.



1,172
Guideline reviews conducted
(AGREE II instrument)



895 +
Summaries created

Our clinical practice guideline reviewers celebrate their work on SAGE.

A word cloud featuring various terms related to healthcare and practice. The words are arranged in a dense, overlapping manner, with some words being significantly larger than others. The colors range from light blue to dark blue. The background is a solid dark blue with a subtle gradient and a curved white line at the bottom.

family educational
services organizations
team management primary
providers development partners
clinical design engaged
better priorities provincial quality
improve developed physicians
coordinated screening metrics practice help
CEP resources system hospital community
academic support projects practitioners
project intervention long-term Ontario poverty
patients