



Centre  
for Effective  
Practice

2018|19 Yearbook  
Realizing the Evidence



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# Big Ideas from a Small Organization:

## Musings from the CEP Board

This year — during a time of health system transformation — we decided to include thought-provoking commentary on relevant topics from our internal dialogues in place of a formal message from our board members and leadership.

We hope these narratives will inspire pause, self-reflection and further conversation.

Sincerely,  
**THE CEP EDITORIAL TEAM**

### ON CHANGE

“For the past decade, the Centre for Effective Practice has sat on the precipice of the health system, constantly reinventing its services to meet the ever-changing needs of the primary care providers. As the health system undergoes massive change, we as an organization are excited by this opportunity to once again redesign and rethink how we can do better, collaborate smarter and work more efficiently. This is par for the course in small non-profit, entrepreneurial organizations. It’s impossible to be in the business of change management without being able to embrace change as an organization or a leader.”

**TUPPER BEAN, EXECUTIVE DIRECTOR**

Board Chair,  
 Bernita Drenth,  
 talks about the  
 CEP's work

### ON PARTNERSHIPS

“Strong partnerships are built on shared values and trust. Inherent in the term is the sense that both or all parties are equal and bring substantive value to the relationship regardless of size or budget. In practice, this means co-planning and working together to set the direction. All too often, these are sound ideas in theory but fail in practice. Smaller organizations in the past, such as the CEP, have partnered for various reasons including out of necessity. However, today it has given them the advantage because they have the capacity and capability to know how to partner effectively. As we forge ahead, strategic partnerships must put patient outcomes and system sustainability first.”

**BERNITA DRENTH, BOARD CHAIR**

### ON LEADERSHIP

“People generally tend to go into health careers with good intentions. However, health leaders are frequently torn between multiple objectives, including various health system priorities and personal self-interest. It seems that people intellectually embrace the notion of reform, but they are not ready to accept personal leadership demands associated with its success. Sometimes, leadership gives the perception of change without really changing.”

**HUGH MACLEOD, BOARD MEMBER**



## ON POLICY

"In primary care, we're at the cross-roads of past, present and future with different generations of providers, different practice and funding models, different levels of innovation adoption and diverse patients. Inevitably, policy must evolve to keep up with these changes in the reality of practice and vice versa. Enabling local decisions in a broader framework is an important shift in policy thinking."

**DR. DAVID PRICE**  
BOARD MEMBER

## ON PERFORMANCE

"There's something to be said about uncertainty and having to demonstrate value through results. It keeps an enterprise nimble and focused on results, outcomes and performance. The idea of organizational viability being tied to results is not a new idea. In fact, many non-profit organizations exist due to their ability to be highly effective at delivering services, generating revenue or meeting customer expectations."

**DR. BART HARVEY**  
BOARD MEMBER

CEP  
Paints!



## ON INNOVATION

"Innovation happens at the intersection of knowledge domains. Mission-based innovation programs create opportunities to expose the most qualified and imaginative people to the most fertile material to inspire creative thought."

**DAN GORDON**  
BOARD MEMBER

## ON INFORMATION

"Complex problems rarely have simple solutions. The sheer volume of data and information from various sources can be overwhelming. This is why it is important to give people access to relevant information they can digest and use meaningfully, whether they are providers, patients or other healthcare stakeholders."

**HELEN STEVENSON**  
BOARD MEMBER



SADAF ULLAH - IG @SADAF.DOODLES

## ON SPECIALIZATION

"System challenges related to capacity, integration, innovation and efficiency are long standing and require space for open and constructive dialogue that encourages all partners at the table. We have achieved some impressive health outcomes through specialization by building and concentrating expertise in a specific area, where appropriate. Ontario has examples of organizations that have demonstrated excellence and efficiency that comes with specialization. Examples and models of accessible, affordable, high-quality care already exist in our system and should be built upon and leveraged for system improvements."

**JOHN YIP**  
BOARD MEMBER

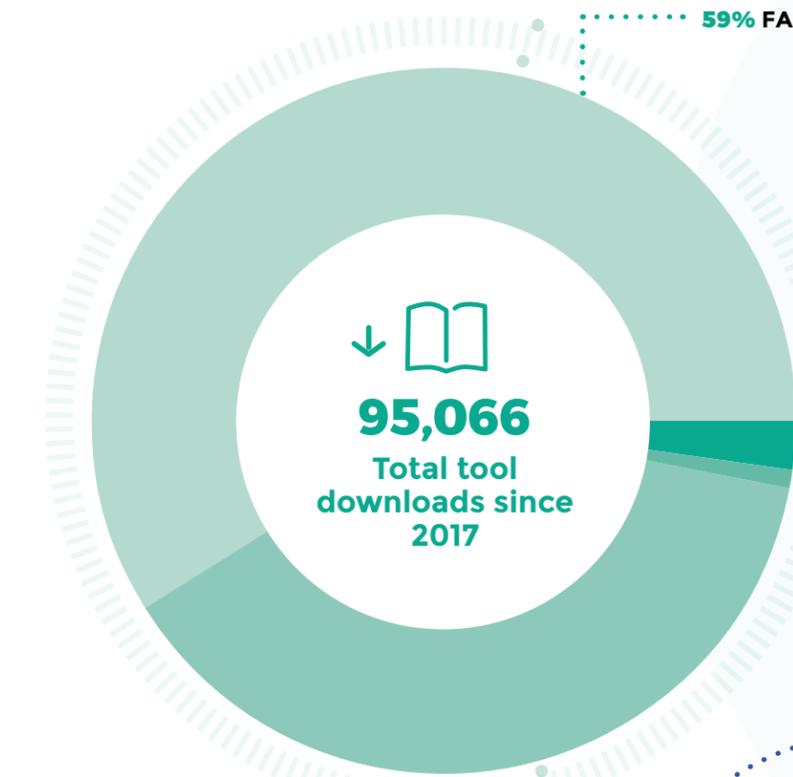
# At a Glance

"[These tools are] developed using high quality evidence to help clinicians make better point of care decisions and [include] foundational elements in front line quality improvement initiatives."

**GORDON CANNING**  
NURSE PRACTITIONER



**ACADEMIC DETAILING VISITS:**  
45% PROVIDERS AND  
1% PHARMACISTS/DETAILERS



59% FAMILY PHYSICIANS

2% OTHER  
(SPECIALISTS,  
RESIDENTS, OTHER  
PROVIDERS)

1% PHARMACISTS

38% NURSE PRACTITIONERS



2% FOCUS GROUP PARTICIPANTS

8% eREFERRAL RECIPIENTS

22% eREFERRAL SENDERS



BY ENGAGEMENT TYPE

BY PROVIDER TYPE

84% FAMILY PHYSICIANS

10% OTHER

4% NURSE PRACTITIONERS  
2% PHARMACISTS

18% NEEDS ASSESSMENT

3% EMR PILOT SITE PARTICIPANTS

0.4% CLINICAL LEADS

0.6% CLINICAL WORKING GROUP MEMBERS

# Knowledge Translation in Primary Care

As the largest knowledge translation for primary care organization in Canada, we continue to partner with the Ontario College of Family Physicians (OCFP) and the Nurse Practitioners' Association of Ontario (NPAO) to meet the needs of primary care providers on the frontlines. Through the **Knowledge Translation in Primary Care Initiative** (KTinPC), we have developed and disseminated 13 tools that have received more than 70,000 (of the 95,066 total) downloads by providers over the past two years.

The KTinPC initiative focuses on the development of clinical tools and resources for Ontario's primary care providers (PCPs) and explores opportunities to support PCPs with electronic medical record (EMR) optimization and the localization of tools. Innovation for providers' preferences is a key focus of this initiative: we are working with 15 clinic sites in various parts of Ontario (family health teams and solo practices) to pilot test custom EMR tools, including the **Chronic Non-Cancer Pain Tool**, **Preconception Health Care Tool** and **CORE Back Tool**.

This year, we conducted an annual needs assessment survey, and more than 270 family physicians and primary care nurse practitioners identified preferred topic ideas for tool development. We also consulted with healthcare representatives across Ontario to request participation in our Topic Selection Advisory Panel (TSAP) and inform our project directions in the coming year.



Tools for primary care

"The Centre for Effective Practice's tools and resources inform nurse practitioner practice, improving confidence in care and client outcomes. These evidence-based materials are not just developed with nurse practitioners in mind. Nurse practitioners have also played an active role in their development from beginning to end."

**DAWN TYMIANSKI**  
CEO, NURSE PRACTITIONERS ASSOCIATION OF ONTARIO

TSAP panelists

"Just today, after doing a CNCP baseline assessment for one of my patients — and when he was leaving — he shook my hand with both of his hands and thanked me for taking the time to address his concerns regarding his pain. I think this is an invaluable tool that would greatly aid in our clinical care in regards to managing pain. Thanks again!"

**DR. MARK SHEW**  
FAMILY PHYSICIAN

"Whether supporting patient conversations around non-medical cannabis use, or screening for conditions related to low back pain, the evidence-based tools and resources developed through our ongoing partnership with the CEP are a tremendous value-add for our family physician members. These supports, with their focus on challenging topics, further equip our members to continue delivering high-quality patient care in communities across the province."

**LEANNE CLARKE**  
CEO, ONTARIO COLLEGE OF FAMILY PHYSICIANS

## Development Process

From topic selection to EMR integration



KTinPC Manager Amanda van Hal, presents to the Topics Selection Advisory Panel



# Academic Detailing for Primary Care

**W**ith support from leading Canadian and international programs, CEP provides the largest **academic detailing service** for primary care in Ontario. Building off the success of the service in long-term care, the current service has been available to family physicians since March 2018. It consists of one-on-one discussions by a pharmacist (detailer) about current evidence on priority topics in the healthcare system.

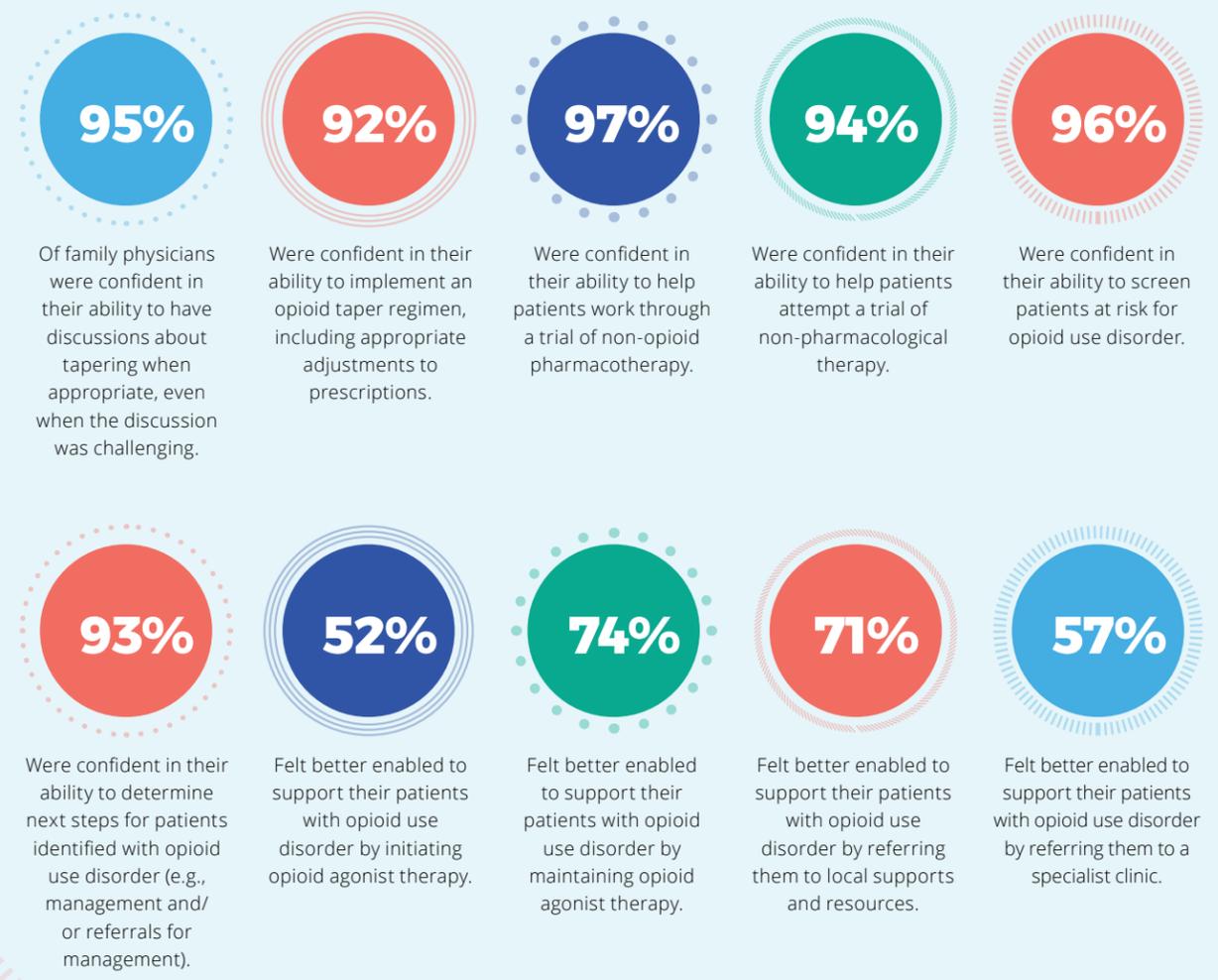
Our 18 academic detailers are clinical pharmacists with extensive foundational experience in pharmacotherapy and clinical evidence appraisal. They undergo comprehensive training in clinical evidence relevant to the topics they deliver. It is important to our clients that our academic detailers do not have associated commercial interests.

Our academic detailers have been visiting family physicians on the topics of managing opioid therapy, caring for patients living with chronic non-cancer pain and caring for patients living with opioid use disorder. In July, the topic of caring for older adults on benzodiazepines will become available to all participating family physicians.

This past year, we have offered visits to more than 700 family physicians across the province including those in rural and northern communities.



## BENEFITS OF ACADEMIC DETAILING



"I found the resources really helpful. The Centre for Effective Practice has different tools, lists and visuals. I found that really helpful. There are patient handouts that you can incorporate into the controlled substance agreement in our EMR. We have a copy for each doctor because each one actually wanted to change it a little bit for their own practice. I have the smart goals handout and some of the chronic pain handouts in the EMR as well so we can print that for our patients. I really like those point-of-care tools and how [the detailer] structured the visit so that it wasn't a didactic session. It was a back-and-forth discussion."

**DR. NATALIE LOVESEY**  
FAMILY PHYSICIAN, LONDON, ON

"The Centre for Effective Practice is not in the business of making money by selling opioids and so on. So, it's a bit of a different approach to a physician detailing — to have somebody talk about opioids that's not in the business of marketing or selling them. That was very refreshing to see."

**DR. HENRY CHAPESKIE**  
FAMILY PHYSICIAN, THORNDALE, ON

"[It was] very easy [to act on the information the detailer provided]. These aren't rare issues. It's stuff that we see every day — later the same day or the next day, you're going to see a problem where you can specifically use what you learned in your academic detailing session. It's very useful that way."

**DR. JOEL KROEKER**  
FAMILY PHYSICIAN, KENORA, ON

"It was a very positive experience. I found it very beneficial and practical for what my needs were. [The detailer] definitely helped tailor the session to what my specific concerns or needs were."

**DR. RUTH BENN**  
FAMILY PHYSICIAN, LONDON, ON

Lindsay Bevan and  
Victoria Burton present  
about academic  
detailing at NaRCAD's  
conference in Boston

"Some of the reference material that the detailer provided had some great graphic references online that I could print off and use with the patients to help them understand why the doses that they were on were probably not ideal therapeutically."

**DR. JEFFREY REMINGTON**  
FAMILY PHYSICIAN, PORT COLBORNE, ON

"... It's very nice to have someone focusing on my learning needs. We rarely get one-on-one education that is really guided by us: self-directed - directed by our desire to better care for our patients. I think it's fantastic and I'm looking forward to the next session."

**DR. KAREN WEYMAN**  
FAMILY PHYSICIAN, TORONTO, ON

Academic  
detailers  
upskilling at a  
training session

# Clinically Speaking

Through the Clinically Speaking podcast, we have had conversations about evidence-based medical practices with experts across Canada, hearing varied perspectives. Below are key quotes from these experts. Their views speak about where medicine has been, where it is now and where it could be in the future.

To listen to the full interviews, visit [cep.health/clinically-speaking](http://cep.health/clinically-speaking).



## ON WHAT HAS SHAPED EVIDENCE-BASED MEDICINE

"We have come to say an ironic principle of evidence-based medicine is evidence never tells you what to do. There's always evidence in the context of patient values and preferences.

That's been one major shift from the beginning. The other major shift is the realization that clinicians do not have the time to actually read the medical literature in the way we might have envisioned it. In fact, to really do it properly takes training. The basics of knowing about what evidence-based practice is about will not take you there.

As a result, we have much more of a focus on pre-appraised resources, systematic reviews, more and more guidelines, and presentation evidence summaries. In keeping now, this is a frontier area, decision aids for the practice encounter where both the patient and the clinician have the evidence summarized for them."

**DR. GORD GUYATT**  
DISTINGUISHED PROFESSOR,  
DEPARTMENT MEDICINE, MCMASTER UNIVERSITY



## ON THE ARGUMENT FOR RE-EVALUATING THE EVIDENCE THAT INFORMS CLINICAL DECISION MAKING

"What gets lost in these clinical practice guidelines is that what we do have very effective medications. We have life-changing medications for HIV/AIDS, for infectious diseases, for high blood pressure and for diabetes. It gets lost when there are these long lists of medications.

The other thing that gets lost is that there are conditions where there aren't effective treatments. There are clinical practice guidelines for the treatment of overactive bladder. The guidelines will also mention a number of medications that you can use and they'll compare the side effects of them and the effectiveness.

When you look at the evidence, it doesn't look like any of these medications have a clinically important benefit - a benefit that a patient would actually notice and would want to accept the risks that are present with any medication."

**DR. NAV PERSAUD**  
STAFF PHYSICIAN, LI KA SHING KNOWLEDGE INSTITUTE,  
ST. MICHAEL'S HOSPITAL



## ON WHAT IT TAKES TO PRODUCE A GOOD CLINICAL PRACTICE GUIDELINE

"We have realized that if we only focus on people whose primary practice is diabetes, many of them will be relatively up-to-date on this literature anyway. The unmet need is in the generalist audience: the people who have a much broader demand on their attention — who need to know everything from immunization schedules for infants through to screening for dementia in the elderly — and have a narrow capacity to take up diabetes information. Curating the information and packaging it to be useful in primary care has become a real emphasis in the 2018 iteration of the guidelines."

**DR. JAN HUX**  
PRESIDENT AND CEO, DIABETES CANADA



### ON MAKING CLINICAL PRACTICE GUIDELINES MORE USEFUL FOR EVERYDAY PRACTICE

“Primary care is very, very busy. The research shows, again and again, that we're swamped with all that we're supposed to do. If we were to take care of chronic disease and preventive medicine alone, it would take around 18 hours every day.

Because we have ended up in a situation where specialty societies continually parse off their niche and don't worry about the broader picture of what's affecting our population and our patients, we end up with a burdensome amount of things that are recommended for us in primary care. I think the better approach for us is to simplify that.

Why don't we spend more time doing the actual shared decision making with our patients — listening to their stories, listening to their concerns and addressing those? Rather than: 'I've got to get through this huge checklist of preventative care maneuvers and this periodic health exam today. I've got to squeeze it into your complaint about your ankle today, so I'd like to skim along and talk about the PSA - which is going to take 10 minutes.'

Instead of doing that, I'd like to see us simplify things a lot more where we can. I'm not saying where things are complex, we just abandon that complexity. But where they are simpler — where they could be simple — why don't we gravitate in that direction, rather than always looking to make things more complex and difficult?”

**DR. MIKE ALLAN**  
DIRECTOR, PROGRAMS AND PRACTICE SUPPORT, COLLEGE OF FAMILY PHYSICIANS OF CANADA



### ON CHANGING HOW WE PRACTICE EVIDENCE-BASED MEDICINE IN THE 21ST CENTURY

“Going back to the early days of evidence-based medicine, I think it was originally framed as a clinical skill. Critical appraisal is a clinical skill. If you remember, there was a JAMA series on how to critically appraise articles. It was taught when I was a medical student and we learned about critical appraisal.

But I think at some point in the process of training people to do critical appraisal, we realized it's extraordinarily time consuming and extremely difficult. There's a ton of nuance that is hard to capture. When is a clinician going to review enough clinical articles to answer every question they might have?

I think that was a first transition — to say some learned group needs to summarize all that is known on a specific topic and then lay it out in a format. I think that really motivated some of the clinical practice guidelines as a concept. The idea that somebody is going to filter the information, condense it and put it into a usable format.”

**DR. ONIL BHATTACHARYYA**  
SENIOR SCIENTIST, WOMEN'S COLLEGE RESEARCH INSTITUTE



### ON WHO INFLUENCES THE EVIDENCE IN EVIDENCE-BASED MEDICINE

“If you follow pharmaceutical marketing, when you look at the internal industry documents and where they wanted things to go, then you'll see how the field is actually moving along. It's fascinating. That's where the evidence is today. It's very hard to trust any published papers. The degree of bias: the extent is huge.... It is very striking. What's published in the literature is what guides us as clinicians. It's what guides clinical practice guidelines and all such [documents].”

**DR. ELIA ABI-JAOUDE**  
PSYCHIATRIST, CLINICAL EDUCATOR AND RESEARCHER, HOSPITAL FOR SICK CHILDREN

Policy to Practice

# Pain Management and Opioids

The CEP has been focusing various interventions on pain management and opioids, recognizing these topics often go hand-in-hand. In December 2018, we launched the **Opioid Use Disorder Tool** and we integrated the **CORE Back Tool** into Telus Practice Solutions Suite. We also launched **Spine Online**, which builds on the CORE Back online module to include the neck, covering the spine in two modules. The **Management of Chronic Non Cancer Pain Tool** was recently updated to reflect the latest evidence on the topic. To complement the tool, we created an innovative, **online platform** for updated CNCP resources that covers different regions within the province and makes it easier to search for specific local resources.

“I have been using the CORE Back Tool and the CORE Neck tool and Headache Navigator since they were released. It has made me more confident as I deal with these problems, especially decreasing my worry that I am missing something serious. Also, I am ordering fewer imaging tests because of these tools. And I feel that my patients are getting better care.”

**DR. JOHN AXLER**  
FAMILY PHYSICIAN

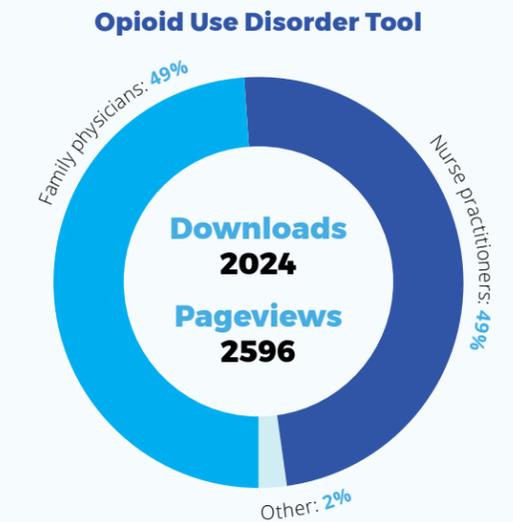
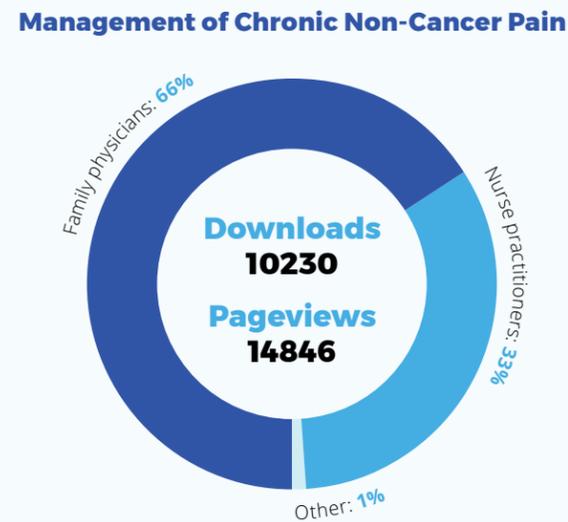
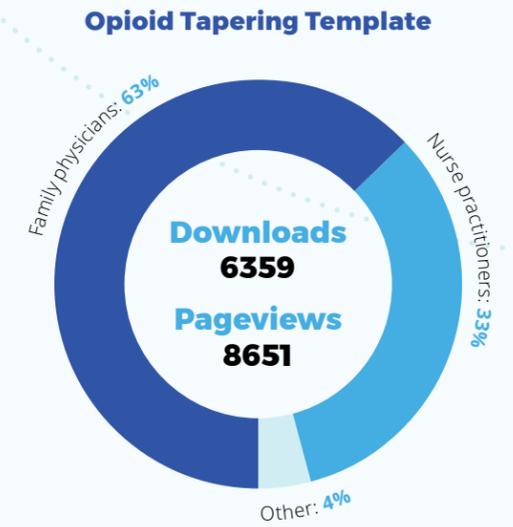
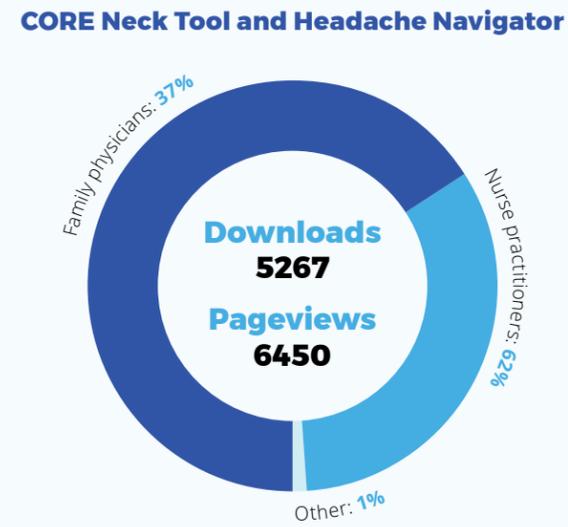
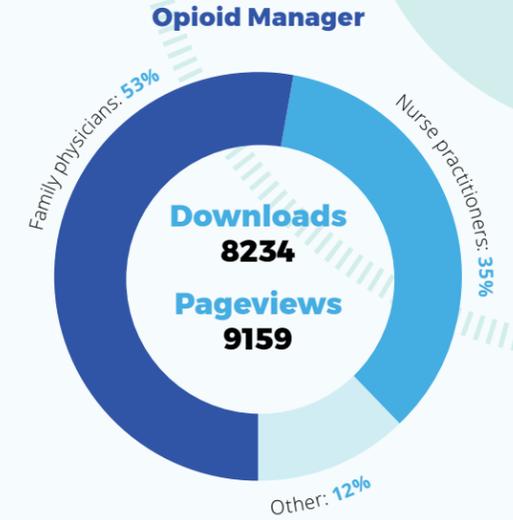
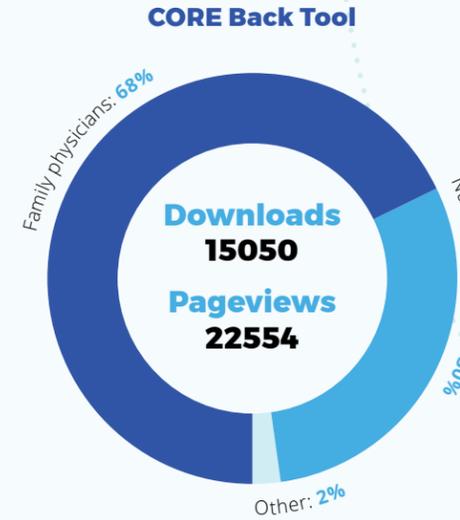
“I have used the CORE Back Tool with my patients. I actually give them a copy, so they can see for themselves where they fit, where we are not doing certain imaging and when to be worried. It has really increased understanding for the patient (and for me!!)”

**DR. LISA ROZENKRANTZ**  
FAMILY PHYSICIAN

“The Centre for Effective Practice’s services and resources are valuable assets to provider education aligned to quality standards. As part of the Partnered Supports for Helping Patients Manage Pain, the CEP’s academic detailing service is an example of an intervention that’s both timely and tailored to providers’ current needs.”

**LEE FAIRCLOUGH**  
VICE PRESIDENT, QUALITY IMPROVEMENT,  
HEALTH QUALITY ONTARIO

Dr. Julia Alleyne and Dr. Dominik Nowak discuss the usefulness of the CORE Back Tool to new physicians



## Policy to Practice

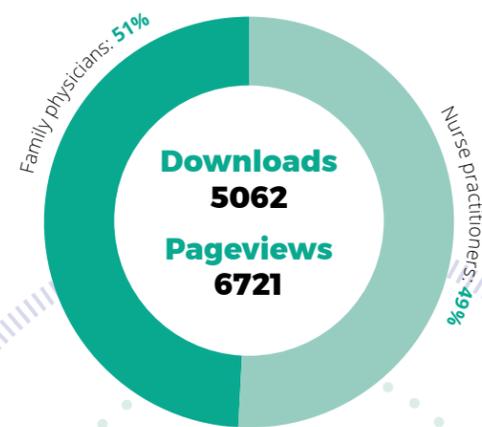
# Mental Health

**M**ental health has consistently been a priority topic for tools and projects at the CEP. The current suite of mental health tools available to primary care providers includes: **Keeping Your Patients Safe Tool, Youth Mental Health: Anxiety and Depression Tool and Management of Chronic Insomnia Tool.** Other tools that also touch on the topic include Alcohol Use Disorder, which is currently under development. We are also working on the treatment of adult depression tool for primary care providers that will be available in the fall of 2019.

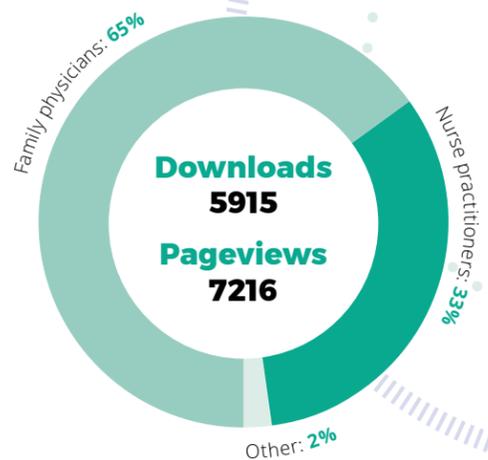


The CEP team distributing tools on mental health and other key topics at the NPAO Conference

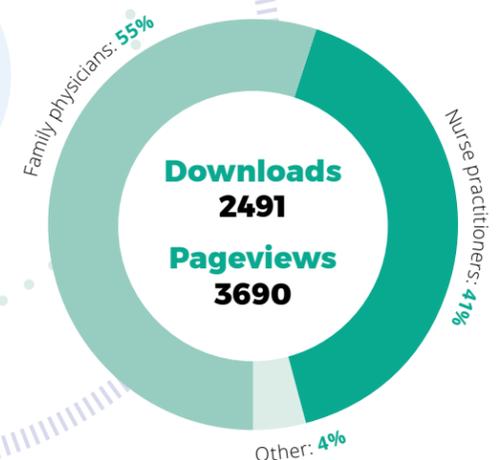
**Keeping Your Patients Safe Tool**



**Management of Chronic Insomnia Tool**



**Youth Mental Health Tool**



“There is much reference information on many apps - they are far too often American-based. The CEP provides local evidence-based information all in one, easy-to-find place. Indeed, it is often provided for several regions (provinces, cities, etc.) as the differences are appropriate.”

**DR. JUDY PATTERSON**  
FAMILY PHYSICIAN, OTTAWA, ON

“I regularly use the CORE Back Tool and the Management of Chronic Insomnia Tool. I love the links to resources for patients. Your tools allow me to give evidence-based care efficiently.”

**DR. STELLA PASION**  
FAMILY PHYSICIAN, GUELPH, ON

Policy to Practice

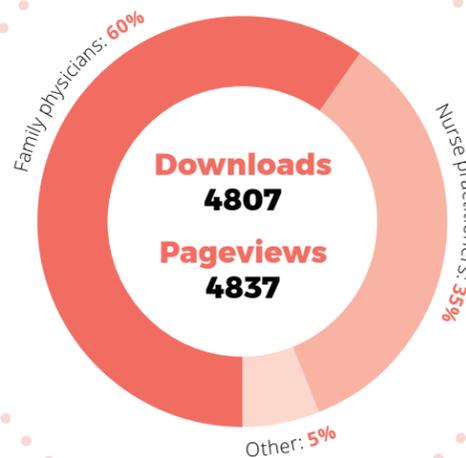
# Care of the Elderly

Work is continuing on a number of projects to support providers in elderly care. We have updated the Behavioural and **Psychological Symptoms of Dementia Guides for Long-Term Care**, and for residents, families and caregivers. We are collaborating with clinical leads, Dr. Sid Feldman and Dr. Andrea Moser, for an app version of the long-term care edition of the tool. Also in development is a tool that supports primary care providers in understanding the risks associated with benzodiazepine use among older adults and to manage benzodiazepines for patients over the age of 65.

“I would be pleased to speak, in particular, about how instrumental your Use of Antipsychotics in Behavioral and Psychological Symptoms of Dementia (BPSD) is in my daily practice in long-term care. The tips for de-prescribing give me confidence when I taper, and in the discussion with my physician colleagues and families, your reference helps build confidence and credibility. I know your work is a product of credible research and best practices as well as current. Any topic I am unfamiliar with, I search for within your database. Thanks for keeping me current!”

**LOIS BARLOW**  
PRIMARY CARE NURSE, NIAGARA FALLS, ON

**Behavioural and Psychological Symptoms of Dementia Tool**



Policy to Practice

# Cancer

We continue our work with the Canadian Partnership Against Cancer (the Partnership) to update the Partnership’s Cancer Guidelines Database. The database requires regular updates to ensure its relevancy and value as a knowledge resource for the cancer control community as new cancer guidelines are published.

For each updating cycle, the CEP conducts a literature search for English-language cancer guidelines and reviews all results to identify relevant guidelines. Relevant guidelines are then summarized and indexed. Those which meet preliminary quality criteria are assessed by a team of trained CEP guideline reviewers using the AGREE II (Appraisal of Guidelines Research and Evaluation II) instrument. Guideline information (e.g. summaries and appraisal scores) is uploaded onto the Partnership’s publicly available Cancer Guideline Database.

We have also developed the Assessing Jurisdictional Readiness for Scale up and Scale out of Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) Tool. The tool will be used to identify and assess system and policy-level enablers and barriers to assist the uptake of the BETTER program – an evidence-based approach for integrating cancer and chronic disease prevention and screening in primary care. Results from using the tool will help the Partnership and BETTER team understand potential challenges and/or facilitators in the province, territory or region assessed to assist when implementing the program.

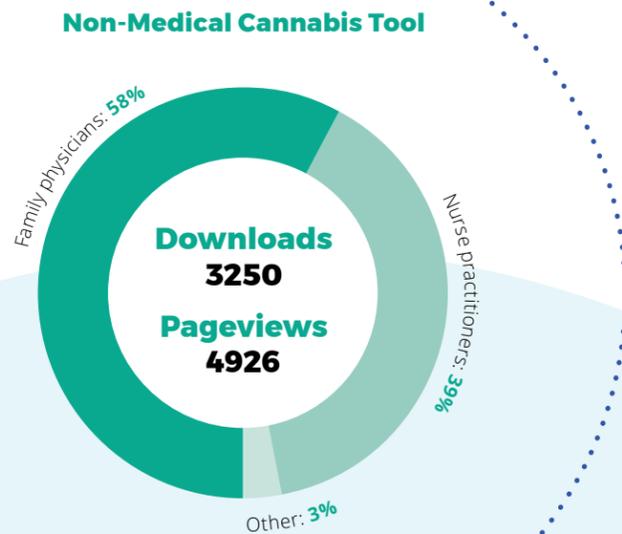


### Policy to Practice

# Non-Medical Cannabis

After many requests from health system partners and providers, CEP developed a **Non-Medical Cannabis Tool**. The tool was launched in the fall of 2018, just before recreational cannabis became legal in Canada. To date, the tool has received more than 3,249 downloads, a sign of positive uptake.

It has been sent to doctors across several regions throughout Ontario including the Hamilton Academy of Medicine's Annual Clinical Day, William Osler Health System, Geriatric Refresher Day in London and OCFP's Medical Mentoring for Addictions and Pain Group. The tool has also been featured in several stakeholder newsletters and websites.



### Policy to Practice

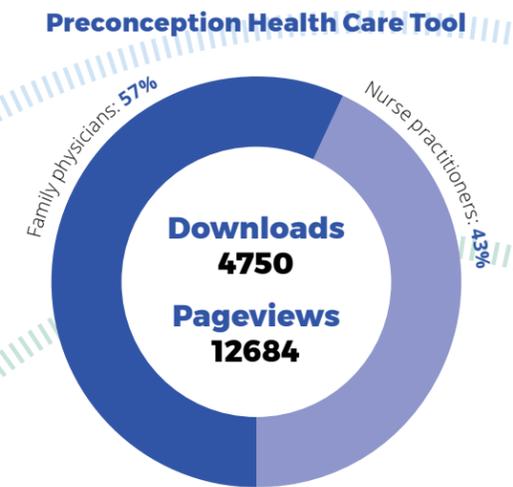
# Women's Health - Preconception and HIV

We updated the **Preconception Health Tool** and its EMR form in the winter of 2019. The original version of the tool was launched in 2015. Since the tool's launch in 2015, there is new information on the Zika virus that is important to share with individuals who are considering pregnancy in the next year. The updated tool addresses this change in addition to the recent legalization of cannabis.

The CEP is developing a toolkit for women-centred HIV care based on the comprehensive and flexible women-centred HIV care model developed by the Women and HIV Research Program at Women's College Hospital and based on findings from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS).

The toolkit will guide the implementation of the Women-centred HIV care model to improve the health and wellbeing of women with HIV across Canada. The tool 'kit' will include both a tool for HIV care providers (MDs, RNs, NPs) and community-based organizations as well as a tool for women living with HIV, which will collectively guide the implementation of the Women-centred HIV care model.

The CEP team participating in the Women's Centred HIV Care (WCHC) Model Toolkit Working Group Meeting



# 2018-2019 Clinical Leads



**Dr. Arun Radhakrishnan**

Chronic Non-Cancer Pain Topics  
for Academic Detailing

Management of Chronic  
Non-Cancer Pain Tool

Opioid Use Disorder Tool



**Dr. Julia Alleyne**

CORE Back Tool EMR Form

Spine Online Modules



**Dr. Jonathan Bertram**

Non-Medical Cannabis Tool



**Dr. Jose Silveira**

Alcohol Use Disorder (coming soon)



**Dr. Jennifer Wyman**

Opioid Use Disorder Tool



**Dr. Felicia Presenza**

Benzodiazepines (coming soon)

**Dr. Mark Silverman**

Adult Depression (coming soon)

# We're Working With...

“For several years, we have collaborated with the Centre for Effective Practice on education projects on various national topics including, poverty and osteoarthritis. The work is impactful and relevant to Canadian family physicians and their patients.”

**JEFF SISLER**  
EXECUTIVE DIRECTOR, PROFESSIONAL DEVELOPMENT & PRACTICE SUPPORT AT THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

### Ongoing Stakeholders

College of Family Physicians of Canada	Ontario Medical Association*
Ontario College of Family Physicians*	Ontario Primary Health Care Nurse Practitioner Programs
Nurse Practitioners' Association of Ontario*	Registered Nurses' Association of Ontario*
Association of Family Health Teams of Ontario	Ontario Ministry of Health and Long-Term Care
College of Physicians and Surgeons of Ontario*	Mental Health and Addictions Branch
Continuing Professional Development Ontario	Healthy Living Initiatives Unit
Departments of Family Medicine	Strategic Policy and Planning Division
Health Quality Ontario*	Primary Health Care Branch*
Local Health Integration Networks*	Partnerships and Consultation Unit
Primary Care Local Health Integration Network Primary Care Leads	Specialized Models Programs
	Ontario Ministry of Children and Youth Services

\* Indicates Topic Selection Advisory Panel Members.

### Diabetes

- Sunnybrook Health Sciences Centre
- University Health Network
- Mount Sinai Hospital
- Toronto Central Local Health Integration Network
- Women's College Hospital
- St. Michael's Hospital

### HIV

- Women's College Hospital

### 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

### Preventing Childhood Obesity

- Children's Hospital of Eastern Ontario
- Canadian Obesity Network
- Canadian Task Force on Preventive Health Care
- SickKids Team Obesity Management Program
- Healthy Active Living and Obesity Research Group
- TARGetKids (The Applied Research Group for Kids)

### Preconception Health Care

- Association of Local Public Health Agencies
- Centre for Addiction and Mental Health
- Society of Obstetricians and Gynaecologists of Canada
- Canadian Network for Maternal, Newborn and Child Health
- Best Start: Ontario's Maternal Newborn and Early Child
- Development Resource Centre
- Association of Ontario Midwives
- Maternal Child Nurses' Interest Group
- College of Midwives of Ontario
- MOTHERISK
- Ontario Public Health Association
- Provincial Council for Maternal and Child Health
- Public Health Ontario
- BORN Ontario

### Youth Mental Health

- Ministry of Child and Youth Services
- Addictions and Mental Health Ontario
- Canadian Mental Health Association
- Children's Hospital of Eastern Ontario
- Canadian Paediatric Society

### Care of the Elderly

- 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

### Poverty

- Health Nexus
- Health Providers Against Poverty
- Centre for Addiction and Mental Health
- Ontario Public Health Association
- Public Health Ontario
- OCFP Poverty and Health Committee
- St. Michael's Hospital
- Registered Nurses Association of Ontario
- Ontario211
- CognistantMD
- Kindercare pediatrics
- City of Lakes Family Health Team
- Two Rivers Family Health Team
- Dr. Mario Elia Family Practice
- Ottawa Hospital Research Institute

### Osteoarthritis Tool

- College of Family Physicians of Canada
- Arthritis Alliance of Canada

### Obesity

- Canadian Task Force on Preventative Health Care
- College of Family Physicians of Canada

### Head & Neck

- Institute of Work and Health
- Workplace Safety and Insurance Board
- Bone and Joint Health Network
- Alberta TOP
- Alberta Health Services - Spine Assessment Clinic
- British Columbia LBP program (Health Link BC)
- Saskatchewan - Spine Assessment and Treatment
- Ontario Physiotherapy Association
- Ontario Society of Occupational Therapists
- Ontario Chiropractic Association
- Registered Massage Therapists Association of Ontario
- Joint division of medical imaging
- Ontario Athletic Therapists Association
- Canadian Spine Society
- Canadian Orthopaedic Association

### BETTER WISE

- University of Alberta

### Chronic Non-Cancer Pain and Opioids

- Project ECHO - Mental Health
- Local Health Integration Networks
- OCFP Medical Mentoring for Addictions and Pain Network
- The eHealth Centre of Excellence
- University Health Network
- National Opioid Use Guideline Group
- Toronto Rehab
- OntarioMD
- Ontario Pharmacists Association

### 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

### 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

### North West Quality Improvement

- 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
- Manitowadge 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

### Waterloo Wellington eReferral

- ThinkResearch
- CognisantMD
- eHealth Centre for Excellence

### Concussion

- Ontario Neurotrauma Foundation

### 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
- Canadian Foundation for Healthcare Improvement
- Ontario Association of Residents' Councils

### Insomnia

- College of Family Physicians of Canada Patient Education Committee



**CEP**

Centre  
for Effective  
Practice