

2017 – 2018

Yearbook



Centre for Effective Practice

CELEBRATING **10 YEARS** OF EVIDENCE-BASED PRACTICE SUPPORTS FOR PROVIDERS!

Our Vision

To be a recognized national catalyst in improving health outcomes.

Our Mission

To close the gap between evidence and practice in health care.

Our Priorities

- To be a credible and expert source that provides system-level solutions to improve health outcomes.
- To offer point-of-care clinical supports that meet the needs of providers.
- To build and maintain a strong foundation for growth and innovation.
- To pursue partnerships to support local and national priorities.

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Tupper Bean

EXECUTIVE DIRECTOR

It's a time of innovation, uncertainty and opportunity in Ontario's health system. Over the last year, the CEP has taken this opportunity to expand and improve our services, grow our potential as an organization and demonstrate the value of working collaboration. In this Yearbook, we share insights and thoughtful ideas that evolved our work as an independent, not-for-profit organization over the past ten years.

As we continue our commitment to improve patient care and provider experience, we work with frontline clinicians and staff to ensure that they are embedded in everything we do. For details as small as font size or as broad as prescribing recommendations, the providers who use our resources and tools know best. We are also increasingly incorporating patient voices into our work. The Osteoarthritis Tool is one example where patients' perspectives offered important context on the topic.

Our work in primary care that focuses on the social determinants of health continues to support a provincial poverty reduction strategy. We know that providers can help low-income patients by directing them to tailored government resources and local community resources. This initiative has the potential for great impact as poverty is a known risk factor for many health conditions.

We know we are doing something right since our work has received overwhelming support from providers. This year, more than 820 clinicians have been directly involved in the development of our work through participation in focus groups and user testing sessions, surveys, clinical working groups, and clinical leadership opportunities. These numbers continue to grow, and we are privileged to have providers' ongoing leadership and trust.

While our primary focus is Ontario, our work expands beyond provincial borders and outside of Canada to other parts of the world through resources like the Opioid Tapering Template, which has been distributed nationally and to some parts of Europe.

On a regional level, we've tailored our work to fit the needs of communities to better serve the diversity of providers in different regions throughout the province. In the Waterloo Wellington LHIN, we are collaborating with other groups on an eReferral initiative, continue to provide academic detailing, and have piloted a poverty reduction strategy. Further, we have created a collaborative partnership with the eHealth Centre of Excellence to ensure that our work is aligned and meets the needs of individual providers in the region and across the province.

Team
CEP!





Bernita Drenth

BOARD CHAIR

Over the past year, the CEP undertook one of its largest initiatives to date - the launch of a multi-year academic detailing program in primary care to support the provincial opioid strategy and other priorities. It presents an opportunity to support frontline providers in the provision of evidence-informed care while demonstrating the value of this educational outreach approach. In addition, the organization is continuing its knowledge translation in primary care initiative with more engagement, stronger partnerships and targeted customization of resources to support specific regional needs. As the inaugural board, we are pleased with the increasing recognition of CEP's contributions to the policy agenda and the growth of the organization. It has indeed been a year of hard work and accomplishments.

Sneak peek at a board meeting on Nov. 3, 2017

Our board members include Bernita Drenth, Hugh MacLeod, David Price and Bart Harvey



CEP's new academic detailers for primary care

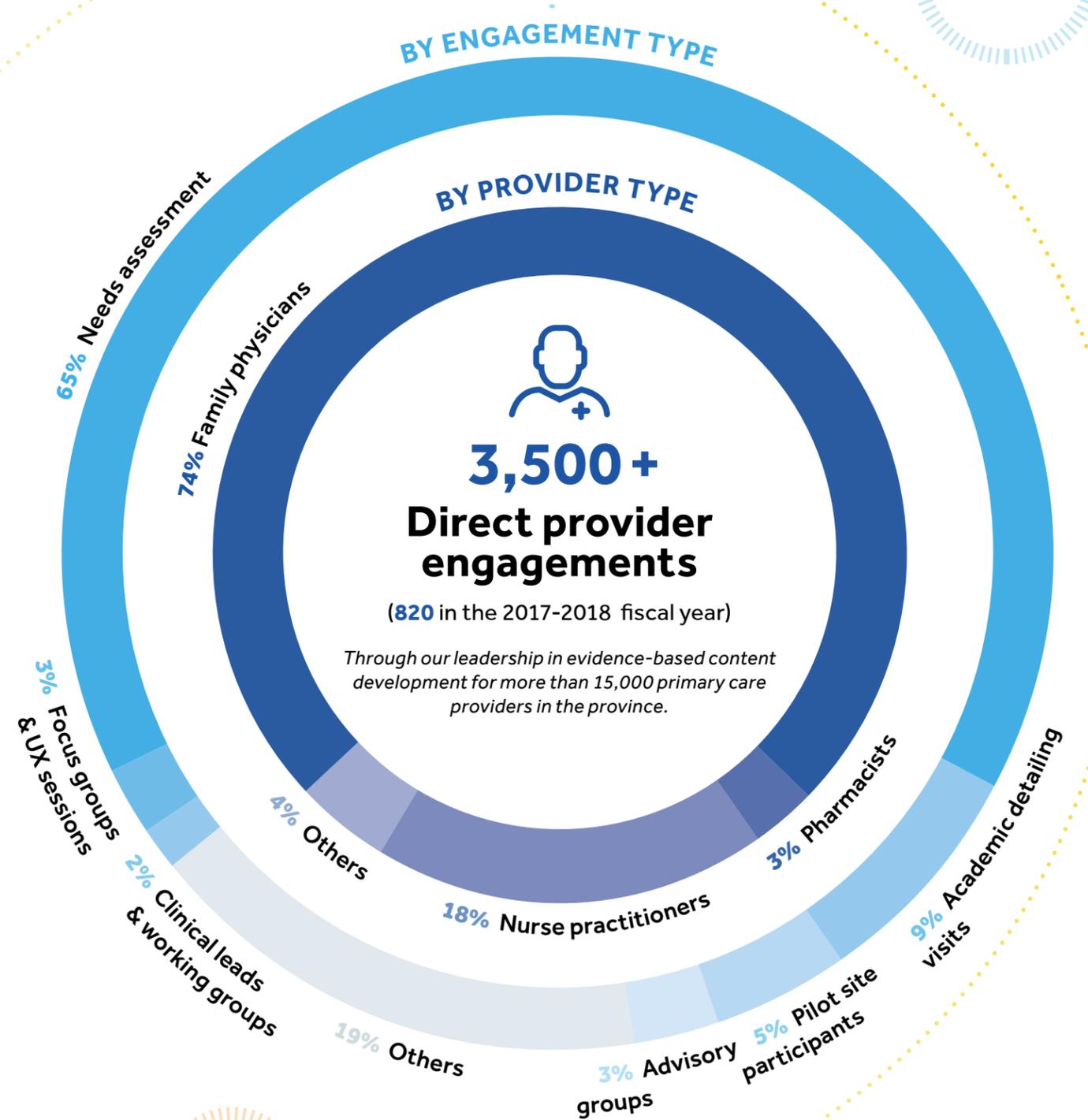
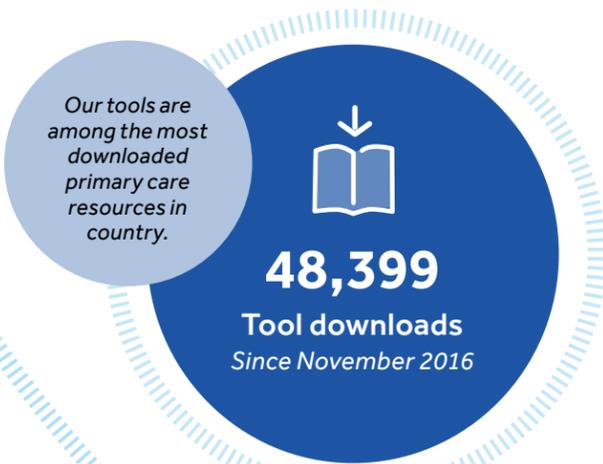
While the health system may be in a state of flux, the CEP remains focused on ensuring that we are meeting the needs of primary care providers. Our resources and services continue to be used across the province and increasingly in communities of care across the country. While some of this scale and spread has been organic, it is proving to be a catalyst for new partnerships and possibilities yet to be harvested. Much of our success can be attributed to the clinical leadership demonstrated by our experts and advisors who join the CEP due to the rigour of its processes and the quality of its products.

We recognize the importance of demonstrating value—for patients, providers and capital—across each project we undertake. It is how we deliver results and sustain the organization. As a board, we are committed to ensuring that as an independent, not-for-profit organization, the CEP is continually striving for operational excellence through innovation and evaluation. This requires a mix of strong partnerships, re-imagining our products and services based on end-user feedback, and evolving our business model as required. There is still much work to be done. The needs and demands of primary care providers continue to grow, and the CEP is uniquely positioned to meet them. As we look ahead, we remain committed to ensuring value to the health system.

Some of our new coordinators



At a Glance ...



Knowledge Translation in Primary Care

In 2017, we hit the ground running with the next iteration of the **Knowledge Translation in Primary Care (KTinPC) Initiative**. So far, we've conducted our annual needs assessment survey in which more than 620 family physicians and nurse practitioners participated. We also hosted the topic selection advisory panel meeting, which is composed of representatives throughout the province from various primary care organizations, LHINs, family physicians and primary care nurse practitioners. Feedback from this group helped us select the clinical tool topics and resources that we will develop over the next year. These topics include: **recreational marijuana, care of the elderly/geriatrics, adult depression, pharmacotherapy for alcohol use disorder and palliative/end-of-life care.**

Speakers at this year's Topic Selection Advisory Panel meeting include: Dr. Deanna Telner (family physician), Dr. Luisa Barton (nurse practitioner), Carie Gall (Mississauga Halton LHIN), and Dr. Keith Hay (family physician, CPSO medical advisor)




2,646
 Provider engagements/inputs


12
 Tools and resources developed


33+
 Clinical leads and experts directly engaged


50+
 Stakeholder organizations engaged

“At the OCFP, we greatly value our partnership with the Centre for Effective Practice. Driven by provider input on needs assessments in primary care, the CEP develops and offers innovative, evidence-based interventions that help our members further excel in their practice for the benefit of their patients. Beyond sharing an office floor, our partnership with the CEP is seamless and based on a strong foundation of collaboration, inclusiveness and dedication to excellence. Our family physician members — and our CPD programs — are better for it.”

— **LEANNE CLARKE**
 CHIEF EXECUTIVE OFFICER, ONTARIO COLLEGE OF FAMILY PHYSICIANS

“The uptake from our nurse practitioner members on this initiative both in the development and utilization of the clinical practice tools has been profound. The Knowledge Translation in Primary Care Initiative has enabled primary care providers with access to evidence-based tools and documents resulting in the best possible care to their patients. These clinical tools and resources have been pivotal in improving NP practice, as well as provided NPs with the opportunity to have further dialogue allowing for patient education and empowerment in Ontario.”

— **HODA MANKAL**
 PHC-NP, DIRECTOR OF COMMUNICATIONS, NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO



Board Chair, Bernita Drenth, facilitates the Topic Selection Advisory Panel meeting

Academic Detailing for Primary Care

In March 2018, we launched an Ontario-wide **academic detailing service** for primary care providers. It includes one-on-one visits by licensed Ontario pharmacists (academic detailers) for discussions on balanced, evidence-informed, best practices for participating physicians. These academic detailers embark in a rigorous training program before they go into the field, covering topics such as communication and interpersonal skills.

The first topic helps family physicians with the management of their patients living with chronic non-cancer pain and will expand to cover more topics. Currently, it's offered in eight LHINs across Ontario including Erie St. Clair, South West, Hamilton Niagara Haldimand Brant, Mississauga Halton, Toronto Central, North West, Waterloo Wellington and North East.

What Providers Said



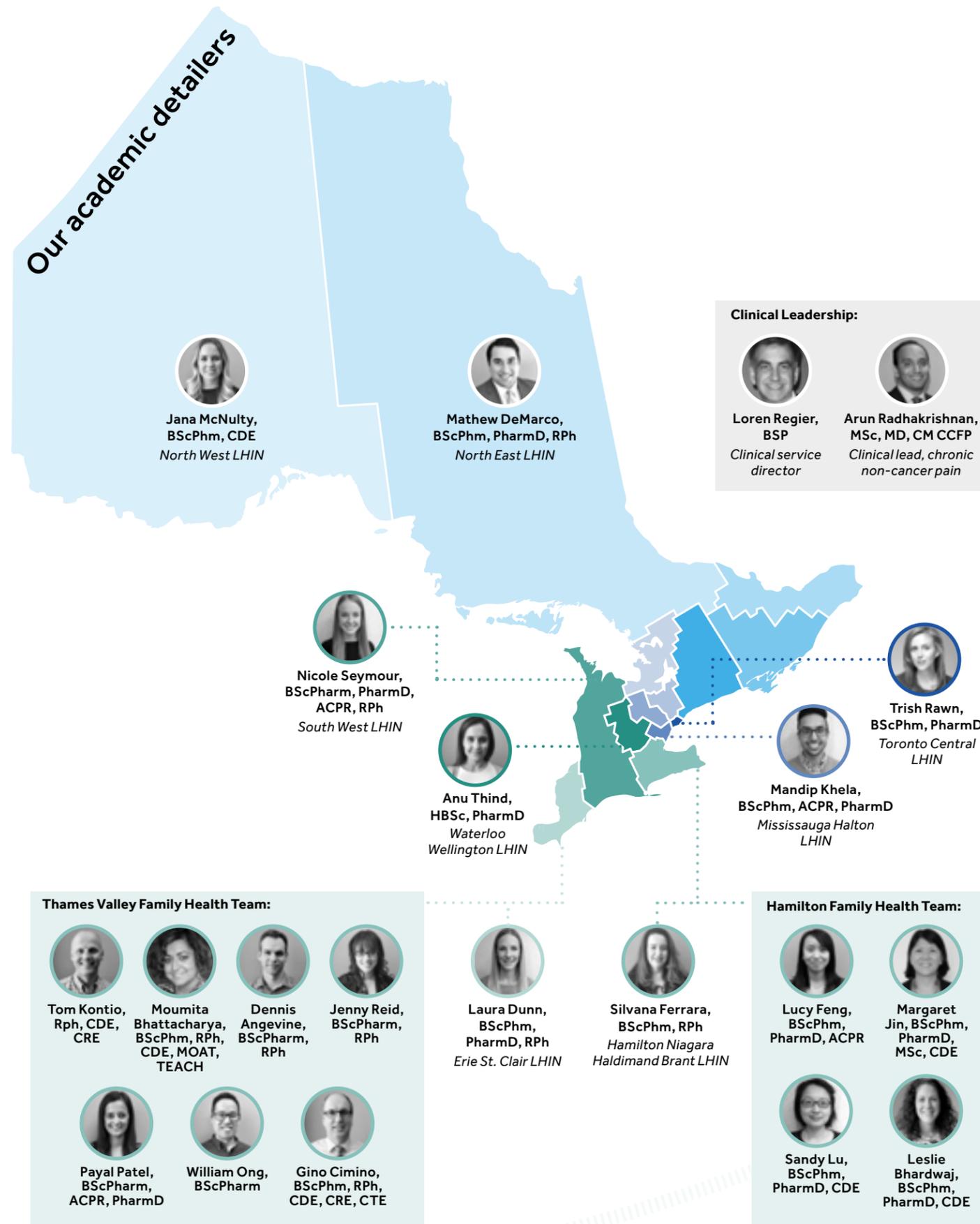
93%

of providers said that they would be interested in receiving another visit

- "Really easy and convenient educational opportunity, loved getting the Mainpro certificate in my inbox. Very individualized and relevant to my practice. [The detailer] is very personable, credible and knowledgeable. Exceeded my expectations."
- "Excellent! I hope this program continues and expands."
- "It was helpful to review actual patients and come up with a plan together. Thank you."
- "Very helpful in managing opioid use in my practice."

59,736
patients potentially better serviced as a result of the visit

226
visits conducted to date to 219 family physicians



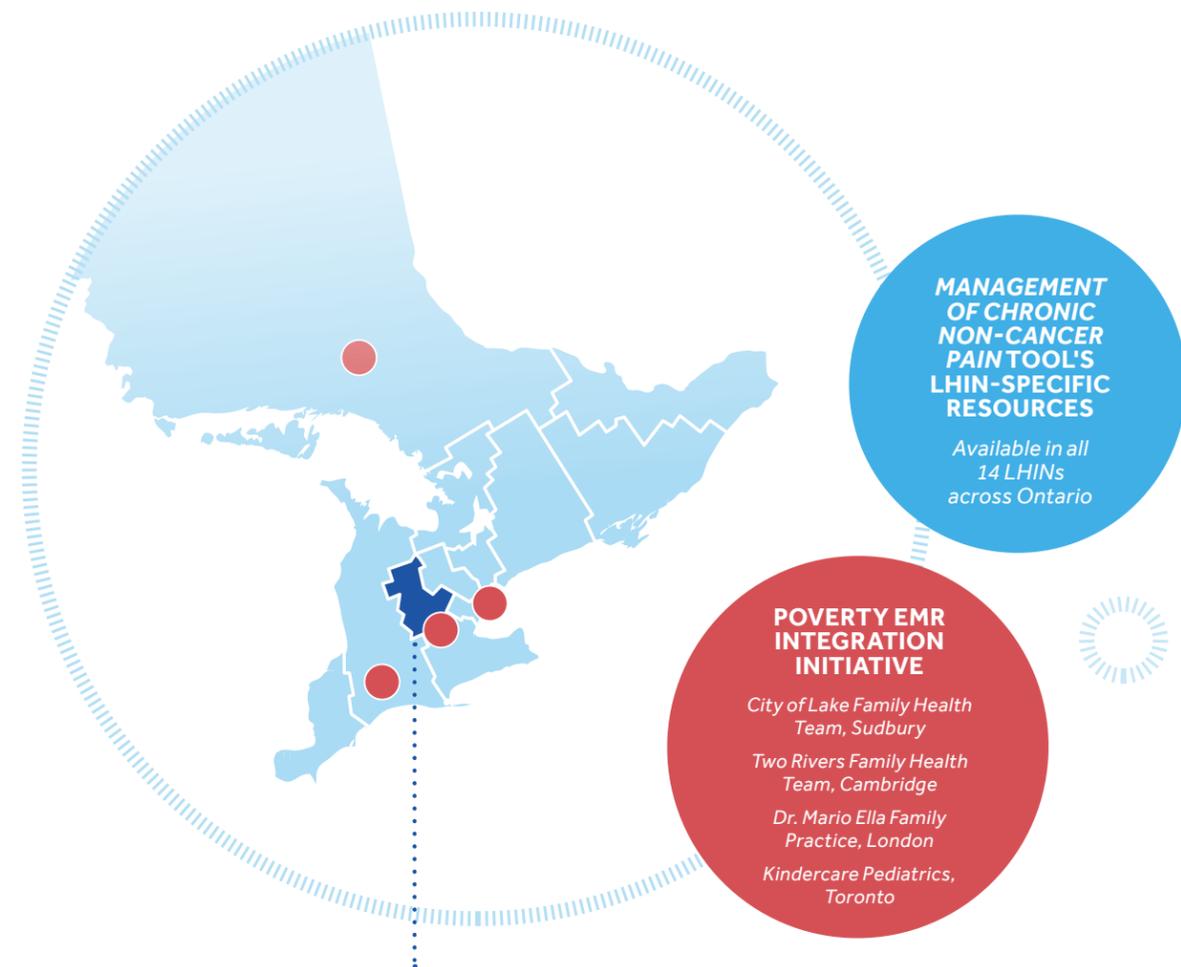
Meeting Provider Needs

To meet the needs of providers on a national level, we worked with the College of Family Physicians of Canada and the Arthritis Alliance of Canada to launch a Canada-wide **Osteoarthritis Tool** for healthcare providers who manage patients with new or recurrent joint pain due to OA in the hip, hand or knee. We have also updated our primary care **Low Back Pain Online Course** for providers across Canada.

Regionally, our work focuses on bringing strategic policy issues to the front line by identifying local supports and resources that can help improve health outcomes.

In the News

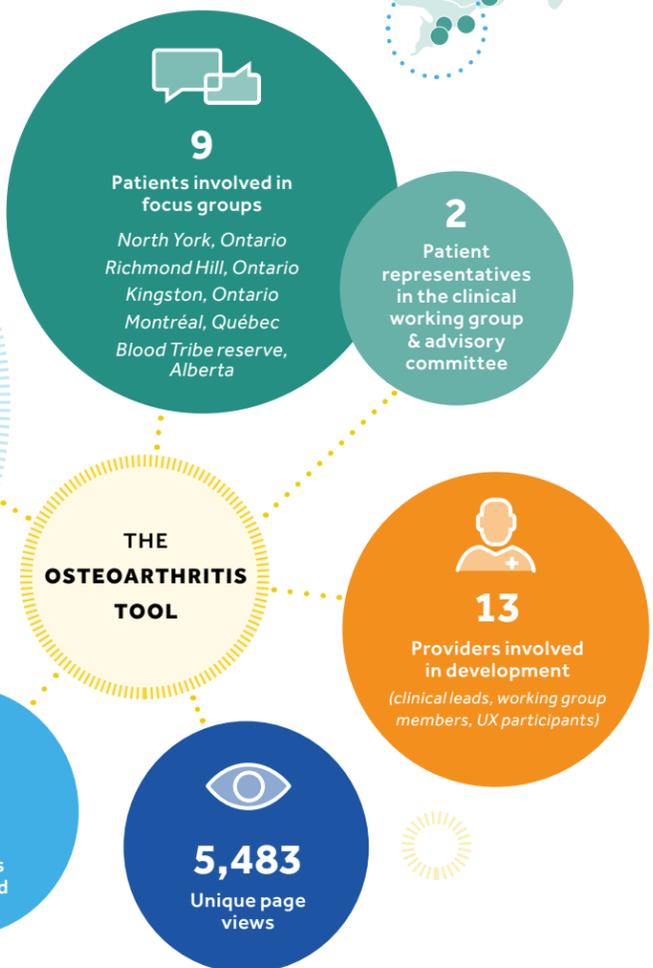
- **Diagnostic Imaging referrals at local hospitals go electronic**, *The Record*, April 7 2018



MANAGEMENT OF CHRONIC NON-CANCER PAIN TOOL'S LHIN-SPECIFIC RESOURCES
Available in all 14 LHINs across Ontario

POVERTY EMR INTEGRATION INITIATIVE
City of Lake Family Health Team, Sudbury
Two Rivers Family Health Team, Cambridge
Dr. Mario Ella Family Practice, London
Kindercare Pediatrics, Toronto

“Having worked with the CEP on several tools related to MSK, I'm proud of the result of the Osteoarthritis Tool and the team's overall commitment to incorporating patient views throughout the process. As we developed this national tool, we noticed that it needed patient perspectives. Therefore, we conducted two focus groups with multiple patients. Patients were also represented in the tool's clinical working group and steering committee. We all worked together to make sure their voices were heard in order to better inform the tool. As we move forward with the work we do to support providers, we know that listening to not only clinicians but to patients brings a unique perspective in the way we produce and disseminate knowledge products.”
— **JULIA ALLEAYNE**
CLINICAL LEAD,
OSTEOARTHRITIS TOOL



SPOTLIGHT: WATERLOO WELLINGTON LHIN

The Waterloo Wellington LHIN is an example of how we customize our initiatives to meet the needs of specific regions in the province. For the region, we've developed a customized list of local resources that supplement the Management of Chronic Non-Cancer Pain Tool. We've also engaged a local clinic of more than 20 family physicians through our EMR-integrated poverty initiative, which uses technology to screen and help connect low-income patients to local community resources.

The work we do in the region goes beyond our tools. We currently have an active academic detailer that provides educational outreach visits to providers in the area. We're part of an alliance of organizations working together to support an eReferral initiative in the LHIN and beyond. Finally, we've formalized a collaboration agreement with the eHealth Centre of Excellence to ensure that our work aligns with the region's needs and technological advances.

“The team at the eHealth Centre of Excellence works with the Centre for Effective Practice on initiatives that tie our expertise in digital health with their expertise in presenting best clinical evidence to meet provider needs. I'm impressed with their ability and dedication to tailor their work to meet the needs of providers and fit into different regional contexts. That focus aligns really well with what we are working to accomplish. We look forward to collaborating on innovative projects within and beyond the Waterloo Wellington region as we strengthen our partnership.”
— **TED ALEXANDER**
VICE PRESIDENT OF PARTNERSHIPS AND CLINICAL INNOVATION, EHEALTH CENTRE OF EXCELLENCE

Policy to Practice

Pain Management & Opioids

We've revised and added to our suite of pain tools and resources for providers. We updated the [Opioid Manager](#) to incorporate the latest information from the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. We've also created a custom form and patient encounter of the [Management of Chronic Non-Cancer Pain Tool](#) that is integrated into both the Telus PS Suite and OSCAR electronic medical records. Additionally, we've launched an [Opioid Tapering Template](#) to help providers reduce opioid doses safely and effectively. This new tool engages patients more effectively in shared decision making with the inclusion of SMART goals.

Currently, our [academic detailers](#) are in the field across the province conducting educational outreach visits to family physicians about the management of chronic non-cancer pain.



A training session for academic detailers led by Dr. Arun Radhakrishnan

“With a shared passion for collaborating on projects that can support and improve our overall healthcare system, working with the CEP team has been a gratifying experience. Non-cancer pain management in primary care comes with a number of complexities and uncertainties. Throughout the years that I've worked with the CEP to create resources that address and clarify confusion behind some of these clinical areas, I've noticed that hard work and devotion to best evidence is always reflected in the final product. Projects that make evidence more accessible and digestible to providers are important pieces that address some of the challenges in primary care and the overall healthcare system.”

— DR. ARUN RADHAKRISHNAN
CLINICAL LEAD, OPIOID TAPERING TEMPLATE

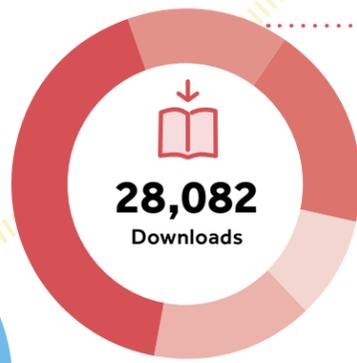


“It has been a pleasure to work with the CEP on the update of the Opioid Manager. With the release of the new 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain, we aimed to update the original tool to help healthcare providers put into practice new recommendations from these guidelines. The tool emphasizes the importance of balancing the risks and side effects of opioid therapy with desired benefits when determining whether an opioid is an effective way to treat a patient's pain. As a physician myself, I'm proud of this work and hope that it can positively support how we treat and help patients living with chronic non-cancer pain.”

— DR. JOSE SILVEIRA
CLINICAL LEAD, OPIOID MANAGER



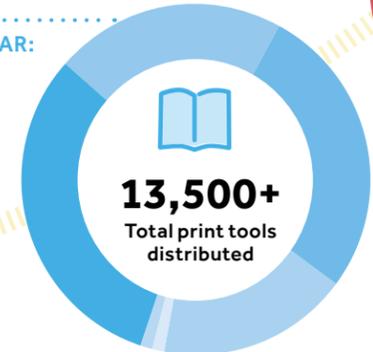
- 5,267 Opioid Tapering Template
- 6,215 Opioid Manager
- 9,141 Management of Chronic Non-Cancer Pain Tool
- 4,470 CORE Neck Tool & Headache Manager
- 50,107 CORE Back Tool



- 11,773 Opioid Tapering Template
- 4,176 Opioid Manager
- 4,332 Management of Chronic Non-Cancer Pain Tool
- 2,625 CORE Neck Tool & Headache Manager
- 4,176 CORE Back Tool

DISTRIBUTED THIS YEAR:

- 18 Opioid Tapering Template
- 487 Opioid Manager
- 337 Management of Chronic Non-Cancer Pain Tool
- 422 CORE Neck Tool & Headache Manager
- 274 CORE Back Tool



Poverty

In Ontario, **1 in 4 children live in poverty**. Poverty is a risk factor for many health conditions. Those who have a low income are more susceptible to certain illnesses including most chronic diseases, mental illnesses, and even accidents and trauma. This is why the **Poverty: A Clinical Tool for Primary Care Providers** is so important.

Used in continuing education sessions across Ontario, the tool has made a substantial impact on primary care providers in the province. Nationally, the CEP customized it for participating provinces and territories. We've also used the tool for an EMR-integration pilot project.

In the News

- **Sudbury health team targets poverty**
The Sudbury Star, February 2, 2018
- **Strategy aims to make low-income families healthier**
Sudbury.com, February 19, 2018
- **New Technology Helps the Fight Against Poverty**
Kick Country, February 16, 2018



Poverty community event in Sudbury with the City of Lakes Family Health Team and their local MPP

I cannot say enough about the impact that the EMR-integrated Poverty Tool had on my practice. The burden on staff was minimal, and we are able to screen over 700 patients for poverty in only 2 months. With this useful data, at the time of their visit, we were able to quickly identify resources and programs that patients were eligible for. During a busy clinic day, it is simply impossible for physicians to remember to ask all patients about poverty-related issues, and this integrated tool put these issues right at the point of care.

— **DR. MARIO ELIA**
FAMILY PHYSICIAN & ADJUNCT PROFESSOR, FAMILY MEDICINE, WESTERN UNIVERSITY

Every day, primary care providers across Canada see patients who might have difficulty making ends meet. This is why I'm glad to be working with the CEP on another poverty-related initiative. Last year, we customized the Poverty Tool for every province and territory across the country. This year, the CEP engaged me as clinical lead on a new poverty intervention trial. In this initiative, patients in participating practices across Ontario complete a poverty screening survey. Low-income patients then receive customized support and information about relevant government benefits and services from their healthcare provider and about relevant community agencies. The study showed the utility of this approach and its applicability to front line practice. I am excited the CEP continues to work toward creating novel approaches to issues of major importance to our patients' health.

— **DR. GARY BLOCH**
CLINICAL LEAD, POVERTY TOOL

18
Providers involved in development

1,912
Print tools distributed

18,060
Unique page views



CEP's Poverty EMR video, available at <https://youtu.be/KEFd6hwqchK>

PRIMARY CARE ELECTRONIC MEDICAL RECORD-INTEGRATED SOLUTION TO SCREEN AND PROVIDE SUPPORTS FOR THOSE LIVING IN POVERTY

Through support from the Ontario Trillium Fund, we contributed to the provincial poverty reduction strategy by expanding the intent of the Poverty Tool through technology to screen and link low-income patients to community resources and services.

In four clinic sites across Ontario, we've helped providers use technology to connect patients with local programs and benefits for which they may be eligible. Through Ocean Tablets, patients filled out a questionnaire. Results were reflected on their electronic medical record along with a custom list of services and resources generated based on their responses.

The clinics that participated in the pilot included: The City of Lakes Family Health Team in Sudbury, Two Rivers Family Health Team in Cambridge, Dr. Mario Elia Family Practice in London and KinderCare Pediatrics in Toronto. We measured the intervention over two months where more than 4,517 patients were screened for poverty.

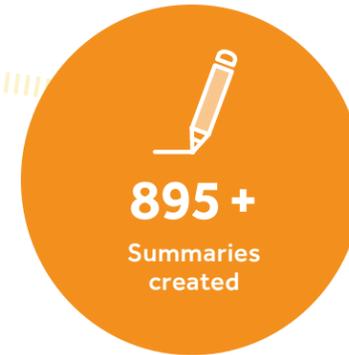
Cancer

The CEP continues to work with the [Canadian Partnership Against Cancer \(the Partnership\)](#) on a multi-year project to update the Partnership's cancer guidelines database. As new cancer guidelines are published, the database requires regular updates to ensure its relevancy and value as a knowledge resource for the cancer control community.

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 also worked with [Cancer Care Ontario](#) to consult on the strategic direction of CCO's Primary and Community Care Program to maximize support for primary care providers and impact patient care. By engaging providers with our colleagues at the Ontario College of Family Physicians and the Ontario Medical Association, we gained additional insight into the barriers and facilitators to cancer care provision in primary care. We held focus groups with providers to further understand common challenges and brainstorm potential solutions. Lastly, we engaged cancer system stakeholders to ensure our recommendations were aligned across systems.

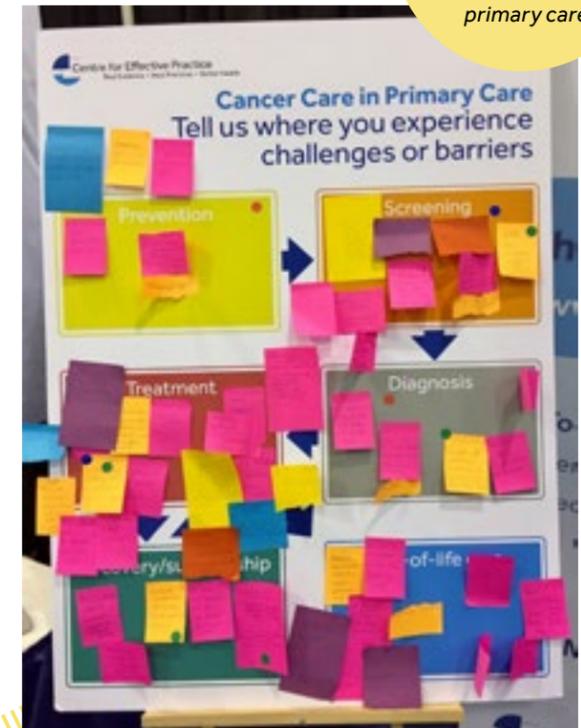
CEP's newly trained guideline reviewers



“*The CEP has worked with the Partnership for many years to help maintain our Cancer Guidelines Database. Their work has been integral in our overall goal to move evidence into active use across partner networks. Their expertise on guideline appraisals, support and professionalism is reflected in every aspect of their work.*

— **ANNEMARIE EDWARDS**
 DIRECTOR OF KNOWLEDGE MOBILIZATION, CANADIAN PARTNERSHIP AGAINST CANCER

Using stickies, providers told us where they experienced cancer care barriers in primary care



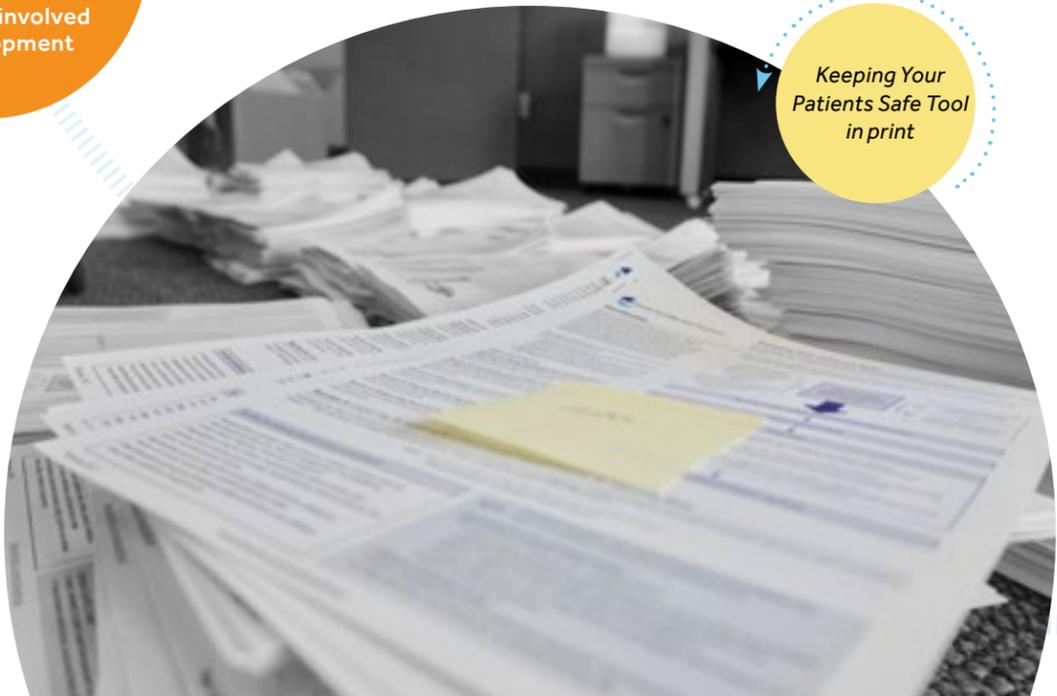
Mental Health

We've aligned our efforts to create more mental health resources for providers and to meet provincial and federal priorities. Tools we launched included the Keeping Your Patients Safe Tool, Management of Chronic Insomnia Tool, and the Use of Antipsychotics in Behavioural and Physical Symptoms of Dementia Guides.

ABOUT THE YOUTH MENTAL HEALTH TOOL

We added to our mental health resources this year by launching the Youth Mental Health Tool. This tool helps family physicians and primary care nurse practitioners detect and manage anxiety and depression among youth patients.

A total of 76 per cent of Ontario primary care providers surveyed noted they were interested in a clinical tool on youth mental health.



Keeping Your Patients Safe Tool in print

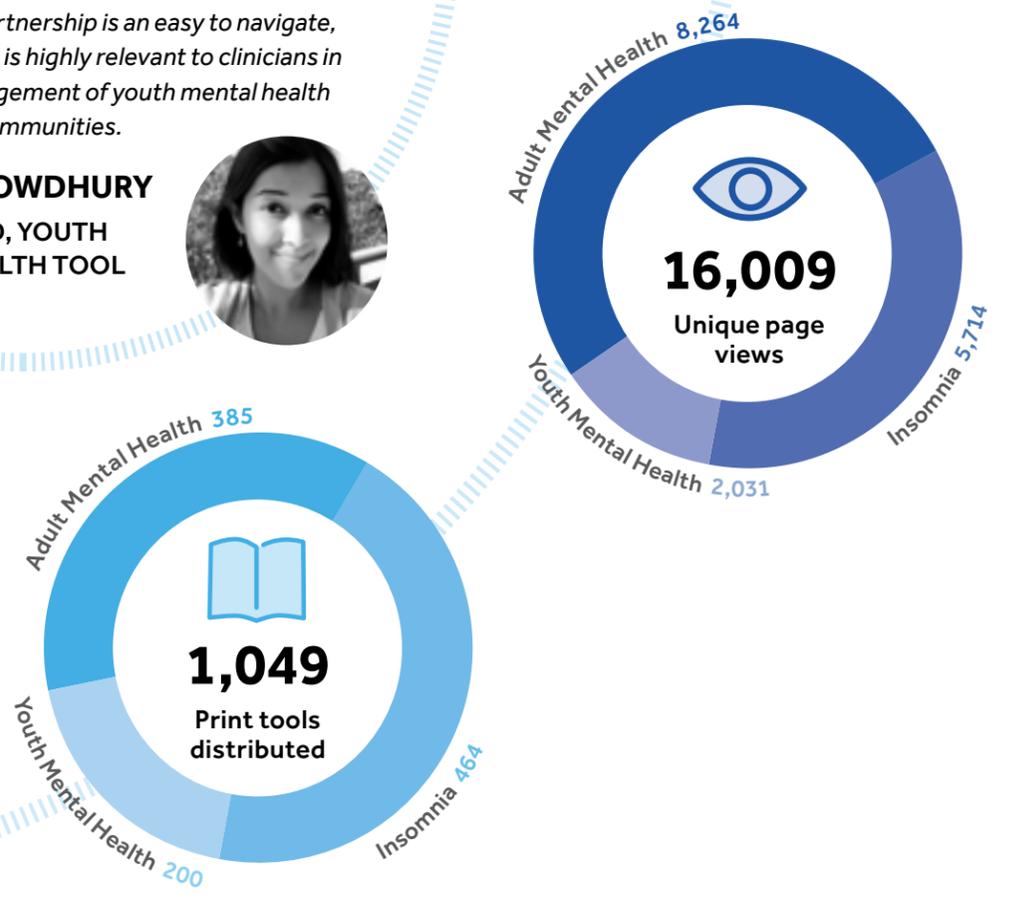
I had the amazing opportunity to work with the Centre for Effective Practice this past year. Together, we collaborated and combined our expertise in different areas to facilitate the creation of a Youth Mental Health Tool to better serve and support our youth clients. From the very beginning, I noticed that the CEP's friendly and experienced staff were dedicated to ensuring that the tool reflected the best available evidence. To assure that this was a relevant and useful tool for clinicians, CEP staff readily welcomed suggestions and incorporated feedback from myself and other providers consulted during the tool development process.

The final product of this partnership is an easy to navigate, evidence-based tool, which is highly relevant to clinicians in the assessment and management of youth mental health conditions in our communities.

— **DR. MUNA CHOWDHURY**
CLINICAL LEAD, YOUTH MENTAL HEALTH TOOL



Knowledge Translation Project Manager Amanda van Hal at FMF



Environmental Sensitivities

We were engaged by the Ontario Task Force on Environmental Health to identify steps to enhance the healthcare experience of Ontarians living with fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome, and environmental sensitivity/multiple chemical sensitivity through 14 guideline reviews/assessments using the Appraisal of Guidelines for Research and Evaluation (AGREE II) Instrument.

We have continued to work with the Task Force on Environmental Health to better support providers' care for patients with these conditions. This included using our extensive methodological experience in Delphi processes to better understand the diagnosis of these conditions through 16 experts' participation.



Medical Assistance in Dying (MAID)

The MAID resource gained a lot of momentum since its inception. It has been adapted for different healthcare settings and featured in several educational sessions, including a seminar with over 30 nurse practitioners. In the fall of 2016, we launched the first version of the resource to reflect federal legislation. Once Ontario's legislation on the topic was transformed, we revised the resource to reflect province-specific laws and details.

28
Providers involved in development

362
Print tools distributed

19,226
Unique page views

This was the first attempt to create a Medical Assistance in Dying (MAID) Resource in Canada for Ontario healthcare providers to meet the requirements of the province's MAID legislation. It is frequently referenced by numerous healthcare organizations and providers, and the tool's recent update assures providers' ongoing trust of and reliance on the tool. The CEP's highly skilled and dedicated staff ensured this tool included information to help address any uncertainty when providing MAID in Ontario. Their rigorous approach to the tool development process is also reflected in the updates to resources to keep them current. As a physician working with CEP, I can attest to the value that CEP places in having the voice of the clinician heard in the design and development of their work. The initiative is truly by providers, for providers.

— **DR. SANDY BUCHMAN**
CLINICAL LEAD, MEDICAL ASSISTANCE IN DYING RESOURCE

4

Who's Who

Meet our family of clinical leaders for the year:



Dr. Arun Radhakrishnan,
MSc, MD, CM CCFP

Clinical lead for:
Opioid Manager,
Opioid Tapering Template,
& academic detailing's chronic
non-cancer pain topic



Dr. Gary Bloch,
MD, CCFP, FCF

Clinical lead for:
Poverty Screening Tool
& related projects



Dr. Jose Silveira, MD,
FRCPC, Dip, ABAM

Clinical lead for:
Opioid Manager



Dr. Julia Alleyne, MD,
CAC (SEM), FCFP (OA)

Clinical lead for:
Osteoarthritis Tool



Dr. Muna Chowdhury,
MD, FCFP

Clinical lead for:
Youth Mental
Health Tool



Dr. Sandy Buchman,
BA, MD, CCFP, FCFP

Clinical lead for:
Medical Assistance in
Dying Resource

5

Partners & Stakeholders

We owe the strength of our voice to the organizations that help us bring information to healthcare providers. Over the years, we've fortified ongoing partnerships with leading organizations, including the College of Family Physicians of Canada and CognisantMD, and project-specific partnerships with organizations such as the Ontario College of Family Physicians and the Nurse Practitioners' Association of Ontario.

2018 marked the beginning of a new collaboration opportunity with the eHealth Centre of Excellence to deliver services and resources that benefit primary care providers in the Waterloo Wellington Region and Canada as a whole.

“The College of Family Physicians of Canada's partnership with CEP has helped us create tools that benefit and support our members and their patients. CEP has always managed our business relationship well and understood the value of the work that we do. Because of our partnership, we've been able to enhance our offerings to Canadian family physicians, and by extension, to primary care providers in general.”

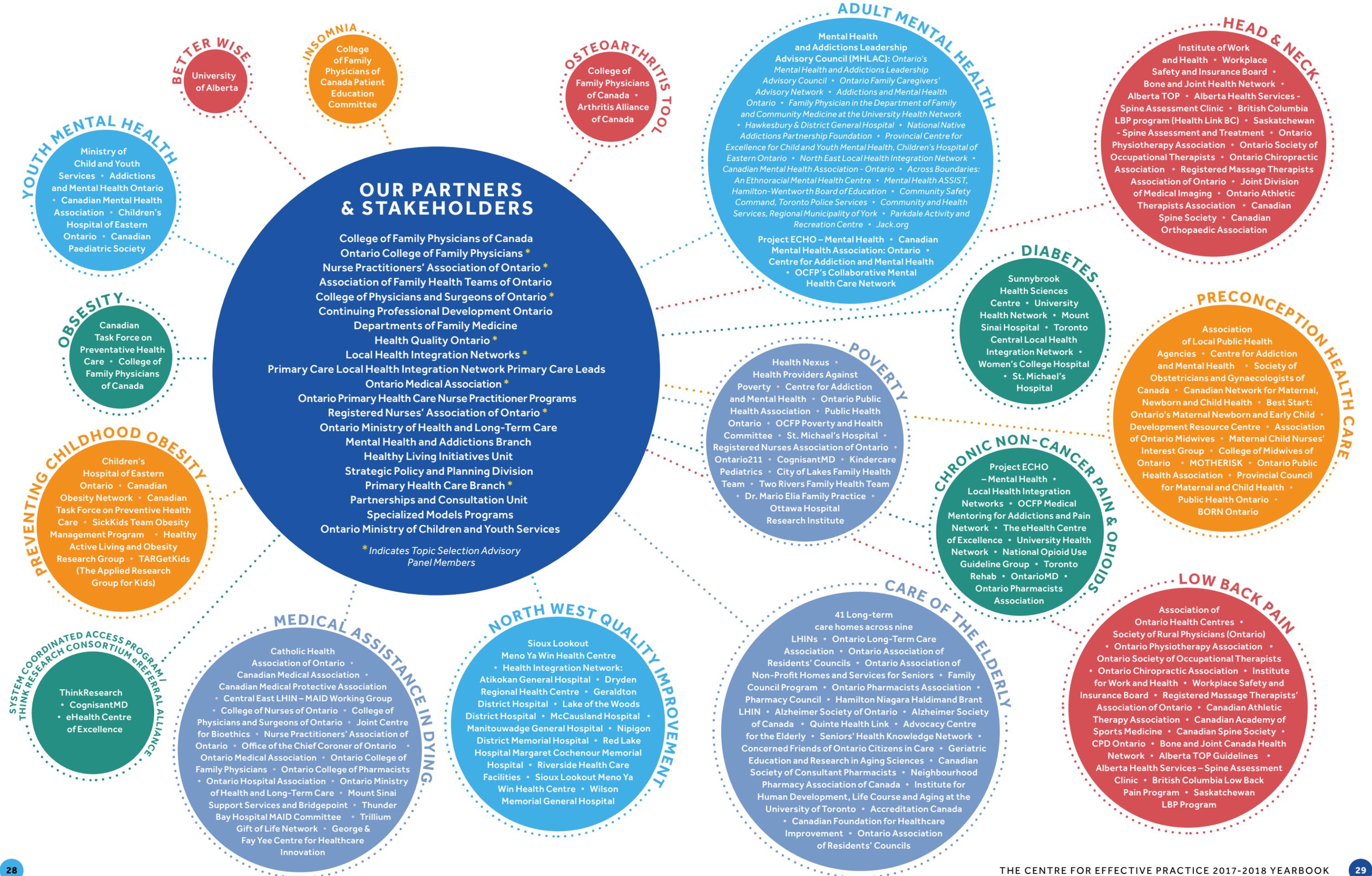
— DR. JEFF SISLER

EXECUTIVE DIRECTOR OF PROFESSIONAL
DEVELOPMENT AND PRACTICE
SUPPORT, COLLEGE OF FAMILY
PHYSICIANS OF CANADA



CEP'S OPEN HOUSE EVENT

In January 2018, we held an open house event to celebrate our new location alongside our long-time partners, the Ontario College of Family Physicians. Thank you to representatives from the Nurse Practitioners' Association of Ontario, Health Quality Ontario, Cancer Care Ontario and the Ontario Ministry of Health and Long-Term Care who helped us launch this new chapter.



OUR PARTNERS & STAKEHOLDERS

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

*Indicates Topic Selection Advisory Panel Members

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

BETTER WISE

University of Alberta

INSOMNIA

College of Family Physicians of Canada Patient Education Committee

OSTEOARTHRITIS TOOL

College of Family Physicians of Canada • Arthritis Alliance of Canada

ADULT MENTAL HEALTH

Mental Health and Addictions Leadership Advisory Council (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

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

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

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

OBESITY

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

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 • CognisantMD • Kindercare Pediatrics • City of Lakes Family Health Team • Two Rivers Family Health Team • Dr. Mario Elia Family Practice • Ottawa Hospital Research Institute

CHRONIC NON-CANCER PAIN & 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

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

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 • 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

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 • 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

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

PREVENTING CHILDHOOD OBESITY

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

SYSTEM COORDINATED ACCESS PROGRAM / THINK RESEARCH CONSORTIUM eREFERRAL ALLIANCE

ThinkResearch • CognisantMD • eHealth Centre of Excellence

