

### Executive Director's Update

On behalf of the entire team at the Centre for Effective Practice (CEP), I'm pleased to launch our new website at [www.effectivepractice.org](http://www.effectivepractice.org). I invite you to check out the site and share your thoughts. Over the next few months, we will be adding new content including profiles of our clinical, academic and research experts. But that's not the only exciting work underway at CEP. In these few months of 2016, our team has been busy hosting our Academic Detailing Basic Training Workshop with participants from other Canadian Academic Detailing Programs, developing material for our next topic (Prevention of Falls) and preparing for the detailed rollout of our Academic Detailing Service to the next twenty long-term care (LTC) homes. That's right, we'll be working with over 40 LTC homes by March 31, 2016. As a part of this rollout, we welcomed Lucy Feng, Kristin Ferguson, Mandip Khela, and Trish Rawn as new detailers to our team. For more information, please visit: [www.effectivepractice.org/academicdetailing](http://www.effectivepractice.org/academicdetailing).

Here's what we've achieved so far:

Through the Knowledge Translation in Primary Care project, we have launched a number of tools/resources. Please see our newest tool, Preventing Childhood Obesity in the 'Need To Know' section below.

I thought I would take this opportunity to share a little bit about CEP's robust tool development methodology\*. We apply academic rigour throughout every step of the process. The CEP process is built from the Knowledge-to-Action Cycle (Graham et al. 2006) and is rooted in the concept of Integrated Knowledge Translation. The pillars of our approach include:

- Understanding the gap in care;
- Understanding the needs of users (including barriers and facilitators);
- Utilizing a strong foundation of clinical and implementation evidence;
- Actively engaging end users throughout the process; and
- Collaborating with key partners.

The addition of the Guidelines Advisory Committee (GAC) to CEP in 2008 helped to enhance the methodological rigor of our tool development process, particularly with respect to the search, selection, appraisal and application of primary studies, systematic reviews, and clinical practice guidelines. As well, CEP searches beyond clinical research to examine implementation research for each topic to better understand what has worked elsewhere. This data, combined with the information obtained from users and stakeholder organizations, helps to triangulate our understanding of the gaps and barriers to care in order to clearly define the purpose of the tool. We believe the final version of the tool reflects best available evidence.

We continue to get positive feedback from providers on the tools we have developed and we are continuing to work hard with our various partners to integrate these tools into primary care EMRs.

One last thing! We are considering a primary care forum so please share your thoughts and ideas about what would be most useful and of the most interest to you.

\*CEP tool development process is distinct from the development of CPGs.

Sincerely,

Tupper

#### Connect

##### We need your input!

CEP is conducting one hour, one-on-one prototyping sessions in March to help inform the development of clinical tools to aid the Knowledge Translation in Primary Care Initiative. We are currently developing clinical tools for **Adult Health & Addictions, Head & Neck Pain, and Care of the Elderly**. We greatly value the input of primary care providers. If you are interested in participating please sign up at [surveys.effectivepractice.org/s/focusgroupreg/](http://surveys.effectivepractice.org/s/focusgroupreg/)

Join our conversation on Twitter by following:

[@CEPhealth](https://twitter.com/CEPhealth)

[LinkedIn](#)

#### Need To Know

What a start to 2016! We've kicked off the year with two clinical tools/resources.

##### Preventing Childhood Obesity

The purpose of this tool is to assist primary care providers to start a dialogue with their patients, and to help primary care providers explore lifestyle habits with patients. It is important for providers to note that this tool is not intended to focus on nutrition. Referrals for patients who require additional supports are an integral part of collaborative care plans along with goal setting, both of which are expected of primary care providers.

The lead for the obesity tool is Dr. Freedhoff (profiled in "Meet our Team"). Our working group members include Dr. Mario Elia (MD, CCFP), Dr. Patricia Parkin (MD, FRCPC), Dr. Daniel Flanders (MD, FRCPC), and Dr. Luisa Barton (DNP, PHCNP).

To access the tool, please visit:

<http://effectivepractice.org/resources/preventing-childhood-obesity/>

##### Low Back Pain: CORE BACK TOOL UPDATE

First launched in 2014 as part of the Ontario Low Back Pain Strategy, CEP's CORE Back Tool has been updated.

We received great feedback from primary care providers that the CORE Back Tool was having an important impact on the assessment and management of patients with Low Back Pain in their practices. We learned that the CORE Back Tool has been integrated into EMRs, provider education and patient engagement strategies. Over 5000 providers participated in CEP's online education course, 'Primary Care focus on Low Back Pain'. What did providers ask for again and again? More information on linking assessment to patient education and more management options!

CEP has responded to this request and updated the CORE Back Tool. Thank you to all of the providers who gave feedback, to our Clinical Working Group, Focus Group, one-on-one user design participants, and to our Clinical Lead Dr. Julia Alleyne and Experts Drs. Hamilton Hall and Raj Rampersaud for their hard work and support.

To access the CORE Back Tool, 2016

visit: [www.effectivepractice.org/lowbackpain](http://www.effectivepractice.org/lowbackpain)

#### Northwest Quality Improvement Scorecard (NWQIS)

Over the last two years, 11 small and rural hospitals from the North West Local Health Integration Network (NWLHIN) led by Sioux Lookout Meno Ya Win Health Centre, together with CEP, spearheaded the development of a list of quality indicators that reflect the unique environment and challenges of delivering care in small and rural care settings. The hospital leadership approved a modified Delphi panel methodology backed by stakeholder experts representing a 16 person Delphi panel. Over a period of four months and three rounds of Delphi panel ranking, over 100 potential indicators were narrowed to a list of 21 for consideration. These 21 indicators served as the basis for the scorecard development phase of work, which began in July of 2015 and will be complete by March 31, 2016.

All 11 participating small and rural hospital corporations are committed to selecting from the outcome indicators to create a standardized scorecard for implementation in the coming year. The remaining indicators will require further development to standardize implementation and collection across the 11 participating small and rural hospital corporations. For more information, please visit:

<http://effectivepractice.org/resources/quality-indicators-among-the-small-and-rural-hospitals-of-northwest-ontario/>

#### Meet Our Team: Clinical Colleagues & CEP Champions

##### Dr. Yoni Freedhoff - *Clinical Lead, CEP*

Dr. Yoni Freedhoff, MD, CCFP, ABOM, is an assistant professor of Family Medicine at the University of Ottawa, and is the medical director of Ottawa's Bariatric Medical Institute. Dr. Freedhoff is widely considered to be Canada's most outspoken obesity expert and he appears regularly in both national and international media. His award winning blog *Weighty Matters*, has enjoyed over 12 million visits, and he also writes regularly for *Psychology Today*, *US News and World Report*, *The Globe & Mail*, and the *Huffington Post*. His first book for the public, *The Diet Fix: Why Diets Fail and How to Make Yours Work* was a number

one national Canadian best seller, while his handbook geared at health professionals, *Best Weight: An Practical Guide to Office-Based Obesity Management*, at his and his co-author's request, is freely available for download from the [Canadian Obesity Network](http://CanadianObesityNetwork.com).

We asked Yoni to tell us a little more about himself so we could get to know him better.

##### 1. Tell us a little bit about yourself? Practice/area of focus?

I trained in family medicine, but soon after graduating I pursued training in obesity medicine. In 2004, I co-founded Ottawa's Bariatric Medical Institute - an interdisciplinary office focusing on weight management and nutrition.

##### 2. What is the biggest challenge providers are facing today and what's the solution?

I see the biggest challenge facing providers as being the rise in chronic non-communicable diseases such as obesity, type 2 diabetes, hypertension and more. In turn, this increases the frequency of patient visits and consequently, type 2 diabetes, hypertensive and more. In turn, this increases the frequency of patient visits and consequently, type 2 diabetes, hypertensive and more. In turn, this increases the frequency of patient visits and consequently, type 2 diabetes, hypertensive and more.

##### 3. How do you see healthcare transforming in the next 10 years?

I think we are going to see, out of necessity, a great deal more privatization of health care in Canada. Watching what is going on between the province of Ontario and Ontario's physicians, the cynical part of me wonders whether or not physicians are being purposefully pressed in order to encourage an MD led discussion of privatization, as no doubt, if led by a political party, that wouldn't bode well for their next election.

##### 4. What's been the most satisfying/rewarding experience in your career to date?

The most satisfying and rewarding experience in my career to date has been creating and working within our office's Family Reset program which is designed to help parents of young children whose weights are of concern. Hearing about the kids' transformations, and knowing that we may have played a part in changing the direction of a child's life is an incredibly fulfilling feeling.

##### 5. What do you do in your free time?

I have three young children who still prefer time with their parents over time with their friends - we try to take advantage of that. I also write a great deal and am starting to put together the framework for my second book.

##### Amanda Van Hal - *Project Manager, CEP*

Amanda manages a variety of projects in the Knowledge Support division at the Centre for Effective Practice. She supports the CEP team and clients in all aspects of project research, including: definition, scope, objective development and implementation activities at the provincial and national level to achieve the uptake of evidence.

##### 1. What do you enjoy most about the work you do?

I really enjoy planning and organizing and these are two of my strengths which make me well suited for project management. I get the most satisfaction from my job when projects are completed on time and on budget, while ensuring the deliverables are of the highest quality. Since I primarily work on developing clinical tools it is always great to hear what providers think of the tools we develop and how they integrate them into their practices.

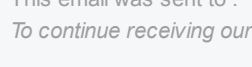
##### 2. What is your greatest accomplishment (personal)?

My greatest accomplishment was getting over my fear of flying and taking my first ever flight as an adult last summer. I am still terrified of flying, however, now I know I can do it and am looking forward to my next trip.

##### 3. What's the one thing that most people don't know about you?

Most people don't know that I get up each morning to run 10km before coming to work. I am planning on running my first marathon this spring and my ultimate goal is to do a triathlon.

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