

## **Summer 2019 Activities**

As EnACt supports multiple projects in various ways, we are reporting on activities that take a dedicated amount of time and people for research coordination, data management, etc. Please contact us if you would like further information on the projects named here, other work we do, or EnACt in general. <a href="mailto:tkbarber@ualberta.ca">tkbarber@ualberta.ca</a>

## New:

We have published an article on our findings around team mental models in primary care: <a href="http://www.annfammed.org/content/17/Suppl\_1/S50.abstract">http://www.annfammed.org/content/17/Suppl\_1/S50.abstract</a> (doi: 10.1370/afm.2380Ann Fam Med August 2019 vol. 17 no. Suppl 1 S50-S56)

## **Project Activities:**

<u>BedMed Initiative</u> — A pragmatic trial led by <u>Dr. Scott Garrison, University of Alberta</u> switching from morning to bedtime prescribing of antihypertensive medication and the impact of this change if implemented across Alberta

- Screened 3112 patients; 2140 of which have been randomized
- Sub-study BedMed Frail has launched and will partner with 21 LTC/SL facilities in AB

<u>CPCSSN</u> - Canadian Primary Care Sentinel Surveillance Network - A primary care research initiative—it is the first pan-Canadian multi-disease electronic medical record surveillance system. EnACt supports both the <u>NAPCReN</u> and <u>SAPCReN</u> arms of CPCSSN in Alberta via our Data Manager

• We have received a supplementary grant from the Public Health Agency of Canada to build a dashboard into the DPT that is focused on dementia

Family Physician Patient Volume — A biphasic study led by <u>Dr. Terrence McDonald</u> (<u>UCalgary/UAlberta</u>) in collaboration with <u>ARES AHS</u> and using <u>AH</u> administration data to explore the demographics of high volume physicians in AB and to examine the relationship between the volume of patients seen by physicians in Alberta and patient health outcomes

- We are partnering with IC/ES (Dr. Rick Glazier) on Alberta-Ontario General Practitioner Supply and Practice Patterns, we plan to describe physician supply across the two provinces based on our own novel service day method of calculating General Practitioner supply based on service day
- Our novel service-day definition was recognized in March 2019 for an Outstanding Oral Presentation at the Alberta College of Family Physician Summit Conference Research Day; and is currently in draft manuscript "A Novel Normative Method to Calculate the Number of GPs Are We Really That Off?"
- We are preparing to submit for the Fall CIHR Project Grant General Practitioner Patterns of Practice, Health Service Utilization and Patient Health Outcomes

<u>INRange</u> – A pragmatic trial led by <u>Dr. Scott Garrison, University of Alberta</u> to study the effectiveness of taking WAFARIN at breakfast rather than at dinner

• Publication pending later this year

*KOASK* - A project led by <u>Drs. Deborah Marshall and Behnam Sharif</u>, <u>University of Calgary</u> in collaboration with <u>PaCER</u> and EnACt to co-develop (with patients and physicians) a self management and risk calculator tool for knee osteoarthritis

• We are preparing our second manuscript



Nurse Practitioners in Alberta — A 3-part study led by <u>Dr. Tammy O'Rourke, University of Alberta/Dalhousie University</u> on the role of Nurse Practitioners in Canada's three Western provinces

- We are waiting for results from the MSI competition
- We are looking at conducting a case study examination of LPN work in rural primary health care settings
- We are launching the NP survey in PEI adding to the data from AB, SK, MB

Using Cognitive Task Analysis (CTA) in Primary Care – projects led by EnACt

- We have published an article on our findings around team mental models in primary care: http://www.annfammed.org/content/17/Suppl 1/S50.abstract
- We are collaborating with 2 PCNs to study Practice Facilitators being trained in, and using, a variant of CTA to help support and move the patient's medical home forward and are applying to PRIHS 5 to expand on this work
- Data analysis is complete for the Integration pilot study looking at family physician and specialist physician mental models of the referral process. Findings will be posted on our website and will be presented at Qualitative Health Research Conference in Vancouver this fall

Cirrhosis Care Alberta (CCAB): A pragmatic multi-centre quality improvement project evaluating the effectiveness, patient and provide acceptability and cost-utility of an evidence based cirrhosis admission/discharge bundle - This project led by Dr. Puneeta Tandon, University of Alberta will include a CTA sub-study led by EnACt to gain insight into primary care and specialty care's understanding of advanced liver disease and the co-management of patients. Perceptions of clarity of roles, barriers, and solutions will be examined.

- Ethics has been approved and interviews have been scheduled for the CTA sub-study.
- We are still looking for family and specialty care physicians to participate

## **Upcoming Projects:**

Development, Implementation and Evaluation of an Innovative Integrated Supportive Care Pathway by Primary Care across Alberta – A project led by Dr. Sara Davison, University of Alberta which will build on Dr. Davison's previous work with the Conservative Kidney Management Pathway, to co-design and co-implement a Supportive Care Pathway that will be (as was asked by primary care representatives) part of one mechanism for primary care and specialty joint care of Chronic Diseases. We will be collaborating with this team by providing training to Practice Facilitators on Diffusion of Innovations theory and a variant of CTA to identify & understand early majority teams and how best to support them as they implement the pathway.

• We continue to work closely with the team as they move forward

Understanding and Intervening to Reduce Antibiotic Prescribing in Primary Health Care: A cognitive task analysis and participatory intervention - A project led by Dr. Myles Leslie, University of Calgary to explore the factors shaping anti-biotic prescription decisions in community based adult primary care as well as which evidence-based interventions to reduce anti-biotic prescribing, adapted to local contexts, are preferred by adult primary care prescribers. how we can implement effective performance indicators. This project will also look at how the uptake of these adapted interventions shape the pursuit of existing QI and policy priorities.

• Planning meetings have been arranged, and ethics has been applied for