

## **NaReS Report to CFPC Board – Fall 2007 Update to Ongoing Projects:**

**a) CFPC-NaReS - National Influenza Surveillance System – Results of the 2005-06 NaReS Sentinel Evaluations of Their Participation in FluWatch** INVESTIGATING TEAM: Anita Lambert-Lanning MLS (Research Information Coordinator CFPC-NaReS), Jamie Jensen (FluWatch Sentinel Coordinator CFPC-NaReS), Patricia Huston MD, MPH (Chief, Emerging Infectious Diseases Section IRID-PHAC), Francesca Reyes -(Senior Epidemiologist-IRID PHAC), Jeannette Macey (Senior Epidemiologist-IRID-PHAC), FUNDING SOURCE: Immunization and Respiratory Infections Division - Public Health Agency of Canada (IRID-PHAC)

Setting: The IRID-PHAC *FluWatch* (FW) surveillance is the longest running project of *CFPC-NaReS* with the current system in place since 1997. Main & Secondary Outcome Highlights: 137/162 (84.56%) of the *NaReS FW* sentinels completed and returned the 2006-07 evaluation of participation survey. Regular season sentinel reporting rates were 69.3% and 74.7% during the first 6 weeks of the summer 2007. CFPC-NaReS recruited sentinels in 67.7% of the Census Divisions/Health Regions (CDs/HRs) among 7/10 provinces and the 3 territories in Canada. Forty-six (46%) of responding sentinels say the main reason for taking a clinical sample is severity of illness but over half of the sentinels (54%) report not taking samples at the beginning of flu season or the middle of flu season (54.7%) and a clear majority (74.5%) do not take samples at the end of flu season either. Comments on barriers to lab testing were noted by 38/137 (27.7%) respondents and covered a wide range of difficulties in addition to the usual array of choices like time constraints or no access to kits (23.4%). Fifty-four (54%) of sentinels query travel history always or most of the time. The majority of sentinels (56.9%) represent small towns and rural areas with 33.5% from inner city/urban/suburban areas. Nearly 42% of sentinels applied for *MainPro M2* credits for their work on *Fluwatch* which indicates a steady increase each year for the past 5 years. The majority of sentinels (77.4%) indicated they would be interested in receiving a semi-annual newsletter. Twenty-six percent (26%) of sentinels said yes or maybe to interest in attending a *Family Medicine Forum (FMF)* sentinel breakfast session at the 2007 *Family Medicine Forum* conference. Discussion: Sentinel representation from CDs/HRs for which NaReS recruits continues to fall short of optimal goals and Quebec recruitment remains particularly challenging. Continued discussion of alternatives to deal with incomplete sentinel representation across Canada may need further consideration. Barriers to lab testing is an important concern of sentinels and merits further consideration if IRID-PHAC wants lab testing among sentinels to increase in the coming years. Conclusions/Recommendations: Generally, the annual evaluation survey remains a good monitor of the sentinel experience in *FluWatch* with nearly an 85% response rate this year. Best efforts have resulted in nearly 70% of CDs/HRs represented by sentinels across Canada for the 2006-07 season. Perceptions of low influenza rates this past season may have affected reporting rates with a decrease from 77.3% in 2005-06 to 67.7% in 2006-07. More consistent efforts at CME for sentinels through a newsletter and supported CME venues is a recommendation that CFPC-NaReS continues to pursue at every opportunity.

**(b) CANADIAN FAMILY PHYSICIAN CANCER AND CHRONIC DISEASE PREVENTION SURVEY (CFPCCDPS) INVESTIGATING TEAM:** Alan Katz MD CCFP, Anita Lambert-Lanning CFPC-NaReS, Anthony Miller -Canadian Strategy for Cancer Control, and Barbara Kaminsky BC Branch Canadian Cancer Society **FUNDING:** Health Canada's Strategy for Cancer Control – Public Health Agency of Canada (PHAC)

Background: Cancer prevention policies have largely overlooked the role played by primary health care providers. The extent of family physician provided counseling and screening efforts in this area may be under-estimated and under-valued. The objective of this study was to provide an assessment of the extent to which family physicians in Canada are addressing cancer prevention. Methods: The 2006 Canadian Family Physician Cancer and Chronic Disease Prevention Survey-CFPCCDPS (n=1010) was undertaken to provide an understanding of the attitudes and current practices of Canadian family physicians with regard to cancer and chronic disease prevention. A mail survey produced self-report data from a representative sample of primary care physicians in Canada. Results: Initial descriptive analyses indicate the following: 64% of respondents report using a reminder system alerting them to screen for tobacco use. Ninety-one percent enquire about their patients exercise habits during their periodic health exam (PHE), but only 29.5% refer their patients with chronic disease to fitness support programs. Seventy-five percent (75.4%) enquire about their patients eating habits during the PHE. Forty-four

percent never or rarely inquire about their patients environmental-occupational health hazards. Only 61.6% use a reminder system for cervical cancer screening. Most respondents (96.3%) do a clinical breast exam on their 50-69 year old female patients at their PHE. While 92.7% enquire about patient family history of colorectal cancer at their PHE but only 40% report addressing sun exposure. Further inferential analyses are being prepared. Conclusion: While a number of provinces are starting to discontinue reimbursement for Periodic Health Examinations, most FPs (82.2%) believe in doing a PHE on all their patients and take advantage of this opportunity for cancer prevention activities. However, cancer prevention opportunities are currently being missed in Canadian FP offices.

### **(c) Engaging Family Physicians in Changing Mental Health Care Services-Closing the Loop**

Investigators: Vivian Ramsden, Gill White, Anita Lambert-Lanning MLS (National Research System), Baujke Miedema, and Francine Lemire MD CCFP. Funding Source: JANUS Research & Education Grant

With JANUS grant support a newly assembled project team has met on January 8<sup>th</sup> 2007 to develop a full project proposal to focus on re-engaging twenty participants (family physicians and nurse practitioners) who participated in one of the three focus groups facilitated by the College of Family Physicians of Canada in the fall of 2005. These focus groups were held to better understand the clinicians' experiences with collaborative mental health care in practice. Participatory analysis, interpretation and reflection on the findings will be undertaken with the same family physicians and nurse practitioners. This process will focus on translating the focus group data into solutions for improving and enhancing collaborative mental health care models in clinical practice by developing collaborative mental health 'pathways.' These pathways will assist the clinicians in providing better mental health care in their practices. Additionally the process will integrate and develop provider self-care in clinical practice as part of the information exchange among learning partners. Purpose: At the request of the Shared Mental Health Care Committee at the College of Family Physicians of Canada, the National Research System (NaReS) conducted three focus groups that included 20 participants from the Maritimes (6), Northern Ontario (6) and Saskatchewan (8) in the fall of 2005. The purpose of the focus groups was to obtain feedback about the participants' experiences with collaborative mental health care in clinical practice. Support for that work was provided by the *Canadian Collaborative Mental HealthCare Initiative (CCMHCI)*. The work concluded on November 1, 2005 with a thematic analysis of the transcripts. Thematic analysis revealed that the participants had little knowledge regarding the (new) collaborative mental health care model. Additionally, the majority of participants expressed negative feelings regarding (collaborative) mental health care services in their communities. There was a sense of being overwhelmed and feeling isolated regarding the demands of mental health care in clinical practice. In some cases, participants expressed feeling stress due to the high demand for mental health services and the limited resources they could draw upon. Hence, it is critical that we revisit, with the participants, efficient and effective ways to improve and enhance collaborative mental health care in clinical practice. Thus the goal of the current project proposal is to re-engage the 2005 focus group participants in a "Closing of the Loop" workshop to implement or enhance a collaborative mental health strategy for clinical practice to improve patients care and to more fully assess any continued levels of clinicians' stress. In other words, this project proposes to use the focus groups participants' "own" knowledge, in a participatory workshop, to develop pathways to improve the collaborative mental health care model in their clinical practices. An full proposal was completed and submitted to the Canadian Council on Learning for their Knowledge Exchange RFP on February 9<sup>th</sup> 2007 but was not successful so other RFPs are being considered.

### **(d) National Surveillance for Non-Type 1 Diabetes Mellitus in Canadian Children** Principle

Investigators: Dr. Shazhan Amed (SickKids, Toronto), Dr. Jill Hamilton (SickKids, Toronto), Dr. Heather Dean (Children's Hospital, Winnipeg) Co-Investigators: Dr. Gillian Booth (Saint Michael's Hospital/ICES, Toronto), Dr. David Dannenbaum (Dept Family Medicine McGill), Dr. Tessa Laubscher (Family Medicine UofSaskatchewan), Dr. Constadina Panagiotopoulos (B.C Children's Hospital), Dr. Elizabeth Sellers (Children's Hospital, Winnipeg) FUNDING: the Canadian Pediatric Association (CPA) and HSC in Toronto. Other applications in process.

An important national surveillance study to evaluate new cases of non-type 1 diabetes (type 2 diabetes mellitus, medication-induced diabetes, monogenic diabetes) in children and adolescents that will be

carried out over a one year period. This study has received ethics approval from the Hospital for Sick Children and the University of Manitoba Research Ethics Boards dated January 2006. This study has been endorsed by the *Canadian Pediatric Endocrine Group*, the *Canadian Pediatric Surveillance Programme* and the *College of Family Physicians (CFPC) - National Research System (NaReS)*. This study also represents a unique collaborative research effort spanning varying specialist and primary care health providers. Family Physician participation is valued and essential to this study as a proportion of adolescents with type 2 diabetes will be diagnosed and treated by family physicians and adult diabetes specialists (endocrinologists, internists). The results of this important project will augment information provided by the *National Diabetes Surveillance System (NDSS)* that does not currently capture data regarding diabetes in children and adolescents. Requests for funding to continue this surveillance project for an additional year is being undertaken by the primary investigators. As of January 2007 CFPC-NaReS has recruited 97/100 family physician sentinels to this surveillance initiative. Twelve (12) full cases have been reported in the first 12 months of operation.

#### **NaReS research projects in development:**

- Testing a rheumatoid arthritis screening tool in primary care (RFP in development with Dr. Mary Bell, rheumatologist Women's College Hospital, and family physician Drs. M. Godwin & D. Manca)
- FP workplace abuse study (RFP in development with B. Miedema, A. Lambert-Lanning, V. Ramsden, D. Manca, F. Lemire, S. Tatemichi)
- Sentinel Surveillance for Chronic Disease in PBRNs using EMRs (CFPC and 7 regional PBRNs RFP submitted to PHAC June 19<sup>th</sup> 2007 – R. Birtwhistle & W. Rosser Co-PIs)
- CIHR Team Grant LOI accepted for building a National Primary Care Research Network infrastructure (full RFP deadline October 1<sup>st</sup> 2007 - R. Birtwhistle & W. Rosser Co-PIs)
- Membership Needs project focusing on new to practice and IMG members for Dr. Lemire (project under review)