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. The 2007-08 iteration of the sentinel evaluation survey will begin in April of 2008.

(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. Two separate posters were presented at NAPCRG in Vancouver 2007, a oral presentation at Research Day at FMF 2007, and another presentation at the NCIC conference in Toronto in early November 2007. Manuscript preparations are currently in process for journal submission.

(c) Sentinel network Collaboration for pan-Canadian surveillance of Non-Type 1 Diabetes Mellitus in Canadian Children (NT1DM) Investigating Team: Shazhan Amed, Jill Hamilton, Heather Dean, Gillian Booth, David Dannenbaum, Tessa Laubscher, Anita Lambert-Lanning. FUNDING: The Canadian Pediatric Association (CPA) and HSC in Toronto. Other applications in process.

Background: Since 2006, national surveillance on childhood cases of NT1DM (T2DM, monogenic diabetes, and drug induced diabetes) has been conducted collaboratively by the Canadian Paediatric Surveillance Program (CPSP) and the College of Family Physicians of Canada's National Research System (NaReS). Both networks are well established health surveillance networks. Canadian data on NT1DM in children that is gathered based upon a variety of ethnic and geographic factors is needed in order to gain a better understanding of the magnitude, characteristics and public health consequences of this disease in Canada. The 2007 NPS survey indicates that 78.9% of responding GP-FPs in Canada provide care to children ages 1-11 years and 84.9% to adolescents 12-19 years. Therefore, in order to accurately ascertain the epidemiology of NT1DM in Canadian children, it is essential to include a representative sample of family practitioners and endocrinologists treating adults, in addition to pediatricians and pediatric subspecialists, in a Canadian NT1DM surveillance study of children. Methods: An enriched sample of 2822 FPs was randomly generated from the CFPC member database. 511/2822 FPs expressed interest in participating but only 95/511 reported to have ever seen a case of diabetes in children. This group was accepted to participate in the surveillance. Each month, sentinel physicians were asked to complete a full report for each new, or re-classified patient with diabetes or NT1DM, or to submit a "no new cases" report. Results: The average monthly reporting rate for FP sentinels was 96.5% and 31 case reports of NT1DM in children were completed over a 24 month period. Most cases were referred to regional pediatric endocrinologists for further testing. Incidence rates of NT1DM in both pediatric and FP patient populations will be calculated based upon total new cases of NT1DM per year reported per 100,000 children, aged 0 to 17.9 years.

(d) Family Physicians and Workplace Abusive/Violent Encounters (FPWAVE) study 2008-2010

The general public is usually only alerted to the prevalence of workplace violence when extreme events occur, such as shootings or stabbings, which are often covered widely by the popular media. However, the Canadian Centre of Occupational Health and Safety (CCOH&S) considers “threatening behavior, harassment, verbal abuse, physical attacks and grave physical or psychological harm” as being abusive encounters, and very few would disagree with this definition. Fortunately, abusive encounters in the workplace resulting in death are rare in Canada. Unfortunately, abuse/violent encounters of a lesser degree in the workplace are all too common in the Canadian health care system. Understanding the realities of potential and real abusive encounters among and towards family physicians in Canada is at the core of this study funded by CIHR. Given that family physicians comprise over 50% of the physicians in Canada, their safety and well being is critical to the ongoing efficacy of our health care system. Dr. Baukeje (Bo) Miedema (Dalhousie University Family Medicine Teaching Unit at the Dr. Everett Chalmers Hospital in Fredericton) and colleagues propose to study the prevalence, incidence, and impact of abusive
encounters in the everyday workplace of family physicians. The study will include a national survey of family physicians, interviews with volunteer physicians, and subsequent analysis and recommendations. The CFPC’s National Research System (NaReS) will work in tandem with Dr. Miedema’s team of investigators to implement this study protocol, by establishing an appropriate sample of CFPC members who will be invited to participate in one or more components of this important study. Funding was approved for this study by CIHR in February 2008, and the study process will begin during the summer of 2008.


The development of The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) has been proposed to provide data about chronic disease in Canada. Information about chronic diseases, such as hypertension, diabetes, osteoarthritis, COPD, and depression, come from data sources that often do not include primary care, which is where people with these problems receive most of their medical care. The development of a Canadian primary care surveillance network will provide a unique opportunity to collect information on chronic disease, contributing to the greater understanding of chronic diseases, and a more accurate and robust picture of the burden of these diseases in the Canadian population. This information will be of use to family doctors, health planners and governments. This project has some unique features, in that it will initially bring together 7 primary care research networks who will work exclusively with practices having electronic medical records (EMR’s). This 7 month pilot project, funded by the Public Health Agency of Canada through the College of Family Physicians of Canada, will enable us to develop the network, including dealing with the complexities of governance, organization, privacy issues, and challenges in practice recruitment, disease definition and data capture.

(f) Vaccine Effectiveness Study 2007-08. Investigating Team: Steven Drews PhD, Erika Bontovics MD, Ontario Ministry of Health Ontario Public Health Laboratory, Anne-Luise Winter BScN MHSc Infectious Diseases Branch Ministry of Health and Long-Term Care, Natasha Crowcroft MD. Ontario Ministry of Health Provincial Laboratory FUNDING: The Ontario Ministry of Health and Long -Term Care (MOHLTC),

The Ontario Ministry of Health and Long -Term Care (MOHLTC), Public Health Laboratories and Infectious Diseases Branches are conducting a national study to evaluate how well the 2007/2008 influenza vaccine has protected patients in Ontario, conducted by contacting Ontario FluWatch sentinels. The MOHLTC has provided CFPC-NaReS with cost recovery funding to support the Ontario iteration of a nationwide vaccine effectiveness study. We recruited eligible Ontario FluWatch sentinels to do weekly nasal or nasopharyngeal swabs on eligible patients presenting with influenza like illness (ILI) from January – April 2008. As a result, 42/69 Ontario FluWatch sentinels were recruited for this study between January-February 2008. A subsequent iteration of this study is anticipated for the 2008-09 influenza season.

NaReS research projects/involvement - under development:

CIHR Team Grant letter of intent (LOI) was accepted for building a National Primary Care Research Network infrastructure to undertake two major research projects spanning two important areas of primary care and primary health care research. These two projects are focused on: 1) understanding and assessing the types and organizational attributes of new models of primary care delivery in Canada and 2) assessing the elements of successful integration of interdisciplinary teams into these models; their effect on care, team members and shared decision making within the team and with patients and ultimately how this changes practice. The data collected during the conduct of our projects, will lead to the development of companion studies, and will guide the team to develop relevant future research protocols. (full RFP deadline was met October 1st 2007 - R. Birtwhistle & W. Rosser Co-PIs). Word received on March 1st that the full RFP was not approved to go ahead.