

## ***The Practice Improvement Initiative (Pii)***

### **An Initiative of the College of Family Physicians of Canada (CFPC) to Improve Frontline Care by Using Quality Improvement (QI), Data and Research**

## **EXECUTIVE SUMMARY**

### **BACKGROUND**

Family physicians have for decades provided excellent care and have continually strived to improve the care they deliver. Quality Improvement (QI) provides approaches and methods to assist family physicians in their commitment to stay at the forefront of providing high quality care, while improving the experience for patients and health care providers alike. Data that resides in electronic medical records (EMRs) and research that is based in the realities of everyday practice also contribute to ongoing efforts to improve care.

The availability of resources, programs and tools to support QI and data readiness in family medicine and primary care is patchy across Canada. While QI and data readiness has been fully integrated in some family medicine residency programs, others have expressed the need to improve their curricula in these areas. Not all provinces have the resources and programs in place to support QI that provinces such as British Columbia, Alberta, Saskatchewan, Ontario and Quebec have implemented through their Health Quality Councils (HQCs).

### **OVERALL GOAL AND OBJECTIVES OF Pii<sup>1</sup>**

The overall goal of Pii is to improve the care that Canadian family physicians provide by harnessing QI methods and data readiness and to nurture a culture of curiosity in family medicine in Canada. The initiative will focus on QI and data readiness that is relevant to and emanates from practices themselves.

In collaboration with partners across the country such as the Departments of Family Medicine (DFMs), CFPC Chapters and HQCs, the specific objectives of Pii are to:

1. Elucidate the QI- and research-related competencies required by family medicine residents, their teachers, and family physicians and their teams in everyday practice;
2. Provide family medicine teachers with resources and skills to supervise this aspect of residency training;
3. Scale up and spread existing DFM and HQC resources and programs;
4. Adapt or develop QI and data ready programs and resources where these are absent.

### **NEEDS ASSESSMENT**

An extensive needs assessment was undertaken from November 2016 to September 2017. This involved, amongst others, two detailed environmental scans (one related to QI and the other to data and research readiness), numerous interviews and meetings with key stakeholders (e.g. Sections of

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<sup>1</sup> Pronounced “pie”

Researchers, Teachers and Residents; HQCs; residency program directors, research and QI directors), an e-panel survey of members and a day-long retreat (Design Day) with family medicine QI and research experts and potential users. This process identified a need for a coordinated strategy by the CFPC and existing resources and programs that could be leveraged, as well as potential partnerships.

## **GUIDING PRINCIPLES OF Pii**

Several guiding principles will inform the development and deployment of Pii. For example, Pii will:

- Leverage and spread existing programs and resources and build new ones only where gaps exist;
- Rely on partnerships wherever possible;
- Provide support in ways that allow already busy family physicians and their teams to participate in QI activities and data readiness without adding additional burden;
- Be optional for family physicians and their teams;
- Provide Mainpro+® credits to family physicians;
- Not be mandatory.

## **Pii HIGHLIGHTS AND IMPLEMENTATION PLAN**

Pii is a collaboration between several departments (Research, Education, Accreditation) and divisions (Academic Family Medicine, Continuing Professional Development and Practice Support) at CFPC. It addresses three distinct target groups; A) residents; B) teachers and c) family physicians and their teams.

A multipronged, multi-phase approach will be used. The phases and deliverables highlights include:

- **Phase 1: Oct 2017 to May 2018 (early development, piloting and concept testing)**
  - A Pii Advisory Group will be struck to help elucidate the competencies for QI and data/research required by family physicians and family medicine residents and to provide recommendations and options for teachers and CPD educators on useful learning approaches related to QI and data/research readiness;
  - Develop with partners and pilot in Manitoba a one-day practical QI and data ready workshop for family physicians and their teams;
  - Pilot a practice support program with practice facilitators;
  - Pilot a QI course for teachers (faculty development program);
  - Identify useful QI and data/research materials for family medicine residency curricula;
  - Convene a symposium of DFM leads, HQC leaders, CPCSSN, PBRNs, Chapters, QI colleagues at the Royal College and other stakeholders to identify opportunities for collaboration and alignment;
  - Start developing a strategy to help scale up and spread existing resources and programs in provinces that have these.
- **Phase 2: June 2018 to May 2019 (further piloting and early scale up)**
  - Further piloting in Manitoba;
  - Collaborate with colleagues in Québec to explore the role of PBRNs in advancing QI and data readiness and the role of practice facilitators;
  - Spread QI and data ready curricula in family medicine residency programs;
  - Spread the teacher QI and data ready program.
- **Phase 3: June 2019 and beyond (further scale up and spread phase)**
  - Lessons learned during phases 1 and 2 will inform the further development of phase 3.