

Primary Healthcare Research Unit Chronic Disease Research Projects

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PHRU projects



- 1. CPCSSN**
- 2. OSTIS**
- 3. Primary Care Reform**
- 4. Qualico PC**
- 5. Health Coaching**
- 6. HPV**
- 7. BETTER**

PHRU Surveillance? Studies



- 1. CPCSSN**
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CPCSSN



- **Marshall Godwin MD Msc**
- **Rick Birtwhistle**
- **PHAC**
- **Chronic Diseases (Others?):**
 - ❖ DM
 - ❖ Depression
 - ❖ Hypertension
 - ❖ Cardiovascular Disease
 - ❖ Cerebro-Vascular Disease

CPCSSN



- Extraction of de-identified point-of-care data from practice of family doctors with EMRs
- Data pulled quarterly
- 100s of Canadian physicians data brought together into a central Canadian database
- NL data stored on secure server at CPCSSN central and copy sent to NLCHI to allow for linked database research
- Started in 2008. Funded by PHAC
- Current funding until 2015

CPCSSN – Future Directions?



- **Observational Studies**
- **Surveillance**
- **Data Content Standards**

OSTIS – Chronic Disease



- **Shabnam Asghari MD PhD**
- **NLCAHR**
- **Chronic Diseases:**
 - ❖ DM only currently
 - ❖ The future?

OSTIS – What does it do?



- **Integrates advanced GIS functions for spatial and temporal analyses**
- **Based on available geographic and medical administrative databases**

OSTIS – Data



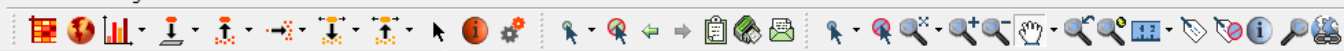
Health variables

- Incidence/prevalence
- Morbidity / mortality
- Treatments / Rx
- Human Resources
- Materiel Resources

Geographic variables

- Administrative Zones
- Regions rural/urban
- Standard Geographical Classification (SGC)

Time variables



Mesures

- Âges
- Genres
- Issues de santé (IM)
- Années
- Territoire (H)**

Classification secteur statistique

- Géographie
 - 1991 - Province (Québec)
 - 1991 - RMR/AR
 - 1991 - ZIM forte
 - 1991 - ZIM modérée
 - 1991 - ZIM Faible
 - 1991 - ZIM sans influence
 - 1996 - Province (Québec)
 - 1996 - RMR/AR
 - 1996 - ZIM forte
 - 1996 - ZIM modérée
 - 1996 - ZIM Faible
 - 1996 - ZIM sans influence
 - 2001 - Province (Québec)
 - 2001 - RMR
 - 2001 - AR
 - 2001 - ZIM forte
 - 2001 - ZIM modérée
 - 2001 - ZIM Faible
 - 2001 - ZIM sans influence

Arrière-plan :

- Colonnes :
- Issues de santé (IM)
- Mesures

Rangées :

- Territoire

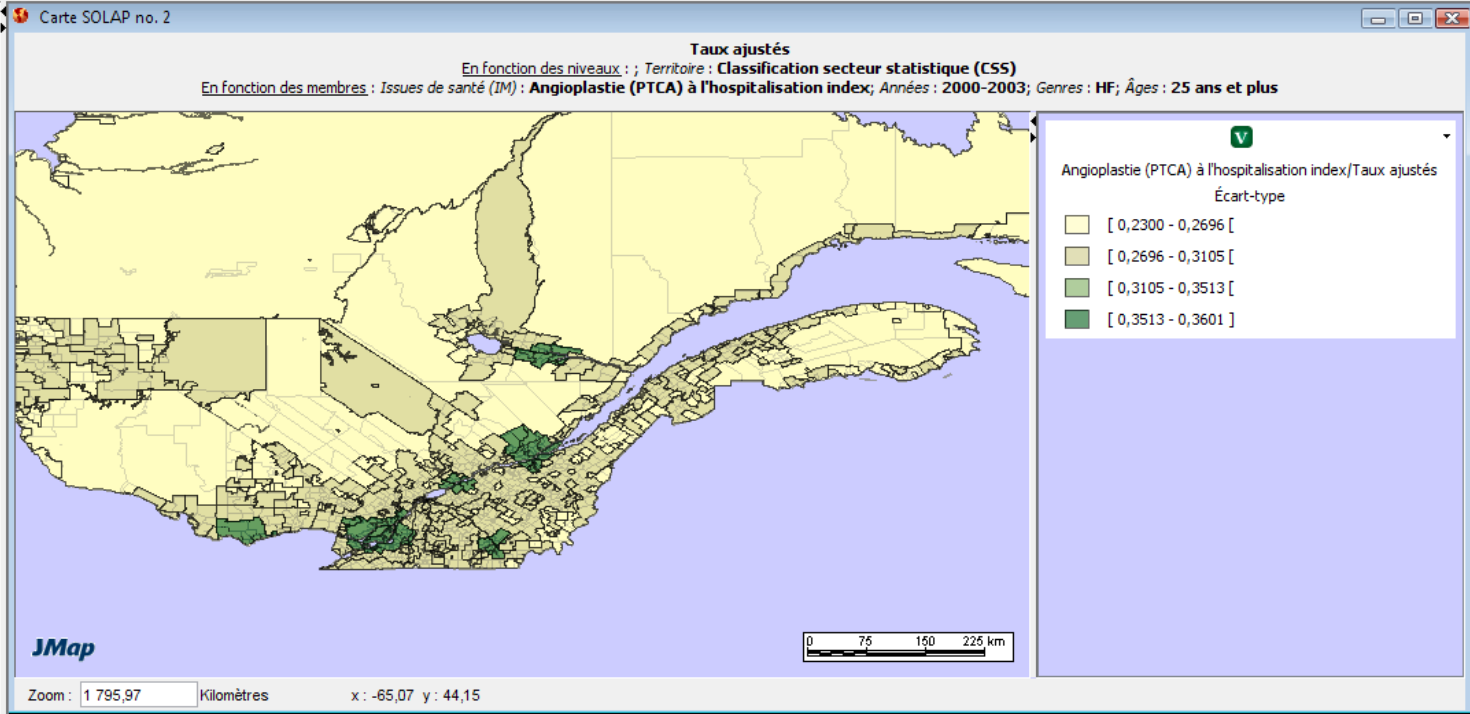


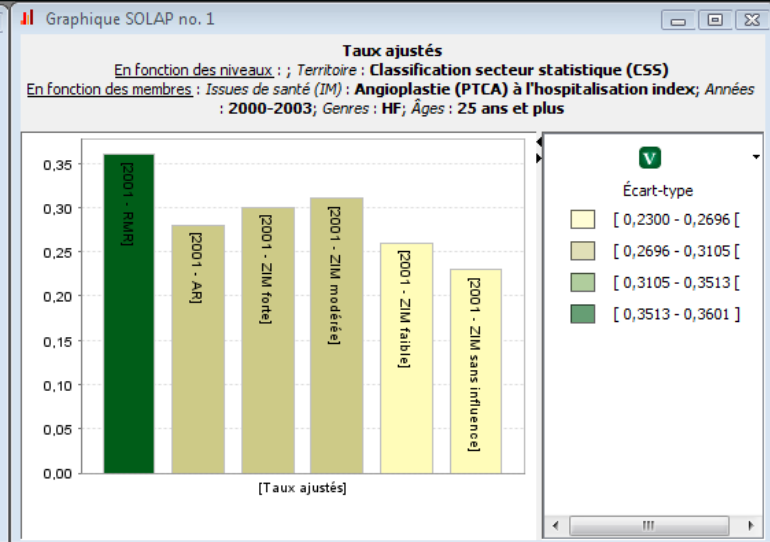
Tableau SOLAP no. 1

Taux ajustés
 En fonction des niveaux : ; Territoire : **Classification secteur statistique (CSS)**
 En fonction des membres : Issues de santé (IM) : **Angioplastie (PTCA) à l'hospitalisation index; Années : 2000-2003; Genres : HF; Âges : 25 ans et plus**

	Angioplastie (PTCA) à l'hospitalisation in...
	Taux ajustés
2001 - RMR	0.36
2001 - AR	0.28
2001 - ZIM forte	0.3
2001 - ZIM modérée	0.31
2001 - ZIM faible	0.26
2001 - ZIM sans influence	0.23

Écart-type

- [0,2300 - 0,2696 [
- [0,2696 - 0,3105 [
- [0,3105 - 0,3513 [
- [0,3513 - 0,3601 [



OSTIS – What will it provide?



- **Ongoing and online information**
- **It instantly produces results displayed as tables, graphs or maps**
- **Easily visualize problems in relation to existing health and social services and their natural environment**

PHRU Observational Studies



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Primary Care Reform



- **Me**
- **CIHR, RDC**
- **Chronic Diseases:**
 - ❖ Ambulatory Care Sensitive Hospitalization (e.g. Asthma, CVD, CAD, DM, uti, vaccine preventable, etc...)

Primary Care: Context



- **Primary Care Reform in NL**
 - ❖ Pilot communities 2003-2006
 - ❖ PHC teams and networks
 - ❖ Maximizing scope of practice
- **Primary Care Reform in Canada**
 - ❖ Team-based care
 - ❖ Alternate payment models

Primary Care Reform



- **Three study periods**
 - ❖ 2001-03, 2004-06, 2007-09
- **Compare “reform” communities to others for rate of ACSH over the 3 periods**
- **Data limitations!**

Primary Care Reform Progress



- **NLCHI Approval**
- **HREA Approval**
- **Data compilation**
- **National Study**

QualicoPC

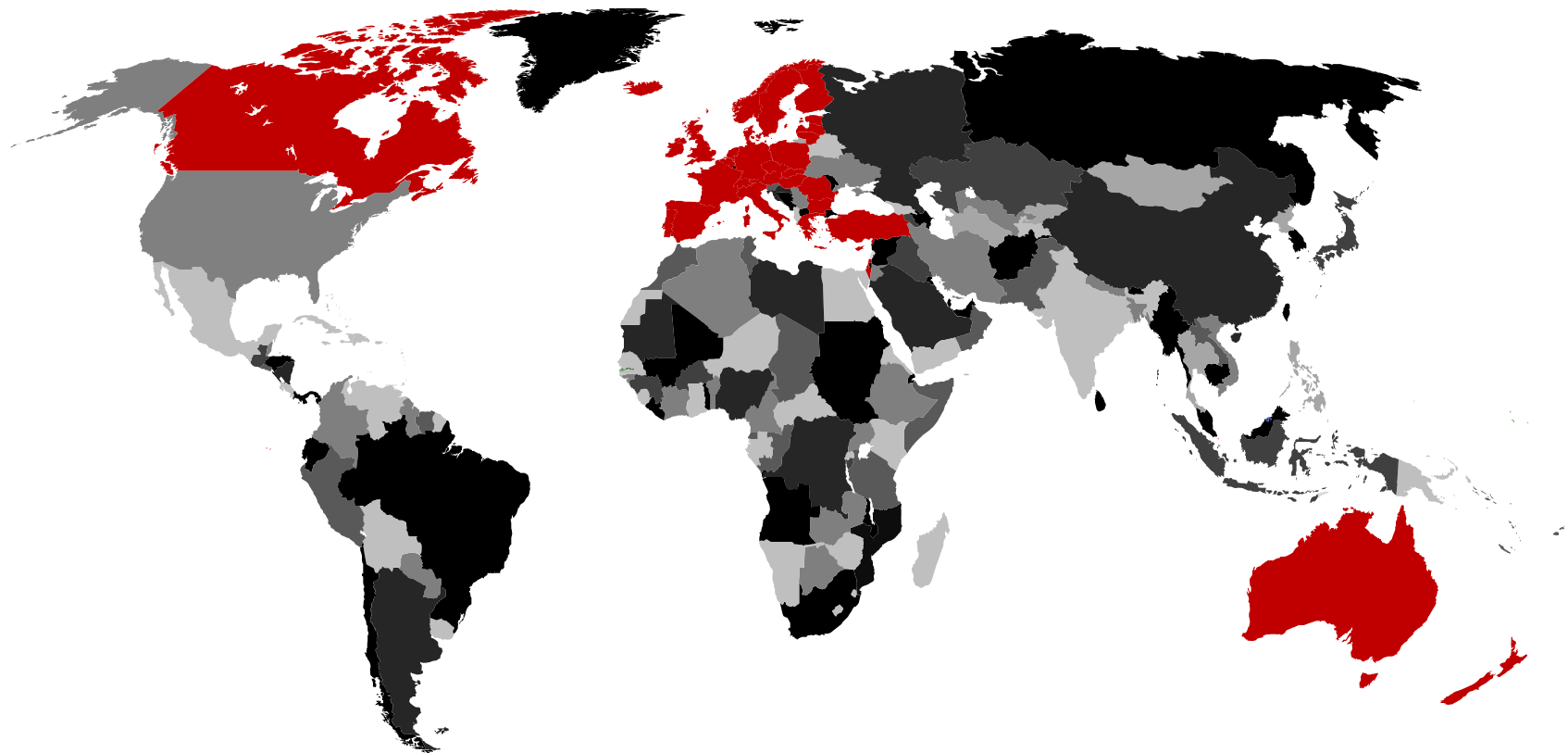


- **Me**
- **Walter Wodchis**
- **European Consortium**
- **EU, CIHI, RDC?**
- **“Quality and Costs in Primary Care”**

Qualico PC Methods

- **Survey based**
- **Practice is the unit of analysis**
- **Surveys:**
 - ❖ Practice
 - ❖ Provider
 - ❖ Patient Experience
 - ❖ Patient Values
- **HCN***

Qualico PC



Qualico PC

- **Future directions**
- **Linkage studies:**
 - ❖ Hospitalizations
 - ❖ ED visits
 - ❖ Walk-in visits
 - ❖ Billings (CDPS?)
 - ❖ (Morbidity) and Mortality

PHRU Interventional Studies



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7. **BETTER**

Health Coaching



- **Health Coaching to Effect Lifestyle Behaviour Change: A Randomized Trial of Individuals with Pre-disease**
- **Marshall Godwin MD MSc**
- **CIHR**
- **Chronic Diseases:**
 - ❖ Pre-DM
 - ❖ Pre-hypertension
 - ❖ Obesity

Health Coaching



- Intervention
 - Health Coaching with coach trained in Newfield Method of health coaching. (participants get 6 month coaching program)
- Control
 - Usual care

Health Coaching



- Outcomes
 - Self Efficacy
 - Lifestyle score (SLIQ)
 - Lipids
 - BP
 - Blood glucose

HPV



- **Pauline Duke MD**
- **CIHR**
- **“Effect of Vaginal Self-Sampling on Cervical Cancer Screening Rates: a Community-Based Study in Newfoundland & Labrador”**

HPV – Research Question



- Would introducing a self-collection method for HPV testing increase cervical screening rates, especially in underscreened and unscreened women?
- What proportion of women in a community-based setting, would use a self-collection method to screen for HPV?

Methodology



Community A

Community B

Similar Demographics

HPV self collection method in addition to access to regular pap-test

Access to regular pap-test screening

Intense educational and promotional campaign promoting cervical cancer screening

Intense educational and promotional campaign promoting cervical cancer screening

Community C

Control with similar demographics; provided with regular provincial screening and educational services



HPV: Results

Community Screening Rates	2008	2009	2010
HPV Intervention	46.23%*	39.27%	37.99%*
Education	41.33%	38.31%	39.98%
Control	35.96%*	38.91%	46.33%*
Provincial Screening Rates	43%	43%	45%
* P <0.05			



BETTER



- **Me**
- **Donna Manca, Eva Grunfeld**
- **Chronic Diseases**
 - ❖ All for which there is good evidence of an intervention to prevent

Doing it BETTER



Building on Existing Tools to Improve Chronic Disease
Prevention & Screening in Family Practice

Kris Aubrey-Bassler, Donna Manca, Eva Grunfeld

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BETTER: Context

- Family Practice is the ideal setting for most CDPS
- Evidence-based tools are available to improve CDPS but tools are inconsistently applied.
- MDs are pre-occupied with acute care.
- Dedicating time for prevention and screening is desirable.
- Maximizing practice scope of all providers is desirable.

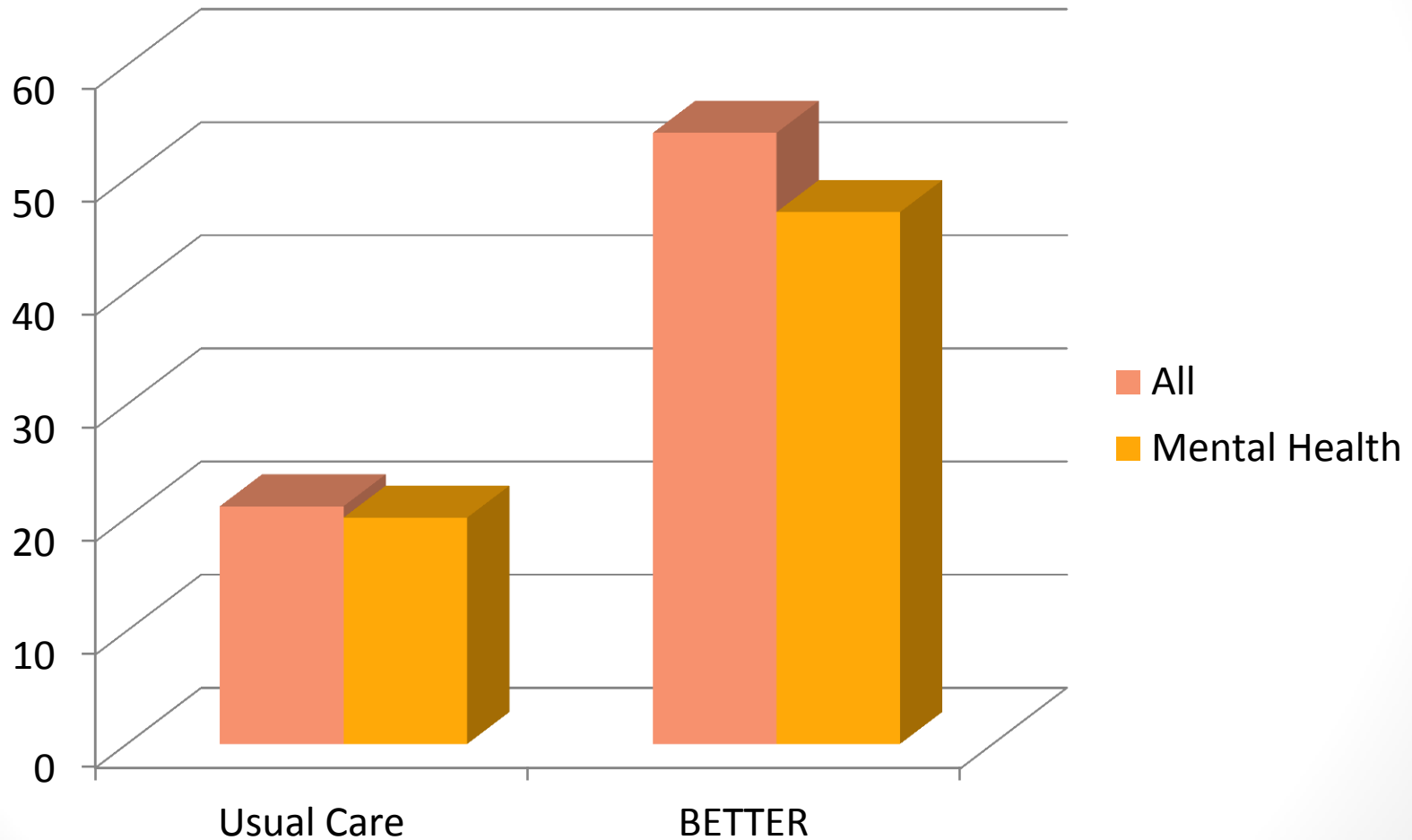
BETTER

- BETTER History:
 - BETTER 1 Recently completed pragmatic RCT
 - BETTER 2: Ongoing dissemination study
- BETTER 1 Research Question: Does an allied health care delivered intervention improve CDPS relative to usual care.
- BETTER 2 Research Question: Does the success of the intervention demonstrated in BETTER 1 translate into other clinical settings.

BETTER Approach

- Extensive guideline review, compilation and summary
- Development of a new role: The “Prevention Practitioner”
- Development of tools
- Algorithmic approach
- Through shared decision-making, goal setting, PPs develop an individualized prevention prescription for each patient

BETTER 1: Results



BETTER 2: Sites

- NWT
- Newfoundland and Labrador
- Alberta
- Ontario
- Nova Scotia