

**FIDANI CHAIR IN  
IMPROVEMENT & INNOVATION**

**VICE CHAIR, QUALITY & INNOVATION**

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**DEPARTMENT OF FAMILY & COMMUNITY  
MEDICINE, TEMERTY FACULTY OF  
MEDICINE, UNIVERSITY OF TORONTO**

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**Dr. Tara Kiran**  
**End of term report**  
**Prepared May 19, 2023**

## Dr. Tara Kiran

### Fidani Chair in Improvement & Innovation

### Vice Chair Quality & Innovation (Q&I)

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#### DR. TARA KIRAN

Fidani Chair in Improvement and Innovation and Vice-Chair Quality and Innovation,  
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I have been immensely grateful to have the protected time and support of the Fidani Chair to advance primary care practice and policy locally, provincially, nationally and internationally.

Early in my tenure, our program developed a [workplan](#) that guided us over the first few years. The workplan was informed by consultations from faculty, staff, residents, and system leaders as well as an evaluation of our program commissioned by my predecessor, the late Phil Ellison, and a Q&I leadership retreat that included Vice-Chairs and Site Chiefs held in February 2019.

Our workplan was grounded in the building blocks of high-performing primary care and drove initiatives in three key areas: building QI capacity & leadership ii) advancing meaningful measurement and iii) knowledge mobilization. The workplan also identified patient partnership as a cross-cutting priority. In Spring 2020, COVID-19 was declared a global pandemic and our program pivoted our work to respond to the crisis while still maintaining focus on key initiatives.

The following report summarizes key achievements of our program organized by our workplan themes. Key highlights include:

- **Revamping our [post-graduate QI curriculum](#)** to include key concepts like patient engagement, health equity and leadership; translating the didactic components into a self-guided e-learning series that is freely available on-line and now used by family medicine training programs provincially and internationally; creating a similar e-learning series for faculty and community clinicians
- Developing and implementing a **common [patient experience survey](#) for all 14 DFCM teaching sites** that has been in routine operation since spring 2020; publishing research based on the aggregate data
- **Developing and launching [CareCanvas](#)** a physician-level, interactive HTML dashboards that summarizes practice quality of care measures from EMR data stored in the UTOPIAN/POPLAR safe haven; launching CareCanvas+, the first dashboard for clinics that integrates quality of care data from the EMR, administrative sources (via ICES data) and patient experience for all 14 DFCM teaching sites
- **Hiring the DFCM's first [Patient and Family Engagement Specialist](#)**, a unique role for our department, the faculty of medicine, and departments of family medicine across the country; advancing patient engagement knowledge and skills in the department through consultations, teaching and

curation of material; recruiting, forming and **supporting the DFCM's first [Patient and Family Advisory Committee](#)** and strengthening related policies on patient engagement

- Hosting **an international conference on Health Equity** featuring speakers from 5 countries and more than 150 attendees; proceedings were published in the Annals of Family Medicine.
- Collaborating with the Ontario College of Family Physicians to develop and run the **[COVID-19 Community of Practice for Family Physicians](#)** which was attended by ~1000 physicians biweekly during the height of the pandemic and became as a key source of COVID education and support for thousands of family physicians in the province; developing **an accredited [COVID-19 vaccination e-learning series](#)** that has been completed by 4,873 participants; **launching [ConfusedAboutCOVID](#)** during the Omicron wave to support the public having key information about COVID to support self-management.

Notably, the achievements described above have been the result of large team efforts. In addition, our program continues to support the Q&I Program directors based at our 14 core teaching sites as well as divisional leads for QI. Importantly, the Fidani funds have been used to grow our Q&I leadership team, supporting the creation of several new roles including a Patient Experience Measurement Lead, EMR QI Measurement Lead, Faculty Development QI Lead and Community QI Lead.

The Fidani Chair has also enabled me to have protected time to do research that advances primary care practice and policy. My research contributions are detailed in my CV, but some highlights include:

- Quality improvement research related to reducing disparities in [cancer screening](#), [measuring health equity](#), improving timely access (e.g. by using [positive deviance](#), [understanding equity](#) and [using meaningful measures](#)), [reducing harm from opioids](#), [curing Hepatitis C](#) and [supporting physicians to use data to inform practice](#)
- Health policy research that has evaluated the impact of team-based care and physician payment reform on [timely access](#), [continuity](#) and [emergency-department visits](#) and research that has highlighted the [gender pay gap in medicine](#)
- COVID-19 research including the impact of the pandemic on [people experiencing homelessness](#), [changes in primary care practice patterns](#), the [number of family physicians stopping work](#), [future practice intentions](#) and the impact of [stand-alone virtual care](#) and [virtual care integrated with family medicine](#)
- [OurCare/NosSoins](#), the largest public consultation on primary care in Canadian history. To date, we have heard from over 9000 people in Canada about their experiences and priorities for primary care through our national survey. Over the next few months, we will convene in-depth dialogues with 35 citizens in each of 5 provinces as well as 10 one-day community roundtables with marginalized populations. The project will culminate with a blueprint that outlines the future for primary care in Canada to be released in late fall 2023

Our program has achieved a lot in five years and I would be honoured to have the opportunity to grow it further under the leadership of our Chair, Dr. Danielle Martin and informed by the new strategic plan.

Sincerely,



Tara Kiran  
Fidani Chair in Improvement and Innovation

## QI Capacity Building

In the summer of 2019, our [postgraduate QI curriculum](#) was redesigned to not only better serve the educational needs of family medicine residents but also to serve as a foundation for the development of specific faculty and community-based primary healthcare provider curriculum.

Led by Trish O'Brien, the redesign took into account feedback from faculty and residents. The new curriculum streamlined core content on QI methodology and expanded content on patient safety, leading change, and patient engagement. These new elements were designed to provide residents with a broader skill set to understand and influence the health systems they work in.

The postgraduate QI curriculum was updated to a new e-learning platform, Articulate Rise, in summer 2020. This platform dramatically enhanced the learning experience for residents through its visual design and usability and offered embedded links to important articles, videos, and resources. Importantly, we added a new module on health equity—a unique addition to a QI curriculum at the time. The modules have been designed to supplement local application sessions and a QI practicum done in the PGY1 year.

The accredited [Faculty Educational Series](#) was launched in the fall of 2021 to help build capacity among family medicine faculty to lead and teach how to improve quality in primary care. Led by Dr. Navsheer Toor, the faculty QI curriculum was developed as a companion curriculum to the postgraduate QI curriculum and includes a Faculty Guide to support facilitating, assessing, and evaluating application of quality improvement learning with first year medical residents.

The [Primary Care Clinician Educational Series](#) was just introduced in the fall of 2022. This QI curriculum, led by Dr. Susanna Fung, was designed to provide primary care clinicians with the knowledge and skills to lead quality improvement work in their practice. It also includes an extra module that describes how the series can help family physicians complete their QI requirements for the College of Physicians and Surgeons of Ontario.

All of these self-learning e-modules are available at no cost to anyone interested in improving quality in primary care. Over the past 3 years approximately 315 people from across Canada and internationally have registered to access our QI curriculum. Parts or all of our curriculum is now used at several medical schools including the Northern Ontario School of Medicine, Queen's University and the Aga Khan University campus in Nairobi, Kenya.

## Measuring to Improve - Patient Experience Survey

Meaningful measurement is essential for data-driven improvement. The Fidani funds supported creation of the DFCM Patient Experience Measurement Lead role to develop a common patient experience measurement across all 14 sites to inform improvement opportunities. The lead role was held first by Dr. Payal Agarwal in 2019; current co-leads are Drs. Debbie Elman and Erica Li. Centralizing this effort has reduced the time local teams spend collecting data and allows them to prioritize improving care for patients.

Although several sites were already distributing patient experience surveys, there was no consistency to the questions, the timing, or the distribution methods—and some sites felt doing a survey was out of reach

because of the resources involved while even those doing surveys were feeling strained from the ongoing workload. Having a common survey would allow for local decision-making while also helping the DFCM identify and share best practices among sites. Individual sessions with site leadership were held in 2019-20 to begin to create a shared vision around common data collection and reporting to better assess quality of care across DFCM sites. In the summer of 2020, the first [patient experience survey](#) was launched to better understand patient experiences in primary care practices since the declaration of the Covid-19 pandemic, specifically in terms of access, timeliness, and continuity of care. To date, seven iterations of the survey have been circulated to thousands of registered patients at each teaching site.

The survey was modified this year to include the [Person-Centered Primary Care Measure](#) (PCPCM), a patient-reported outcome measure that examines primary care characteristics that are rarely examined, such as the patient's connection with the physician and ability to achieve desired health outcomes. To increase its reach, the patient experience survey has been translated into French and simplified Chinese and [patient-facing infographics](#) have been developed to communicate survey results directly to patients.

Data collected from the survey has been used to do a deep dive into equity in care, understanding how experience during COVID-19 varied based on patient sociodemographic characteristics. The findings from this were published in BMJ Open in 2022, "[Sociodemographic differences in patient experience with primary care during COVID-19: results from a cross-sectional survey in Ontario, Canada](#)".

In the summer of 2022, a series of Share & Learn sessions were developed as a shared initiative for teams to explore the issue of phone wait times - a key improvement priority that came out of the patient experience survey. These sessions were an opportunity for teams to share how they have tackled these challenges at their own sites using a QI approach and key lessons learned. They were well-attended with between 30-40 attendees at each session, representing all 14 of the DFCM teaching sites. Attendees included family physicians, nurses, administrators, and patient partners amongst others. A report, '[Share & Learn: Helping Patients to Access Care](#)' was produced summarizing the outcome of these sessions.

## Measuring to Improve – CareCanvas

Supporting teams to capture and analyze practice and patient experience data is just the first step in creating a culture of data-driven improvement. Dr. Adam Cadotte, QI Measurement Lead, has been leading the development of a QI dashboard using data from DFCM's practice-based research network, [UTOPIAN](#), alongside Dr. Noah Ivers and a broad team of family doctors, researchers, and other leaders.

From 2020 through 2022, significant time and effort was spent cleaning data extracted from electronic medical records, developing code to calculate and validate quality measures, designing and optimizing the prototype website through which physicians can access the dashboard, and ensuring proper privacy and security review. Competitive grant funding was obtained to help accelerate development of the dashboard, which can assist physicians in identifying patients who are overdue for care—a particularly useful feature given pandemic backlogs in care.

[CareCanvas](#), the physician-level dashboard, was launched in November 2022 to over 300 physicians who are actively contributing data to UTOPIAN. This dashboard summarizes over 15 quality of care measures, with some stratified by patient neighbourhood income level. Physicians can use dashboard data to analyze gaps in

care and, at a higher level, aspects of their practice that need to be addressed in comparison to their peers. An evaluation of the physician-dashboard was developed and circulated. The majority of respondents reported that the physician-level dashboard was easy to navigate, that the quality metrics were relevant to their practice, and that reviewing the dashboard prompted them to engage in proactive care.

[CareCanvas+](#), the clinic-level dashboard, was made available to all 14 DFCM teaching sites in April 2023. This dashboard is the first in Ontario to merge three data sources: electronic medical record data, administrative data from ICES, and patient experience surveys. In parallel, an Ontario Health Team (OHT)-level dashboard is being developed to assist in identifying gaps in care at the population level. The ICES data represented a new opportunity to provide DFCM sites with quality of care measures customized to include physicians who were part of their teaching practice and was made possible through funding from Dr. Rick Glazier.

The team is actively collaborating with [POPLAR](#) (the Primary care Ontario Practice-based Learning and Research Network) to enable scale up to all family physicians in Ontario. Recognizing that data is necessary but not sufficient to drive improvement, the team is creating opportunities for Continuing Professional Development that are directly related to the data in CareCanvas – this includes a plan for peer-to-peer coaching and tools to support physicians to use CareCanvas to meet CPSO QI requirements.

## Patient Voice

In 2021, the DFCM welcomed its first **Patient & Family Engagement Specialist**, Dana Arafeh. Dana's role is to promote a culture and practice of partnership with patients and families across the department. Working closely with the QI program and the broader DFCM leadership team, Dana led a needs assessment during her first six months in the role. The report, [Patient and Family Engagement in the DFCM: Current State and Future Directions](#), was released in October of the same year. The report details the current state of patient and family engagement at the DFCM and outlines steps for growing patient and family engagement in the department. The report has directly informed Dana's initial workplan which includes capacity building for patient engagement, formation of a DFCM patient and family advisory committee and strengthening patient partnership in our postgraduate education.

To support faculty and staff to engage patients, Dana has created a [Patient Engagement Toolbox](#) that includes an extensive array of patient engagement resources, including quick-access resources and how-to guides, arranged to address frequent engagement questions posed by faculty and staff.

Much of Dana's efforts in 2022 were focused on the development of our inaugural [University of Toronto Family Medicine Patient Advisory Committee](#). Dana worked with individual sites to recruit potential advisors, interviewed more than 40 advisors personally and developed a terms of reference and orientation materials for the advisors to enable their success.

In September 2022, the 16 patient partners selected for the new committee met for the first time. Each committee member is a patient at one of the department's teaching clinics and comes from a diverse background, making the group both inclusive and diverse. To date, the advisors have provided DFCM leaders with feedback on a range of issues including the patient experience survey, CareCanvas, and resident training and evaluation. A large focus for the committee over the next year will be developing patient-facing materials that explain the role of the resident.

Dana has built a database of approximately 150 patient partners in addition to the Patient Advisory Committee who are enthusiastic about supporting the work of the department and who are already participating in various committees, such as the recently established Digital Health committee. Dana has also developed a standardized compensation structure for patient engagement efforts across the department to support these activities.

## COVID-19

The COVID-19 pandemic forced all of us to change the way we operate; staying on top of new guidelines, adapting to the environment, and dealing with uncertainty quickly became the new normal. The QI program saw this as an opportunity to show leadership both locally and provincially through the following initiatives:

In April 2020, the [COVID-19 Community of Practice](#) was launched in collaboration with colleagues at the Ontario College of Family Physicians (OCFP) and quickly became *'the Friday morning educational event'* for family physicians across Ontario. These one-hour virtual webinars bring together family physicians, community members, and COVID-19 experts to share their innovations and expertise with attendees who interact via a live chat and an active Q&A session.

Sessions have focused on topics ranging from implementing virtual care and navigating the evolving science of vaccinations at the height of the pandemic, to exploring digital tools that can support practice as we play catch-up post-COVID. Since the community of practice's inception, there have been 60 sessions and attendance has remained consistent, with 600–1000 participants regularly attending any given session.

As of January 2021, the community of practice session materials have been made available as self-learning modules and have been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits. To date, over 500 physicians have accessed the self-learning modules and more than 5045 physicians have participated live (usually multiple times!) – an illustration of how valuable the community of practice continues to be for primary care professionals to connect and learn from one another. The following testimonial shows how these sessions have benefited family physicians:

*"Dr. Kiran's decision to collaborate with the Ontario College of Family Physicians to create the COVID-19 community of practice was a game changer for those of us working in the community. The sessions were timely, relevant, responsive, and accessible. Each and every time I logged on to the sessions, I had questions answered that helped me to care for patients that very day."*

-Dr. Carrie Bernard, Assistant Professor (UofT), Physician at Queen Square Family Health Team

[COVID-19 Vaccination in Canada: an educational series for primary care professionals](#) was introduced at the beginning of 2021 in collaboration with colleagues at the OCFP. This free e-module series, designed as both a resource and continuous learning experience, was created to give primary care professionals the skills they need to support COVID-19 immunization. Content was frequently updated to reflect new information and recommendations, including the introduction of immunizations for children. To date, 4,873 people have accessed the modules.

Early in 2022, the QI program and the OCFP together published [ConfusedAboutCOVID.ca](https://www.confusedaboutcovid.ca), a website with plain-language materials that addressed some of the most frequent and important questions regarding COVID-19. The website had more than 27,000 unique page views in its first month, illustrating a need for clear, accurate, and up-to-date information on the COVID pandemic. Some of the questions addressed include:

- I'm feeling unwell. How do I know I have COVID? What should I do?
- When should I use a Rapid Antigen Test?
- My child has COVID. What should I know?

## Knowledge Mobilization

Bridging gaps, building meaningful connections, and sharing expertise with the goal of improving quality are central to the work of the QI program. We continue to collaborate with numerous stakeholders, such as the Ontario College of Family Physicians (OCFP), the College of Family Physicians of Canada (CFPC), the Association of Family Health Teams of Ontario (AFHTO), Ontario Health (OH), the Centre for Quality Improvement and Patient Safety (CQIPs) and others.

Additionally, deliberate effort has been made to establish and sustain international partnerships, including one with the University of California San Francisco's Department of Family Medicine's Center for Primary Care Excellence. In fact, the ***Better Care, Made Easier: 2022 Q&I Program Retreat*** included the Center for Primary Care Excellence's founding director, Dr. Tom Bodenheimer, who led a conversation on the strengths of primary care practice and the Building Blocks self-assessment for QI Program Directors, Site Chiefs and Executive Directors, admin staff, and departmental Vice-Chairs.

In 2019, we organized the **Toronto International Conference on Quality in Primary Care: Improving Health Equity**. The conference featured speakers from five countries and was attended by more than 150 people from all over the world. Through storytelling, presentations, poster displays, and interactive dialogue, several themes emerged including the role of primary care in addressing health equity through relationships with others and the need for appropriate resourcing of primary care. In 2020, a [manuscript detailing the conclusions of the international conference on enhancing health equity](#) was published in the Annals of Family Medicine.

We strive to disseminate our work through academic publications and presentations. We have several faculty who have published or presented on their QI work. Most recently, we published the [evaluation of the Q&I program](#) commissioned by the late Dr. Phil Ellison which offers insights on barriers and facilitators to improving quality in primary care.