

2017 Annual SAPCReN---CPCSSN Fall Meeting Summary

Top Priority Projects:

The following points have been identified by the SAPCReN-CPCSSN methods support team as being topical and feasible, given the data that are readily available to us:

- Antibiotic prescribing patterns (Jim)
 - To observe different prescribing patterns (characterizing high/low prescribers) for various conditions over time. However, determining the reason for the prescription (using the Encounter Diagnosis table) may be challenging.
- Motor vehicle accidents (Randall)
 - To determine how often MVAs are coded in the EMR vs. how often they occur in the average population. This may be determined through the way in which symptoms are coded (i.e. neck injury, whiplash) rather than the cause (MVA).
- Cannabis use (Rashid & Lori)
 - A quick search of the CPCSSN data text words and ICD-9 codes found over 1000 patients with information related to cannabis usage. This is a very timely issue. A possible paper might describe the various ways cannabis use is being recorded in primary care, offer suggestions for improving this documentation and how it could be used for surveillance prior to legalization.
- BP and risk of falls (Randall)
 - There are uncertainties about how and how often falls are recorded in EMR data; however, this could be an interesting project.

Actionable Items:

- Dashboard for complexity (Behi) / Workload and definitions of complex patients (Rashid)
 - A literature review of complexity definitions in primary care would be required; we may then be able to attempt to determine an appropriate definition. Previous SAPCReN work had examined patients on a complex care plan, but this work didn't contribute much.
 - SAPCReN could perhaps include Dr. Paul Ronksley's findings from his project on complex, high system use patients within the CPCSSN sentinel reports.
- Hearing loss and dementia (Rashid)
 - We were unable to find information on the severity of dementia for a prior project and there is limited information about hearing loss in the EMR. However, Rebecca Leonard (Neil's former Masters student) has been working on a case definition for hearing loss in the elderly and its relationship to dementia; we will connect her with Rashid, if he would like to join the team and help with the interpretation of the work.

Additional, More Challenging Projects:

- Medical procedures (Juan)
 - Juan later rescinded this idea. He will send Neil a list of variables for a new problem.
- Evaluation of clinical interventions / Policy innovations and their impact on primary care outcomes (Behi)
 - Topic too broad. No specific issue identified yet.
- Referral patterns in primary care (Jim)

- CPCSSN referral data may be incomplete and has not been validated. DELPHI did a similar study and found it to be quite difficult. Stephanie sent this study to Jim, but the research seemed to be poorly done. In a further discussion with Jim, he suggested a Part 1 project – validation of CPCSSN referral data in Alberta; then Part 2 – assessing referral patterns (high/low rates, variability – which could indicate room for improvement), referrer characteristics, reasons for referral (i.e. high rates of dermatology referrals for acne consultations or skin cancer follow-up); maybe explore whether a small seed grant might be available for Part 1 (i.e. AHS / AH, as this could potentially result in cost savings if referrals to specialists are decreased).
- Mammography (Jim)
 - Very little information on mammography in the CPCSSN data at the current time.
- Management of atrial fibrillation in primary care (Randall)
 - No case definition for a-fib at the moment; unsure of the specifics Randall would like to assess.
- Contribution of small, incremental risk factors to morbidity and mortality (Behi)
 - This would involve a linkage study with a large sample size. Mortality data are difficult to obtain. At the moment, this project is beyond our current capacity and would require grant money.
- Obesity care pathway (Sonja)
 - Currently in progress; Sonja has connected with Cliff and the Alberta PIHCIN.
- Predicting risk of cardiovascular event(s) in patients with diabetes (Margaret)
 - This may be reported in the literature already. If not, a new study would involve data linkage for a large sample size over many years (decades?) to be able to develop a predictive model for CV events.
- Patient follow up with family physicians after discharge (Fariba)
 - This research may have already been done; a literature review should be the first step.
- Strict/intensive management of risk factors (i.e. cholesterol, BP) compared to less intensive care for the prevention of cardiovascular disease (Jim)
 - Might be difficult to accurately identify cases/controls for this study; would require linkage to hospital data and perhaps mortality data.
- Continuity of care / team-based care for patients with pre-diabetes (Wendy)
 - Unfortunately, we don't have information about team-based care in CPCSSN; assessing continuity of care would also require linkage to physician billing claims (difficult to access).

Your contributions and suggestions are sincerely appreciated! We look forward to future collaborations! Until the next annual meeting...

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