**Project Title:** Ottawa Practice Enhancement Network

**Principal Investigator:** Simone Dahrouge, PhD., University of Ottawa Department of Family Medicine Vice-Chair Research and Scientist, C.T. Lamont Primary Health Care Research Centre, Ottawa.

---

**Letter of Information**

# Healthcare Provider Information Sheet

## Invitation to join OPEN

You are being invited to participate in a quality improvement research study because you are practicing primary care within the Champlain LHIN sub-regions.

Participants in this quality improvement study will work together to identify gaps in primary health care quality, and through a deliberative approach, prioritize the gaps which they wish to address. Each practice will then select the most suitable approach to implement in their practice to address these gaps and quality priorities. Practice facilitators will assist each practice with implementing the quality improvement approaches selected. OPEN will support the practice monitor their progress in addressing the identified gap over time.

The study relies on data from the practice's electronic medical records (EMR) to help identify potential gap areas and track progress. EMR data will be obtained by the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). CPCSSN aims to collect valid and reliable data from EMRs about risk factors and acute and chronic diseases and conditions in primary care, such as hypertension, chronic obstructive pulmonary disease, diabetes mellitus, depression, osteoarthritis, Alzheimer's disease, epilepsy, and Parkinson's disease. The goal of this partnership with CPCSSN is to provide practices with information derived from their EMR to assist them in identifying a care gap, and monitoring the area targeted for improvement over time. CPCSSN will also allow practices to identify their patients that meet their QI criteria.

## Why is this study being done?

Primary care practices strive to optimize the care of their patients, but often lack the ability to access their own EMR data to understand potential care gaps. They also face challenges in making the desired changes in their practice to address the care gap, and could benefit from evidence about what

can help address the priorities they have identified, and how these measures can be implemented within their practice.

Chronic diseases are most commonly managed in the primary care setting. Increasing use of EMR has led to the realization that electronic health care data collected as part of routine practice could be available for chronic disease surveillance, research and for quality improvement. The data obtained will allow better estimation of the prevalence of chronic illness and diseases, predisposing risk factors, impact on health and quality of life, and management at the primary care level. More importantly for individual practices, that data will allow them to understand the areas of care that could be strengthened in their practice, permit them to identify the patients who have a condition they wish to address, and track their progress in care delivery over time.

**How many participants will be in this study?**

This study will recruit 8 – 10 practices. There is no patient recruitment.

**What will your participation involve?**

Providers participating in this initiative will be part of a network of providers working in primary care practices who will collaborate for the purpose of quality improvement. You will

- Review summarized data from your EMR to identify care gaps.
- Work with other providers in OPEN to select one or more priorities you wish to address as a network.
- Receive information from the OPEN team about evidence based approaches to address the gap you have identified.
- Select and implement the approach best suited for your practice. A practice facilitator will support you to make the desired changes.
- Review progress on improving this gap over time.

You will also be asked to complete a short questionnaire. No health professional's name will be included in the regional or CPCSSN databases. The questionnaire will take approximately 5 minutes to complete.

Data of your patients will be extracted from EMR on a quarterly basis. The patient name, health card number, address, telephone number and family contacts are removed (de-identified). The data will then be coded and uploaded to the regional network and CPCSSN's database.

**Will data be used in future research?**

Yes. De-identified health data will be part of the regional and CPCSSN databases and can be used by researchers for a number of future research studies.

**How long will I be involved in the study?**

The entire study will last approximately 5 years and your practice's participation approximately 3 years.

**Are there any risks?**

While individuals cannot be identified in the coded (de-identified) data set, there is a risk that a patient may feel uncomfortable or upset when he/she learns their health data is being included in CPCSSN. Also, there are risks inherent in the transfer of data over the internet if there is a security breach or attack from internet-borne viruses, Trojans or other data-sniffing technologies.

**Are there any benefits?**

OPEN may help primary care providers improve the quality of care they deliver to their patients. Participating primary care providers will have access to their EMR data to improve reporting capability, facilitate establishment of priorities and enhance organizational efficiency. Practices will benefit from receiving summarized data reports on their quality of care with comparisons to peers locally, provincially and nationally. More importantly, practices will have access to learning opportunities, evidence-based information and support to address their priorities. Your patients will benefit from receiving enhanced care delivered by engaged, informed and supported providers.
On a broader scale, the data collected by CPCSSN which captures the existing state of health status of our population, can assist researchers identify gaps and needs, create new knowledge and align our policies, programs and health resources accordingly, all of which translates into improved quality and health outcomes for patients and their families.

**Do I have to participate? Can participation end early?**

**Participation is voluntary.** You can withdraw from this study at any time. If you decide to withdraw from the study, you can call the research coordinator (see contact information below). The information about you/your patients that was collected before you left the study will still be used. No new information will be collected without your permission.

**Will I be paid to participate in this study?**

You will not be compensated for your participation in this study.

**Will there be any costs to me or the healthcare team in this study?**

No costs are anticipated due to participating in this study.

**What will happen to my personal information?**

- All information collected during your participation in this study will be identified with a unique study number, and will not contain information that identifies you or your patients, such as your/their names, address, etc.
- The link between your unique study number and your name and contact information, and the link between your patients' unique study numbers and their names, will be stored securely and separate from your/their study records at CPCSSN's central database at Queen's University.
- Any documents leaving Queen's University will contain only your or your patients' unique study number. This includes publications or presentations resulting from this study.

- The coded data will be securely stored on a separate server at Bruyère Research Institute. Coded data will also be stored on the CPCSSN database which is located at a secure facility under 24 hour intrusion alert security system, security guard and cameras.
- Information that identifies you will be released only if it is required by law.
- For audit purposes only, your original study records, and your patients' medical records, may be reviewed under the supervision of Dr. Simone Dahrouge's staff by representatives from:
    - the Ottawa Health Science Network Research Ethics Board (OHSN-REB),
    - Bruyère Continuing Care Research Ethics Board
    - Queen's University Research Ethics Board
- Research records with identifying information will be kept for 10 years after study completion, after this time they will be destroyed. The coded data for this research study will be retained indefinitely.

**Will I be informed about any new information that might affect my decision to continue participating?**

You will be informed in a timely fashion of any new findings during the study that could affect your willingness to continue in the study. You may be asked to sign a new consent form.

**If I have questions about this study, who should I call?**

If you have any questions, concerns or would like to speak to the study team for any reason, please call the Research Coordinator:

- Maddie Venables, PhD., Research Coordinator, C.T. Lamont Primary Health Care Research Centre, 613-562-6262 ext. 2936 or mvenables@bruyere.org

You can also ask questions to the Principal Investigator of the study:

- Simone Dahrouge, PhD., Department of Family Medicine Vice-Chair Research and Scientist, C.T. Lamont Primary Health Care Research Centre, 613-562-6262 ext. 2913 or sdahrouge@bruyere.org

The Ottawa Health Science Network Research Ethics Board (OHSN-REB) has reviewed the plans for this research study. If you have any questions about your rights as a study participant, you may contact the Chairperson at 613-798-5555, extension 16719.

**Project Title:** Ottawa Practice Enhancement Network

**Principal Investigator:** Simone Dahrouge, PhD., University of Ottawa Department of Family Medicine Vice-Chair Research and Scientist, C.T. Lamont Primary Health Care Research Centre, Ottawa.

## Consent for Practice Participation

- I understand that my Healthcare Team is being asked to participate in a quality improvement study and CPCSSN.
- This study was explained to me by _____.
- I have read, or have had it read to me, each page of this Healthcare Provider Information Sheet Informed Consent Form.
- All of my questions have been answered to my satisfaction.
- If I decide later that I would like to withdraw my Healthcare Team's participation and/or consent from the study, I can do so at any time.
- I voluntarily agree on behalf of _____ (Practice name) to participate in this study.
- I will be given a copy of this signed Healthcare Provider Information Sheet Informed Consent Form.

| _____ | _____ | _____ |
|---|---|---|
| ***Physician Lead/Practice Manager*** Printed Name | ***Physician Lead/Practice Manager*** Signature | ***Date*** |

_____
Healthcare Team (Printed Practice Name)

**Investigator or Delegate Statement**

I have carefully explained the study to the Physician Lead/Practice Manager. To the best of my knowledge, the Physician Lead/Practice Manager understands the nature, demands, risks and benefits involved in taking part in this study.

| _____ | _____ | _____ |
|---|---|---|
| Investigator/Delegate's Printed Name | Investigator/Delegate's Signature | Date |

**Signatures of Primary Care Providers at _____ Healthcare Team:**

| | | | |
|---|---|---|---|
| 1. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 2. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 3. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 4. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 5. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 6. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 7. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 8. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 9. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |
| 10. | _____ | _____ | _____ |
| | Primary Care Provider Printed Name | Primary Care Provider Signature | Date |

**(Append additional sheets as required to ensure all primary care providers are included)**