

Physician Learning Program

Business Plan
2024-2027



Physician
Learning
Program

Table of contents

- Message from the PLP 3
- Introduction 4
 - Our Vision, Mission, Our Guiding Principles 4
- Alberta’s Physician Learning Program: Unique and impactful 5
- Strategic Priorities 2024-27 5
 - Improve delivery of patient care by supporting physicians and teams in data-driven quality improvement. 6
 - Support health system sustainability through partnerships across the care continuum 7
 - Incorporate consideration of health disparities faced by people in equity-deserving groups; those living rurally, those with rare diseases, and those in vulnerable circumstances 10
 - Respond to the health needs of Albertans as they arise 11
- How will we measure success? 12
 - Using the Quintuple Aim 12
 - Other Measures of Success 13
- Our Team 14



Message from the PLP

As co-leads of the Physician Learning Program (PLP), we are honoured to present our 2024-2027 Business Plan on behalf of our teams and our engaged partners. The PLP is a dynamic and highly skilled interdisciplinary group of experts and has become an essential partner in building a high quality and sustainable healthcare system.

Our work involves:

- strengthening data infrastructure to enable clinical quality improvement;
- co-creating strategies for advancing practice across the care continuum through rich partnerships bridging community, mental health and addictions care, and primary and acute care;
- innovating and applying multi-method approaches to understand the complexity of practice context, and co-creating improvement interventions to advance practice;
- cultivating deep engagement with our community partners and clinical teams to support system transformation to deliver person-centred care; and
- incorporating the health concerns of Albertans including those with disparities and those in equity-deserving communities: those living rurally, individuals with uncommon diseases, and those in vulnerable circumstances.

We are proud to report that the PLP has garnered provincial, national, and international attention. The PLP was recognized for having “measurable quality gains” by the Auditor General in 2017¹, and has attracted attention from across Canada, notably by the Ontario Ministry of Health, the Auditor General of Ontario, the Ontario Medical Association, the Centre for Health Innovation in Manitoba, and the Medical Council of Canada’s 2021 Outstanding Achievement in the Evaluation of Clinical Competence.

We continue to learn and share our evolving knowledge and insights on how to create clinically actionable information by engaging with physicians, teams, partners, and patients to co-create sustainable interventions to advance care. Key foci of this upcoming business plan include continuing to enhance our reach into primary care; increasing consideration of health equity in our projects; and fostering and expanding our deep relationships with health system partners across the care continuum to execute on our mission.



Dr. Denise Campbell-Scherer, PLP Co-lead,
Associate Dean, Office of Lifelong Learning & Physician Learning
Program, University of Alberta



Dr. Thomas Raedler, PLP Co-lead,
Associate Dean, Continuing Medical Education &
Professional Development, University of Calgary

Introduction

For 15 years, the Physician Learning Program (PLP) has played a key role in improving the quality of healthcare and supporting physicians and teams in integrating best available clinical information and evidence in their practice. Our reach across the care continuum has increased tremendously, with deliberate emphasis on team-based learning, and deep partnerships with health and social system groups. Our understanding of, and contributions to, the practice and science of implementing improvement initiatives in complex adaptive systems continues to expand. With it, the breadth of skills of our team and engaged partners has blossomed into a world-class team capable of cutting-edge innovation and programs.

Emerging from the unprecedented health challenges of recent years, our healthcare sector is increasingly under pressure. The PLP takes a holistic approach to understanding problems, leveraging our rich information sources, and integrating this knowledge to co-create solutions with our partners. This supports a person-focused, high quality, and sustainable healthcare system.



Our Vision

All Alberta physicians will care for patients in a supportive culture, driven by evidence informed, reflective practice improvement.



Our Mission

The PLP creates actionable clinical information by engaging with physicians, teams, partners, and patients to co-create sustainable solutions to advance practice.



Guiding Principles

The PLP is dedicated to moving clinical evidence into practice – fostering a collaborative culture where everyone works together to tackle our most pressing problems, and creates a world class, sustainable health system.

To do so, all PLP staff and projects will:

- **Partner** with stakeholder groups to understand problems, **co-create** solutions, and **implement and sustain** them provincially.
- Remain **flexible** in our approach to problems and solutions and **responsive** to patients, clinicians, and health system needs.
- Use a **data-driven, evidence-based, formative** approach to support **improvement**.

Alberta's Physician Learning Program: Unique and impactful

At the PLP, we work to advance care through addressing emerging health problems, reducing variation in clinical practice, fostering timely uptake of proven knowledge and interventions, and reducing low value care. A hallmark of the PLP approach is partnership, which is crucial to delivering on our mission. We engage with healthcare professionals and clinical researchers, health system partners, and community. This gives us the reach and expertise to facilitate the co-creation, scale, and spread of sustainable solutions throughout the medical community.

Achieving a high quality and sustainable healthcare system is the culmination of the call to action of the Institute of Medicine report Crossing the Quality Chasm², which highlighted the lag of 17 years in translating clinically important insights and innovations into practice. Our interdisciplinary team has extensive methodological expertise coupled with project management skills. Our rigorous processes anchor the arc of our projects from consideration through knowledge transfer. We work to understand problems through making sense of highly disjointed administrative healthcare data, and with qualitative inquiry, human-centered design, and improvement science. We provide meaningful and formative feedback, and contextualized information to physicians and teams using a supportive, evidence-based approach.

Strategic Priorities 2024-27

- Improve delivery of patient care by supporting physicians and teams in data-driven quality improvement.
- Support health system sustainability through partnerships across the care continuum.
- Incorporate consideration of health disparities faced by people in equity-deserving groups; those living rurally, those with rare diseases, and those in vulnerable circumstances.
- Respond to the health needs of Albertans as they arise.

Improve delivery of patient care by supporting physicians and teams in data-driven quality improvement.

It is not easy or straightforward to change or advance clinical practice. There are many barriers at the individual, group, or system level, and these can be complex and overlapping. System-wide progress remains elusive, in part due to linear improvement paradigms that ignore the complexity of the health system.

To ensure physicians and their teams can adapt their practice in response to evidence, the PLP works with its partners to support systems thinking on projects of significant impact. Projects use a variety of techniques to analyze data to create useful information, bridge the gap between knowledge and practice, and improve clinical practice and patient care. The PLP makes knowledge available and easily accessible to physicians and teams in formats they find useful.

Actions

The PLP will use the following strategies to conduct projects and implement and advance improvement science:

1. Advanced data analytics techniques and data visualization

Health data is not in a format that can be readily analyzed and requires advanced coding to be useful. This enhances our ability to apply data to address clinically important questions, and to synthesize data to create clinically meaningful information. We use data sources such as Connect Care, NAPCReN, HQCA, administrative health databases, and EMRs. Rapid improvement cycles require nimble access to clinically relevant information in an accessible format. Our expertise in data visualization and dashboard creation supports ongoing improvement activities.

2. Sensemaking, Cognitive science approaches, and Human-centred design

To understand complex adaptive systems, as well as how people make sense of their world and experiences, and how they make decisions, we use diverse approaches to collect and understand data. This supports understanding evolving context and divergent mental models to create alignment and support change.

Cognitive science (CS) and Human-centred design (HC) support understanding problems in context by drawing on cognitive research and systems engineering. CS methods like cognitive task analysis and critical decision methods help elucidate peoples' mental models, which guide the design and implementation of innovations that fit well with users' reality.

Numerous HCD methods are dedicated to organizing information effectively in tools and resources, with a primary aim of facilitating quick and accurate comprehension (see Figure 1). Products such as pathways, shared decision-making tools, decision algorithms, infographics, patient education resources, and knowledge management resources help translate key information to diverse audiences. In addition to ongoing innovative HCD projects, successful HCD deliverables are included in provincial scale and spread projects.

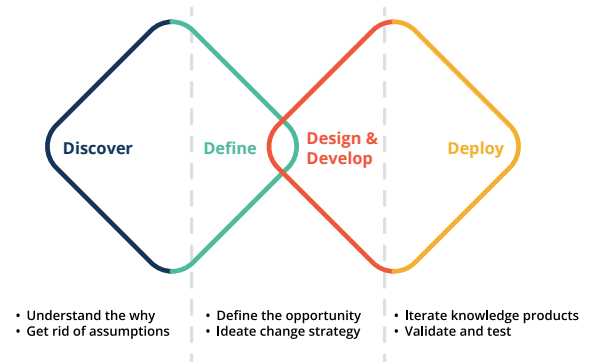


Figure 1. Illustration of Human Centred Design Approach

3. Improvement science

To achieve practice change at scale, we have to support dissemination and implementation of the new practice throughout the complex health system. At the PLP we are:

- Pioneers in the development and use of Facilitated Group Audit and Feedback.
A major contribution to the field was made with the PLP's development of the award winning Calgary Audit and Feedback Framework (CAFF). This approach fosters groups to interact and reflect on their practice data, address barriers and facilitators to implement change.
- Champions of team-based clinical practice quality improvement through Advanced Quality Improvement (AQI) and we work on spreading this throughout the care ecosystem.
- Innovators in an award winning implementation science approach in the use of the Consolidated Framework for Implementation Science (CFIR) and Normalization Process Theory (NPT) to the study of large scale health improvement innovations like the National Surgical Quality Improvement Program (NSQIP) and the Cirrhosis Care Alberta Project (CCAB).

Support health system sustainability through partnerships across the care continuum

Alberta's 21st century healthcare system is very complex for patients, families, and providers. Albertans' healthcare journeys can touch a myriad of services across the healthcare continuum, including community/continuing care, primary care, acute care, and mental health and addiction. These diverse contexts represent a challenge for clinical improvement activities, requiring the PLP to work in partnerships which span this care continuum. These partnerships with diverse health professionals and healthcare and community groups are crucial to understanding gaps and contexts in order to co-create, implement, and sustain solutions in the complex healthcare system. Furthermore, partnerships with improvement research platforms such as the Alberta Strategy for Patient-Oriented Research (AbSPORU) platform, and Alberta Innovates grants like the Partnership for Research and Innovation in the Health System (PRIHS), and Choosing Wisely Alberta (CWA) inform learning about how to scale and spread to achieve optimal outcomes. We also work to develop system capacity to support change through training clinical champions, coaches, and facilitators who can support teams in data-driven practice improvement. Figure 2 illustrates our current PLP partnerships crucial to achieving our mission.



Actions

1. PLP will continue to foster and expand extension of programs across the care continuum, bridging with current and emerging community, primary, acute and continuing long term care.

2. As part of its ongoing work in primary care, the PLP will:

- Develop and engage physicians in knowledge transfer and strategies to change behaviour, such as reducing low-value testing and treatments, and addressing delayed care and emerging gaps in care.
- Partner with Alberta's PCNs on a suite of projects related to evidence translation and capacity for improvement work.
- Collaborate with the HQCA in developing and promoting the Primary Care Panel Reports that provide family physicians with data on their practice and opportunities to learn about and address gaps in care.
- Partner with the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) in Alberta in providing family physicians with panel reports and dashboards to support quality improvement and help them optimize meaningful use of their EMRs.

3. To address priority areas related to improvement interventions in acute care, the PLP will:

- Strengthen our relationship with emerging acute care improvement organizations such as the Antimicrobial Stewardship Group, Strategic Clinical Networks (SCNs), and related practice improvement organizations, to collaborate on initiatives related to the spread and scale of our projects.
- Continue our partnerships and meaningful support for critical care, emergency, medicine and surgery; including usage of diagnostic imaging, laboratory services, blood usage, appropriate use of medications, and other topics as they emerge.

4. To address priority areas related to mental health and addiction, the PLP will continue:

- Our comprehensively work with the Cirrhosis Care Alberta Program.
- To deepen our collaborations with psychiatry to continue to spread and scale our work on pediatric mental health, family support, depression and psychosis.
- To spread and scale our partnered work on autism and related neurodevelopmental diseases to support patients, families, and care providers.

5. To address prioritize areas related to continuing care, the PLP will continue to:

- Partner with Choosing Wisely Canada and partners in Long-Term Care and Designated Supportive Living for areas impacting senior, such as appropriate prescribing of sedating medications.
- Spread and scale our, and our partners', work on antimicrobial stewardship, low value testing for urinary tract infections, and polypharmacy.

Incorporate consideration of health disparities faced by people in equity-deserving groups; those living rurally, those with rare diseases, and those in vulnerable circumstances

All Albertans deserve equity in the quality of care that they receive. Currently, there are visible and invisible factors which affect this aim. Geographic, social and cultural distance may contribute to challenges with health evidence communication and uptake of healthcare improvement interventions. Many people don't realize that 12% of Albertans live with rare diseases and care, while available, is hard to navigate.

In our 2021-2024 Business Plan we expanded our outcomes framework to use the Quintuple Aim, explicitly including health equity. The compounding effects of disease with poverty, rurality, migration, and racialization have been intensified by the impacts of the pandemic. With our new 2024-2027 Business Plan, we are expanding our engagement with First Nations, people living rurally, those living with mental health and addictions, and those who are in precarious living situations. We are expanding our work on neurodevelopmental disease including autism.

Actions

To incorporate consideration of health disparities + health equity, the PLP will:

1. Increase our existing collaborations with rural PCNs to enhance capacity for improvement and undertake quality improvement.
2. Undertake collaborative, participatory projects with the urban underserved—communities with lived experience of poverty, unstable housing, and a high burden of physical and mental illness and addiction in collaboration with our partners at Inner City Health and Wellness Program (ICHWP - <https://www.ichwp.ca>). First Nation people are members of this community advisory group. These are focused on improved care for chronic and infectious disease across the care continuum. The first two topics for projects selected by the community are cirrhosis and infectious disease.
3. Focus on neurodevelopmental diseases and related rare diseases (i.e. autism, ADHD, Fragile X) to respond to the needs of providers and families to improve diagnosis, system navigation, and management across the life-cycle.
4. Include deliberate consideration of health disparities faced by women by deliberately including this as a focus in our data projects, and describing and targeting relevant women's healthcare gaps.

Respond to the health needs of Albertans as they arise

The Alberta healthcare system continues to face challenges associated with the unprecedented global pandemic. While COVID-19 vaccines have helped mitigate the risk of severe outcomes, long COVID continues to be a problem, and regular surges of infection can be expected during the ongoing endemic stage. In addition, the cumulative effects of delayed or deferred treatments for other illnesses and diseases are driving increased demands on the healthcare system. The pandemic also revealed serious deficits in care for people in vulnerable circumstances. As Alberta rebuilds more resilient systems we need to address these deficits. Our population also faces emerging challenges related to migration, climate change (i.e., heat domes, smoke from seasonal forest fires), and ongoing pressures associated with economic and demographic challenges. Our healthcare workforce has been under tremendous strain with significant burn-out. This affects capacity for engagement in improvement activities. It will be imperative that programs like the PLP are able to respond to the health needs of Albertans as they arise, and contribute to creating a positive culture of improvement which can nurture and sustain the clinical workforce.

Actions

Moving forward, the PLP will:

2. Support emerging health needs due to the effects of the pandemic, including:
 - missed disease screening
 - delayed chronic disease care, and new concerns like long COVID
 - increased addiction and mental health disease, and associated concerns like cirrhosis
 - increased health deficits related to needs of Albertans with health disparities including equity-deserving groups, women, people with rare diseases, and people in vulnerable circumstances.
2. Support the well-being and professional development of physicians and their teams, post COVID-19, by creating a safe environment to interact with, and reflect on, practice data.

How will we measure success?

Using the Quintuple Aim

Any deliberate effort to change complex systems results in a myriad of foreseen, and unforeseen, impacts. To ensure we are open to these challenges, PLP uses the “quintuple aim” – which takes a holistic approach to the implementation of evidence-based healthcare as a grounding principle (see Figure 3). This allows us to mitigate negative impacts and nudge the system into a more resilient and robust state. The outcome of importance is that the health of Albertans is improved in a sustainable way – from both an economic and a care delivery perspective. How do we do this? We practice reflexivity in all our projects, ensuring that we have considered the problems from the different perspectives of patients, healthcare providers, and those funding the system. We seek to understand the multiple “whys” behind the problem, and then bring to bear our different methodological approaches to co-create solutions. Our strategic plan incorporates health equity into our operations, co-developed projects, and programming. We seek to achieve balance between the five aims, ensuring we are doing the best we can for physicians, patients, and the healthcare system.



Figure 3 – The Quintuple Aim

Other Measures of Success

We will be accountable for our work through regular monitoring, measurement, and reporting. In addition to using the Quintuple Aim, we will use the following success factors to track our progress:

Success Factors	Measures of Success
Impact and Value	<ul style="list-style-type: none"> • Percentage of physicians/healthcare providers who feel that participation in a PLP event helped them in their clinical practice • Evaluation of the reach and spread of tools and resources used by physicians and their team • Number of PLP projects that completed their outputs. • Project impact stories • Evaluation of patient and provider knowledge and experience (patient journey maps, qualitative data collection, equity etc.) • Where appropriate our projects may consider cost effectiveness or economic analysis
Stakeholder engagement	<ul style="list-style-type: none"> • Number of stakeholders engaged in partnerships with the PLP project design, execution, dissemination, and scale and spread
Knowledge translation (KT) and scholarship	<ul style="list-style-type: none"> • Knowledge translation and partnership activities (number of audit and feedback sessions, human-centred design co-creations, co-learning sessions, quality improvement sessions, etc) • Number of participants in PLP KT events and activities, and measure of satisfaction • Dissemination of data and evidence (number of publications, abstracts, reports, presentations, KT events)

Our Team



Denise Campbell-Scherer, MD, PhD, CCFP, FCFP
Associate Dean, Office of Lifelong Learning
Co-Lead Physician Learning Program Professor,
Department of Family Medicine

Karen Hunter, BSc, BMgt, MBA, PhD
Managing Director

Rose Yeung, MD, FRCPC, MPH
Senior Medical Director, Specialty Linkages
Associate Professor, Department of Medicine

Donna Manca, MD, CCFP, FCFP, MCISc
Medical Director, Family Medicine
Professor, Department of Family Medicine,

Lynora Saxinger, MD, FRCPC
Medical Director, Infectious Diseases
Associate Professor, Department of Medicine

Puneeta Tandon, MD, FRCPC
Medical Director, Gastroenterology
Associate Professor, Department of Medicine

Eliana Castillo, MD, FRCPC, MHSc
Medical Director, Women's Health
Clinical Associate Professor of Medicine and
Obstetrics & Gynaecology, UofC

Khalid Aziz, MBBS, BA, MA, MEd(IT), FRCPC
Medical Director, Quality Improvement
Professor Emeritus, Department of Pediatrics

Lee Green, MD, CCFP, MPH
Medical Director, Cognitive Sciences
Professor, Department of Family Medicine,

David Ross, MD, FRCPC
Medical Director, Psychiatry
Chair, Professor, Department of Psychiatry

Ginetta Salvalaggio, MD, MSc, CCFP(AM)
Medical Director, Health equity (Urban underserved)
Professor, Department of Family Medicine,

Nonsikelelo Mathe, BSc(hons), PhD
Scientific Director



Thomas Raedler, MD, FRCPC
Associate Dean, Continuing Medical Education and Professional
Development
Co-Lead Physician Learning Program

Kelly Burak, MD, FRCPC, MSc (Epid)
Assistant Dean, Physician Learning Program

Eliana Castillo, MD, FRCPC
Medical Director, Quality Improvement

Elaine Chow-Baker, MSc, MBA, PMP
Managing Director

Douglas Woodhouse, MD, BScEng, CCFP
Medical Director

Jennifer Thull-Freedman MD, DABPed
Medical Director

Oliver David MD, CCFP
Medical Director

Tina Nicholson, MD, ChB, CCFP
Medical Director

Sonia Butalia MD, FRCPC, MSc
Medical Director

Jackie Thurston MD, FRCSC
Associate Medical Director

Selena Au, MD, FRCPC, MSc
Medical Director

Brenna Murray, BA, MPH, PMP
Team Lead, Project Manager

Aaron Peterson, BSc
Project Manager

Diane Duncan, BSc Pharm, MEd, PMP
Project Manager

Maria-Alexandra Restrepo Gonzalez, MSc
Project Manager, Internal Quality Improvement
and Standards

Andrea Davila Cervantes, MD, MSc
Director of Lifelong Learning

Nandini Desai, BSc (Hons), BScPharm, CDE
Clinical Liaison

Nicole Ofosu, PhD
Research Associate

Eric Wiedenman, PhD
Research Associate in Implementation Science

Ayesha Iqbal, PhD
Postdoctoral Fellow

Melanie Heatherington, MEd
Educational Specialist

Jordan Tate, BDes
Human-Centred Designer

Badi Jabbour, BSc
Project Manager

Natasia Dizak, BCom
Administrative Assistant

Jessica Cohen
Administration & Communication Coordinator

Brock Setchell
AHS Analytics Senior Data Analyst

Nathan Solbak, MSc, PMP
Project Manager

Sampson Law, MSc
Project Manager

Sarah Seymour, BScHK, BScN RN
Project Manager

Johanna Blaak, MSc
Human-Centred Design Lead

Ashleigh Metcs, BComm
Human-Centred Designer

Geer Ma, MEng
Software Developer

Brock Setchell, BSc
AHS Analytics Senior Data Analyst

Laurel Collier, BSc, BA
AHS Analytics Senior Data Analyst

Charlene Feuffel, CHIM
AHS Analytics Health Information Analyst



Physician
Learning
Program

<https://www.albertaplp.ca/>
plp@ualberta.ca
plp@ucalgary.ca