

# Physician Learning Program:

## Powering System Change to Improve Quality



Physician  
Learning  
Program

<sup>1</sup> Auditor General Report – Better Healthcare for Albertans (May 2017), Executive Summary, page 4.

## Introduction

The Auditor General, in the *Better Healthcare for Albertans Report*, recently highlighted the **Physician Learning Program (PLP)** for significant quality improvement initiatives that have resulted in “measurable quality gains” for Albertans.<sup>1</sup> Similarly, the Ontario Ministry of Health, Ontario Medical Association, and the Auditor General of Ontario have expressed enthusiastic interest in the PLP’s methods, mandate and impact.

Formed in 2009, the PLP has a mandate to support physician learning by providing practice data and feedback to physicians. PLP has been at the cutting edge in developing methods to facilitate the uptake of this information to support physicians and teams, while innovating novel ways to change practice and support improvement. PLP demonstrates leadership in processes to obtain, analyze and present health systems data. We have developed unique and critical partnerships with data custodians and various agencies throughout Alberta, and nation-wide, leveraging these collaborations to create unique learning opportunities for physicians. We partner with key stakeholders, such as Alberta Health Services (AHS), Strategic Clinical Networks (SCNs), Health Quality Council of Alberta (HQCA), Choosing Wisely Alberta (CWA), Primary Care Networks (PCNs), Provincial Antimicrobial Stewardship Committee, and the College of Physicians and Surgeons (CPSA), to support needed practice change.

## About This Report

PLP is an outstanding example of a truly functional collaboration between the University of Calgary and the University of Alberta, with provincial reach and national influence. PLP is innovating new ways to support the translation of knowledge into high quality, sustainable health care. This briefing document will highlight the strategic partnerships that enable the reach and impact of the PLP and provide illustrative examples of recent PLP projects focused on health system integration and appropriateness.

## Strategic Partnerships to Power System Change

### ***Alberta Innovates – Alberta SPOR Unit Knowledge Translation (KT) Platform***

In 2017, the Alberta PLP collaborated with SPOR (Strategy for Patient Oriented Research) on two major initiatives. 1) An integrated KT and Data Visualization Workshop led to a highly successful Alberta PLP project with the Seniors Strategic Clinical Network (SCN) to decrease antipsychotic prescribing. 2) The National Audit and Feedback meeting enabled the PLP to present its work on the development of an evidence-based, structured approach to group A&F in the presence of international A&F experts.

### ***Alberta Health Services (AHS):***

#### ***PLP alignment with AHS Mission, Values and Strategies***

To achieve the mission of a sustainable and “*patient focused, quality health system*” we need to improve our capacity for Type 2 translation, which ensures the best evidence is in the hands of front-line healthcare practitioners, patients, health policy makers, and the public. There has been an explosion in the science of how to implement evidence-based healthcare and PLP is at the forefront of the push in Alberta to support having the best evidence available for both physicians and patients. The PLP is uniquely positioned to help AHS “*share and use evidence in the delivery of*

<sup>2</sup> <https://www.albertahealth-services.ca/about/Page12951.aspx>

*care to improve patient outcomes and to solve the complex challenges affecting the health system”.*<sup>2</sup>

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### **Measuring Quality: AHS Provincial Practitioner Executive Committee (PPEC)**

In 2017, PLP joined forces with the PPEC Patient Safety Working Group to prepare a *Getting Started Kit for Practitioner Quality Metrics*. This guide to quality improvement was presented to Zone Medical Directors in November 2017 and will be distributed throughout AHS in early 2018. The PLP heavily influenced the development of this document, which outlines how to define and present quality metrics and the value of delivering facilitated A&F.

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### **Collaboration with SCNs:**

#### **Increasing appropriateness across the spectrum of care**

The PLP completed the B-SAFE (Best Sedative and Antipsychotics in the Elderly) project with the Calgary hospitalists in 2016. By providing confidential, facilitated A&F on prescribing data, we demonstrated a 39% reduction in the combined use of antipsychotics and sedatives in hospitalized patients over the age of 70. PLP subsequently collaborated with the Seniors Health SCN, who had done similar work on the Appropriate Use of Antipsychotics in long-term care, to diffuse this innovation to the community and seniors living in Supportive Living sites. The two PLP offices recently supported a process improvement workshop involving 33 multi-disciplinary care providers (including 15 physicians) from 6 supported living sites. Following the workshop 90% of respondents felt they could provide higher quality care to their patients.

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#### **Improving Appropriateness: Bending the cost curve**

The PLP is engaged in a number of projects focused on increasing the appropriateness of care. The PLP recently completed a project in collaboration with emergency department (ED) physicians and the AHS Clinical Knowledge and Content Management program (CKCM) with the goal of aligning practice with best evidence in the care of infants with bronchiolitis. This project is scalable to EDs, urgent care, and primary care settings across the province, and has the potential to reduce unnecessary and costly testing and treatment in this common pediatric illness. The PLP is conducting a project with Calgary gastroenterologists around appropriateness of endoscopy to investigate dyspepsia. Of the 1200 endoscopies performed annually in young patients with dyspepsia, 50% of procedures performed were in patients without red flags. In March 2018, a facilitated A&F session will help identify barriers, facilitators and change plans to reduce the inappropriate use of this limited resource. Furthermore, PLP has worked with ED physicians to improve the appropriateness and timeliness of antibiotic prescribing in patients presenting with sepsis, and has worked to reduce the unnecessary use of antibiotics and urine cultures in patients presenting with asymptomatic bacteria. PLP is working to reduce unnecessary preoperative testing and several PLP projects have focused on reducing blood transfusions in critical care, with gastrointestinal bleeding, and following total hip and knee replacement by increasing the use of tranexamic acid. The PLP is a major source of data to support *Choosing Wisely* initiatives (see below).

### **Evidence Based Clinical Practice (EBCP) – Patients, Experience, Evidence & Research (PEER)**

The PLP has deepened its expertise and activities on strategies to support physicians, patients, and teams to co-create sustainable solutions to advance practice.

Our team has strong backgrounds in implementation and evidence-based clinical practice. In addition to forging innovations in facilitated A&F, our human centred design capabilities are pioneering new tools and resources to support shared decision making between patients and physicians to communicate best evidence to support appropriateness.

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### ***PLP Integration with PEER: integrated Knowledge Translation Network (iKTN)***

Through this formal integration, PLP now has the reach to be able to spread messaging on key initiatives throughout the Province. We are conducting outreach in 6 PCNs on topics of interest. For example, our Alberta PLP antipsychotic de-prescribing project with the Seniors SCN was amplified through the creation of best practice support visits, 3 *Best Science Medicine Podcasts* on managing agitation in the elderly and a *Tools for Practice* article, both of which have a circulation to over 30,000 physicians. Our PLP integrated KT efforts continue to explore pressing system topics of need for physicians such as cannabinoid prescribing, opioid prescribing, and osteoporosis management. Combining the best evidence on how to change practice with data and cutting edge KT, PLP is a valuable tool in the continued efforts to improve practice across both primary and tertiary care.

### ***Choosing Wisely Canada (CWC) and Choosing Wisely Alberta (CWA)***

The PLP has worked closely with CWC / CWA to increase awareness about this important initiative to “*help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices.*”<sup>3</sup> The PLP hosted the CWA meeting in 2016, the CWC National Meeting in 2017 and will host the CWA meeting in March 2018. More importantly, PLP has provided data and facilitated A&F to support the uptake of CWC recommendations by primary care physicians.

<sup>3</sup> <https://choosingwiselycanada.org/about/>

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### ***PLP – the engine behind CWA: Increasing appropriateness in primary care***

PLP collaborated with system partners to develop and deliver innovative learning workshops providing physicians with individualized data reports on three key CW recommendations: cervical cancer screening; bone mineral density scans for osteoporosis screening; and, lumbar spine imaging for low back pain. This was complemented by didactic lectures on evidence-based best practices; review of individualized practice reports; facilitated small group discussions identify barriers and enablers to achieving best practice; and development of action plans and strategies for improvement. Offered to all Primary Care Networks (PCNs), the PLP collaborated with AHS, CWA, HQCA and Toward Optimized Practice (TOP) to realize this effort.

During the first 15 months, 207 physicians and 60 allied health/quality improvement professionals within 5 PCNs received 182 individualized data reports directly from the PLP and approximately 2,100 reports via HQCA. Participant feedback has been positive: 96% would recommend the program to a colleague, 88% felt the program directly supported the PCNs improvement initiatives, and 90% thought the program helped them set and evaluate personal improvement goals. The program continues, and by seeking patient and physician input, our program will add additional topics related to the areas of health care that matter the most.

### ***College of Physician and Surgeons of Alberta (CPSA)***

In response to the Alberta Opioid Crisis, the CPSA began to perform A&F around physician prescribing of opioids and benzodiazepines through the *MD Snapshot* report cards. After their initial reports received mixed responses, the PLP supported

the CPSA to improve the delivery of subsequent report cards. PLP has supported an education webinar and workshops at CME events to assist physicians in understanding their *MD Snapshot* reports. In 2018, the PLP will lead facilitated group A&F sessions, and other KT strategies, with several PCNs to help improve safe opioid prescribing. This work is augmented by the PEER work on generation of best evidence on opioids to support practice.

**Health Quality Council of Alberta (HQCA)**

PLP has been supporting HQCA since 2016 to improve their *Primary Healthcare Panel Report*. The PLP helped improve the design of reports, and ensured that the HQCA reports aligned with the *CPSA MD Snapshots* on opioid prescribing and including data supporting several CWA / PLP implementation initiatives include the appropriateness of cervical cancer testing, bone mineral density scans, diagnostic imaging for low back pain, and proton pump inhibitor prescribing.

**Growing the Reach and Impact of PLP**

Since its inception, the reach of the PLP has steadily grown and the impact of the PLP activities is evident in the following key performance indicators for the **past two years**:

| <b>Projects</b>      | <b>Reports</b>                   | <b>Feedback</b>                            | <b>Dissemination</b>             |
|----------------------|----------------------------------|--|----------------------------------|
| 68 new projects      | 658 individual reports delivered | 26 facilitated feedback sessions delivered | 56 abstracts/publications/grants |
| 36 active projects   | 18,960 by partners (HQCA, CPSA)  |  | 35 presentations to stakeholders |
| 34 finished projects |                                  |  |                                  |

**Conclusions: The unique contribution of the PLP**

The PLP provides a unique mechanism for physicians and groups of physicians to improve quality, increase appropriateness and decrease costs. Gaps between knowledge and practice are often first apparent to providers working at the front-line of health care, but those best positioned to recognize gaps often do not have the expertise, resources or time to drive improvement. PLP provides the medical team with expertise in analytics, data visualization, quality improvement, knowledge translation, patient centered design, and medical education. The PLP provides data and feedback on practice in a neutral and non-judgmental manner. The PLP then leverages key partnerships to increase the scale, spread and impact of these physician driven projects. Programs such as the PLP, that provide physicians with resources and support to translate evidence into practice, are essential to improving the quality and sustainability of the health care system in Alberta.

**For more information, please visit: [www.albertaplp.ca](http://www.albertaplp.ca)**