

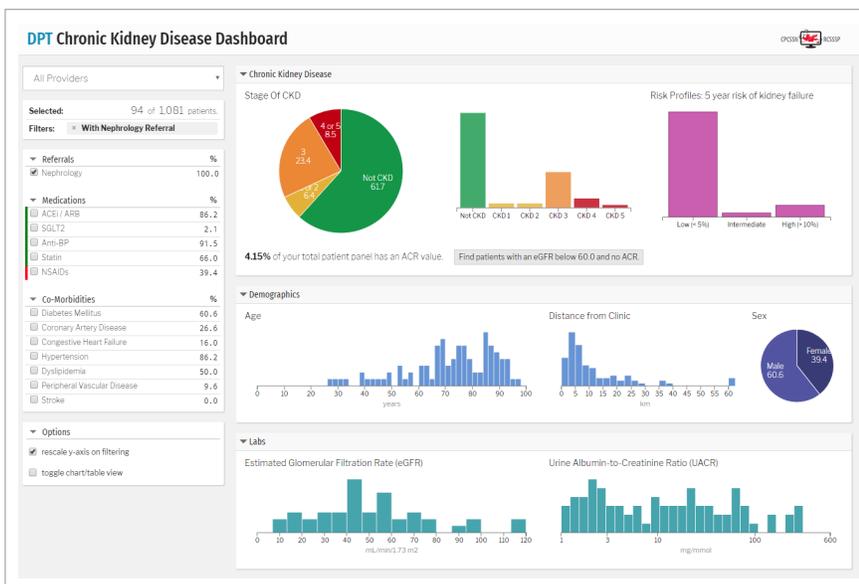
BC-CPCSSN News

Winter 2020

[BC-CPCSSN](#) has grown, with over 80 primary care providers now participating (over 130,000 patients). There are now 13 validated case definitions for chronic conditions, with definitions added for dyslipidemia and pediatric diabetes mellitus. More case definitions are on their way.

The [Data Presentation Tool](#) (DPT) is available for your quality improvement efforts. It offers unparalleled exploration of your patient data along with the ability to develop individual- or practice-level chronic disease registries and re-identify patients in the clinic for follow-up purposes. You will have received your login details in the email that accompanies this newsletter—please try it out!

Did you know that there are 3,571 patients across BC-CPCSSN who have chronic kidney disease? A new dashboard for exploring data describing your patients who have chronic kidney disease is now available. It presents a summary as well as graphs with the proportion of patients at each stage of the disease, plus eGFR and urine ACR measurements. Check it out and let us know what you think!



Workshop: A learning health care system in primary care in BC

Come share and learn with your colleagues! The BC Primary Health Care Research Network (BC-PHCRN)—home of BC-CPCSSN) is hosting a workshop March 6 from 1:30 to 4 pm. This is a post-conference workshop at the UBC Centre for Health Services and Policy Research (CHSPR) [annual health policy conference](#), which is focused this year on the balance of public and private financing in health care.

The workshop will be a forum to discuss BC's progress towards a primary care learning health system. It will involve an update on structures being developed to support learning in primary care. Participants will share reflections on these structures in their context.

The workshop will be of interest to a variety of stakeholders, including those engaged in primary care network operations, primary care clinicians, and researchers with an interest in learning health care systems and team-based primary health care. More details and session objectives are at <http://chspr.ubc.ca/conference/workshops/>

Opportunities to Get Involved

Join 300 Canadian Family Physicians in the BedMed Study

The BedMed study is now recruiting in BC and the CPCSSN Data Presentation Tool (DPT) makes it super easy to participate. BedMed is the largest non-industry RCT ever conducted in Canadian primary care. To date, close to 300 family physicians and over 2,200 of their hypertensive patients are participating. It involves randomizing the time of day patients take blood pressure medication and examining outcomes like hospitalization for stroke and heart attack. A couple of large studies by the same investigator suggest bedtime use is better, but that needs independent confirmation and we also need to understand the risks. More information is at [this link](#), or email PragmaticTrials@ualberta.ca. This study is led by one of our CPCSSN physicians, Dr. Scott Garrison of the University of Alberta Department of Family Medicine.

Fill Out the Canadian Anterior Cruciate Ligament Tear Primary Care Survey (CAPS)

[CAPS is looking for your input](#). Anterior Cruciate Ligament (ACL) tears are common and increase the risk for physical inactivity, obesity, and osteoarthritis. The goal of the survey is to better understand how Canadian primary care practitioners approach the diagnosis and management of persons with ACL tears. This information will be used to inform education and professional development programs to ensure that the primary health care workforce has the skills needed to deliver high-quality care for persons with an ACL tear. This study is led by Dr. Jackie Whittaker, physiotherapist and Assistant Professor in the Department of Physical Therapy at UBC.

CPCSSN Research Projects Update

Antibiotic Prescription Patterns for Urinary Tract Infections in Primary Care

PI: Drs. Sabrina Wong and Dave Barber

In partnership with the Public Health Agency of Canada, BC and Eastern Ontario CPCSSN nodes examined antimicrobial resistance (AMR) in primary care and described antibiotic use among patients diagnosed with urinary tract infections (UTI). There were 75,142 patients in the sample. Overall, UTI prevalence was 8.1% with 1/3 of these patients having multiple UTIs. Among the top antibiotics prescribed, Ciprofloxacin was the second most frequent, despite it not being considered a first line antibiotic recommended for treatment of UTIs. This project highlights an opportunity for a targeted professional development initiative to improve prescribing patterns of family physicians.

Heart Failure Among Chronic Obstructive Pulmonary Disease (COPD) Patients

PI: Dr. Nathaniel Hawkins

In a collaboration with cardiac and primary care physicians, BC-CPCSSN has developed a heart failure case definition, specifically among patients with COPD. The objectives of this project include:

1. Defining the prevalence of major cardiovascular risk factors in patients with COPD in primary care;
2. Examining the frequency of monitoring of cardiovascular risk factors in primary care;
3. Reporting the proportion of patients with COPD in primary care who achieve guideline-recommended targets for individual risk factors;
4. Examining the treatment of diabetes, hypertension, dyslipidemia, obesity, and smoking in patients with COPD.

This work is currently underway and includes undergraduate students and medical residents.

Tracking Health Outcomes and Health Care Utilization Among Patients Evaluated for Addiction Care Using Administrative and Clinical Health Data Including CPCSSN

PI: Dr. Seonaid Nolan

Hospitalization is an increasingly frequent and costly occurrence among individuals with a substance use disorder. In hospital, individuals with a substance use disorder often have access to evidence-based addiction care, although transitioning these individuals from acute to community care settings remains a key clinical and research challenge. Specifically, this transition can be a period of heightened vulnerability, as patients recover from illness, may continue to use substances with a reduced tolerance, leave hospital against medical advice, be non-adherent to addiction care recommendations, and often require costly hospital readmissions. Addressing these challenges is critical, given the enormous cost on morbidity, mortality, and health systems.

BC-CPCSSN is part of this study. The electronic medical record (EMR) data of consenting patients will be linked to other data (e.g. BC Cancer Agency, BC Ministry of Health, BC Centre for Disease Control) in order for the team to:

1. Identify patient- and health-system-specific variables associated with key health outcomes and cost drivers that will be amendable to intervention for improvement; and
2. Characterize patterns of service utilization and health outcomes over a five-year follow-up period.

Enhancing the Identification and Management of Frailty in Primary Care

PI: Dr. Sabrina Wong

Over one million older adults in Canada are medically frail and in 10 years, this number is expected to double to over two million. In primary care, the goals of caring for those who are frail are to:

1. Prevent or delay increasing frailty severity;
2. Improve function and quality of life;
3. Avoid unnecessary admission to hospital or long-term care.

Five CPCSSN nodes (BC, AB, MB, ON, NS) have collected approximately 4,000 clinical frailty scores (16.6% were identified as frail) which will constitute a learning dataset for machine learning. The objective of this work is to create a valid EMR case definition which could identify patients in primary care who are at risk of increasing frailty.

Estimating the Prevalence of Primary Non-Adherence In BC

PI: Dr. Michael Law

Prior Canadian research has shown that 30% of prescriptions that are written are not filled—also known as primary nonadherence. Despite this striking prevalence, we do not have a good understanding of either the causes or consequences of this behaviour. We will link and study primary nonadherence in BC using the CPCSSN and PharmaNet databases. This unique dataset will allow us to quantify primary nonadherence in BC and to understand what types of drugs for which it is most likely.

The BC-CPCSSN Team

The team is situated within the BC Primary Health Care Research Network (BC-PHCRN), physically located at UBC in Vancouver. Network Manager Allison Ezzat, Data Managers Andy Gibb and Don White, and Director Sabrina Wong welcome your feedback on the work of BC-CPCSSN!

**For more information
or to join CPCSSN**

Visit www.spor-bcphcrn.ca/bc-cpcssn or email info@spor-bcphcrn.ca