

SPIDER: A Research and QI Collaboration Supporting Practices in Improving Care for Complex Elderly Patients

Investigator: Simone Dahrouge, PhD., Ottawa Practice Enhancement Network (OPEN) Director, Department of Family Medicine University of Ottawa (DFM uOttawa)

Funding Sources: CIHR grant, DFM uOttawa

Project Summary: Older patients living with multiple chronic conditions may be taking **medications that do not benefit them**. The Canadian Institute for Health Information reported that 32% of Canadian seniors take ≥ 5 medications on a regular basis¹ and more than one in four Canadians ≥ 65 years of age have been prescribed ≥ 10 unique medications in the past year². Polypharmacy can be associated with elevated risks of poor health, reduced quality of life, and high system costs. Some medications may be especially problematic: PPIs, benzodiazepines, antipsychotics and long-acting sulfonylureas. Colleagues would like to improve care and support for their efforts would help. We propose **SPIDER**: a **Structured Process Informed by Data, Evidence and Research**. SPIDER was developed as a collaboration between DFM uOttawa and others across Canada to support practices' efforts to improve quality.

Objective: Assess whether SPIDER will improve care for our elderly patients by empowering patients and physicians so that they can have more meaningful discussions about medications prescribed and taken.

Participation: The study is open to all Family Physicians practicing comprehensive care (NOT restricted to FHT-based physicians). We will recruit **15 practices**.

Study Procedures: A physician will be the practice champion in each practice. The champion will invite others to join, including (if possible) a practice nurse, a practice front staff member and a pharmacist (from either the practice or the community). The team members will participate in a Learning Collaborative; this is a program that offers opportunities and support for practices to learn together for the benefit of their patients. The teams will:

- Attend **three 1-hour virtual workshops** to review complex patients' data and identify improvement opportunities;
- Work with Practice Coaches to **implement changes**;
- Attend **two short online workshops** at 6 & 12 months;
- **Share** tips, successes & lessons via teleconferences and/or emails.

The research team will contact a randomly selected sample of patients at the 6-month mark to request consent for a survey/potential interview.

Potential Benefits: Participation can build QI capacity, improve patient care experience and outcomes, and improve care provider experience.

Potential Costs at the Site: OPEN will supply technical and human resources including Practice Coaches support at **no charge** and there are no fees for meetings, materials or EMR data extractions.

If you are interested in more information or would like to sign up with your team to participate please email Maddie Venables, PhD., via open@uottawa.ca.

Level	Eligibility Criteria
Practice	<ul style="list-style-type: none"> • Contributes EMR data to OPEN • Includes a family physician who consents to participate and will lead the practice QI team
Provider	<ul style="list-style-type: none"> • Practices comprehensive family medicine in an office setting (academic or non-academic) • Consents to participate and allow the research team to provide study information to their patients
Patient	<ul style="list-style-type: none"> • ≥ 65 years of age • Had ≥ 1 office visit during the past 2 years • Had received ≥ 10 unique prescription medications (as indicated in the EMR) in the past year

¹ Canadian Institute for Health Information. How Canada Compares: Results From The Commonwealth Fund's 2017 International Health Policy Survey of Seniors — Accessible Report. Ottawa, ON: CIHI; 2018

² CIHI. 2014. Drug use among seniors on public drug programs in Canada, 2012. Retrieved from: https://secure.cihi.ca/free_products/Drug_Use_in_Seniors_on_Public_Drug_Programs_2012_EN_web.pdf