MARITIME FAMILY PRACTICE RESEARCH NETWORK NEWSLETTER

June 2019

A Message from our Network Director

Network update

Firstly, I would like to thank all our Sentinel providers for their ongoing support for MaRNet/CPCSSN. We absolutely could not do this work without you and your contributions are greatly appreciated. It is an exciting time for the network at present with several projects underway as well as a big transition for the CPCSSN project provincially.

As all of you are aware, support for the nightingale EMR is ending, and practices are migrating to new EMR vendors/products including Med Access and Accuro. This has a significant impact on the CPCSSN project in Nova Scotia. Our initial research ethics board (REB) approval was specific to Nightingale, and our extraction process was facilitated by a working relationship with the Department of Health and Wellness. We have just completed a large revision and amendment process with our REB application for the CPCSSN project which will allow us to move ahead with data extraction from EMRs other than Nightingale. I would like to personally thank our network's newest member Anders Lenskjold for his incredible work on this revision process.

Amidst all this exciting change our network has continued to grow and expand! We have recruited 9 practices over the past year. As of January 2019, we are working with 82 family physicians and nurse practitioners across Nova Scotia and they are contributing to 146,000 patient records in MaRNet-FP database.

Dr. Mathew Grandy, MD, CCFP

Assistant Professor, MaRNet-FP Director
Primary Care Research Unit
Family Medicine, Dalhousie University

Our Recent Studies

Completed studies

Heart Failure Case Definition
This study was carried out by MaRNet-FP in partnership with Cardiovascular Health Nova Scotia. The objective of this study was to develop a validated case definition to identify patients with heart failure using primary care EMR data that can subsequently be used for monitoring key indicators of heart failure (HF) care. An interdisciplinary team of domain experts including family physicians, nurse practitioners, pharmacists and a cardiologist came together to develop a HF case definition. With the help of participating sentinels such as yourself we were able to validate the developed HF case definition among 600 random patients over 40 years old in NS. The results revealed sensitivity of 68.18%, and specificity of 96.30% for our HF case definition.

In progress studies

Frailty
This project is being led by Dr. Sabrina Wong from UBC. The initial work will create and validate a case definition of frailty using primary care EMR data. Locally we will be recruiting practices to help validate this case definition by applying the Rockwood clinical frailty scale to a number of their patients. Once this initial validation work is complete, we will then utilize machine learning to help hone the definition in the hopes that we will be able to translate this findings into a tool that allows better identification of frail patients for early intervention and health service planning.

Opioid Use
This is a local project led by Dr. Mathew Grandy to validate a case definition for chronic opioid use within primary care EMR data. Following this we will do descriptive work, applying the definition to the provincial MaRNet-FP data set with the hope that we can eventually aid in informing practitioners about high-risk patients in their practices and long-term risk reduction for these patients.

Future studies

SPIDER-NET
The project is led by Dr. Mathew Grandy in Nova Scotia and is part of a national project with sites in Toronto, Ottawa, Montreal, Calgary, Edmonton, and Winnipeg. The focus is polypharmacy and potentially inappropriate prescriptions in elderly patients in primary care. The study is designed as a cluster randomized controlled trial with quality improvement workshops and collaborative healthcare teams as the intervention. Recruitment of family practices will begin as soon as the project is approved by the NSHA Research Ethics Board.

EMR transition in NS

While the REB revisions were underway Sarah Sabri, our data manager, has been working on details and processes around data extraction from these new EMRs. Drawing on support from the national network we have the means to extract from Med Access and Accuro. However, as you may or may not be aware there have been struggles at both a provincial and national level regarding secure and affordable data access from these large companies. We have secured a way to extract currently from Med Access, however at the current time Accuro remains out of reach. They are charging a significant fee per clinic to have access to data extraction, one which our network is currently unable to afford. At a national level there is work being done both by CPCSSN and the CFPC to advocate for affordable access for primary care data.

How to reach us

We would like to hear from you!

To share your thoughts or learn more about MaRNet-FP studies, please contact:

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