

# Practice recruitment

Jyoti A. Kotecha MPA CChem MRSC Wayne Putnam MD CCFP FCFP  
 Marie-Thérèse Lussier MD MSc FCFP Anika Nagpurkar

Richard V. Birtwhistle MD MSc CCFP FCFP

Developing a pan-Canadian network of primary care research networks has been the vision of Canadian primary care researchers for many years.<sup>1</sup> In 2008, with funding from the Public Health Agency of Canada and strong support from the College of Family Physicians of Canada, the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) was established. CPCSSN operates as a network of networks, currently across 8 provinces (Figure 1).<sup>2</sup>

CPCSSN aims to develop the infrastructure to support a robust, longitudinal data repository, to demonstrate the ability to extract relevant chronic disease management data from several electronic medical records (EMRs) in multiple primary care practice sites, to create a searchable primary care chronic disease

database for disease surveillance and research, and to generate real-time surveillance reports about chronic diseases in Canada.<sup>3</sup> At this time CPCSSN collects data on 8 chronic and neurologic conditions: chronic obstructive pulmonary disease, depression, diabetes, hypertension, osteoarthritis, Alzheimer disease and related dementias, epilepsy, and Parkinson disease.

CPCSSN's success hinges on the ability to attract and maintain geographic representation of sentinel practices willing to participate and contribute data to the project. To facilitate this, CPCSSN has created a Recruitment and Retention Committee whose role is to design and implement strategies around practice recruitment and consistency in recruitment methods, and to assist regional network directors with retention of practices. CPCSSN has worked to ensure that the time commitment for the physicians, allied health professionals, and administrative staff at participating sites is limited.

La traduction en français de cet article se trouve à [www.cfp.ca](http://www.cfp.ca) dans la table des matières du numéro de mai 2012 à la page e300.

**Figure 1. Ten primary care research networks: 8 provinces and 10 electronic medical records.**




AFPRN—Alberta Family Practice Research Network, APBRN—Atlantic Practice Based Research Network, CSPC—Centre for Studies in Primary Care, DELPHI—Deliver Primary Healthcare Information Project, MaPCReN—Manitoba Primary Care Research Network, MARNet—Maritime Family Practice Research Network, NorTRen—North Toronto Research Network, OSCAR—Open Source Clinical Application and Resource, Q-net—Quebec Network, SAPCReN—Southern Alberta Primary Care Research Network.

The primary driver for practices to participate is strong commitment to patient care. The CPCSSN project facilitates patient care through its commitment to developing a regular feedback process, which allows sites to effectively monitor their patients living with these common chronic diseases. One of CPCSSN's feedback processes includes developing a reporting template that will provide practice-specific disease management information, as well as provincial and national comparison information. In addition, participating physicians are able to claim continuing professional development credits for their continual contribution of data, as well as for participating in regional knowledge dissemination and learning activities.

In 2012 CPCSSN plans to launch an inaugural sentinel workshop to further support this work. This knowledge exchange event—part of the 2012 Family Medicine Forum with applicable Mainpro credits for attendees—will showcase CPCSSN's regional and national efforts. This will further allow participating practitioners to contribute to the project's development. Sentinel participants will be engaged in discussions about the quality of EMR data entry to inform practice and research, how data is extracted, and how it is shared among practitioners, with the ultimate goal of creating more informed care for patients with chronic diseases. This workshop will also allow sentinels to share ideas about how we might further use or expand the CPCSSN data to address new practice questions.

Currently, CPCSSN has nearly 300 sentinels, and the goal is to have between 600 and 1000 participating sentinels by March 2015. Although the current sentinels represent a good mix of primary care delivery models and geographic regions, we do not yet have true representation of practices in Canada. The next challenge will be to better reach out to new communities and recruit

additional sentinel practices to ensure the project has data that represent the missing regions and models of primary care. One of the difficulties in achieving full representation is that all new sentinels must have EMR systems in place, and the EMRs used by these practices need to be ones that CPCSSN has the resources to support: Med Access, Jonoke, Healthscreen, Nightingale, OSCAR, Da Vinci, Wolf, Practice Solutions, xwave, P&P, and Purkinje. Despite the challenges, we look forward to expanding the number of participating sentinels and the robustness of the data, and, ultimately, to improving patient care in Canada. 

**Ms Kotecha** is Assistant Director of the Centre for Studies in Primary Care and Adjunct Lecturer in the Department of Family Medicine at Queen's University in Kingston, Ont. **Dr Putnam** is Associate Professor in the Department of Family Medicine at Dalhousie University in Halifax, NS. **Dr Birtwhistle** is Director of the Centre for Studies in Primary Care and Professor in Family Medicine and Community Health and Epidemiology at Queen's University. **Dr Lussier** is Associate Professor at the University of Montreal in Quebec. **Ms Nagpurkar** is Knowledge Translation and Exchange Officer for CPCSSN.

#### Acknowledgment

Funding for this publication was provided by the Public Health Agency of Canada (PHAC). The views expressed do not necessarily represent the views of PHAC.

#### Competing interests

None declared

#### References

1. Birtwhistle RV, Keshavjee K, Lambert-Lanning A, Godwin M, Griever M, Manca D, et al. Building a pan-Canadian Primary Care Sentinel Surveillance Network: initial development and moving forward. *J Am Board Fam Med* 2009;22(4):412-22.
2. Birtwhistle RV. Canadian Primary Care Sentinel Surveillance Network. A developing resource for family medicine and public health. *Can Fam Physician* 2011;57:1219-20 (Eng), e401-2 (Fr).
3. Kotecha JA, Manca D, Lambert-Lanning A, Keshavjee K, Drummond N, Godwin M, et al. Ethics and privacy issues of a practice-based surveillance system. Need for a national-level institutional research ethics board and consent standards. *Can Fam Physician* 2011;57:1165-73.

Sentinel Eye is coordinated by the Canadian Primary Care Sentinel Surveillance Network, in partnership with the College of Family Physicians of Canada, to highlight surveillance and research initiatives related to chronic disease prevalence and management in Canada. Please send questions or comments to Anika Nagpurkar, Knowledge Translation and Exchange Officer, at [an@cfpc.ca](mailto:an@cfpc.ca).

— \* \* \* —