Big ideas

Top 4 proposals presented at Family Medicine Forum

The Big Ideas Soapbox at Family Medicine Forum (FMF), formerly known as the Dangerous Ideas Soapbox, showcases ideas that could make a difference to clinical practice, faculty development, postgraduate or undergraduate education, patient care and outcomes, or health policy. This session offers a platform for innovators to share fresh ideas, innovative thinking, and fledgling developments with the potential to initiate change. Ideas are selected for presentation at FMF based on reviewers' scores, and the innovators are required to attend the Big Ideas Soapbox session to present and defend their idea. Audience participation identifies the top proposals. These were the top ideas at FMF 2021.

Geo-View—an essential component of virtual care (top score)

In the report on Small Area Variation in Rates of High-cost Healthcare Use Across Nova Scotia,[1] Dr George Kephart and his team recognized that "invisible factors" influencing patient outcomes and health care costs lie hidden within the practices of family physicians. After 30 years of practice in family medicine, I felt vindicated by this novel report that used geospatial analysis. Family doctors are resourceful and dedicated to assisting patients with the challenges posed by poor social determinants of health. These factors remain "invisible" in the health care system. The lack of recognition of the social determinants of health hit home during the pandemic and led to a dramatically "visible" uneven distribution of serious health outcomes across Canada and the United States. The pandemic also ushered in widespread and rapid adoption of virtual care that opened health care access in both countries; but it did not address the inequity within populations of citizens.

I teamed up with Capstone students from the Faculty of Industrial Engineers at Dalhousie University in Halifax, NS, to create a novel solution to these challenges. We created Geo-View using Esri Canada's geographical information system platform. Our dashboard makes visible the diversity, social determinants of health, and barriers to access distributed across the geography of Nova Scotia; it offers solutions to unbalanced referral patterns and enables management of environment risk factors to human health. Our mapping of dependency, identified as an unrecognized tsunami heading for us, is visualized for the first time in our work. This geospatial visual tool can be easily integrated into and embedded within electronic medical record systems, patient health portals, and hospital information systems so that we can "see" the social determinants of health at every point of care.

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Reference

1. Kephart G, Asada Y, Atherton F, Burge F, Campbell LA, Campbell M, et al. *Small area variation in rates of high-cost healthcare use across Nova Scotia.* Halifax, NS: Maritime SPOR SUPPORT Unit; 2016. Available from: **http://www.spor-maritime-srap.ca/sites/default/files/SARV%20Final.pdf**. Accessed 2022 Jan 7.

Competing interests
None declared

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Using actors in equity, diversity, and inclusivity faculty development

Recent events in Canada and the United States have propelled equity, diversity, and inclusivity (EDI) objectives to the forefront of health professional education. Studies show that EDI, including anti-racism content, is a unique area where clinician teachers share a high level of interest and commitment, but a low level of comfort. Faculty developers must prepare clinician teachers to engage in and lead these conversations in the day-to-day clinical teaching environment. Many institutions are developing and implementing EDI content for learners and faculty simultaneously. Despite the existence of a broad knowledge base, it is difficult to find opportunities to practise the skills requisite to successfully manage incidents of injustice and inequity in real time. In addition, there is a high level of tension and emotional labour that accompanies conversations about race, privilege, and inequity. In other words, it is difficult to get it right.

Simulation education is an established pedagogy designed for difficult or acute clinical scenarios. Learning objectives in a simulation case frequently include communication skills, and objectives are achieved through careful structuring of the case and skillful performance of actors. Simulation has also been adopted in faculty development for emotionally difficult situations (eg, giving negative feedback to learners). We propose that this method can be leveraged to provide an opportunity for skill development as a part of an EDI curriculum. McMaster University is planning learning activities through a collaboration between faculty members of the Department of Family Medicine, the Centre for Simulation-Based Learning, and the Program for Faculty Development. Owing to the nuanced and personal nature of this content, EDI learning activities could potentially cause harm to participants, facilitators, and actors. Multiple stakeholders will be consulted to ensure a trauma-informed approach in the design and delivery of these learning activities.

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YELLO: a blockchain, secure, decentralized immunization record

Despite advances in technology and digital health systems, immunization records remain siloed in a combination of publicly based data systems, such as the Digital Health Immunization Repository in Ontario, or in primary care electronic medical records. While patients may access immunizations from public health clinics, primary care providers, schools, and pharmacies, communication and reconciliation of these immunization records are segmented and disparate. Blockchain would provide a means of tracking this information securely in an immutable ledger-based format and would be an excellent technology to reconcile immunization events. This solution would give patients secure, immutable, and controlled information access that is agnostic with respect to the electronic systems of the providers. The use of a blockchain ledger would allow for verifiable written records from health care providers for any immunizations given regardless of the location of care or provider health record systems.

The YELLO application is loaded onto patients' smart devices to verify their identity. Each encounter for immunization, regardless of location given, is recorded. Providers of patients registered on the ledger would have instant reconciliation of data for population health events for various immunizations. Tracking this information would improve bonus code performance related to immunizations. Patient-centred electronic records will become important for accountable care programs. Block ledger is a value-based health care tool and would allow for seamless, ethical, and secure patient-controlled release of records regarding immunizations. This will be important as we look to identify solutions for coronavirus disease 2019 vaccination passports, a yet-to-be-negotiated ethical minefield.

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Psychedelic-enhanced psychotherapy: the TRIP protocol

Mental illness is a leading cause of disability in Canada, and family physicians are often the first point of contact in seeking help. Many patients either fail to or only partially respond to pharmacotherapy, psychotherapy, and combinations thereof. There is a need for novel treatments to address depression and anxiety, particularly at the primary care level. The Therapeutic Reset of Internal Processes (TRIP) protocol offers a new intervention. The TRIP protocol uses low dosages of oral ketamine during psychotherapy sessions in order to decrease activity in the default mode network, heal damaged neurons, increase communication in existing ones, and promote neuroplasticity. Therapeutic Reset of Internal Processes is a 5-step treatment protocol that includes assessment by the patient's family physician, who prescribes the oral ketamine when appropriate. Family physicians are in a position to facilitate the TRIP synaptogenesis-inducing psychotherapy. The TRIP protocol serves as a community-based alternative to hospital outpatient programs with prohibitively long wait times. This innovative treatment for depression and anxiety is likely to decrease the duration of disability experienced by patients and, by extension, will lower the frequency of visits for mental health concerns. Family physicians commonly prescribe psychotropic medication and psychotherapy. In addition to clinical observation and self-report, the Patient Health Questionnaire–9 and the Generalized Anxiety Disorder 7 scales are used as before-and-after measures of the efficacy of the TRIP treatment. To date, 15 adult patients have participated, and all experienced clinically significant decreases in Patient Health Questionnaire–9 and Generalized Anxiety Disorder 7 scores ($P<.05$). This treatment was created within the context of the recent psychedelic renaissance occurring in psychology and medicine. Having left behind the "decade of the brain," we may be embarking upon a decade of re-exploration of psychedelic medicine. Family physicians will need a supply of evidence-based treatment options in order to meet the inevitable demand.

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