

THE COLLEGE OF
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LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Foundation for
Advancing
Family Medicine

Fondation pour
l'avancement de la
médecine familiale

Leading Practice Innovation in Family Medicine

Co-RIG Phase II Stories of Impact





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“As family doctors, our commitment to advancing equitable family medicine through innovation, research, education, and community service is unwavering. The Co-RIG project has been instrumental in driving these advancements at a critical moment in health care.”

Dr. Michael Green, CFPC Board President

Foreword

When COVID-19 emerged in 2020, it significantly impacted Canada and the world, highlighting and exacerbating existing vulnerabilities and health disparities.

Family physicians—as front-line care providers with broad competencies—swiftly adapted their practices in the face of the evolving crisis. Collaborating with public health and other health care sectors, family physicians across Canada cared for patients under extraordinarily difficult circumstances.

Today, with COVID-19 shifting to a global endemic disease, we continue to experience its prolonged effects in our communities. Family physicians remain at the centre of care delivery, addressing new challenges and providing essential support to those most affected.

The power of family medicine innovation is demonstrated in the 27 project teams that participated in the **COVID-19 Pandemic Response and Impact Grant Program (Co-RIG)** since it launched in 2020. Funded projects addressed urgent primary care issues emerging from COVID-19, and many innovations have become permanent quality improvements extending beyond the pandemic period. It is thanks to the CMA Foundation's generous \$5 million contribution that

the Co-RIG program was made possible to power this family medicine response to the pandemic and its lasting contributions to primary care.

Building on the interest and impact of the first phase of Co-RIG, we are pleased to present *Leading Practice Innovation in Family Medicine: Co-RIG Phase II Stories of Impact*. This second and final Co-RIG report details the impact of 12 projects funded during this phase, and demonstrates the power of family medicine to innovate, collaborate, and respond.

Equally compelling is that every Co-RIG project demonstrated a significant impact, and 90 per cent continue to scale, sustain, and spread their innovations following the conclusion of Co-RIG funding. This is enabling data-driven and prolonged changes in how we deliver care.

The College of Family Physicians of Canada (CFPC) and the Foundation for Advancing Family Medicine (FAFM) are deeply committed to supporting members and family medicine through research and education initiatives. We invite you to explore the innovative projects described in this report to support you in your own practice.

Michael Allan, BSc, MD, CCFP, FCFP
Chief Executive Officer and Executive Director
College of Family Physicians of Canada
Foundation for Advancing Family Medicine

Tom Berekoff, MA, CFRE
Chair
Foundation for Advancing Family Medicine

Co-RIG: A Family Medicine Pandemic Response

The FAFM launched a two-phase funding program in spring 2020—the **COVID-19 Pandemic Response and Impact Grant Program (Co-RIG)**—with a \$5 million contribution from the CMA Foundation to fuel family medicine innovation and Canada’s response to the pandemic.

Co-RIG Phase I supported 15 short-term, high-impact initiatives that maximized the effectiveness of patient care while guarding the safety of health workers. Details are outlined in the report ***Advancing Family Medicine During the Pandemic: Co-RIG Phase I***.

Phase II launched in 2022, targeting longer-term innovations to help family physicians, their teams, and communities cope with longer-term challenges stemming from the pandemic.



Phase I

- 15 funded projects selected from 100+ submissions
- 87% projects continued post-Phase I with 73% securing additional funding
- 60+ communities in 7 provinces
- 153 family physicians, team members and partners

Phase II

- 12 projects selected from 89 submissions, with 6 continuing from Phase I
- 92% continue to implement the work with 83% securing additional funding
- 45+ communities in 6 provinces and territories
- 128 family physicians, team members, and partners

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“The CMA Foundation was pleased to collaborate with the Foundation for Advancing Family Medicine, to support family physicians in their efforts to respond to the COVID-19 pandemic by funding practice innovations at a time when resources were scarce. The solutions as a result of the program were crucial to provide care for patients during the height of the pandemic and will have a lasting impact for years to come.”

Alison Seymour, President, CMA Foundation



Co-RIG Phase II: Improving community response and resilience

The CMA Foundation funding empowered 12 family physicians and their multidisciplinary teams to advance or evaluate pandemic-related innovations that helped improve community response and resilience. These projects were chosen from 89 compelling submissions, highlighting the strong interest and potential for investing in family medicine innovation and research.

Funded projects were selected for their potential to alleviate system pressures heightened by the pandemic, enhance community and system resilience, and strengthen family medicine's capacity to respond to future crises.

Through their work, project leads were able to address immediate pandemic challenges and contribute to long-term sustainable improvements in primary care, as well as reduce disparities exacerbated by the pandemic.

Collectively these projects are enabling family practices to test and implement new ways of providing care for their patients, and will have a real and lasting impact on **equity-denied and vulnerable populations, community engagement, health literacy, and health system integration.**

Equity-Denied and Vulnerable Populations

Addressing the disproportionate impact on marginalized communities through peer support and patient-centred care.

Community Engagement and Partnership

Fostering resilience and autonomy within communities through collaborative solutions involving primary care providers, community organizations, and stakeholders.

Health System Integration

Addressing COVID-19 and non-COVID-19 illnesses by integrating care models and clinical pathways and engaging all areas of the health system.

Health Literacy and Access

Improving health literacy and access for marginalized groups through vaccine literacy and uptake, and strengthening the role of family physicians in improving equity in health care access.

Common Areas of Impact

While each project was unique, many of the 12 initiatives shared common areas of impact:

- Several made an impact by cultivating trust between patients and care providers and providing patient-centred care
- Many strengthened community resilience or focused on peer support and collaboration between family medicine and health and community partners
- Others advanced the health system and resource capacity and improved access to care and patient outcomes
- All projects demonstrated impact in at least three of these areas

An important area of impact across the Phase II projects and the Co-RIG program overall is that, with a relatively small amount of seed funding, all project innovations demonstrated their potential to be scalable, sustainable, and applicable to various family medicine settings.

Project teams are already reporting significant progress and success. As these results are shared, we anticipate that the innovations will expand and be adopted in other settings, further enhancing their impact on community health.



“The learnings and data from Co-RIG Phase II projects help us respond more effectively to the current pandemic and equip us with the knowledge to tackle future health care challenges, ensuring a healthier future for everyone.”

Dr. Rick Glazier, Senior Scientist, ICES; Scientist, MAP Centre for Urban Health Solutions, St. Michael’s Hospital; Professor of Family and Community Medicine, University of Toronto



Build capacity



Better outcomes



Cultivate trust



Access to care



Peer support



Collaborative approach



Strengthen resilience



Person-centred care



Stories of Impact Across Canada

- 1. New Pathways to Care: Improving health outcomes**
Ontario
Dr. Dee Mangin
- 2. Bridging the Gap: Meeting the needs of people with complex health conditions**
Montreal, Quebec
Dr. Catherine Hudon
- 3. Advocacy and Community Engagement with Primary Health Care: A partnership approach to better care**
British Columbia, Alberta, Ontario
Dr. Gary Bloch
- 4. Scaling up Clinique Mauve: Health clinic and outreach program for sexual and gender-diverse migrants**
Montreal, Quebec
Dr. Vania Jimenez
- 5. Deploying Vaccine Navigators: Building trust with newcomers**
Calgary, Alberta
Dr. Fariba Aghajafari
- 6. Partnering for change: Indigenous-led partnerships for better care**
North Simcoe Muskoka, Ontario
Dr. Danusia Gzik
- 7. CommunityFirst: An Indigenous approach to health and well-being**
Nunavut
Dr. Surmeet Sodhi
- 8. Lessons from COVID-19: Enhancing rural community resilience to climate change**
British Columbia, Alberta, Saskatchewan, Ontario
Dr. Stefan Grzybowski
- 9. Improving End-of-Life Care: Supporting clinicians in long-term care homes**
Ontario
Dr. Peter Tanuseputro
- 10. After the Outbreaks: Addressing long-COVID in long-term care home residents**
Fraser Health Region, British Columbia
Dr. Akber Mithani
- 11. A Community of Practice: Supporting clinicians and improving care in residential and long-term care**
Quebec
Dr. Élise Boulanger

The project brief for “Building Indigenous resilience in the context of COVID-19” was not confirmed in time for this report and is not included.

New Pathways to Care

Improving health outcomes

Ontario

“This has been an invaluable strategy to help with community care and ease the transition from the community to hospital.”

Family physician, Northern Ontario



Overview

With Co-RIG funding, Dr. Dee Mangin created an extended primary care pathway structure that enables family physicians to support patients at home with COVID-19 and other acute illnesses such as COPD exacerbation.

The structure includes tools that help family physicians connect patients with acute illness and persisting symptoms of COVID-19 to rehabilitation support. It also helps them identify the groups of patients who may benefit from timely referrals for advanced care.

Provincial expansion of this initiative, along with uptake across Canada and internationally, points to the critical role of primary care providers in delivering confident, evidence-based care during an acute crisis like COVID-19 and other times of health system stress. Today, this model of primary care-led health pathways is being expanded to other illnesses.

Co-RIG in Action

Padraig has COPD, which has worsened as a result of a COVID-19 infection. He struggles to breathe but finds being in the hospital stressful and wants to stay home.

With a pulse oximeter loaned to him by the practice, Padraig monitors his oxygen levels and other vitals. Using a *Community Management of COPD Form* to assess his symptoms, Padraig's care team tells him he can be treated and monitored safely at home. He receives medication and other strategies to help while he is unwell and has a follow-up visit scheduled with his primary care provider.

Padraig feels less stressed now that he has instructions and a safety net to detect worsening illness. He feels he understands his illness better and can adhere to the plan his care team has provided.



Peer support

Created by physicians for physicians, the pathway provides a practical, evidence-informed role for family medicine during a crisis.



Better outcomes

Involving primary care providers early in patient care resulted in a two-fold reduction in mortality.



Access to care

The pathway helped improve access to care in regions with the most significant disparities.



Dee Mangin, MD, MBChB, DPH, FRNZCGP
Family physician and professor, Department of Family Medicine, McMaster University

[Learn more about Dr. Mangin's Co-RIG Phase I project.](#)

Bridging the Gap

Meeting the needs of people with complex health conditions

Montreal, Quebec

“The importance of working together cannot be underestimated. Our project helped develop capacity within the team and improved partnerships.”

Dr. Catherine Hudon, project lead



Overview

During the pandemic, patients with complex conditions struggled to access care and social support.

With Co-RIG funding, Dr. Catherine Hudon's team expanded the role of nurses and social workers in family medicine groups. As case managers, they played a critical role in building trust and helping patients access health and community resources.

With many of these patients experiencing unmet social needs on top of physical and mental health challenges, this comprehensive care with case managers helped people get timely care.

Working with hospital partners ensured seamless patient care and mentorship opportunities for case managers, enhancing system capacity and resiliency.

Co-RIG in Action

Ahmad is 54, has multiple chronic illnesses, including anxiety, and lives in a precarious environment. He is finding it hard to manage multiple appointments, and as stress levels increase, he struggles to leave his apartment.

Ahmad meets with a case manager who takes time to understand his needs and reality. She develops an individualized service plan with him and other providers. In this plan, the social worker provides Ahmad with strategies to manage his anxiety and helps him sign up for a local virtual support group that he can join when unable to attend his regular group in person.

With the case manager's support and trusting relationship, Ahmad can engage in his care plan and take more power over his life.



Person-centred care

Focused and tailored case management supports patients with complex health and social care needs.



Strengthen resilience

Interdisciplinary collaboration and communities of practice help case managers enhance skills and feel confident in their role.



Better outcomes

Case management improves patient outcomes and overall health equity for at-risk populations.



Catherine Hudon, MD, PhD, CCFP
Professor, Department of Family Medicine and Emergency Medicine
University of Sherbrooke

For information about Dr. Hudon's Co-RIG Phase I project

Advocacy and Community Engagement with Primary Health Care

A partnership approach to better care

British Columbia, Alberta, Ontario

“Our goal was to support communities to advocate on the social issues that emerged from COVID. We did this through a transfer of resources and a power-sharing, empowerment-oriented approach.”

Dr. Gary Bloch, project lead



Overview

Community leadership and empowerment are necessary to address structural and social inequities highlighted and exacerbated by COVID-19.

Advocacy and Community Engagement in Primary Health Care (ACE-PHC), led by Dr. Gary Bloch and a collective of primary health care providers and community members across the country, supports community-led projects that address child and family poverty, workers' rights, and people who use substances.

Co-RIG funding enabled communities to advocate for and implement solutions to address issues affecting their health. It also helped them to engage primary health care providers in ways that supported their advocacy goals.

By following the lead of communities and people experiencing social marginalization, primary health care providers are helping change primary care practice and support community-led advocacy.

Co-RIG in Action

Drug poisoning deaths are surging in Alberta. An advocacy and community empowerment group led by people who use drugs recognized the crisis. It mobilized to bring together those affected to provide health and social services and to advocate for change.

As one of three sites across the country supported by ACE-PHC, the group developed a safe community space that included services from primary care providers. The space helped bring together people who are often prevented from gathering and provided a space for health providers to offer tangible support to members.

The group also brings their lived experience and stories of drug poisoning deaths to meetings with local politicians to advocate for supervised consumption services.



Cultivate trust

Addressing the institutional and funding structures that reinforce systemic and structural inequities helps mitigate harm created by the health system.



Strengthen Resilience

Safe spaces enable communities to build their own solutions.



Better Outcomes

Empowering communities to set project direction and funding helps challenge social hierarchies that marginalize certain groups.



Gary Bloch, MD, CCFP
St. Michael's Academic Family Health Team, University of Toronto

Scaling up Clinique Mauve

Health clinic and outreach program for sexual and gender-diverse migrants

Montreal, Quebec

“Family physicians cannot do this alone.
We need a community of nurses, social workers,
students, and people with lived experience
to make a difference for these patients.”

Dr. Vania Jimenez, project lead



Overview

Many sexual- and gender-diverse migrants do not trust the health system. This impacts their care and health outcomes.

Dr. Vania Jimenez and colleagues launched Clinique Mauve to provide clinical and mental health care to patients with complex needs exacerbated by the COVID-19 pandemic.

The clinic offers integrated medical, psychosocial, and sexual health care and a community outreach program. The integrated care approach helps clients develop social networks and improves compliance with health care plans.

An evaluation of the impact of COVID-19 on clinic clients is helping make sure the clinic continues to tailor clinical and outreach support to address the needs of gender-diverse migrants.

Launched with Co-RIG Phase I funding and sustained through Phase II, Clinique Mauve is now supported by the University of Montreal.

Co-RIG in Action

Dani is transgender and migrated to Canada to escape severe social isolation and trauma. Arriving just as the pandemic hit, Dani struggled with further isolation in Montreal and did not want to seek out health care because it felt unsafe.

After meeting with a social worker, Dani hears about Clinique Mauve and is connected to Taylor, a peer navigator. Taylor and Dani have similar life stories, which helps Dani build connections in the community, encouraging them to access care and local resources.



Access to care

Clinic collaboration with hospitals and the community improves access to primary care and reduces visits to urgent care.



Cultivate trust

Including peer navigators in health care teams reduces barriers for vulnerable clients.



Build capacity

Guidelines and specialized training on trans-diversity sensitize care providers to the needs of this community and improve care delivery.



Vania Jimenez, MD, CCFP
Co-founder, La Maison Bleue and Clinique Mauve

[Learn more about Dr. Jimenez's Co-RIG Phase I project](#)

Deploying Vaccine Navigators

Building trust with newcomers

Calgary, Alberta

“Health doesn’t happen in a vacuum. If you want a positive outcome, social determinants of health need to be addressed.”

**Dr. Annalee Coakley, co-director
Refugee Health YYC**



Overview

Many refugees and new immigrants faced barriers to accessing vaccines.

Recognizing the importance of building trust with these vulnerable communities, Dr. Fariba Aghajafari and team launched a project to deploy Vaccine Navigators.

Their Co-RIG-funded project leveraged existing primary care infrastructure to deploy vaccines to refugee and immigrant patients. This facilitated access to care within communities and addressed issues such as vaccine hesitancy, mandates, and other determinants of under-vaccination in a supportive and collaborative way.

The project also enabled family physicians to address other urgent health needs within a population that often has other health-related issues and symptoms.

The relationship between Mosaic Primary Care Network in Calgary and local community agencies made sure the diverse needs of communities were met efficiently and effectively.

Co-RIG in Action

Lovelie is from Haiti and recently arrived in Calgary. She is nervous about getting a COVID-19 vaccine because she heard a friend had a bad reaction.

Lovelie attends a weekly gathering at the Calgary East Zone Newcomer Collaborative, where a Vaccine Navigator who speaks French shares information on the benefits of vaccination for individuals and their community. The Navigator meets with Lovelie one-on-one to discuss strategies to minimize reactions to the vaccine and helps arrange an appointment for her first dose.

Lovelie believes the Navigator has her best interests at heart and feels comfortable receiving her shot.



Collaborative approach

Culturally appropriate services developed with communities improve uptake and outcomes.



Cultivate trust

International medical graduates as Vaccine Navigators are key to reaching these populations.



Access to care

Adequate and flexible funding approaches help deliver tailored services, improving access.



Fariba Aghajafari, MD, CCFP, FCFP, MSc, PhD
Associate professor, Department of Family Medicine and Community Health Sciences
University of Calgary

[Learn more about Dr. Aghajafari’s Co-RIG Phase I Project](#)

Partnering for change

Indigenous-led partnerships for better care

North Simcoe-Muskoka, Ontario

“We were able to fill an urgent gap in care in a practical way while building relationships that will promote improved collaboration with our Indigenous partners.”

Dr. Danusia Gzik, project lead



Overview

For many Indigenous peoples, the pandemic continues to have a significant impact on well-being.

A collaboration with the Simcoe Muskoka Indigenous Health Circle, supported by Dr. Danusia Gzik, resulted in a community-led approach that links Indigenous individuals with culturally safe, trauma-informed health care.

Family physicians and health providers refer patients to an Indigenous Mental Health and Addictions Patient Navigator using an Indigenous self-identification process and referral pathway. The navigator is a culturally informed single point of access and supports patient connections to Indigenous-specific services, and community resources.

The model is recognized throughout the region as a collaborative approach for physicians and Indigenous community organizations to promote culturally safe care.

Co-RIG in Action

Camille, a 46-year-old Indigenous woman, faces significant challenges with anxiety, depression, and medication management since recovering from COVID-19. Her family physician recently completed a free Indigenous cultural safety training course and refers her to an Indigenous Patient Navigator.

The direct referral uses an integrated approach to care that focuses on cultural connections in healing. This approach helps Camille feel safe sharing her experiences at a virtual, culturally-based community mental health series where she learned some new coping strategies.

Camille continues to work with both her family physician and the Patient Navigator to further access Indigenous-specific services that support her mental health. Today, Camille feels that recovery is being handled with an understanding of her cultural background, which is improving her overall well-being.



Cultivate trust

Cultural competency training for physicians, health care providers, and administrative staff cultivates trust between care providers and patients.



Better outcomes

A direct referral pathway provides a single point of contact for patients, which promotes timely intervention and continuity of care.



Person-centred care

Indigenous Patient Navigators promote culturally-safe care that addresses social determinants of health and complements family medicine care.



Danusia Gzik, MD, CCFP, MHSc
Primary Care Lead and Indigenous Cancer Lead
Simcoe Muskoka Regional Cancer Program, Ontario Health

CommunityFirst

An Indigenous approach to health and well-being

Nunavut

“Cultivating trusting relationships with communities can help family physicians really understand their needs and have a real and direct impact on outcomes.”

Dr. Sumeet Sodhi, project lead



Overview

The COVID-19 pandemic highlighted the importance of clear community response plans to manage health impacts and support community well-being.

Dr. Sumeet Sodhi and her team worked with Inuit partners to co-develop and implement a CommunityFirst COVID-19 Roadmap, which supports community-led approaches to organizing, preparing, and sustaining responses to crises like COVID-19.

For these communities, many lacking a regular primary care provider, this tool served as a bridge between community and primary care during the pandemic.

The tool incorporates the values of solidarity, humility, humanity, and community and helps communities with the timely rollout of public health interventions, targeted health care support, and communication strategies.

The tool's flexibility enables residents to define the issues most relevant to each community and adopt a solution that strongly reflects community voices.

Co-RIG in Action

When COVID-19 hit a small hamlet in Nunavut, community members knew they needed a cohesive community response.

Local health centres, emergency response and community organization representatives reached for the CommunityFirst COVID-19 Roadmap. Together, they developed and implemented a plan to organize and disseminate health and food supplies and identify strategies to protect and support high-risk and vulnerable groups. The plan's communication strategy helped keep residents up to date with emerging health protocols and know where to go for additional support.

The Roadmap helps with proactive community support and helps community leaders feel better prepared for the future.



Build capacity

Customized action plans help communities respond to current crises and give them tools to respond to new ones.



Strengthen resilience

The Roadmap makes sure tailored plans reflect the values and cultural needs of the community.



Collaborative Approach

Community-led planning supports reconciliation between Inuit communities and the health care system.



Sumeet Sodhi, MD, MPH, CCFP

Staff physician, Toronto Western Hospital Family Health Team, University Health Network
Associate professor, Department of Family and Community Medicine, University of Toronto

Lessons from COVID-19

Enhancing rural community resilience to climate change

British Columbia, Alberta, Saskatchewan, Ontario

“Physicians are in a pivotal position to steer and innovate with their communities. This has value when responding to climate change disasters.”

Dr. Stefan Grzybowski, project lead



Overview

As a rural health services researcher, Dr. Stefan Grzybowski is interested in the impact of the COVID-19 pandemic and concurrent climate change events on rural resilience and health care delivery.

Through surveys and interviews with rural family physicians, health care workers, and the community, Dr. Grzybowski began to understand the value of relationships in building community resilience.

Of central importance is strong community leadership from a trusted family physician who communicates well and reflects cultural safety and humility.

Dr. Grzybowski’s work helps identify vulnerable areas within rural health care systems and informs programs that mitigate future stressors resulting from climate change and natural hazards.

Co-RIG in Action

Dr. Quinten is a rural physician in the British Columbia interior. His community is still recovering from the impacts of pandemic-related lockdowns and was then hit with a flood evacuation. He worries about his patients, especially the elderly and those without social supports.

At a weekly gathering with the mayor, Indigenous leaders, and local business owners, Dr. Quinten shares his concerns about the compounding economic and health impacts of these crises on the community, particularly the impact on the most vulnerable residents.

The group brainstorms strategies for sharing information. Dr. Quinten agrees to attend the next town hall to answer residents’ questions and join an Elders’ meeting to discuss strategies to support members of the nearby First Nation.

The group also puts together a list of vulnerable families and coordinates check-in visits to see that they receive the support they need.



Cultivate trust

Leveraging existing relationships between rural physicians, community groups, and residents helps target support.



Access to care

In rural communities, physician payment models that allow for non-clinical care make sure that vulnerable residents continue to access essential care.



Build capacity

A digital learning hub and direct engagement of medical students share solutions and encourage a new generation of physicians to choose rural medicine.



Stefan Grzybowski, MD, MCISc, FCFP

Director, Rural Health Services Research Network of BC

Professor, Department of Family Practice Faculty of Medicine, University of British Columbia

Improving End-of-Life Care

Supporting clinicians in long-term care homes

Ontario

“Today, a third of all residents dying in long-term care are not getting end-of-life symptom relief. Our work is helping family physicians better support their patients.”

Dr. Peter Tanuseputro, project lead



Overview

Nearly all residents in long-term care (LTC) homes will need palliative care and end-of-life symptom relief. However, clinicians working in LTC may not have the specialized training or resources to provide this care.

Building on his team’s Co-RIG Phase I project, Dr. Peter Tanuseputro examined variability in prescribing practices to understand the characteristics of doctors who routinely under-prescribe palliative medications.

Tailored reports will show physicians how their prescribing rates compare against that of their peers within their region and across the province. This increased physician self-awareness, and targeted training and resources will improve the quality of care provided to LTC residents across the province.

Co-RIG in Action

Dr. Richter is the site physician for an LTC home. She joined the team just before the pandemic and quickly established trusting relationships with the residents and their families.

Many of the home’s residents are frail and face multiple comorbidities. After receiving reports of their prescribing practices, which showed an underuse of painless drug delivery tools, Dr. Richter and her colleagues discuss how to better incorporate palliative care approaches to increase comfort for residents at end-of-life.

On-site training through the palliative care network and the introduction of subcutaneous medication order sets help Dr. Richter and her colleagues identify and treat mental distress and under-managed symptoms in their patients. The resources help Dr. Richter feel more confident when supporting her patients.



Better Outcomes

Standardized order sets and other clinical tools help physicians prescribe the best treatments.



Person-centred care

Timely and appropriate prescribing of palliative medications reduces suffering and hospitalization, and allows residents to die at home.



Build capacity

Pinpointing the characteristics of physicians with low prescribing rates helps focus training where it will be most beneficial.



Peter Tanuseputro, MD, MHSc (Epi), CCFP, FRCPC (Public Health)
Senior adjunct scientist, ICES

[Learn more about Dr. Tanuseputro’s Co-RIG Phase I project.](#)

After the Outbreaks

Addressing long-COVID in long-term care home residents

Fraser Health Region,
British Columbia

“There isn’t much research that focuses on the health of older adults [in long-term care]. Given the devastation of COVID-19 in LTCs, it was critical that we understand how to identify and treat long-term symptoms in this population.”

Dr. Akber Mithani, project lead



Overview

Little is known about how long-COVID presents, especially in frail older adults in long-term care (LTC) homes. Evidence will help primary care providers working in these settings.

Dr. Akber Mithani and the team at Fraser Health designed mixed methods, pioneering research to better understand long-COVID in residents. The team conducted: a review study of international evidence of successful interventions, and clinical and functional management and outcomes of past cases; a quantitative study on post-COVID outcomes, management, and symptom profiles in LTC residents; and a qualitative study of LTC staff and physician experiences.

Their findings guided the development of awareness materials to support integrated knowledge translation in partnership with physician services and clinical operations in LTC at Fraser Health.

Dr. Mithani’s research showed that LTC residents, overall, do not have major ongoing health issues after surviving COVID-19 compared to others. This work is helping understand how this illness affects older people and how we can better support those living in LTC homes.

Co-RIG in Action

Nick is 89, has dementia, and lives at Sunny Acres, an LTC home. After surviving acute illness caused by COVID-19, Nick’s family is concerned about the long-term effects of the infection.

The physician who cares for residents at Sunny Acres recently attended the research presentation After the Outbreaks. Using the guidance provided at the session, the clinical care team implemented proactive monitoring and symptom management for residents who survived a COVID-19 infection. The goal is to optimize their quality of life.

When Nick’s daughter asks the doctor about long-COVID, she is assured to learn about the monitoring and management practices that have been put in place.



Strengthen resilience

Provides evidence about appropriate resources and approaches to monitor and address symptoms and better understand outcomes in LTC residents following a COVID-19 infection.



Build capacity

Establishing an evidence-based understanding of long-COVID and COVID-19 survivorship in LTC residents with multiple complex comorbidities contributes to improved quality of care.



Better outcomes

Suggests ways to improve the quality of care, patient trajectory, and quality of life following a COVID-19 diagnosis in LTC.



Akber Mithani, MD, MCFP (COE)

Regional Medical Director, Long-Term Care and Assisted Living, Fraser Health Authority
Clinical associate professor, Department of Psychiatry, University of British Columbia

A Community of Practice

Supporting clinicians and improving care in residential and long-term care

Quebec

“It is often difficult to get funding for these kinds of initiatives, but it is so important to understand how to sustain innovative ideas that emerge from a crisis.”

Dr. Élise Boulanger, project lead



Overview

Early in the pandemic, a group of long-term care (LTC) physicians realized they were overwhelmed and isolated in the face of soaring infection rates and deaths among their residents.

To connect with colleagues across Quebec, they established an online support group, the Community of Practice for Physicians in Long-term Care (CPMC). It quickly grew to over 500 members.

The group's co-founder, Dr. Élise Boulanger, realized the power of the CPMC and, with Co-RIG funding, launched an evaluation to better understand its value and explore long-term sustainability.

They learned that the CPMC not only allowed rapid dissemination of emerging treatment and vaccination protocols but also offered critical peer support in challenging circumstances.

Evaluation results inform how the CPMC will continue to be a valuable resource for physicians working in LTC.

Co-RIG in Action

Émilie Duchesne is the on-site physician for several LTC homes. Two of the facilities were hit hard by COVID-19. She felt isolated and worried she would burn out.

Upon joining the CPMC, Dr. Duchesne felt immediate relief as she connected with colleagues facing similar challenges. Together, they could attend webinars and share information and resources. It also gave them a platform to discuss the unfolding crisis and make sense of the ever-changing public health protocols.

The CPMC evaluation allowed Dr. Duchesne to reflect on her experience. She shared that it had had a positive impact on her mental health, and she felt able to tackle the challenges of her job. She also noted she appreciated the moderators responding to community feedback to package information to make sure it did not add to the participant workload.

Today, Dr. Duchesne believes the hub will continue to help her in her job and remains an active contributor.



Build Capacity

Skilled moderators guarantee active and structured discussions and information sharing.



Peer support

Participants benefit from connecting with peers and sharing experiences.



Collaborative approach

Establishing connections with health sector partners raised awareness of the importance of investing in clinical care in LTC.



Élise Boulanger, MD CM, CCMF

Co-president CPMC

Clinical instructor, Department of Family Medicine, McGill University

Family Medicine CHSLD Father Dowd, Montreal West Island CIUSSS

Beyond COVID-19

The Co-RIG program underscores the importance of funding family medicine innovation and studying its impact on patient outcomes, population health, and societal well-being.

As the point of first contact for patients, family physicians and teams detect emerging patient and community health needs early and are uniquely positioned to respond effectively to crises. Co-RIG demonstrated that family practices are ready and able to serve, and are well positioned to develop and implement innovative solutions to improve health care in Canada.

The CMA Foundation contribution fueled 27 Co-RIG innovations over four years, with nearly all projects continuing in some capacity—whether sustained, scaled up, or adopted by other health care teams. Involving hundreds of family physicians and partners, these project teams saved the lives of patients and positively changed communities. These impacts reinforce the need for more and steady investment in family practice and primary care teams that deliver most of Canada's patient care.

While driven by the urgency of COVID-19, the legacy of Co-RIG will be stronger health care delivery and patient care beyond the pandemic.

90%
projects
continue
post-Co-RIG

27
innovative
projects
funded

250+
family physicians
and other health
care partners
involved

80+
participating
communities

“

“The positive impact of Co-RIG will carry on well into the future. Our legacy is strengthened patient care, more resilient communities, stronger health and community partnerships, and more. It is testament to the power of investing in grassroots family medicine innovation.

The collective impact of this program is extraordinary.”

Dr. Marie-Dominique Beaulieu, CQ, MD, CMFC, MSc, FCMF,
Co-RIG Steering Committee Chair, professor emeritus,
Department of Family Medicine and Emergency Medicine,
Faculty of Medicine, University of Montreal.

Co-RIG Phase II Contributors

Co-RIG Phase II Steering Committee

Dr. Marie-Dominique Beaulieu,* Chair

Dr. Jeanette Boyd*

Ms. Alison Forestell

Dr. Nancy Fowler*

Dr. Rick Glazier

Dr. Marshall Godwin*

Dr. Michelle Greiver*

Dr. Francine Lemire*

Ms. Jessica Nadigel

Dr. David Ponka*

Mr. Steve Slade*

Dr. Celina White

Ms. Claudia Zuccato Ria*

Co-RIG Phase II Adjudication Committee

Dr. Ruth Wilson,* Chair

Mr. Steve Slade,* Scientific Officer

Dr. Marie-Dominique Beaulieu*

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Dr. Risa Bordman

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Dr. Christine Florakas

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Dr. Brian Hutchison*

Dr. Liisa Jaakkimainen*

Dr. Ruth Lavergne

Dr. Kathy Lawrence

Dr. Shireen Mansouri

Dr. Maeve O'Beirne

Dr. Alain Pavilanis

Dr. Nav Persaud

Dr. David Ponka*

Dr. Moira Stewart*

Dr. Sonia Sylvain

Dr. Brent Wolfrom

* Also contributed to Co-RIG Phase I

Co-RIG Phase II Project Teams

Project Title: New Pathways to Care: Improving health outcomes

Project Lead: Dee Mangin, MD, MBChB, DPH, FRNZCGP

Project Team:

- Jennifer Salerno, PhD, MSc, McMaster University
- Rebecca Clark, MSc, McMaster University
- Julie Datta, MSW, RSW, McMaster University
- Jennifer Lawson, MSc, McMaster University
- Mara Dempsey, BA, McMaster University
- Dawn Elston, MA, McMaster University
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- David Kaplan, MD, CCFP, University of Toronto
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- Erin Beaulieu, MPH, McMaster University
- Amie Davis, MD, CCFP, McMaster University
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- Mike West, MD, Dundas Family Health Organisation
- Joshua Wald, MD, FRCPC, Firestone Institute for Respiratory Health, McMaster University
- Kris Adamczyk, BSc, McMaster University
- Jay Gallagher, BSc, McMaster University
- Tracey Carr, MBA, McMaster University
- Miriam Turnbull, MBA, RRT, ProResp Community Respiratory Therapy
- Aaron Kendall, RRT, Vitalaire
- Chris Wilson, BA, BSc, CBI Home Health Eastern Canada
- Helene Lacroix, MSc, Saint Elizabeth Health Care
- Kathleen McQueen, MSc.OT, BHSc, CBI Health Group
- John Neary, MD, FRCPC, St. Joseph's Healthcare Hamilton,
- Carolyn Gosse, BSc Pharm, ACPR, Pharm D, St. Joseph's Health

Project Title: Bridging the Gap: Meeting the needs of people with complex health conditions

Project Lead: Catherine Hudon, MD, PhD, CCFP

Project Team:

- Maud-Christine Chouinard, University of Montreal,
- Grégory Moullec, University of Montreal
- Lourdes Rodriguez del Barrio, University of Montreal
- Mathieu Bisson, University of Sherbrooke
- René Benoît, patient partner
- Marie-Dominique Poirier, patient partner

Project Title: Advocacy and Community Engagement with Primary Health Care: A partnership approach to better care

Project Lead: Gary Bloch, MD, CCFP

Project Team:

- Claire Kendall, MD, PhD, Bruyère Research Institute
- Ginetta Salvalaggio, MD, MSc, University of Alberta
- Vanessa Brcic, MD, MSc, University of British Columbia
- Dawnmarie Harriott, Working for Change
- Michael Creek, Working for Change
- Allison Eady, MA, project coordinator

Project Title: Scaling up Clinique Mauve: Health clinic and outreach program for sexual and gender-diverse migrants

Project Lead: Vania Jimenez, MD, CCFP

Project Team:

- Pierre-Paul Tellier, MD, CCFP, McGill University
- Edward Lee, PhD, University of Montreal
- Annie Pullen Sansfaçon, University of Montreal
- Sophia Koukoui, PsyD/PhD, MSc, University of Montreal
- Yann Zoldan, PhD, McGill University
- Annie Pontbriand, MSc, Montreal West Island CIUSSS
- Naima Bentayeb, Institut universitaire SHERPA
- Ahmed Hamila, PhD, Montreal West Island CIUSSS
- Marianne Chbat, PhD, UQAM
- Denise Medico, UQAM
- Anne-Fanny Vassal, Actuel Medical Clinic
- Jonathan Bacon, Actuel Medical Clinic
- Dr. Thierry Chalifour, MD, Actuel Medical Clinic
- Dr. Réjean Thomas, MD, Actuel Medical Clinic
- Dr. Baijayanta Mukhopadhyay, MA, MD, CCFP, DTM&H, McGill University
- Nadia Doiron, BN, CLSC of Côtes-des-Neiges
- Michel Godin, BN, CLSC of Côtes-des-Neiges

Project Title: Deploying Vaccine Navigators: Building trust with newcomers

Project Lead: Fariba Aghajafari, MD, CCFP, FCFP, MSc, PhD

Project Team:

- Deirdre Lake, AIMGA
- Fariborz Birjandain, Calgary Catholic Immigration Society
- Krishna Anupindi, MPH, Mosaic Primary Care Network
- Alyssa Ness, MD, Public Health Calgary
- Habitus Consulting Collective
- Mosaic Primary Care Network

Project Title: Partnering for Change: Indigenous-led partnerships for better care

Project Lead: Danusia Gzik, MD, CCFP, MHSc

Project Team:

- Simcoe Muskoka Indigenous Health Circle
- Royal Victoria Hospital, Barrie

Project Title: CommunityFirst: An Indigenous approach to health and well-being

Project Lead: Sumeet Sodhi, MD, MPH, CCFP

Project Team: Rachel Kiddell-Monroe, LLM, SeeChange Initiative

Project Title: Lessons from COVID-19: Enhancing rural community resiliency to climate change

Project Lead: Stefan Grzybowski, MD, MCISs, FCFP

Project Team:

- Alexandra Bland, MSc, Rural Health Services Research Network of BC
- Anna De Waal, MD (candidate), Rural Health Services Research Network of BC
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- Nelly Oelke, RN, PhD, University of British Columbia
- Arlin Cherian, MPH, University of British Columbia
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- Blaine Grinder, MEDL, Tsilhqot'in Nation
- Anthon Meyer, MB, Ch.B, University of British Columbia
- Granger Avery, MB, BS, FRRMS, University of British Columbia
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- Margaret Tromp, MD, FCFP, FRRMS, Queen's University
- Elizabeth Wiley, MD, JD, MPH, CCFP, University of British Columbia
- Ray Markham, MB, ChB, MRCGP, FCFP, Rural Coordination Centre of BC
- Alan Ruddiman, MDB, BCh. Dip., PEMP, FRRMS, Rural Coordination Centre of BC

Project Title: Improving End-of-Life Care: Training and resources for long-term care clinicians

Project Lead: Peter Tanuseputro, MD, MHSc (Epi), CCFP, FRCPC (Public Health)

Project Team:

- Rhiannon Roberts, MScPH, Ottawa Hospital Research Institute
- Christina Milani, MSc, Bruyère Research Institute
- Anna E. Clarke, MSc, ICES
- Colleen Webber, PhD, Bruyère Research Institute
- Sarina R. Isenberg, PhD, Bruyère Research Institute
- Daniel Kobewka, MD, MSc, Ottawa Hospital Research Institute
- Luke Turcotte, PhD, Brock University
- Shirley H. Bush, MBBS, Bruyère Research Institute
- Kaitlyn Boese, MD, Bruyère Research Institute
- Amit Arya, MD, University of Toronto
- Benoit Robert, MD, Bruyère Research Institute
- Aynharan Sinnarajah, MD, Bruyère Research Institute
- Jessica E. Simon, MB, ChB, University of Calgary
- Michelle Howard, PhD, McMaster University
- Jenny Lau, MD, MSc, University of Toronto
- Danial Qureshi, MSc, Bruyère Research Institute
- Deena Fremont, BScH, Bruyère Research Institute
- James Downar, MD, MSc, Bruyère Research Institute

Project Title: After the Outbreaks: Addressing long-COVID in long-term care home residents

Project Lead: Akber Mithani, MD, MCFP (COE)

Project Team:

- Janice M. Sorensen, RD, PhD, Fraser Health Authority
- Valorie A. Crooks, PhD, Simon Fraser University
- Shannon Freeman, PhD, University of Northern British Columbia
- Simon Carroll, PhD, University of Victoria
- Karen M. Davison, RD, PhD, Kwantlen Polytechnic University
- Maura MacPhee, RN, PhD, University of British Columbia
- Annette Berndt, Fraser Health
- Jennifer Walls, Fraser Health

Project Title: A Community of Practice: Supporting clinicians and improving care in residential and long-term care

Project Lead: Élise Boulanger, MD, CM, CCMF

Project Team:

- Julia Chabot, MD CM, FRCPC, MSc, McGill University
- Sophie Zhang, MD, MSc, University of Montreal
- Amanda Try
- Maude Laliberté
- Quoc-Dinh Nguyen
- Catherine Richer
- Andrée Robillard
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