

Clavardage de la Journée annuelle du Réseau-1 Québec

17 juin 2022

Mot de bienvenue

08:32:08 From Danielle Schirmer to Everyone:

Bonjour à toutes et à tous! Merci d'être avec nous. N'hésitez pas à nous écrire dans le chat si vous avez des questions ou difficultés (sarah.descoteaux@usherbrooke.ca)

08:33:58 From Danielle Schirmer to Everyone:

Voici le lien pour la visite des communications:
<https://event.fourwaves.com/r1q2022>

Conférence plénière

08:50:21 From Danielle Schirmer to Everyone:

Voici les diapos de la Dre McCallum en français:
https://reseau1quebec.ca/wp-content/uploads/2022/06/McCallum_McGill_reseau1c-fr_MM.pdf

09:11:29 From Danielle Schirmer to Everyone:

thank you Dr McCallum

09:12:15 From Bianca Tardif-Emond to Everyone:

Thank you !! Very interesting

09:12:56 From Marie Thérèse Lussier to Everyone:

Je suis intéressée par le concept d'authenticité dans les soins en PL. Pourriez vous élaborer svp

09:13:52 From Tracie Barnett, Dr to Everyone:

Thanks so much! Could you give examples of the kinds of social prescribing that you have found to be effective?

09:16:40 From Victoria Dorimain to Everyone:

Thank you, Dr McCallum, what a very pertinent and insightful project. The approach is so interesting. I would like to inquire whether through this project your GP colleagues' insights were collected throughout the process alongside the patients' experience in terms of reflective approaches or discussions. Congratulations on your beautiful and very comprehensive presentative or such massive work.

09:21:21 From Marie Thérèse Lussier to Everyone:

thank you

09:22:02 From Lise Lévesque - coordo IUPLSSS to Everyone:

What is your view on how can primary care could start collaborating with social services, third sector, and organizations in the community to improve the capacity of people living in deprived areas to act on their health and their lives ?

09:25:58 From Lise Lévesque - coordo IUPLSSS to Everyone:

(2nd try --- corrected!) : What is your view on how could primary care start collaborating with social services, third sector, and organizations in the community to improve the capacity of people living in deprived areas to act on their health and their lives ?

09:27:39 From Hava Biba to Everyone:

Thank you so much, very interesting!

09:28:50 From Josiane Cyr to Everyone:

Your presentation is so inspiring and stimulating, especially for clinicians who work in low socioeconomic areas. Thank you so much!

09:29:10 From Janusz Kaczorowski to Everyone:

Do you think that healthcare system is really best positioned to address social inequalities?

09:30:30 From Paula Bush to Everyone:

Very interesting and stimulating! Here is the map of deprivation in Montreal:
https://cgtsim.qc.ca/wp-content/uploads/2021/06/CARTE_2018FRW_DEFAVO.pdf

09:30:38 From Isabel Rodrigues to Everyone:

Nous devons innover dans notre modèle de soins et s'inspiré du modèle de la pédiatrie sociale?

09:31:23 From Annick Gauthier, Dr to Everyone:

Thanks @Paula!

09:34:09 From Marianne McCallum to Everyone:

Social prescribing varies significantly in the UK. Our links worker project wanted to have a "social generalist" to work with the medical generalist, so similar to our family physicians they were not limited in what they managed or the time it took. Also what was important was for these workers to be integrated and valued in the wider practice team - this definitely improved their effectiveness. Often these workers where they work well build relationship with patients who require that extra trust. I have found that the difference these workers can make is that as a doctor I am able to actually focus on managing people's health because all the other stuff that is going on is being managed well by my colleague - and both myself and the patient can trust them to do this well.

09:34:56 From Marianne McCallum to Everyone:

This is a link to the Deep End website with some relevant publications if that helps

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/topics/majortopics/socialprescribing/>

09:39:00 From Marianne McCallum to Everyone:

Hi Victoria, when you were asking about GP insights I presume you mean the quote that I included in the presentation. This was from some qualitative interviews that I carried out several years ago with Deep End GPs. The work was initially exploring why these GPs were less likely to train Post Graduate Family Physicians and the paper on that was published. However, as I analysed the interviews it was clear there was also a lot of information regarding GP work and so I carried out a secondary analysis exploring the impact of socioeconomic deprivation on GP work. What that found was that socioeconomic deprivation affected ALL types of GP work negatively. Wider strong practice team was very important for preventing burn out, as was having an outside interest. The other things presented on GP experience have come from the work of Deep End groups over the years.

09:40:06 From Marianne McCallum to Everyone:

the GP work article

<https://bjgpopen.org/content/5/6/BJGPO.2021.0117.abstract> and the original training one if that would be relevant

<https://bjgpopen.org/content/3/2/bjgpopen19X101644>

09:42:08 From Victoria Dorimain to Everyone:

Thank you Dr McCallum for your answer. I will eagerly read your published work to this effect. I appreciate the links provided.

09:45:10 From Marianne McCallum to Everyone:

Lise thank you for your excellent question. I think that is a huge but very important one. There is lots to say here but one thing that may be of interest is a GPs at the Deep End project called Govan SHIP. What this did was take four family medicine clinics and created extra GP time by hiring locums to work across the clinics and allow experienced GPs to have a half day a week/fortnight to just focus on practice improvement and supporting patients. This time used in a variety of ways from carrying out extended home visits to vulnerable patients which we never have time for, to changing care plans and liaising with secondary care. They also carried out a monthly multi-disciplinary meeting where vulnerable patients were mentioned (key groups practices would identify were vulnerable elderly, vulnerable families, high ER users). These meeting including community nurses, health visitors, physio, OT, social care practitioners, housing officers and the option to invite in other relevant staff.

09:50:36 From Marianne McCallum to Everyone:

Patients gave their permission to be discussed at these meetings and they were highly valued by patients and practitioners alike. So I would love this model to be rolled out, I think this kind of team working could be a good way to work better with different sectors and manage the experience of our most vulnerable. Here is the link to further information on the project - report 29 explains some of this <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/topics/majortopics/consultations/>

09:57:56 From Marianne McCallum to Everyone:

Janusz, thank you for your question. In answer I don't think the health care system alone can address social inequalities. And as I said at the start ultimately if we don't tackle the social determinants of health then our inequalities in health will persist. What I do think though is that the health system as it is set up just now is perpetuating and in some cases making worse the inequalities we see. Therefore I think health has a crucial role to play but not the only one, and indeed if we play it alone without our colleagues in other areas we will get nowhere.

09:58:37 From Marianne McCallum to Everyone:

We recognise that for patients living in our most vulnerable populations that continuity of care and strong patient practitioner relationship is very important, and I personally believe that Primary Care (or Family Medicine) in particular is uniquely situated in being able to reduce inequality of outcome. However, at the moment the system actively works against us. I think because the NHS is the only universal service in the UK, and everyone in the UK has a GP we see a lot that other systems don't see as people can access us with their problems. I think we therefore have an important voice in being able to advocate and demonstrate the hidden problems of our more vulnerable populations.

09:59:10 From Amédé Gogovor to Everyone:

Thanks Dr. McCallum for your work. Do you have any data in UK on effective interventions towards vulnerable people, e.g., decrease in % of vulnerable people in the targeted areas?

10:00:32 From Paula Bush to Everyone:

À tous/tes clinicien.ne.s: n'hésiter pas à me contacter pour discuter de comment s'intégrer dans la recherche (et convaincre ses gestionnaires).

paula.bush@mcgill.ca

10:02:29 From Marianne McCallum to Everyone:

I think that the extent to which we as physicians role this is our responsibility is open to debate, and will vary across the profession. This is an interesting paper showing how the responsibility, and even understanding of wider social determinants of health varied by different Deep End GPs.

<https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1418499>

10:09:49 From Marianne McCallum to Everyone:

Hi Amede, the SHIP project did show increased GP satisfaction and an increase in work demand at the start of the project which overall seemed to reduce some demand when compared to another similar practice. In addition I would suggest having a look at the work on CARE Plus. This was a whole system intervention that targeted people with multimorbidity in very deprived areas. It targeted the lack of resource by given practices money for locum cover to release named GPs to have longer consultations with people with complex multimorbidity. The practitioners received training regarding goal settling but otherwise the consultations were led by patients themselves. They also provided several CBT and mindfulness resources for patients. Over the course of the intervention there was a significant improvement in negative wellbeing domain of the QOL which was found to be cost effective. <https://link.springer.com/article/10.1186/s12916-016-0634-2>

10:10:50 From Marianne McCallum to Everyone:

Thanks for all your questions, and the opportunity to present. If there are further questions my email address is marianne.mccallum@glasgow.ac.uk and I am happy if you wish to email me, Marianne

Assemblée générale des membres

09:32:22 From Sarah Descoteaux to Everyone:

Je seconde

09:32:23 From Isabelle Girard to Everyone:

J'appui

09:32:27 From Lise Lévesque - coordo IUPLSSS to Everyone:

Lise Lévesque

09:32:30 From Anne Bhéreur to Everyone:

Anne Bhéreur

09:32:33 From Pierre Pluye to Everyone:

J'appui

09:32:37 From Charlotte Souil to Everyone:

J'appuie

09:32:41 From Edith Bernier, GMF-U de Maria (Gaspésie) to Everyone:

J'appuie

09:32:45 From Danielle Schirmer to Everyone:

Voici le lien vers le rapport annuel 2021-2022: https://reseau1quebec.ca/wp-content/uploads/2022/04/RapportAnnuel_2021-22_VF.pdf

09:35:11 From Marie-Claude Beaulieu to Everyone:

Ces prix de résidents sont appréciés et donnent le gout de la recherche et présentations des travaux

09:35:32 From Danielle Schirmer to Everyone:

<https://reseau1quebec.ca/activites-et-evenements/baladodiffusion/>

09:54:28 From Pierre Pluye to Everyone:

Bravo, c'est très clair et très stimulant!

09:58:50 From Danielle Schirmer to Everyone:

Voici le lien vers le sondage de vote pour l'AGA:

<https://fr.surveymonkey.com/r/NCVPMQP>

09:58:55 From Annick Gauthier, Dr to Everyone:

Je pense qu'il y a un énorme fossé entre ce que les PhDs et les docteurs en médecine en termes de ce qu'il est réellement possible de faire. Je trouve ça très doctorant de dire rendre les GMF-Us plus accueillants. Et je suis un MD-PhD qui a parcouru les deux côtés.

09:59:05 From Danielle Schirmer to Everyone:

Merci pour votre participation!

09:59:25 From Danielle Schirmer to Everyone:

il nous faut un proposeur et secondeur pour cloturer

09:59:38 From Lise Lévesque - coordo IUPLSSS to Everyone:

Remettre le code QR est-il possible?

09:59:39 From Hava Biba to Everyone:

Félicitations pour votre travail exceptionnel!

10:00:04 From Marie Thérèse Lussier to Everyone:

Je seconde

10:00:07 From Lise Lévesque - coordo IUPLSSS to Everyone:

Lise Lévesqie

10:00:34 From Danielle Schirmer to Everyone:

<https://fr.surveymonkey.com/r/NCVPMQP>

10:00:42 From Danielle Schirmer to Everyone:

Voici le lien pour le vote de l'AGA

Séance 1 : L'équité des soins à travers la recherche participative

- 10:28:32 From Lise Lévesque - coordo IUPLSSS : Question : avez-vous eu écho de défis avec l'utilisiation du téléphone pour communiquer ?
- 10:31:35 From Marie Dominique Poirier : Est ce que, culturellement, la prise en charge de l'infirmière a du être valorisée?
- 10:36:18 From Frédérique Lévesque (elle) - CLARET/GRIIS : Dans vos recommandations, y avait-il quelque chose de la nature des compétences interculturelles / sécurisation culturelle ?
- 10:38:14 From Marie-Eve Poitras, UdeS : un projet très porteur en effet! merci
- 10:39:58 From stephanie charest : @Mme Frédérique Lévesque: oui les compétences culturelles et la sécurisation culturelle feraient partie des formations initiales nécessaires offertes aux professionnels avant le projet
- 10:40:17 From Frédérique Lévesque (elle) - CLARET/GRIIS : Merci !
- 10:51:34 From stephanie charest : Bravo pour cette participation citoyenne
- 10:52:36 From Paula Louise Bush, Dr : Je serais curieuse d'entendre les Maxime et Nicholas sur le plus value d'avoir aider à mener les entretiens
- 10:52:41 From Marie-Eve Poitras, UdeS : la clinique SPOT est une réelle innovation! bravo a tous! Les résultats sont perceptibles.
- 10:53:38 From Ndeye Diouf : Félicitation S. Rose et votre équipe pour le beau travail que vous faites sur le terrain
- 10:54:26 From Marie-Eve Poitras, UdeS : c'est un bel exemple Maxime
- 10:54:54 From Frédérique Lévesque (elle) - CLARET/GRIIS : Merci beaucoup ; une approche méthodologique tout à fait nécessaire. J'aimerais savoir si vous avez utilisé des techniques de recrutement particulière pour les utilisateur.rice.s de SPOT - pamphlet distribués explicatifs dans la clinique, appels directs ...? (Si Nicolas et Maxime veulent se prononcer sur les techniques de recrutement qui ont bien fonctionner)
- 10:55:38 From Paula Louise Bush, Dr : Wow, vous mentionnez exactement le genre de chose que l'on voit dans la littérature 😊
- 10:55:52 From stephanie charest : Excellente présentation
- 10:56:00 From Pierre Pluye : Bravo!

10:56:21 From Victoria Dorimain : Bravo! Quelle excellente initiative!

10:57:07 From Maxime Robert clinique spot : @frederique levesque , c'etait surtout du bouche a oreille et de la sollicitation dans les blocs de soins !!!

10:57:36 From Frédérique Lévesque (elle) - CLARET/GRIIS : Ahh merci beaucoup Maxime !

11:00:23 From Paula Louise Bush, Dr : Voici un guide pour faire de la recherche participative qui vise des changements de pratique aux bénéfiques des usagers.
<https://www.soutiensrapmetho.ca/outils-methodologiques/#GuideRPO>

Séance 2 : L'accès aux soins pour les individus en situation de vulnérabilité

10:30:35 From Josiane Cyr to Everyone:

Je crois que ce projet pourrait être adapté à la réalité de patients demandeurs d'asile, qui ont encore plus de difficulté que les autres à accéder à des soins de santé et à une prise en charge médicale. Même nous les professionnels passons beaucoup de temps à les aider à naviguer...

10:32:33 From Marie-Claude Beaulieu to Everyone:

super intéressant Merci!

10:32:57 From Annick Gauthier, Dr to Everyone:

100% a needed. I help my patient's navigate by giving them handouts of "to do" lists and how to do the items — but it requires a considerable amt of effort from me. I am hopeful for this project to help give patient's tools to be the centre of their own medical home

10:34:08 From Pascale Lafrance to Everyone:

Intéressant, simple et si peu coûteux à implanter! Il faudrait le déployer à l'ensemble du Réseau :)

10:35:13 From Marie-Eve Lavoie to Everyone:

Projet très intéressant! Cette approche pourrait aussi être adaptée à d'autres aspects comme la préparation à la consultation. Donc, soutenir les patients à préparer leurs consultations afin que la rencontre avec le professionnel soit plus riche, efficace et bénéfique pour le patient et le clinicien.

10:36:42 From Annie Poirier to Everyone:

Magnifique projet qui rappelle encore une fois la valeur du savoir expérientiel des patients et l'importance du lien de confiance. Une initiative d'ue pour du scaling up !

10:36:54 From Marie-Eve Lavoie to Everyone:

Offrez-vous du soutien pour accéder aux plateformes électroniques (ex. RSQV, Clic Santé...) comme un accès à du matériel électronique?

10:54:31 From Marie-Claude Beaulieu to Everyone:

Beau projet, vraiment intéressant Merci

11:11:23 From Gwladys to Everyone:

Merci pour cette belle présentation. Est-ce que la vidéo sur l'accès adapté pour les patients est disponible en ligne? Si oui pouvons nous avoir le lien?

11:13:35 From Marie-Claude Beaulieu to Everyone:

très beau projet en effet! Bravo

11:14:07 From Mylaine Breton to Everyone:

Bravo - Merci

11:14:18 From Bianca Tardif-Emond to Everyone:

Excellente présentation et tellement pertinente dans mes fonctions d'AACQ en GMF-U!!

11:14:20 From Hava Biba to Everyone:

Ce fut très intéressant, merci beaucoup!

11:14:26 From Mylaine Breton to Everyone:

aces.adapte@usherbrooke.ca

11:14:27 From Vanessa Vaillancourt, Université de Sherbrooke to Everyone:

Bravo!

11:14:48 From Karine Morin, GMF-U Sud de Lanaudière to Everyone:

Est-ce possible d'avoir votre algorithme décisionnel?

11:14:51 From Josiane Cyr to Everyone:

Super!

Mot de clôture

- 03:34:19 Paula Bush, McGill: Est-ce que les publications (affiches, articles, rapports, etc.) des projets présentés peuvent nous être partagées?
- 03:36:13 Danielle Schirmer: Oui, nous enverrons un bilan de la Journée annuelle cet été avec des liens aux projets qui ont présentés et leurs résultats. Merci pour la suggestion!
- 03:41:07 Janusz Kaczorowski:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374695/>
- 03:41:47 Danielle Schirmer: <https://upstreamlab.org/project/spark/>
- 03:42:29 Janusz Kaczorowski:
<https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-021-01514-9>
- 03:43:37 Danielle Schirmer: <https://www.jabfm.org/content/29/3/348.abstract>
- 03:43:51 Janusz Kaczorowski:
https://www.cfpc.ca/CFPC/media/Resources/Poverty/Poverty_flow-Tool-Final-2016v4-Ontario.pdf
- 03:45:44 Janusz Kaczorowski: "Do you ever have difficulty making ends meet at the end of the month?"
(Sensitivity 98%, specificity 40% for living below the poverty line)²
- 03:46:40 Tarek Bouhali: Merci Janusz et Danielle pour ces références
- 03:57:31 Marie-Eve Poitras, UdeS: bravo à l'équipe de la Chaire et aux coresponsables de projet!!!!
- 03:59:12 Angèle Musabyimana: Bravo Roberta
- 03:59:26 Johanie Lépine: BRAVO Roberta :)
- 03:59:56 Maxime Sasseville: Félicitations aux lauréats! 🎉
- 03:59:58 Marie-Eve Poitras, UdeS: Bravo roberta!
- 04:00:35 Amédé Gogovor: Bravo Roberta et aux autres récipiendaires!
- 04:00:53 Vincent Robitaille: Bravo Roberta !!
- 04:00:56 Marie-Eve Poitras, UdeS: Bravo pour ce prix coup de cœurs patients!

04:01:25 Ndeye Diouf: Bravo à Roberta et aux autres aussi!

04:01:46 Danielle Schirmer: <https://event.fourwaves.com/fr/r1q2022/pages>

04:02:23 Danielle Schirmer: https://reseau1quebec.ca/wp-content/uploads/2022/06/Plan-des-visites_vf.pdf

04:02:36 Danielle Schirmer: voici le plan des visites guidées et le lien Fourwaves

04:03:13 Lara Maillet, ENAP: Bravo aux récipiendaires et pour cette belle journée annuelle! Au plaisir!! :-)

04:03:51 Marie-Eve Poitras, UdeS: Bravo aux organisateurs! superbe avant-midi!

04:04:08 Josiane Cyr: Merci et bravo!

04:04:39 Danielle Schirmer: Merci à tous pour votre participation! Voici le lien au sondage d'évaluation: https://reseau1quebec.ca/wp-content/uploads/2022/06/Plan-des-visites_vf.pdf

04:04:44 Catherine Hudon: bravo++ et merci aux organisateurs et spécialement à Ysendre, Danielle et Tarek qui ont travaillé fort :)

04:04:48 Vanessa Vaillancourt, Université de Sherbrooke: Merci pour ce bel évènement!

04:04:55 Hava Biba: Félicitations aux organisateurs!

04:04:55 Catherine Hudon: Merci aussi à Jeannie et l'équipe de McGill!

04:05:11 Caroline Rhéaume: Merci et bravo!

04:05:18 Danielle Schirmer: merci à Sarah Descoteaux aussi!

04:05:22 Geneviève Olivier-d'Avignon: Merci beaucoup!

04:05:29 Danielle Schirmer: merci Pamela!

04:05:32 Ysendre Cozic: Bravo :)