

The STOP Program as a Model for Integrated Virtual Care for Complex Chronic Disease

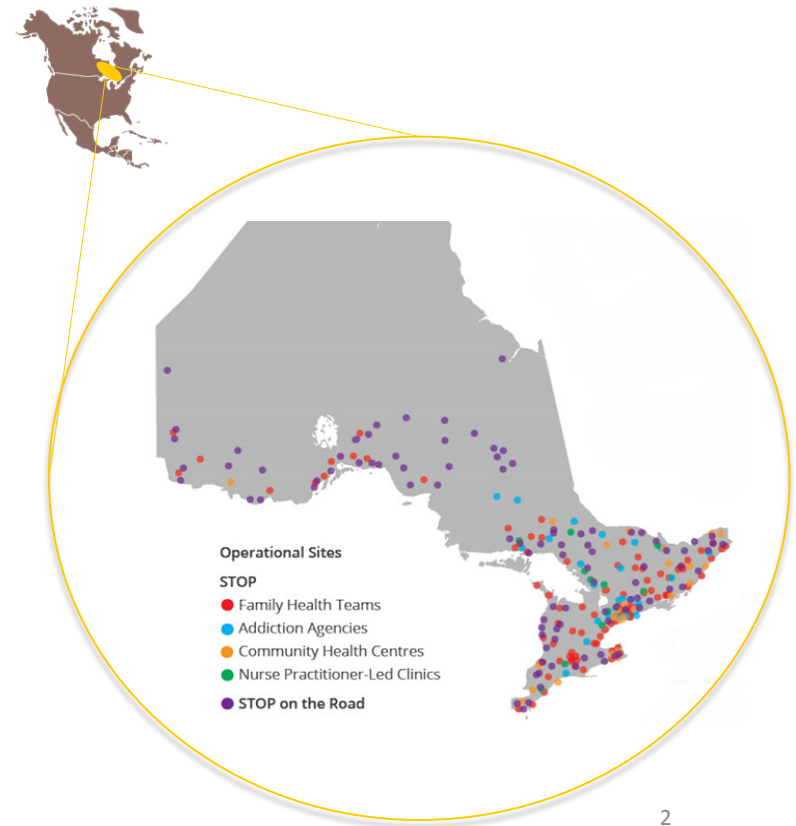
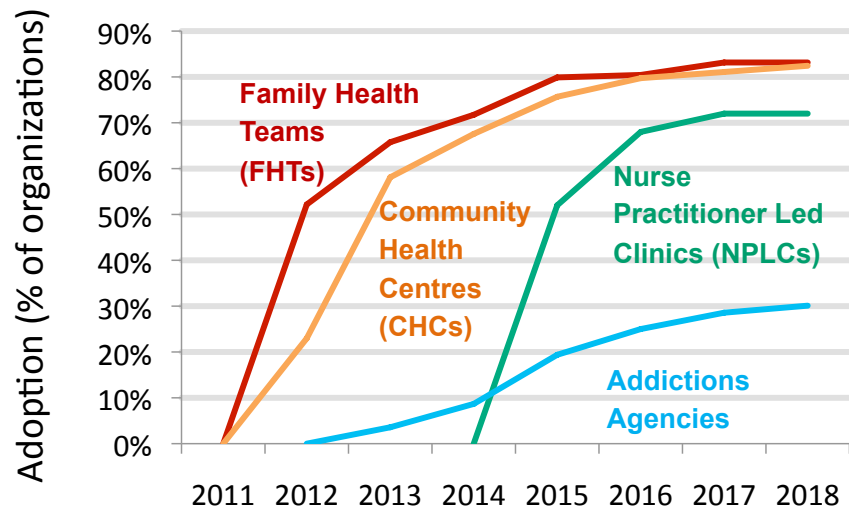
**Sept 29, 2020 Ontario SPOR SUPPORT Unit Roundtable
(SPOR Evidence Alliance Report)**

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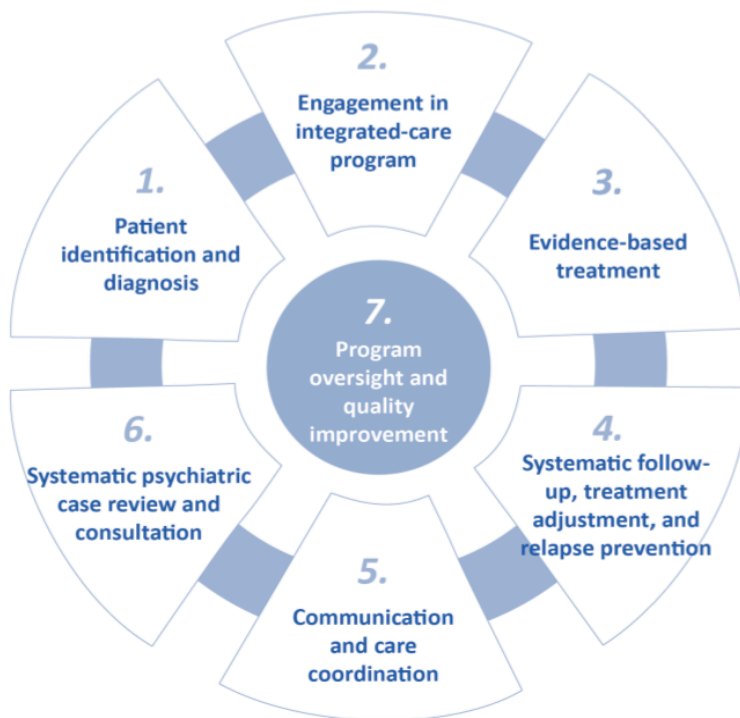
STOP in Primary & Community Care Settings: Reach & Adoption N > 250k smokers treated. ~27k/year

> 83% FHTs > 81% CHCs
> 75% NPLCs > 26% Addictions Agencies

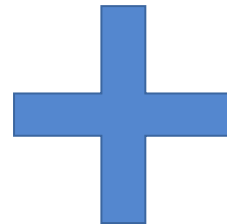


Technology-enabled Collaborative Care: (TECC)

Collaborative Care Model



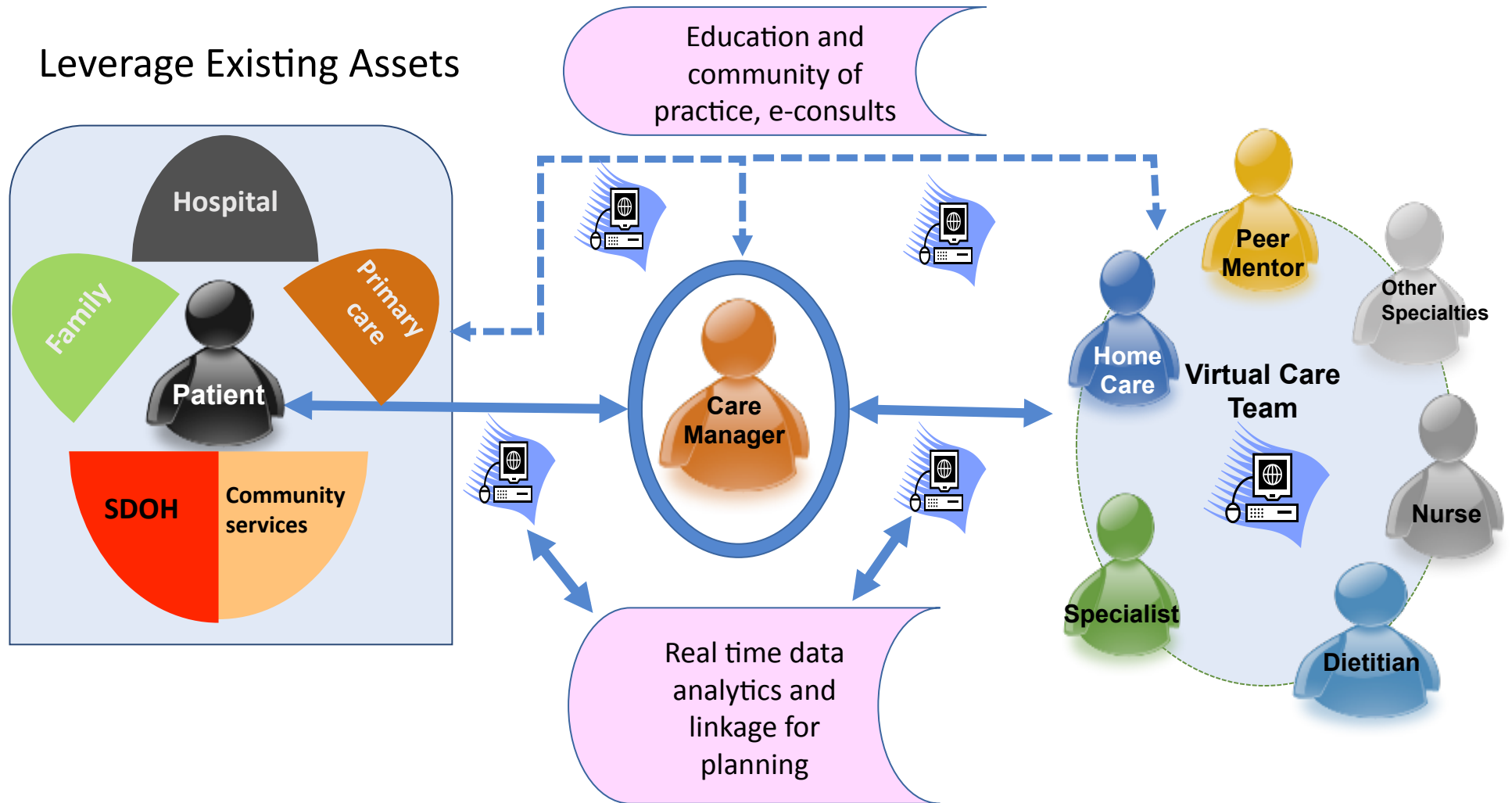
Technology (Virtual)



Why a Virtual Collaborative Care Model

1. Eliminates/Reduces need for face-to-face visits
2. Allows for triaging before patient sees specialist
3. Support available to the patient outside of physician visits
4. Easy implementation of measurement-based care and data collection

Leverage Existing Assets



National Diabetes Repository

OUR PATIENTS *by the* THE NUMBERS



121,943 Diabetic Patients

OUR DATA *by the* THE NUMBERS



9.9 Million
PRESCRIPTIONS



32 Million
LAB TESTS



Over 1,100
PHYSICIANS



1.3 Billion
DATA POINTS

OUR SECURE ANALYTIC *Virtual* ENVIRONMENT

Privacy and Security have been paramount in scoping the requirements for the Repository. Rigorous privacy practices have been embedded into the foundation of the Repository and have been incorporated into all our policies and procedures. This allows us to provide access to researchers without compromising data security or patient confidentiality.



DATA SECURITY
Compliant to ISO 27002 standards and PHIPA.
<https://cac.queensu.ca/overview/>



GOVERNANCE
Oversight over the use of the data through a robust Research Governing Committee where 50% of the members are patients.