

**Appendix 2 (as submitted by the authors):** Digestive Health Strategic Clinical Network Initiatives and their alignment to the Transformational Roadmap's strategic priorities (A) and the six dimensions of quality of care: acceptability (B), accessibility (C), appropriateness (D), effectiveness (E), efficiency (F), and safety (G).

	A <sup>a</sup>	B	C	D	E	F	G
<b>Overview of Digestive Health Strategic Clinical Network Initiatives</b>							
<i>Implementing the Canada-Global Rating Scale (C-GRS®) at all 50 endoscopy units in the province.</i> The C-GRS is an evidence-based, patient-centred approach to assessing the quality of endoscopic services and will guide teams to identify quality improvement opportunities. Teams will be engaged in a collaborative process to set targets for improvement, develop action plans, implement practice changes, measure progress and create sustainability strategies. This will be supported by provincial clinical policy requiring participation by all sites in the C-GRS® semi-annual self-assessment. We will track uptake of the C-GRS and monitor changes in C-GRS scores over time to measure progress.	2, 3			X	X	X	X
<i>Spreading primary care supports for digestive health care.</i> Many patients currently on waitlists have conditions that could be optimally addressed within their primary care Medical Home, allowing more expeditious access to specialty care for urgent referrals with established morbidity risks. This project will spread 3 primary care supports across Alberta: primary care pathways for low-risk, high demand conditions, and provider-to-provider telephone advice and electronic advice. These supports will be co-developed between primary care and specialty care. We will assess acceptability of the tools and processes to patients, primary care physicians and specialists; and we will evaluate impact on access to gastroenterology and patient outcomes.	1, 2, 3	X	X	X		X	
<i>Appropriate Use of Proton Pump Inhibitors (PPIs).</i> In Alberta in 2016/17, over 10% of the provincial population filled a prescription for PPIs. Over half of patients taking a PPI may not have a proper indication, representing avoidable medication burden and system costs. This project includes primary care, community pharmacy and patient tools and resources to support decision making regarding appropriate prescribing and de-prescribing of PPIs. Administrative healthcare databases of PPI utilization in the province of Alberta will track prescribing outcomes prior and following interventions.	3			X	X	X	X
<i>Cirrhosis Care Alberta Program.</i> A project funded through the Partnership for Research and Innovation in the Health System (PRIHS) grant (PI Dr Puneeta Tandon). Hospitalized patients with cirrhosis are high needs and high costs patients, with an overreliance on acute care due to fragmented care and a lack of consistent application of evidence based care. This project will evaluate the implementation of a cirrhosis care bundle, at eight of the highest volume hospitals across Alberta, focused on enhancing medical and broader health needs best practices and building linkages across the continuum of care.	1, 2	X	X		X	X	
<i>Increasing access to telehealth and other virtual healthcare for patients in rural and remote communities.</i> With specialty gastroenterology care available only in a few major centres, many patients requiring consultation and/or follow up care are required to travel significant distances in order to access care. This creates a barrier	1, 2, 4	X	X	X	X	X	X

in access and potentially worse patient outcomes if follow up does not occur as recommended. It also has a negative impact on patient quality of life and increases cost and inconvenience for patients and families. Current use of telehealth and other virtual health is very low amongst Alberta gastroenterology and hepatology providers. This initiative will strive to increase utilization of these technologies to allow more patients to receive needed specialty care without leaving their home communities. Quality indicators to assess impact will be derived by systematic review of literature, survey of experts and in person consensus building meetings.						
<i>Delisting of Docusate.</i> In 2017, the Digestive Health SCN partnered with Alberta Health Services Pharmacy Services to delist docusate from the provincial formulary. This initiative was based on new evidence that showed docusate performed no better than a placebo in relieving constipation.	3		X		X	X
<i>Hepatitis C Virus Screening and Care:</i> Hepatitis C Virus (HCV) infections represent a major public health burden in Canada, leading to more life-years lost than any other infectious disease. Stigma, public health and primary care provider knowledge gaps, and policy pose constraints to identifying and optimally treating patients with HCV. This initiative, in partnership with the Sexually Transmitted and Blood Borne Infections Program, will use multiple strategies to improve access to HCV prevention, diagnosis, treatment, and support services in Alberta.	1, 4	X		X	X	
<i>Fecal Microbiota Transplantation for Recurrent Clostridium Difficile Infection.</i> Prevention and treatment of Clostridium difficile infection (CDI) is a major clinical challenge. Fecal Microbiota Transplant (FMT) has emerged as the most effective treatment in the management of recurrent CDI. This initiative is exploring the feasibility of transitioning FMT from its current research environment into an operational program accessible to all eligible Albertans with CDI.	2, 4	X	X		X	X
<i>Future Burden of Inflammatory Bowel Disease (IBD):</i> The Alberta IBD Surveillance Cohort is a province wide cohort of patients with IBD derived from administrative healthcare databases. This project has established the prevalence of IBD in Alberta of 0.7% of the population in 2018 with models forecasting the rise of prevalence to 1% (50,000 Albertans with IBD) by 2030. Funded by CIHR Project Scheme Grant (PI Dr. Gil Kaplan) the Alberta IBD Surveillance Cohort will forecast the evolution of the burden of IBD (e.g. healthcare utilization, surgery, biologic use, costs, etc..) in Alberta over the next decade.	2, 3		X	X	X	X
<i>2018 IBD Impact Report in Canada:</i> Crohn's and Colitis Canada developed a policy report defining the burden of IBD of IBD as defined by prevalence, incidence, direct and indirect costs, healthcare utilization, quality of life, and children and seniors with IBD. Data from Alberta that supported the 2018 IBD Impact Report in Canada was derived from the Digestive Health Strategic Clinical Network.	2, 3		X	X	X	X

<sup>a</sup> Strategic Priorities of the Digestive Health Strategic Clinical Network's Transformational Roadmap: 1) integrate primary and specialist care, and improve access; 2) deliver high quality standardized digestive healthcare; 3) provide clinically appropriate and efficient care; and 4) prevent digestive diseases.