

tions to be issued in the Canadian practice guidelines on the possibility of substituting this new oral coagulant for warfarin.

Alexandre Ackaoui MD MScA

Jean-Pierre Pellerin PhD

University of Montréal, Montréal, QC

References

1. Lindsay MP, Gubitz G, Bayley M, et al. *Canadian best practice recommendations for stroke care (update 2010)*. Ottawa (ON): Canadian Stroke Network; 2010.
2. Wann LS, Curtis AB, Ellenbogen KA, et al. 2011 ACCF/AHA/HRS focused update on the management of patients with atrial fibrillation (update on dabigatran): a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation* 2011;123:1144-50.
3. Rudd AG. Recommendations for stroke in 2010: a challenging agenda. *CMAJ* 2011;183:E171-2.
4. Connolly SJ, Ezekowitz MD, Yusuf S, et al. Newly identified events in the RE-LY trial. *N Engl J Med* 2010;363:1875-6.
5. Connolly SJ, Ezekowitz MD, Yusuf S, et al. Dabigatran versus warfarin in patients with atrial fibrillation. *N Engl J Med* 2009;361:1139-51.

CMAJ 2011. DOI:10.1503/cmaj.111-2075

Measurement of family health teams is underdeveloped

With regard to the news article by Collier,¹ innovators use evidence as the launch pad into uncharted territory. When innovations are evaluated, new evidence enables further innovation.

The 2007 Canadian Health Services Research Foundation synthesis report on primary care teams states, "There is high-quality evidence supporting positive outcomes for patients/clients, providers and the system in specialized areas such as interprofessional collaboration in mental health care, and chronic disease prevention and management."² The Ontario Health Quality Council reports that chronic disease affects one in three Ontarians and four out of five seniors.³ This is good reason to embark on the interprofessional innovation of family health teams. To date, data from some individual family health teams indicate measurable improvements are taking place. How widespread is this? What's the overall return on investment? We don't know beyond individual case studies.

Measurement is an underdeveloped area in family health teams innovation.

The capacity to measure outcomes and the key processes related to these outcomes is absolutely essential for learning and improvement within a team, for developing the evidence necessary for primary care as a whole and for accountability to the taxpayers who fund the health system.

The Association of Family Health Teams of Ontario is advocating to advance performance measurement across family health teams and to move beyond what the ministry currently mandates (i.e., counting of patient enrolments, numbers of interprofessional health providers, and numbers of patient visits per interprofessional health provider).

Angie Heydon

Executive Director

John McDonald

President, Association of Family Health Teams of Ontario, Toronto, Ont.

CMAJ 2011. DOI:10.1503/cmaj.111-2079

References

1. Collier R. Verdict still out on family health teams. *CMAJ* 2011;183:1131-2.
2. Barrett J, Curran V, Glynn L, et al. *CHSRF Synthesis: Interprofessional Collaboration and Quality Primary Healthcare*. Ottawa (ON): Canadian Health Services Research Foundation; 2007.
3. *QMonitor: A report in Ontario's health care system*. Toronto (ON): Ontario Health Quality Council; 2007. Available: www.ohqc.ca/pdfs/a3359_qmonitor_fsi_eng1.pdf (accessed 2011 Sept. 9).

Some letters have been abbreviated for print. See www.cmaj.ca for full versions and competing interests.

CORRECTION

Dilating pupils

In the article "Five things to know about dilating pupils,"¹ the second point should read "Pupil dilation is an important therapeutic tool." *CMAJ* regrets any inconvenience this error may have caused.

Reference

1. Belliveau MJ, Arthur BW. Five things to know about dilating pupils. *CMAJ* 2011;183:1400.

CMAJ 2011. DOI:10.1503/cmaj.111-2082