

## Best Practices in Health Promotion and Chronic Care Award Winner – Brockton and Area Family Health Team

## Introducing four chronic disease programs in nineteen family health practices



Family doctors in Walkerton, Chesley, Durham and Mildmay knew their chronic disease care needed a quality overhaul — but that was about all they knew, because of the state of their health records. Before they could improve care, they had to improve information by standardizing data sets across three family health organizations in four sites. Only then would they be able to develop evidence-based indicators for chronic disease, recruit a best-practice lead for each program and improve communication and patient care. It took two years.

The Brockton team's first step was to identify all rostered patients in these 19 practices who had **a** diagnosis of diabetes, hypertension,

obesity or dyslipidemia. They didn't even know how many patients they were looking for, because each diagnosis was recorded independently by each practitioner, and the lack of standardization made this difficult to find. Once that information was gathered, however, and the data cleaned up and physician consensus reached, the team could start introducing established best evidence indicators for diabetes, hypertension, obesity and dyslipidemia. Results were tracked by individual physician, by family health office, and overall for the Brockton team.

Improving care for chronic diseases has meant working together better as a team. Each of the four chronic disease programs has a best practice lead, and all the program teams, including administrators, meet quarterly to discuss action plans, benchmarks and other concerns. Communication, already improved by the meetings, has been boosted with a quarterly newsletter so everyone is aware of program updates.

The teams are following best practices, including using stamps and custom forms to enforce standard practice, reduce human error and increase clean data collection. Electronic charts include prompts to check patients for HbA1C, foot and eye problems and depression.

Brockton and Area Family Health Team Members are still discovering the difference working together can make to the quality of patient care. Here are some of the lessons they've learned:

- Communicate across the continuum patients, caregivers, healthcare providers, physicians and administrators.
- Keep cleaning up your data it will never be perfect;
- Design all new programs to a template that includes indicators, continual evaluation and communication;
- Develop best practice indicators in a way that supports searchable data collection.

