DATA TO DECISIONS:
What Difference is it Making?

BACKGROUND

Data to Decisions (D2D) is a summary of the performance of primary care teams across Ontario on a small number of indicators that are both meaningful to providers and possible to measure. D2D is grounded in Ontario's Primary Care Performance Measurement Framework (PCPMF) and reflects Barbara Starfield's principles of comprehensive, patient-centered care.

D2D is intended to help members compare their performance to that of peers and focus local improvement efforts. D2D also gives primary care teams a voice in the future of performance measurement in primary care.

D2D is a project of the Association of Family Health Teams of Ontario (AFHTO), a not-for-profit organization representing 186 Family Health Teams and Nurse-Practitioner-Led Clinics across Ontario. D2D was made possible through the investment in more than 30 Quality Improvement Decision Support Specialists (QIDS Specialists) across Ontario.

ASSESSING IMPACT

Following the release of the second iteration of the D2D report in June 2015, AFHTO began a developmental evaluation to collaboratively understand and increase the impact of D2D on:

- Participation in Performance Measurement
- Access to Data
- Use of Data
- Quality of Care

WHAT'S THE DIFFERENCE?

Team characteristics: Better scores on team climate and changes in QI goal orientation

EMR use: Increased data standardization despite no change in EMR functionality

QI activity: More conversations with physicians and board re: QI and performance

Physician ambassadors: associated with better team characteristics

Performance on processes/outcomes of care: No change on the core D2D indicators (old data, 8 month interval)

MEMBER PERSPECTIVES

About D2D

"We felt that it was the best way to see where we rate according to other teams to use for improvement work within our team"

"Have to start somewhere"

"Feel it's important to help build the FHT QI journey"

"To support AFHTO, quality improvement initiative, and accountability"

"Reflective of current primary care"

About the QIDSS

"The QIDSS position has been very helpful in providing data to support quality improvement initiatives and improve data quality in the EMR"

"The QIDS Program has been an extremely positive and helpful experience"

SELECTED FINDINGS TO DATE

CATEGORY	FINDINGS
Participation in Performance Measurement	55% of AFHTO members contributed data for the core indicators in D2D 2.0. This is twice as many as in D2D 1.0.
	83% of teams contributing to D2D 2.0 agreed to have their data included in the calculation of a composite measure of quality called the Quality roll-up indicator
Access to Data	60% of teams contributing to D2D 2.0 report automated connection between hospital and EMR. This compares to 34% of teams for D2D 1.0.
	10% of teams limit EMR access to physicians; 57% of teams have access for all clinicians and administrative staff.
	No more than 30% of teams report good EMR functionality for QI-related tasks. There is no change in this from D2D 1.0.
	40% or more of teams used the standardized queries and processes for D2D 2.0 EMR-based indicators, developed by QIDS Specialists, compared to less than 20% in D2D 1.0.
Use of Data	There are more frequent conversations about performance with boards and physicians circa D2D 2.0, compared to D2D 1.0.
	Team climate improved about 20% in D2D 2.0 compared to D2D 1.0.
	The biggest drivers for achieving goals are "learning to get better" and "proving that performance is good." "Avoiding being judged as a poor performer" is still not a prominent driver for improvement but is higher in D2D 2.0 than in 1.0. This suggests an increased need to support improvement in a way that addresses concerns about being judged or labelled in the process of working to improve performance.
	35% of teams report having a physician ambassador in D2D 2.0, compared to 27% circa D2D 1.0.
Quality of Care	No change in performance on D2D indicators, compared to D2D 1.0. Most data were too old to be able to reflect change from October 2014 to June 2015.
	The data suggest that team structure (e.g. setting, teaching status, type of board) and EMR maturity may be related to better team climate but analysis based on a larger sample size is needed to better understand the nature of the relationship to performance. There is no comparator data as the sample size for D2D 1.0 was even smaller than for D2D 2.0.

WHAT'S NEXT?

The D2D journey continues. The release of D2D 3.0 is planned for January 2016. The focus is on increasing participation and encouraging teams to make decisions from data. To that end, AFHTO is assembling strategies for improvement that are aligned with the way teams work to achieve their goals.

afhto   D2D: DATA TO DECISIONS ▶ 2.0