AFHTO KTE Day: Leveraging the Primary Care Practice Reports for Program Planning

June 13th, 2017

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Agenda

- Overview of the PCP Report

- How to Sign-up: http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/primary-care

- How to use the report AS IS as a tool for more local data collection/program planning

How does it feel?

How could it feel?
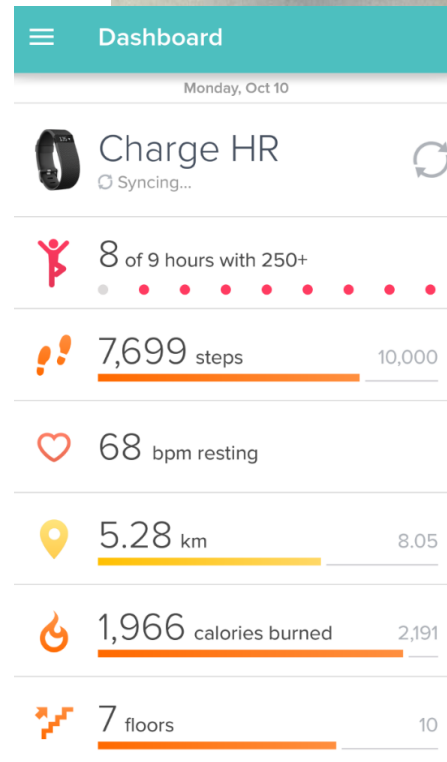
Primary Care Practice Report

| Reporting Period: X
Group program type: X
Group ID: X
Group LHIN: X
Group Rurality Index of Ontario Band: X

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Version Release: X Release: MMM YYYY

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Primary Care Practice Report

- **Audience**:
  - All Family Physicians
  - Executive Director of FHTs or CHCs (group-level only)
- **Registration**: voluntary through consent
- **Distribution method:** PDF download through a password protected website
- **Reporting levels:** practice, group, organizational, LHIN and provincial level
- **NEW Reporting cycle**: data is now refreshed bi-annually (updated in May and November release)

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Primary Care Practice Report Indicators

- Cancer Screening
  - Cervical, Mammogram, Colorectal

- Diabetes Management
  - HbA1C, LDL, Retinal test, ACE inhibitors/ARB, Statin

- Health Service Utilization
  - ED: total visits, urgent visits, less urgent visits
  - Readmissions: within 30 days, within 1 year
  - ACSC: total, asthma, CHF, COPD, diabetes
  - Visits to own physician (continuity of care)

- Chronic Disease Cohorts

- Group Patient Demographics
  - Patient population, age cohorts, income quintiles

Additional Indicators in Appendix

- Health Service Utilization
  - Specialist visits
    - Cardiologists
    - Endocrinologists
    - Internal medicine
    - Psychiatrist
    - Respirologist

  - Resource Utilization Band
  - Adjusted Clinical Groups (ACG), Morbidity Index (SAMI)

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Report Overview

Primary Care Practice Report **Health Quality Ontario**

Report Overview Data as of March 31, 2016

Background
The Primary Care Practice Report can help you focus your quality improvement efforts.

This report DOES
- Use billing data and other administrative data.
- Give an overview of your practice activities.
- Compare your performance to that of others.
- Provide you with ideas for improvement.

This report does NOT
- Use EMR data held in your practice or provide direct links to your EMR.
- Provide detail about specific patients.
- Provide specific instructions for clinical care.
- Tell you what targets are best for your practice

This report was developed by
Health Quality Ontario (HQO) and the Institute for Clinical Evaluative Sciences (ICES) developed this report in partnership with the Association of Family Health Teams of Ontario (AFHTO) and the Ontario College of Family Physicians (OCFP).

Additional information
- Read our Frequently Asked Questions
- For more information about Primary Care Practice Reports, please email us at practicereport@hqontario.ca

"I would say don't be afraid to find out the data, to see where you're at because the report is totally confidential, so as long as it is confidential, it's really there to help all of us make changes in our practice for the better of all our patients."
- Dr. Ben Stobo, Athens Ontario

Help clarify what the report does and does not do

Testimonials featured more heavily within the document

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Dashboard

Provide users with a snapshot of their overall performance

Three performance levels as a compromise

Hyperlinks allow for easy navigation even in a PDF

Quick access to patient demographics

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Overall Performance in Quality Indicators — Data as of March 31, 2016

My Priority Indicators for Review (below 40th percentile)	My indicators around average (between 40th and 75th percentile)	My Indicators above average (above 75th percentile)
Cancer Screening • CRC screening	• Pap smear	• Mammogram
Diabetes Management • HbA1C • LDL	• Retinal test • ACE inhibitors/ARB	• Statin
Health Services Utilization • Total ED visits • Urgent ED visits • ACSC COPD	• Less urgent ED visits • ACSC adm. total • ACSC adm. asthma • ACSC CHF • ACSC diabetes	• Hospital readmissions within 30 days • Hospital readmissions within 1 year • Visits to own physician

View your patient information and demographics

www.HQOntario.ca

Indicator Overview

Individual indicator page offers further details on performance over time

Primary Care Practice Report **Health Quality Ontario**

CRC Screening   Data as of MMM-YYYY

What percent of my eligible patients are up-to-date with any colorectal screening?

Legend: Ontario — Physician

Number of my patients still eligible to be screened

XX

How can I improve my CRC screening? (page 8)

Number of patients overdue or at risk

To identify patients requiring follow up for CRC screening, please access your screening activity report (SAR) through the Cancer Care Ontario Portal

SAR Report Portal

What are the data showing me?
- As of MMM DD YYYY, XX% of my patients were up-to-date with colorectal screening. My group and LHIN percentages are XX% and XX% respectively.
- My practice is XX% **lower than/higher than/equal to** the provincial percentage of XX%.

Evidence for CRC screening continues to evolve. Health Quality Ontario will continue to monitor screening guidelines and adjust the indicator, as appropriate. A small proportion of FOBTs performed as diagnostic tests could not be excluded from the analysis. This indicator does not capture tests done in hospital laboratories or paid through alternative payment plans.

Indicator definition: Percentage of my patients (aged 52 to 74) who had a FOBT within the past two years, other investigations (i.e. sigmoidoscopy) within the past five years or a colonoscopy within the past 10 years.

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Change Ideas

Primary Care Practice Report   **Health Quality Ontario**

Change Ideas for Cancer Screening

How can I improve my cancer screening indicators?

☑ **Identify and verify which patients are due/overdue for cancer screening**

- Register for and view your Cancer Care Ontario (CCO) Screening Activity Report (SAR) to find the screening status of your patients.
- Ask your billing administrator or nurse to run an EMR report listing patients due/overdue for screening.
- Update your EMR by comparing your EMR output with your CCO SAR.

☐ **Set your goals for improvement**

- Use your up-to-date list of patients due/overdue for screening to set goals, including numerical and time-sensitive targets (how many patients are screened by which dates).

☐ **Map your practice's current cancer screening process**

- Outline the steps involved and the people responsible. This will help you identify inefficiencies and opportunities for improvement.

☐ **Update process to track patients eligible for screening**

- Create screening reminder letters for patients using these templates from Cancer Care Ontario or sign up for physician linked correspondence for automatic screening reminders for patients.
- Update EMR when reminder notices are issued. Regularly review list of patients due/overdue.

☐ **Follow up with patients who haven't been screened**

- Consider how issues of equity might be affecting your patients who haven't been screened. Review Poverty: A Clinical Tool for Primary Care from the Ontario College of Family Physicians. For an example of how a health centre analyzed inequities in screening rates, read the story from TAIBU CHC in Toronto.

| **Learn from your peers** | • Reach out to local leaders working with the Provincial Primary Care and Cancer Network. |
| | • See additional screening process improvement ideas and measures from Cancer Care Ontario. |

Checklist of actions emphasized things one can do in one's own practice

Other resources available to help with these indicators

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COMING SOON: Opioid Prescribing Indicators

- Estimated: Fall 2017

- Opioid Prescribing
  - Will include opioid prescribing data not previously available to family physicians in Ontario
  - Will be aligned with HQO Quality Standards to reduce opioid-related harm
  - Will serve as one component of a broader provincial QI implementation plan to support key stakeholders in the health care system

- Data Source: Narcotic Monitoring System

How to Use the Report

- Practice/team overview to get started with program planning (i.e. start a conversation in your team)

  – Demographic overview: who are you caring for?

  – Chronic disease cohorts

  – Health service utilization

- Help identify gaps in care processes

  – Cancer screening

  – Diabetes monitoring

- Link with other provincial/regional/local resources (examples below)

  – Reach out to a QIDS Specialist, OntarioMD Peer Leader and/or EMR Practice Enhancement Program

  – Tap into LHIN-based practice improvement supports (E.g. tables, such as Partnering for Quality in SW LHIN etc.)

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THANK YOU

For Questions Re: Practice Reports:
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For All Other Primary Care Inquiries:
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Report Statistics

(as of January 31 2017)

	Primary Care Practice Report	
	Physicians	*Executive Directors (FHTs & CHCs)*
Last release date	Nov 30, 2016	Nov 30, 2016 (FHT's)
Cumulative total users	871	FHT: 158[*] CHC: 60[*]
Cumulative total users at the time of the last release (consent deadline)	791	FHT: 151 CHC: 60
Cumulative total users with reports[1]	784	FHT: 151 CHC:60
Number of users who downloaded reports since data refresh[2]	271 (35%) 436 (55%) since first Release	FHT – 136 (90%) 149 (98%) since first release CHC: 20 (33%) Since first release
New users since the last release (consent deadline)	80	FHT:7 CHC: 2

[1] A user may not have data/a report for one of the following reasons: 1) invalid institution number 2) fewer than 5 patients/residents, or 3) do not practice in the respective care setting.
[2] The report refresh cycle for Primary Care is annual and Long-Term Care is quarterly. Includes both physician report downloads as well as group reports.
*There are 184 FHTs and 75 CHCs in Ontario.

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