## MOVING THE NEEDLE ON DIABETES CARE

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#### WHO ARE WE?

- The Association of Family Health Teams of Ontario (AFHTO) is the advocate, network and resource for team-based primary care in Ontario
- 186 Family Health Teams & Nurse Practitioner Led Clinics across Ontario
  - Providing care for over 3 million patients
- Quality Improvement Decision Support (QIDS) Program
  - Includes ~35 QIDS Specialists



### BACKGROUND

- Only 40% of primary care teams report optimal management of diabetes
- Increasingly, the ENTIRE team, including the patient, is involved in diabetes care
  - Need to consider a broader definition of indicators to measure quality of diabetes management
- EMRs include a broad range of timely and ongoing data about patients, the processes of their care and their outcomes

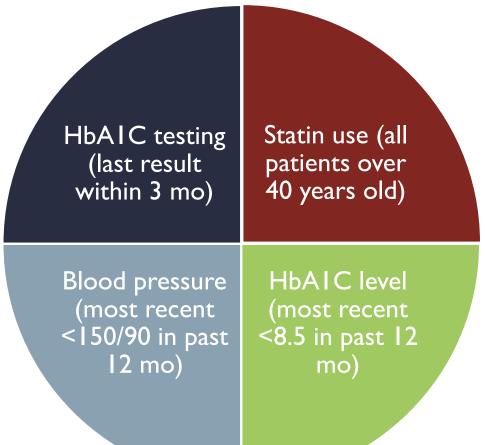


## OBJECTIVE: TAKE ADVANTAGE OF EMRS TO

- I. Measure performance in a way that reflects the many aspects of diabetes management
- 2. Make sure the measure is both meaningful and manageable



### DIABETES CARE COMPOSITE INDICATOR





# DEVELOPMENT AND IMPLEMENTATION PROCESS: DIABETES CARE COMPOSITE INDICATOR

Identify patients with diabetes

Define new composite measure

Measure performance

Share and compare in D2D

- Standardized tested EMR queries, 85% positive predictive value
- EMRALD
- Clinical input
- Literature

 Calculate composite measure with EMR data  teams voluntarily contribute data in D2D 3.0



# D2D 4.0 (SEPTEMBER 2016)

- 69 teams (60%) voluntary contributed data for the diabetes care composite indicator
- Increase of 50 to 100% in number of teams reporting on other diabetes indicators in D2D
- 64% of patients with diabetes had appropriate performance for at least one of the component indicators



### HOW CAN THIS MOVE THE NEEDLE

- Confidence in EMR data increases engagement with measurement
  - Change the conversation from "Garbage in, Garbage out" to "Reduce, Reuse, Recycle"
- Access to EMR data increases scope (ie meaningfulness) of measurement
  - Beyond billing data future additions include individualized targets, progress with self-management
- Increased awareness of the room for improvement
  - Very different level of performance on one vs ALL process of care
- EMR-based measure makes it easier to intervene and see the effects of that
  - Identify actual patients to take action on in real time



### **NEXT STEPS: MOVING BEYOND MEASUREMENT**

- Increase use of EMR queries to identify and better monitor patients with diabetes
  - Available to all primary care users within and beyond AFHTO
- Use data to define focus for improvement
  - Diabetes Community of Practice
- Support and track the impact of self-management



# QUESTIONS?

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