

PATIENT RELATIONSHIPS: FOUNDATION OF A SUSTAINABLE HEALTH CARE SYSTEM

Barbara Starfield observed that the relationship between patients and primary care providers is the foundation of a sustainable healthcare system and therefore should be the focus of primary care measurement. Guided by this principle, AFHTO members have shown that quality measured a way that reflects what is important to patients in their relationships with providers should be associated with lower costs.

MEASURING QUALITY

AFHTO introduced the **Quality Roll-up Indicator** to better reflect the comprehensive nature of primary care through a **single measure**, a measure that reflects what **matters to patients** in a way that also considers **what is important to providers**. It is a composite measure based on pioneering work on the Starfield Model by George Southey, family physician and AFHTO member.

How was the indicator developed?

- ✓ **Assembling patient input on what measures matter** and in what way, via a survey done in partnership with Patients Canada. In its first iteration, the Quality Roll Up included 40 indicators.
- ✓ **Sorting the measures to minimize the number needed** to generate a stable roll-up indicator, and deprioritizing those which tended to be answered the same way as others. Through this process, we discovered a subset of 14 of the original 40 indicators that is sufficient to generate a reliable score (see sidebar).
- ✓ **Calculating the roll-up indicator score by weighting performance on each component measure according to the importance to patients.**

How are we doing?

Figure 1 (over) shows how AFHTO member teams compare to the average across Ontario. Anonymous AFHTO team scores are compared to the estimated Ontario average (flat horizontal line) which is based on publicly available aggregate data. Although there is variation among AFHTO members, their overall quality exceeds the estimated provincial average.

WHAT'S INCLUDED IN THE QUALITY ROLL-UP INDICATOR?

Data from your patients:

- Reasonable wait times for appointments
- Patient involvement in decision-making
- Opportunity to ask questions
- Providers spending enough time
- Availability of same/next day appointments

Data from your reports:

- Physician visits to members of the same team
- Cervical cancer screening
- Colorectal cancer screening
- Breast cancer screening
- Diabetes assessments
- 30-day readmission rate
- Hospitalizations for ambulatory-care sensitive conditions
- Emergency-Department visits

Data from your EMR:

- Childhood immunizations

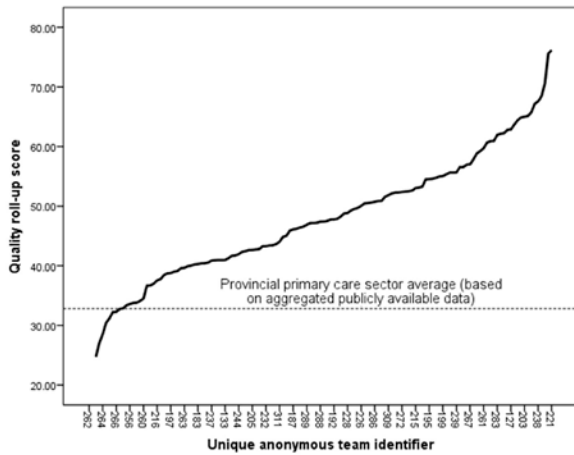


Figure 1: Overall quality of teams compared to provincial primary care average.

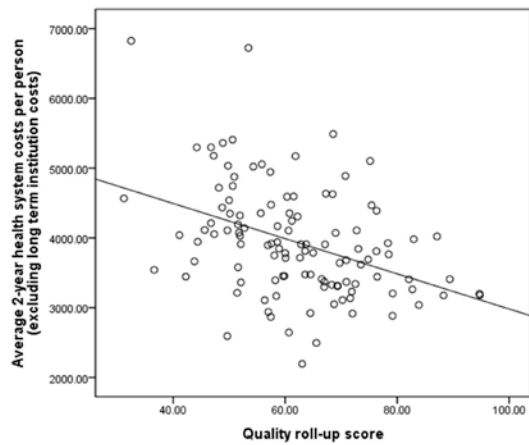


Figure 2: Relationship between overall team quality score and average health care costs for each patient in the team.

COMPARING QUALITY TO COST

By facilitating D2D, the QIDS Specialists have made it possible to access enough data to calculate scores, assess the reliability of the Quality Roll-Up indicator, and finally compare quality to cost. It has provided **concrete evidence** that **higher quality** comprehensive, patient-centered care is related to **lower healthcare costs per person** (Figure 2). This calculation takes patient complexity and rurality into account.

What difference does this make to your team?

The quality roll-up indicator and its relationship to lower cost has been more useful at a membership level than a team-level to date. However, as it becomes more refined, it may be a way to identify teams who demonstrate excellence not only in managing isolated body-part measures but also in a more comprehensive way consistent with the “generalist” basis of primary care.

At a team level, it may be useful to break the quality roll-up down into its component indicators to set priorities for improvement according to performance on indicators that particularly important to patients.

Meanwhile, the contribution of teams to D2D in general and the Quality Roll-up indicator in particular helps in demonstrating and advocating for the value of primary care teams. Together with AFHTO members and the wider research community, we will keep working to find a way to measure quality in a way that matters to patients and contributes to a more sustainable healthcare system.

WHAT'S NEXT?

Our work on this is not done yet. More testing of the reliability of the quality roll-up indicator is needed. As more teams participate in and contribute more data to D2D, we can refine the indicator and strengthen its value as an overall measure of quality.