MEASURING QUALITY ACCORDING TO WHAT MATTERS TO PATIENTS

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QUALITY IMPROVEMENT DECISION SUPPORT PROGRAM

ON BEHALF OF AND WITH GRATEFUL THANKS TO AFHTO MEMBERS AND PATIENTS

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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
- Vision: patient-centered care

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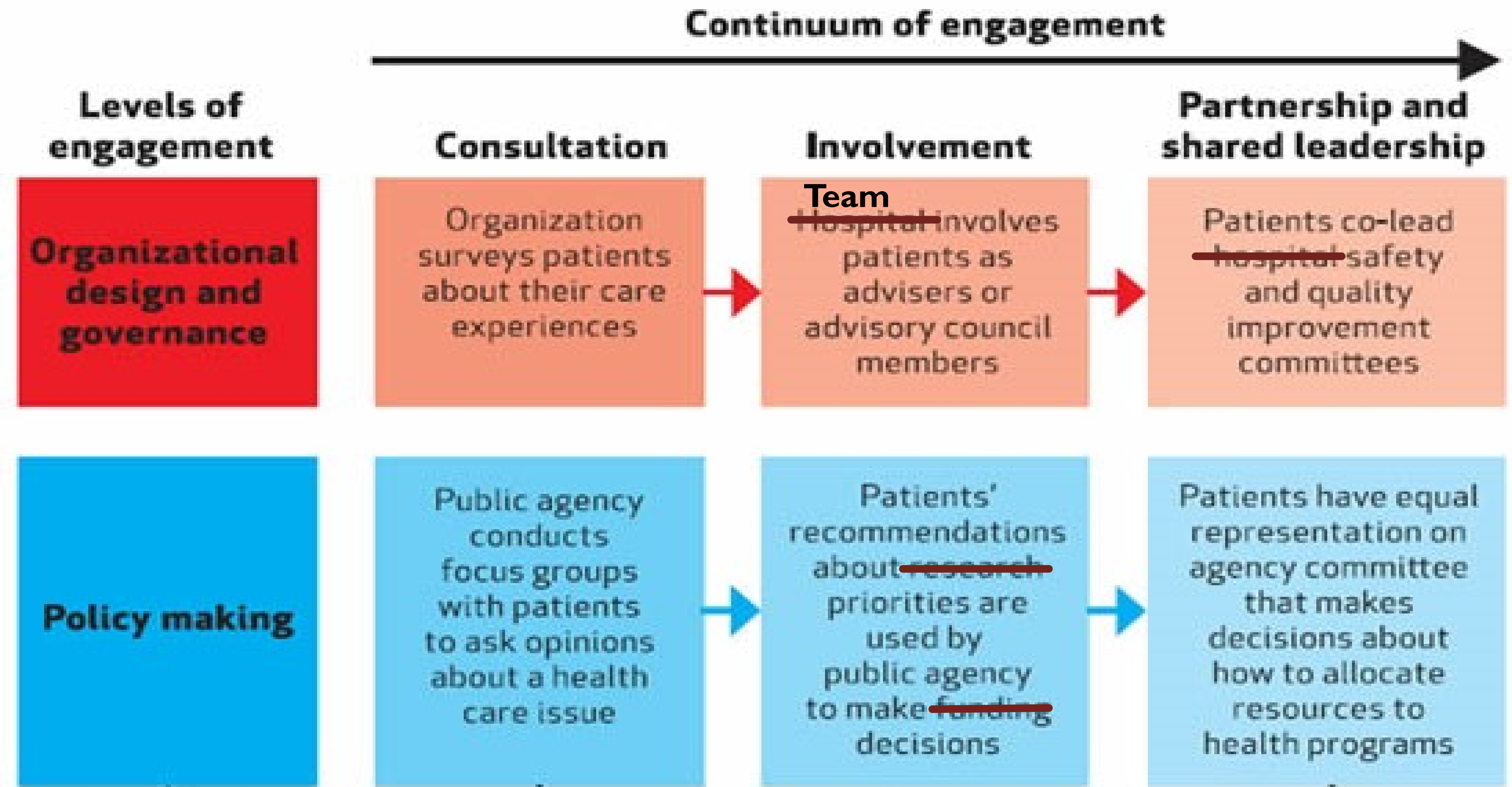
CONTINUUM OF PATIENT ENGAGEMENT

- Range of patient engagement efforts
  - Work really hard and care a lot about our patients
  - Tell (or show a video of) a patient story at the beginning of a presentation
  - Ask patients what they think by survey or in-person
  - Cleary state that patient perspective matters to us eg vision statement
- Consultation
- Involvement
- Partnership

From: Robert Wood Johnson Foundation

http://www.rwjf.org/en/library/research/2014/02/quality-field-notes--engaging-patients-improves-health-and-healt.html



Continuum of engagement

Levels of engagement	Consultation	Involvement	Partnership and shared leadership
Organizational design and governance	Organization surveys patients about their care experiences	Team ~~Hospital~~ involves patients as advisers or advisory council members	Patients co-lead ~~hospital~~ safety and quality improvement committees
Policy making	Public agency conducts focus groups with patients to ask opinions about a health care issue	Patients' recommendations about ~~research~~ priorities are used by public agency to make ~~funding~~ decisions	Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

GOALS

- Overall measurement goal
  - Build patient priorities ***into*** measurement of quality in primary care
  - Not instead, before, after or along side
- Patient engagement goal
  - Determine patient priorities ***in a numeric way*** that can be included in measurement reports

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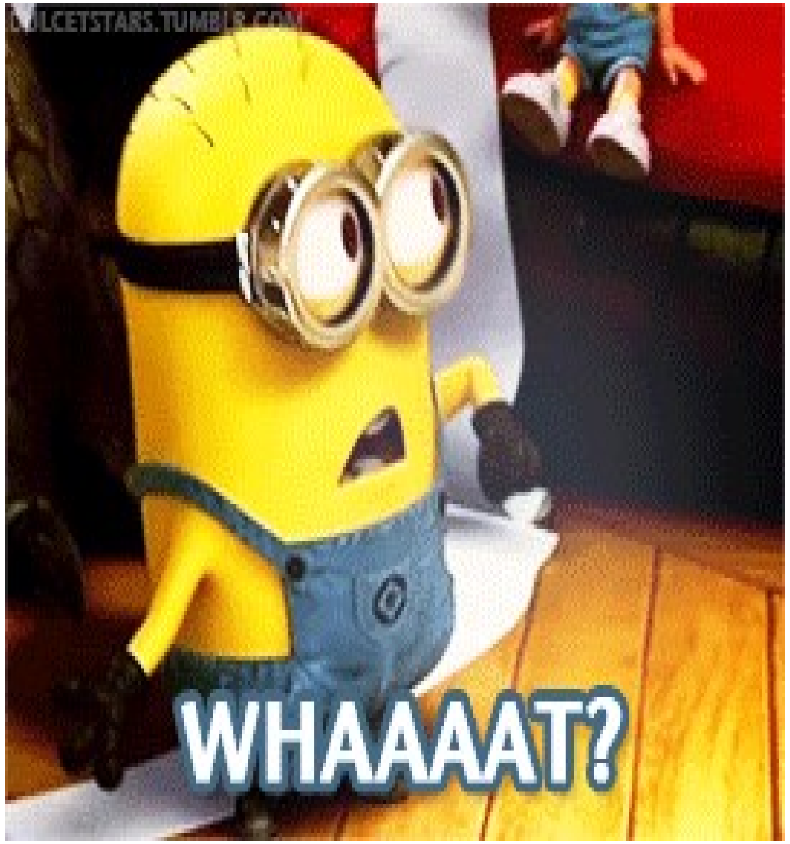
METHODS

- Assemble work group of patients, researchers, AFHTO staff
- Develop, test, translate and disseminate survey
- Key Features of second iteration
    - Demographics
    - Health status
    - Question design
    - Domains of patient-provider relationship
    - Rationale and commitment to using data
    - Combine with a qualitative process

RESULTS

REACTION



- Providers: appalled, will not subject my patients to this, long, confusing (ie no positive comments)
- Patients: confusing, thanks for asking, please include me in next steps! (ie mostly grateful comments)

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WHO RESPONDED?

- 243 patients
- Gender: Almost 80% respondents were female; 55% were aged 35 to 64
- Employment: 62% obtained their income from employment; just over one quarter either did not respond or indicated that they preferred not to answer
- Education: Nearly half completed undergraduate or graduate degrees; just over 10% declined to answer
- Health status: Nearly half of responders said their health was good or better and 6% said it was fair or poor.
- Health care utilization: Nearly 80% had NOT made a visit to an Emergency Department in the past year.

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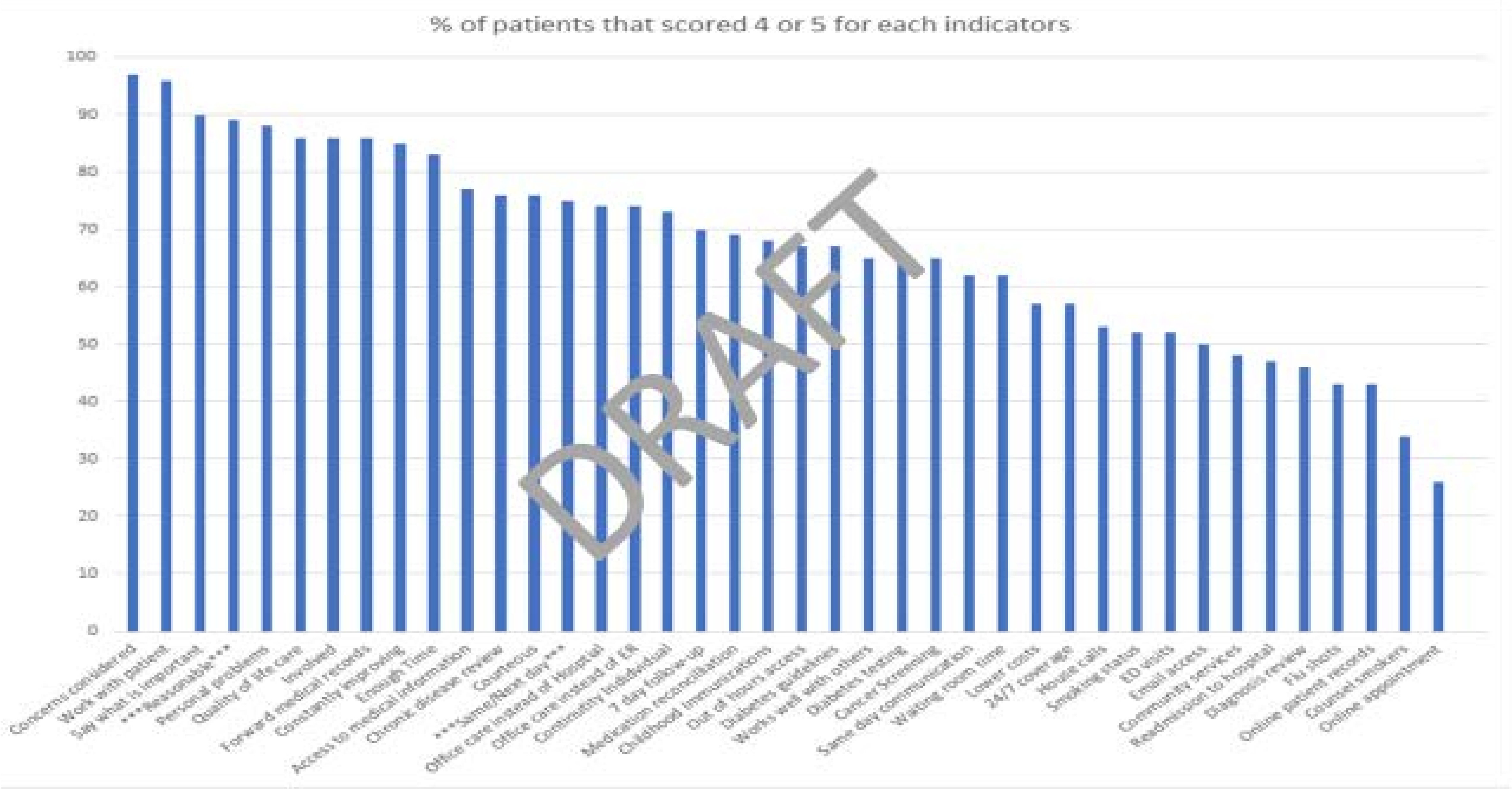
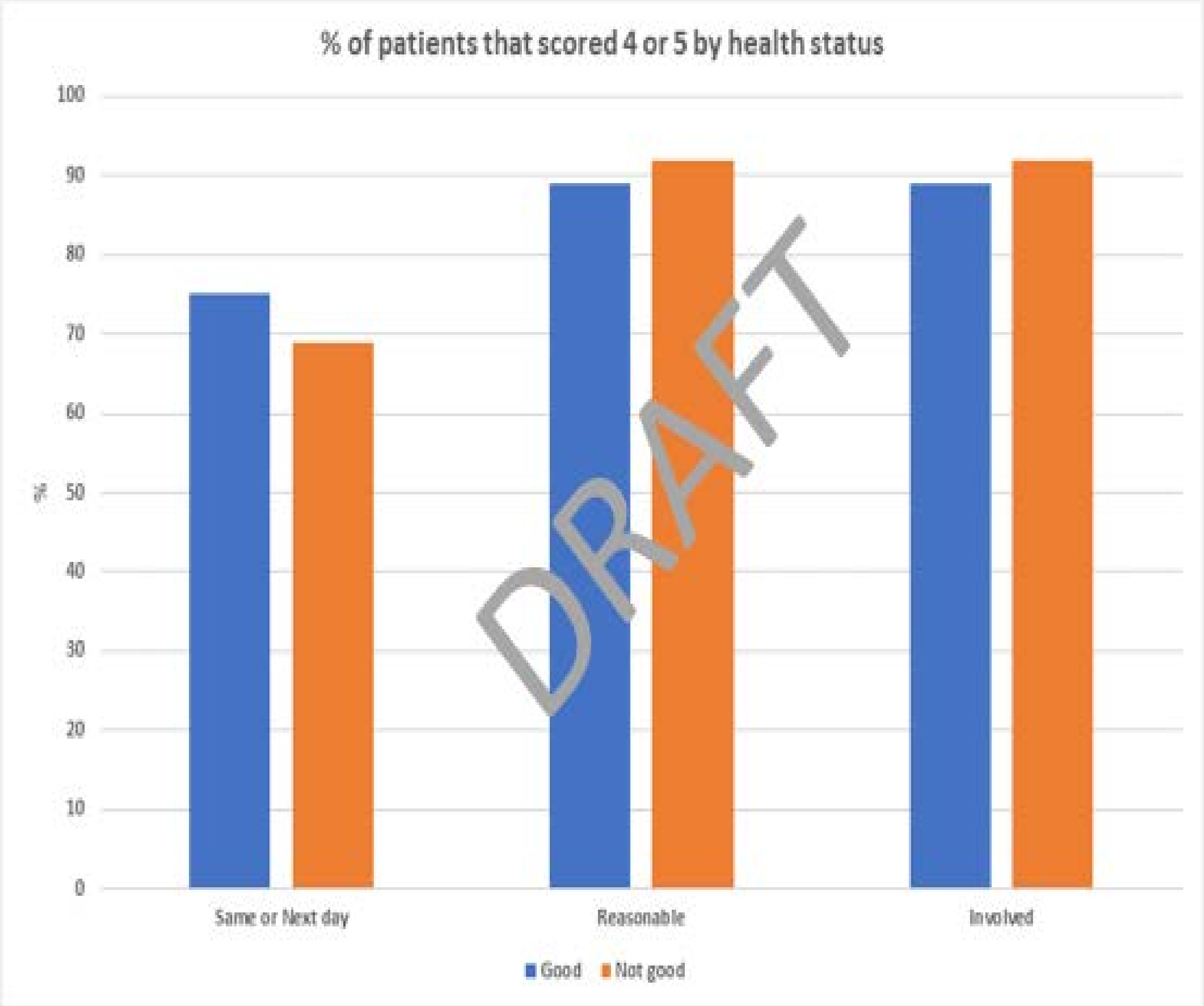
WHAT WERE THEIR PRIORITIES?



IMPACT OF HEALTH STATUS ON PRIORITIES



Sicker patients prioritized wait-times, house calls and flu shots higher than healthier patients.

Otherwise, little difference between healthier and sicker patients in terms of priorities

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WHAT IS THE NATURE OF THE RELATIONSHIP WITH PROVIDERS?

- *Literature suggests the relationship has 6 distinct aspects (domains):*
  - *List them from other document – survey?*
- *These patients said differently things when asked different ways*
  - *Providers' knowledge* is important in both sets of data
  - *Qualitative (ie open-ended question) data: sensitivity* and *coordination* most important domains
  - *Quantitative (numeric) data: Access to providers and trustworthiness most important*

NEXT STEPS (AKA LIMITATIONS)

- Use the data
  - 250 is better than 0
- Complete the qualitative component (ie focus groups)
  - Facilitates participation of providers and patients who don't connect with the survey
  - Clarify the "nature" (ie domains) of the relationship (might make the survey easier too)
- Keep working to get better data
  - "E" for effort – but we are not there yet
  - Find a system-level partner: this is about ALL patients

CONCLUSIONS:

- INTEGRATION is harder than CONSULTATION
  - Generating value statements way easier than finding weights to include in calculations
- Different demographic than usual patient consultation
- Maybe health status doesn't matter that much in the relationship?
- Similar priorities to those identified in previous survey
  - Maybe these are real? Or maybe we are getting the same demographic?
- Importance of asking the question in more than one way (ie mixed-methods)
- Importance of keeping at it, WITH patients and providers (ie not a one-time study)

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THANK YOU!

FOR MORE INFORMATION: CAROL.MULDER@AFHTO.CA

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