Building a Mosaic:

Using team-level data to increase provincial consistency in primary care program planning.

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This project outlines a way to support and spread efforts to measure quality in a way that balances the need for local, timely, relevant data useful to improve quality with the need for consistent standardized data to demonstrate collective value.

Objectives

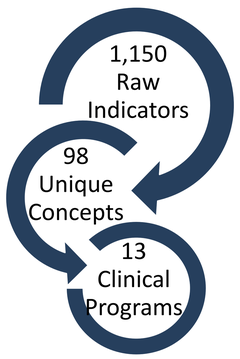
- Stimulate dialogue about how teams use data to track progress of efforts to deliver quality primary care.
- Identify all the components of the "mosaic" of measures used to track programs at a local level.
- Facilitate consistency and focus on outcomes (vs. process indicators) in choosing indicators.

Description

AFHTO developed the "mosaic" catalogue of indicators following these steps:

- **Convene a working group** of Quality Improvement Decision Support(QIDS) Specialists, Executive Directors and Ministry of Health and Long Term Care (MOHLTC) representatives.
- **Compile a list** of indicators included in previous reports of teams to MOHLTC (via Schedule A of MOHLTC-FHT contract).
- **Assess level of evidence** supporting each indicator (if any). Strong evidence, for example, was inclusion in HQO's Primary Care Performance Measurement Framework or clinical guidelines.
- **Display the resulting catalogue** of indicators in an interactive spreadsheet to show relevant indicators for each main primary care program area, sorted according to type, frequency and level of known evidence.

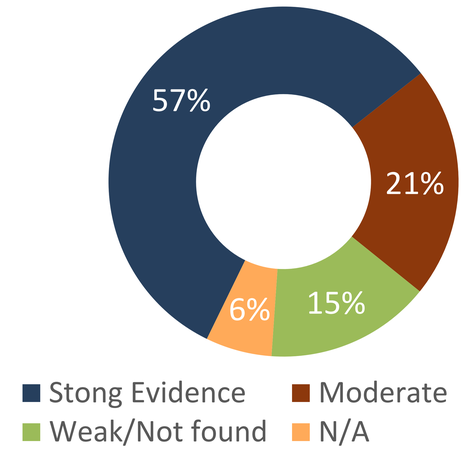
Results



The raw indicators were gathered from team Schedule A submissions, sorted into unique concepts and grouped into clinical programs.

Each indicator was identified as either an outcome measure or process measure.

Outcome indicators 62%	Process indicators 38%



The 98 unique concepts were further classified based on the evidence supporting their use.

Screen shot of Schedule A Indicator Catalogue

Consolidated priorities	Smoking and Addictions	
Count of Consensus indicator label		
CONSENSUS INDICATORS	evidence grade	Total
process/activity measure		23
% of people in program who have reduced smoking	moderate evidence	9
% of patient to be offered smoking cessation	moderate evidence	3
?	evidence not yet found	2
% of patients self identifying as satisfied after a group session	strong evidence	1
% of people in program who are on smoking cessation medication	moderate evidence	1
Grand Total		39

Conclusion

The exercise has:

- Increased participation of front-line providers in increasing the consistency of measurement.
- Supported local enthusiasm for team-based quality improvement initiatives and better access to and use of EMR data.

The resulting catalogue shows that it is possible to:

- Find an effective alternative to prescriptive or top-down approaches which can perversely increase resistance rather than encourage consistency.
- Leverage pockets of excellence in use of evidence-based indicators

Implications for performance measurement in primary care

Front line primary care providers are willing and able to develop and use consistent, standardized, evidence-based measurement systems that are developed ***by*** them and ***with*** them, not just ***for*** them.

Next Steps

- Increase use of the catalogue for program planning and evaluation
- Collaborate with clinicians to update the evidence base for each indicator.
- Refresh the catalogue to monitor for increasing consistency and standardization in measures.

For more information, contact the QIDS program (improve@afhto.ca)