Approved: September 29-2017

Ontario Primary Care Reporting Alliance
TERMS OF REFERENCE

I. Background

Partner organizations and scientific experts acknowledge a recent proliferation of data, reports and quality improvement supports in primary care. Multiple reports and supports are now available from a range of regulators, associations, agencies, specialty-organizations, and academic institutions. While the focus on the sector and direction of change is welcome and celebrated, it is also acknowledged that this attention lacks coordination and knowledge sharing between partner organizations. This lack of coordination contributes to confusion in the field and the sense of competing priorities for quality improvement. Many clinicians do not access or read available reports, data may not be perceived as relevant or comprehensive (i.e. heavily dependent on administrative data), and a high burden of data collection and standardization is being placed on frontline clinicians and practices that may not be equipped or supported in pursuing improvement. At the same time, the EMR data landscape is changing rapidly, potentially impacting how physicians access, use, and share clinical data. There is a risk of disengagement, and even burn-out from the most committed clinical and administrative leaders.

Ontario is not unique in facing these challenges, and can learn from jurisdictions that have improved the state of affairs in primary care reporting and measurement. In particular, there is now broad acknowledgement of the benefits of focused, relevant measurement and support to catalyze action around key indicators of system and group practice performance. Good data is the essential underpinning of good measurement, and can be strengthened by better connecting local practice data to wider health system data for measurement of transitions, experience and outcomes in particular.

On June 12, 2017, a group of partners and experts met at Health Quality Ontario to discuss these developments in primary care measurement and reporting in Ontario and beyond, and to identify opportunities for improvement in reporting to practices, as well as opportunities to better support primary care clinicians to use their data to create practice change. Participants agreed on the need for a formal alliance to solidify commitments to change in reporting data and provide supports to primary care clinicians through collaboration and alignment. A shared leadership structure will help advance a common purpose and consolidate efforts to better engage clinicians and have more impact for patients.

II. Long-term vision

Every primary care clinician practicing in Ontario and their patients have access to usable, timely, meaningful and comparative information and supports to enable continuous improvement in patient care and outcomes.

III. Near-term goals towards vision

Work together to develop:

1. A common webpage, made available on Alliance member sites, where all available reports can be presented and neutrally described, using standardized language.

2. A consensus framework to understand the value proposition of the existing practice-level primary care reporting assets in Ontario.
3. A strategy for a common and collaborative approach and forum to advance future enhancements to primary care reporting.

IV. Principles

The Alliance commits to the following principles in fulfilling its role:

- Primary care is critical to a high performing health system
- Advancing the Quadruple Aim of enhanced patient experience, improved population health, reduced costs, and improved work life of providers
- Improving primary care depends on delivering better information that is valued by clinicians and patients.
- The value of the data in reports must be self-evident.
- Strive at all times to reduce the data burden on clinicians and ensure that information collected is usable.
- The sharing of resources and processes will strengthen collective impact.
- Aim to achieve a deliverable for every meeting.

V. Membership

Alliance membership includes senior representation from the following organizations:

Practice-Level Report Producers/Consumers

- Association of Family Health Teams of Ontario
- Association of Ontario Health Centres
- Canadian Primary Care Sentinel Surveillance Network
- Cancer Care Ontario
- Electronic Medical Record Administrative data Linked Database
- eHealth Ontario
- Health Quality Ontario
- OntarioMD
- Public Health Ontario
- Institute for Clinical Evaluative Sciences
- Canadian Institute for Health Information
- Ministry of Health and Long-term Care

Report Consumers

- Primary Care LHIN Leadership
- Nurse Practitioners' Association of Ontario
- Ontario College of Family Physicians
- Ontario Medical Association – Section on General & Family Practice

Experts

- Primary Care (via membership + clinical engagement representative of all models)

- Audit & Feedback Science
- Patients (via engagement)

Membership will be reviewed at each meeting to ensure that goals and objectives of the Alliance are being met.

Other experts (e.g. industry partners may be invited as guests). A broad engagement with stakeholders and experts in the field will help ensure the Alliance's work is evidence-driven and focused on improvement science.

VI. Secretariat

Health Quality Ontario will provide secretariat support to the Alliance, drawing on scientific expertise as required.

VII. Attendance and member alternates

To maintain continuity and consistency in discussion and group composition, members will strive to attend all meetings. If unable to attend a meeting, members are encouraged to provide written feedback if required.

VIII. Meeting facilitation

Adalsteinn Brown, Interim Dean, Dalla Lana School of Public Health, University of Toronto will facilitate the initial sessions, with ongoing chair or co-chair model to be determined.

IX. Decision making: Members will strive to make decisions by substantial consensus.

X. Frequency of meetings and manner of call:

The Alliance will meet a total of 4 times through March, 2018. Appropriate frequency will be reassessed at that time. Meetings may be held in-person and/or via tele/video conference. Additional meetings may be held, as determined by consensus of the group.

XI. Communications:

Agendas and materials will be distributed approximately one week prior to meetings, and members may add agenda items through the chairperson. Meeting minutes will be recorded by HQO staff and distributed to members within approximately one week of the meeting.

XII. Review:

Terms of Reference, mandate, activities, membership and relevance of the Alliance will be reviewed in March, 2018 upon completion of the first set of deliverables.