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What do Interprofessional Healthcare Providers need and want to get better at what they do?

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on behalf of and with gratitude to the members of
Association of Family Health Teams of Ontario

Jun 1, 2016

Purpose

- Determine what Interprofessional Healthcare Providers (IHPs) need to help them improve patient outcomes

Background

- AFHTO has built measurement momentum through D2D
  - now at nearly two thirds of teams voluntarily contributing
- Ready to move beyond measurement to improvement
- Improvement means change
  - Change is disruptive
  - Involves *clinical* change
- Improvement therefore depends on clinicians
- What do clinicians need to do this?

There IS an I(HP) in Team!!

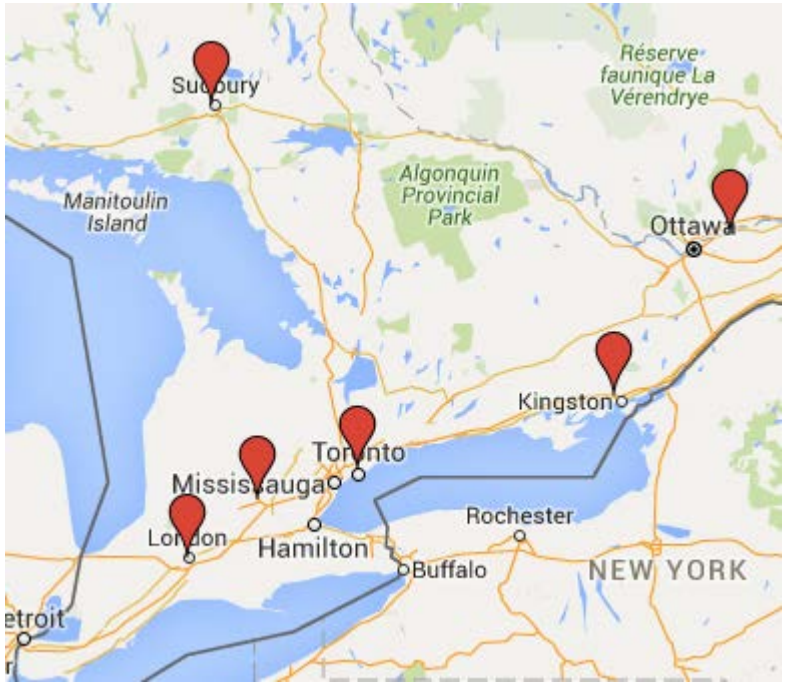
- IHPs are one of the defining features of primary care teams
- IHPs are accountable to team leadership
- IHPs have training, professional obligations and practice in QI
- IHPs have existing performance reporting requirements
- IHPs therefore are potentially powerful agents for clinical change

What we did

- Observational study of IHPs in primary care teams.
- IHPs were invited to participate in focus groups
- Discuss questions about QI:
  - What does “quality improvement” (QI) mean in terms of your daily work
  - What supports or resources would help you engage in QI
- Online survey open to all IHPs (in progress)
  - Confirm enablers identified via focus groups
  - Help prioritize efforts to implement enablers

What happened next

- 132 (of approximately 2500) IHPs expressed interest in focus groups
- 6 groups were convened with 24 IHPs (convenience sample)
  - Sudbury, Ottawa, Kingston, Toronto, London,Kitchener



What we have heard so far?

The *concept* of improving quality resonates with IHPs – the *terminology* does not

- "… it involves identifying the areas that we need to work on and establishing some of these base line areas. It is ongoing, we're always changing we're always looking. … it is what are we doing for our patients."

- "It is moving from we should fix that thing it's not working to how are we going to measure it and do what we need to do. … As a clinician, I look at where we don't seem to make any progress. So I think what are other ideas that we can use."

- "I think because it can be so many things to different people depending on your role and routine, your day-to-day, your scope of practice. It can be a formal process with a committee having to sit down, but I think every clinician is doing QI everyday just by virtue of adapting to their practice as they go. Using evidence-based medicine too, because it's ingrained in the process of healthcare. So, it's not just black and white, it's kind of grey because we're doing it as healthcare professionals without calling it QI."

Measurement based on local, timely data is a crucial and mostly an outstanding need

- “Having timely data is very helpful too. Many of the data that we’re getting is so dated.”
- “Sometimes you look into what can be measured rather than what’s meaningful. … We don’t want to track things that are irrelevant.”
- “Tailoring and local relevance”
- Exception is IHPs with good relationship with QIDSS data extractors

Interprofessional collaboration is both *a means and an end* in efforts to improve quality

- "…it comes down to good communication and good team involvement getting everyone involved in improving whatever indicators we have for that fiscal year."

- "Curiosity and openness to other ideas. The creation of FHTs has improved QI because instead of having people working in silos, they are now working in a team and they are talking to each other. So three things: curiosity, ability to listen, and communicate."

- "So that can be a QI thing; helping our teams have these discussions and meetings with other professions. … a way to improve outcomes by having interprofessional collaboration."

- "Opportunities to get together, to think about solutions, pick solutions that you are going to try, and then short huddles and be practical. …structure of getting together and making sure that getting together is useful and not frustrating or wasteful."

- "It has to be more specific. Not just we are going to talk about QI, but we going to walk you through designing a measure that you can use within your program. … And also ideas and processes that are very transferable to disciplines."

Patient engagement is both *a means and an end* in efforts to improve quality

- Asking patients for feedback has "actually has been very useful in getting a sense of our quality because you're doing the things you or your clients need to do, but sometimes you are not. But also you have to use your clinical judgment. But something that we don't do enough is to systematically ask the clients what are your preferences and needs."

- "Having this opportunity to facilitate this conversation with someone. If someone actually asked [the patient]: what would you like to do? What questions do you have?"

- "Well, it's that initial visit; you got the time there. Sometimes the posts, if somebody feels that they're fine and they don't need to come back, that can make it hard for post collection. … The pre is part of your clinical encounter; it's part of your fact-gathering to help guide your clinical assessment. … [following up with patients to gather post measures makes] patients feel so appreciated. When they are at the room, and you're asking them about the concerns they had, they matter."

Conclusions

- IHPs are interested in working together as interdisciplinary teams to get better at what they do, which may or may not include participation in events labelled as QI initiatives.

- “If people understand the care they are providing right from the ground up and understand the technical aspect of the quality they are putting out there and they get a real feel of the impact we’re making. … clinician researchers who every patient they saw was part of their research and all the research they did was their clinical practice. They did not have to rationalize to anybody I am doing clinical work today or I am doing research, because they were doing both at the same time. It was integrated from the bottom up. I think that’s the model that works [for quality improvement].”

- “It sounds like doing a lot of reports and statistics, when it’s really about the conversation and thinking of practical things to address it.”

- They identify enablers beyond traditional supports for QI (e.g., education and tools for QI methods) which are important in their own right (e.g., interprofessional collaboration, patient engagement) as well as avenues for improving quality.