



Changing primary care performance measurement:

Honey, we need to talk

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

Disclosure

- We have no actual or potential conflict of interest in relation to this presentation

Objective

- Learn...
- what it takes to measure performance in primary care
- ...by doing it



Background

- AFHTO: 184 interdisciplinary primary care teams in Ontario – 25% of sector
- Data to Decisions (D2D)
 - Summary of performance at team level
 - Began in 2014, 7th iteration in March 2018
- Response to AFHTO's strategic priority to improve care and demonstrate value

The snowflake factor: what was unique?

- Ground-up: “drive our own bus”
- Voluntary: whatever you can
- *A way to get started:*
 - definition of participation
- Novel measure of quality: composite

Evaluation Approach

- Developmental evaluation/action research
 - Balance practitioner & scholar roles
 - Balance translation & knowledge focus
- Intentional evolution
 - Built into the name
 - “get started” vs “get’er done”
 - Worse is better: https://en.wikipedia.org/wiki/Worse_is_better

Data sources and analysis

- Data source: Operational documents
 - minutes, performance reports, email conversations, observations
- Qualitative data technique: Template analysis
- Output: actions to make *the next cycle* easier and/or more meaningful

Action research cycle: example

- Observations:
 - Quantitative data: high participation
 - Qualitative data: “AFHTO asked me to do it so I did!”
- Learning: Asking encourages participation; Who asks might matter
- Actions: Do more direct asking; try different ways of asking
- Observations: persistent participation; confirmation that teams like to be asked

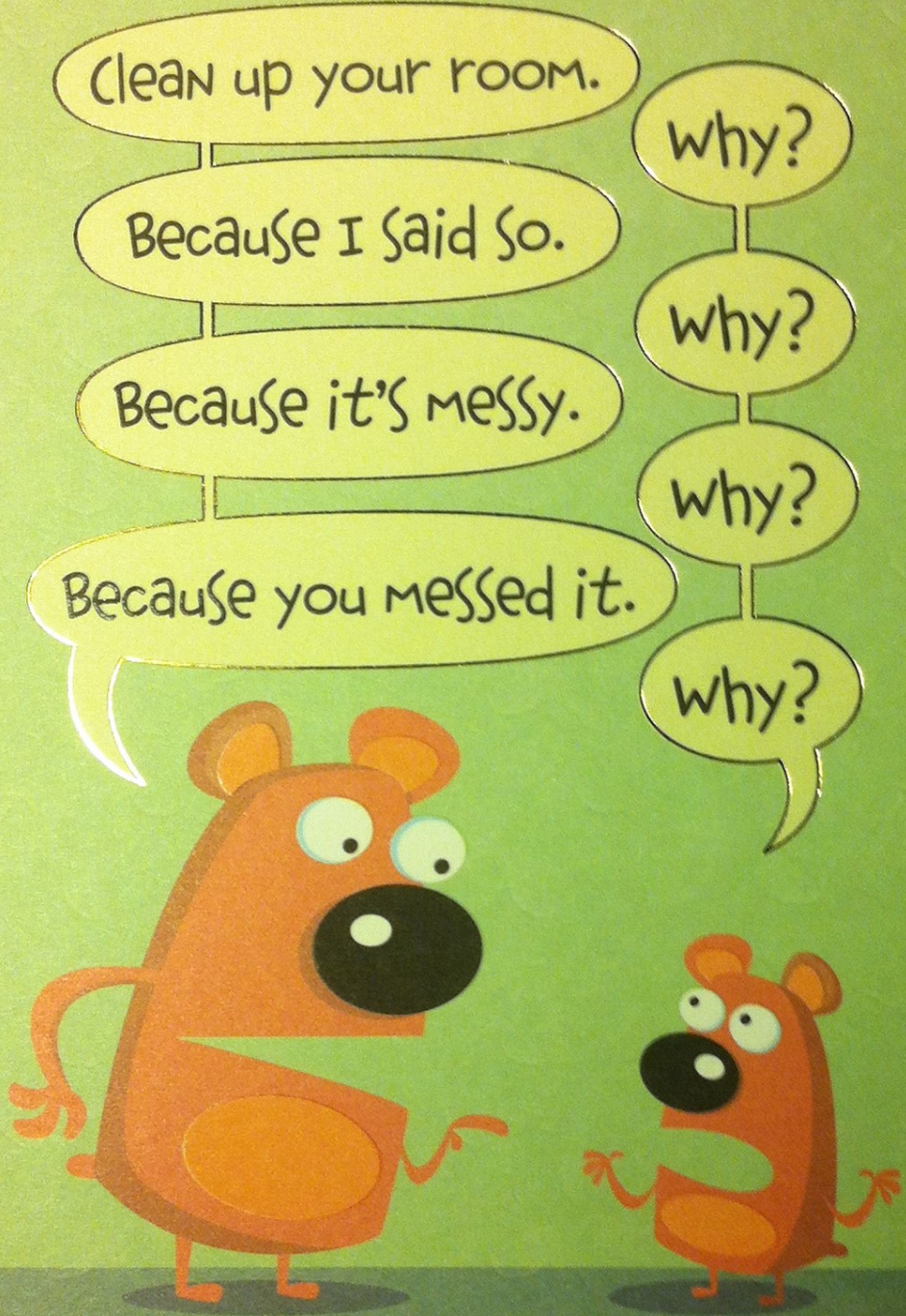
Results: D2D changed performance measurement

- Voluntary participation
 - High: 110+ teams or over 60% of members each time
 - Sustained: 7 iterations in 3.5 years
- QI activities
 - More conversations about QI and performance
 - Increased EMR maturity
- Value of team-based primary care
 - higher quality *primary care* is related to lower *healthcare system* cost – who knew?! (Hint: Starfield)

Why did it work?

Conversations!!

- Data source
- Intervention
- Outcome



What did we learn from all that talk?

- We have strong relationships & we use them
- Getting started in small safe ways worked for us
- Some of us are resilient problem-solvers – some aren't
- Some of us think D2D is a priority – some don't

And what of the ***Game-changer??!*** (composite measure of quality)

- Crucial to demonstrating the relationship between higher quality and lower cost
- And yet....
 - *“We don't use the roll up indicator. Haven't figured out how/why it's important and what we can do with it”.*
- Bottom line: it might matter but not to changing measurement behaviour

So, honey, we need to talk

- “Conversations for action”*
 - help us see what is obvious in a way that makes it easier to take action
 - A way to take action
 - a means *and* an end in efforts to improve

*Dervitsiotis, K.N. (2002) ‘The importance of conversations-for-action for effective strategic management’, *Total Quality Management*, 113(8), pp. 1087-1098.

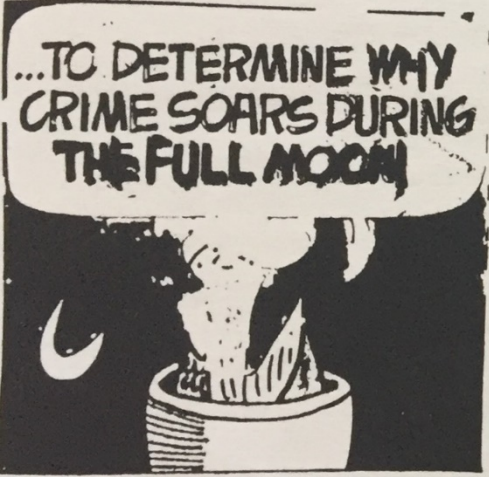
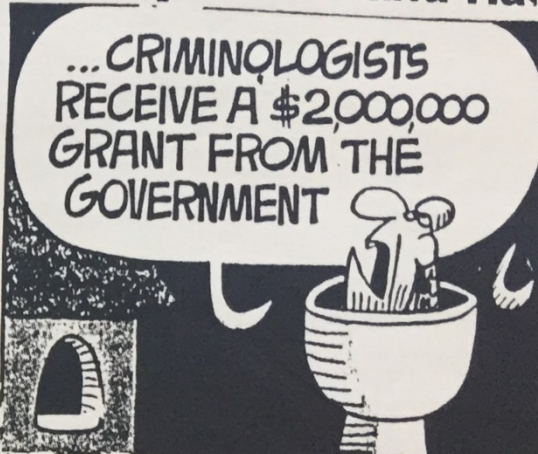
Thank you

- Thank you to AFHTO's primary care teams for the courage to share your journey
- For more information:
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WIZARD OF ID

TORONTO STAR, SATURDAY, SEPTEMBER 13, 1986

by Parker and Har





"No sir, this isn't the 'just do it' shoe. This shoe is for thinking about 'doing it.' That one's for after you've 'done it,' and this one's for when you're sorry you 'did it.'"