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
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Objective

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

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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, 8th iteration in Sep 2018

- Response to AFHTO's strategic priority to improve quality and demonstrate value of team-based primary care

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The snowflake factor: what was unique about D2D?

- 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 roles of practitioner & scholar
  - Balance focus on generating & using knowledge
- Intentional evolution
  - Built into the name: D2D X.0
  - "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

- Outcome of analyses: actions to make *the next cycle* of measurement easier and/or more meaningful

Action research cycle: example

- <u>Observations (cycle 1)</u>:
  - Quantitative data: high participation (60% of members (100+ teams) in each iteration, 75% in at least 2 iterations)
  - Qualitative data: "AFHTO asked me to do it so I did!"

- <u>Learning</u>:
  - Asking encourages participation
  - The identity of the "asker" might matter

- <u>Actions</u>:
  - Do more direct asking
  - Try different ways of asking

- <u>Observations (cycle 2)</u>:
  - Quantitative data: persistent participation
  - Qualitative data: confirmation that teams like to be asked

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Results: performance measurement post-D2D

- Voluntary consensus and focus on D2D indicators
  - Consistent patient survey questions, EMR queries

- QI activities in teams
  - 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)

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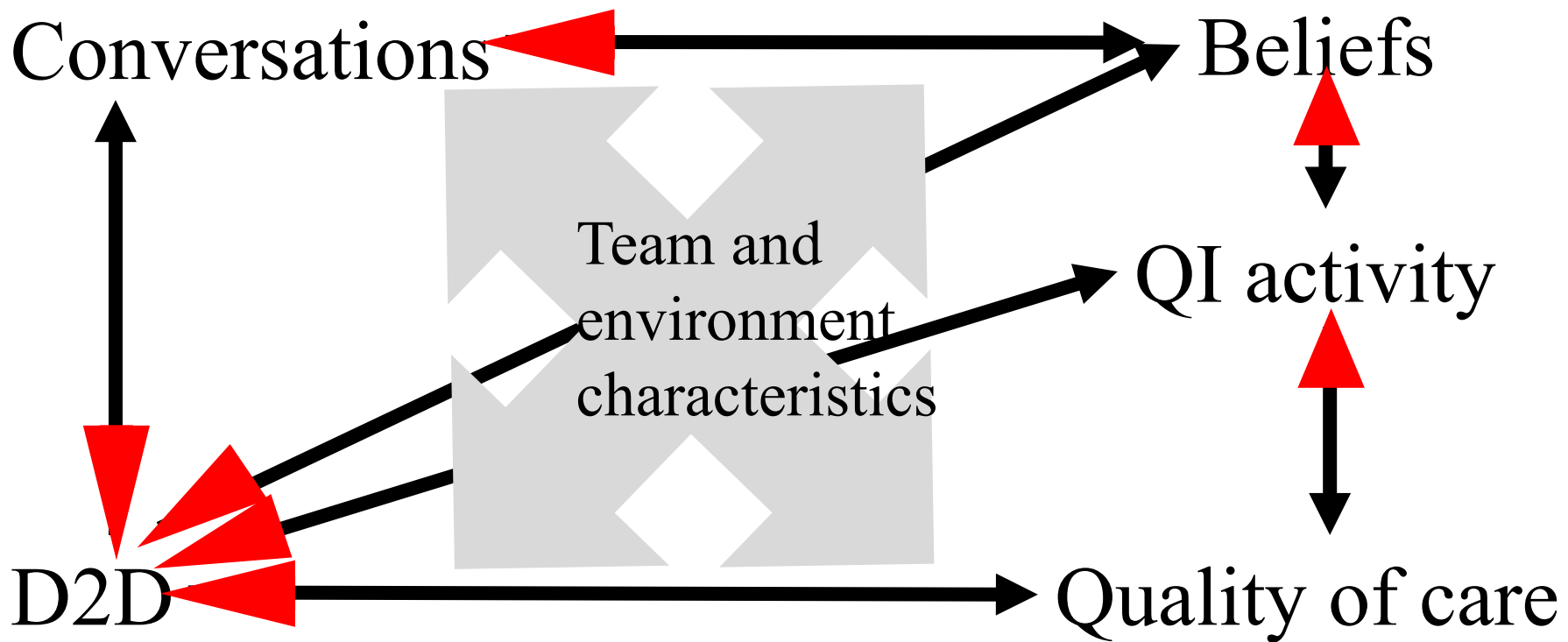association of family
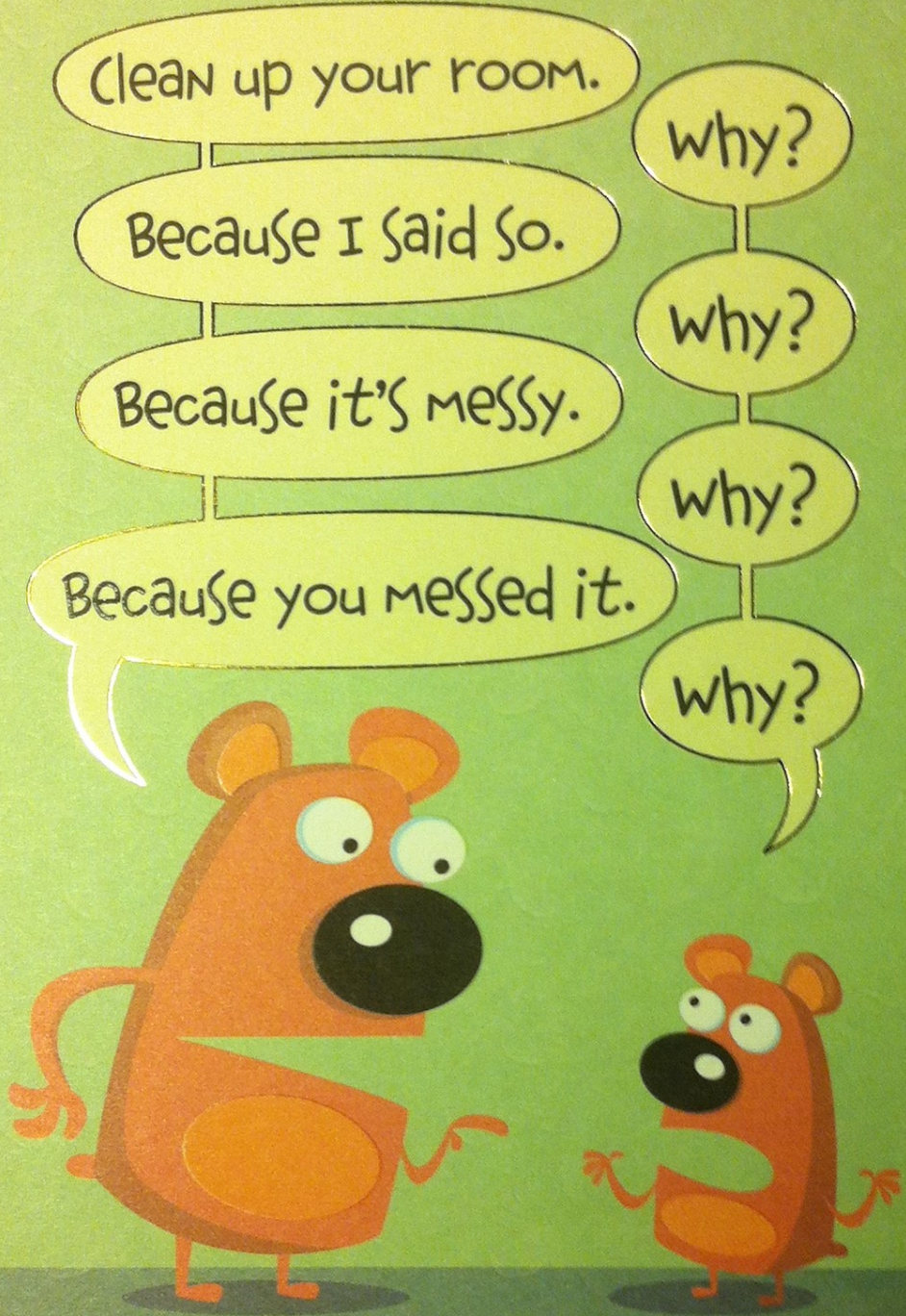health teams of ontario
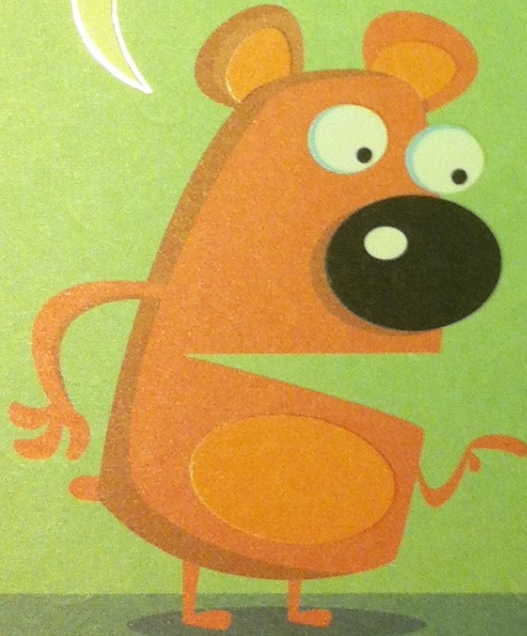
Why did it work?

D2D Conceptual Framework

Why did it work?

Conversations!!

- Data source
- Intervention
- Outcome

What did we learn from all this talk?

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

Story of an indicator

- Composite measure of quality labelled as a "game-changer" by Dr Danielle Martin
- Crucial to demonstrating that higher *primary care* quality is related to lower *system* cost
- And yet, early comments from members:
  - *"We don't use the roll up indicator. Haven't figured out how/why it's important and what we can do with it".*

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.

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Thank you

- Thank you to AFHTO's primary care teams for the courage to share their journey

- For more information:

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D2D Indicators

- **Performance measures**

  1. Colorectal cancer screening
  2. Cervical cancer screening
  3. Same/next day appointment
  4. Childhood immunization
  5. Patient involvement in decisions
  6. Regular care provider (individual/team)
  7. Readmissions
  8. Courteousness of office staff
  9. Reasonable wait for appointment
  10. Diabetes care
  11. Follow-up after hospitalization

- **Peer characteristics**

  1. LHIN
  2. LHIN sub-region
  3. Team name
  4. Rural/urban
  5. Panel size
  6. Access to hospital data
  7. Teaching status
  8. EMR Data quality

- **Roll-up measures**

  1. Quality composite with drill-down
  2. Cost with sub-categories

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