Impact of a ground-up voluntary performance measurement initiative on use of data for QI in primary care

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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 educational program.

Overview

- Background
- Objective and theoretical foundation
- Setting and intervention
- Evaluation
- Reflection
- Next steps

Background

- Quality is not good enough: Ontario performance
- Measurement is a vital *means* to the *end* of improving quality
- Measurement is challenging
- Engagement in measurement is low

Objective: Change the conversation

- Increase participation in measurement – by measuring!

HIS RIVER I STEP IN IS NOT THE RIVER I STAND IN

Setting

- Association of Family Health Teams of Ontario
- Provide care for approximately 3 million patients, 25% of the population of Ontario, Canada
- 184 interdisciplinary primary care teams, including approximately
  - 2000 physicians
  - 2500 interdisciplinary healthcare professionals
  - 35 Quality Improvement Decision Support specialists
- 14 different EMRs

AFHTO measurement principles

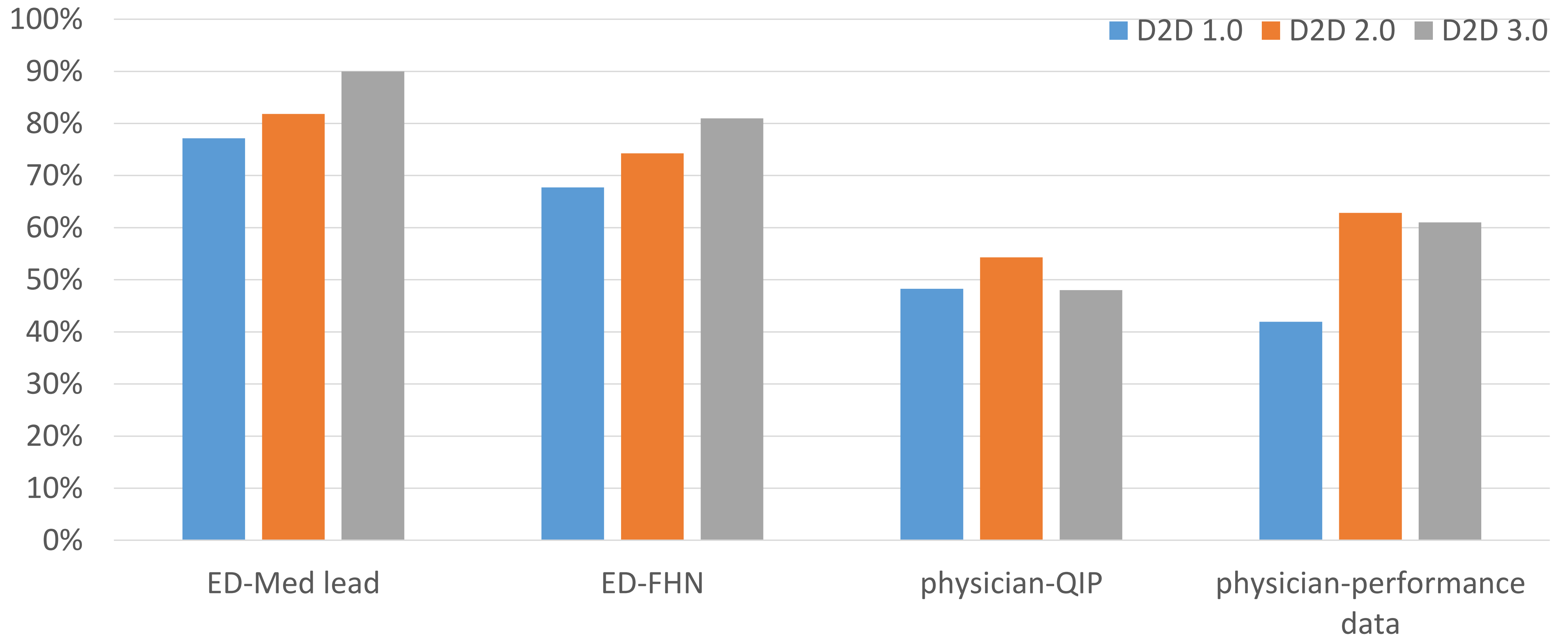
- Barbara Starfield’s observations
  - Comprehensive, relationship-based, patient-centered care is foundation of a sustainable healthcare system
- Ontario’s Primary Care Performance Measurement Framework
  - Align with system and practice priorities ***AND*** the wisdom of the field
- Model for Improvement: get started -- small number of indicators

afhto D2D: DATA TO DECISIONS 3.0

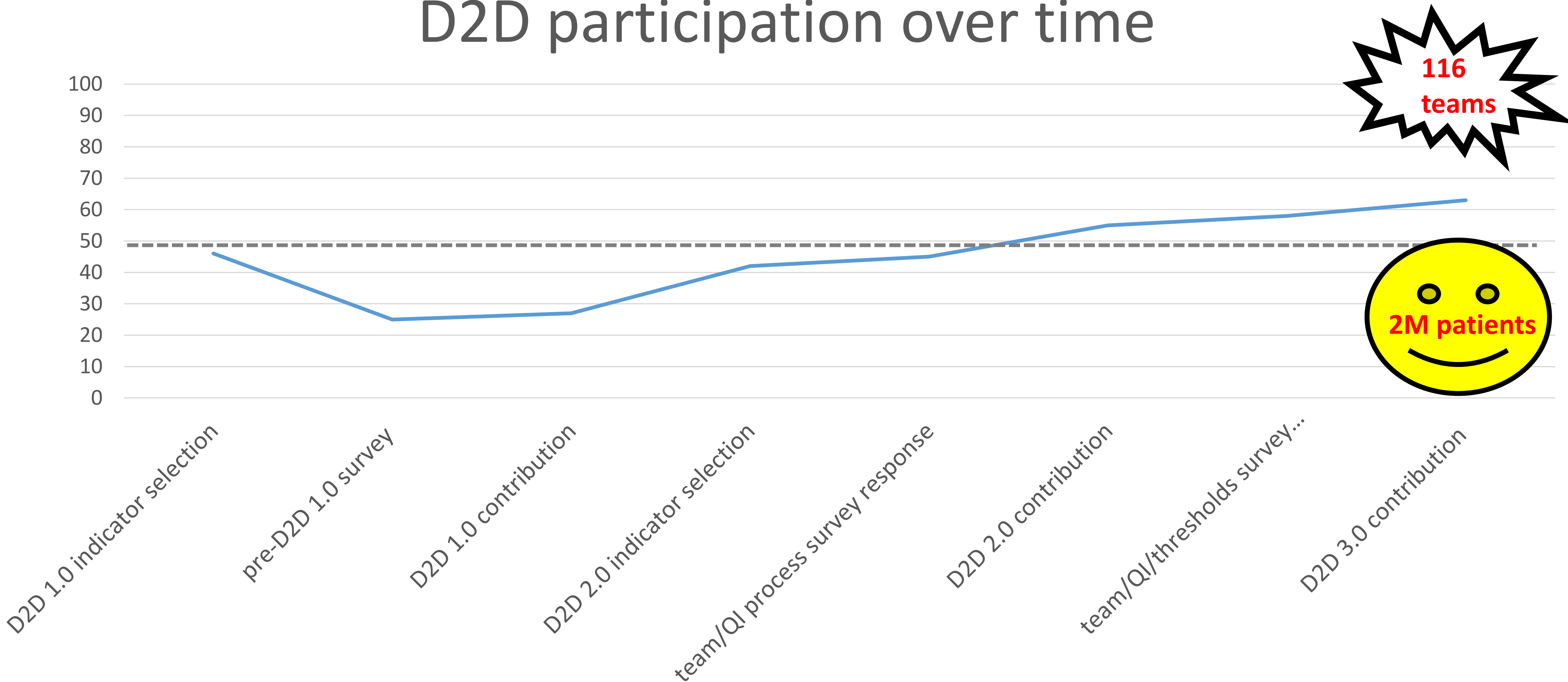
Intervention (ie artifact): Data to Decisions

- Summary of performance on small number of measures
- Set up to change conversations and evolve
- Voluntary contribution of data – variety of sources
- Available to all members, regardless of contribution of data
- Support for data access via QIDSS

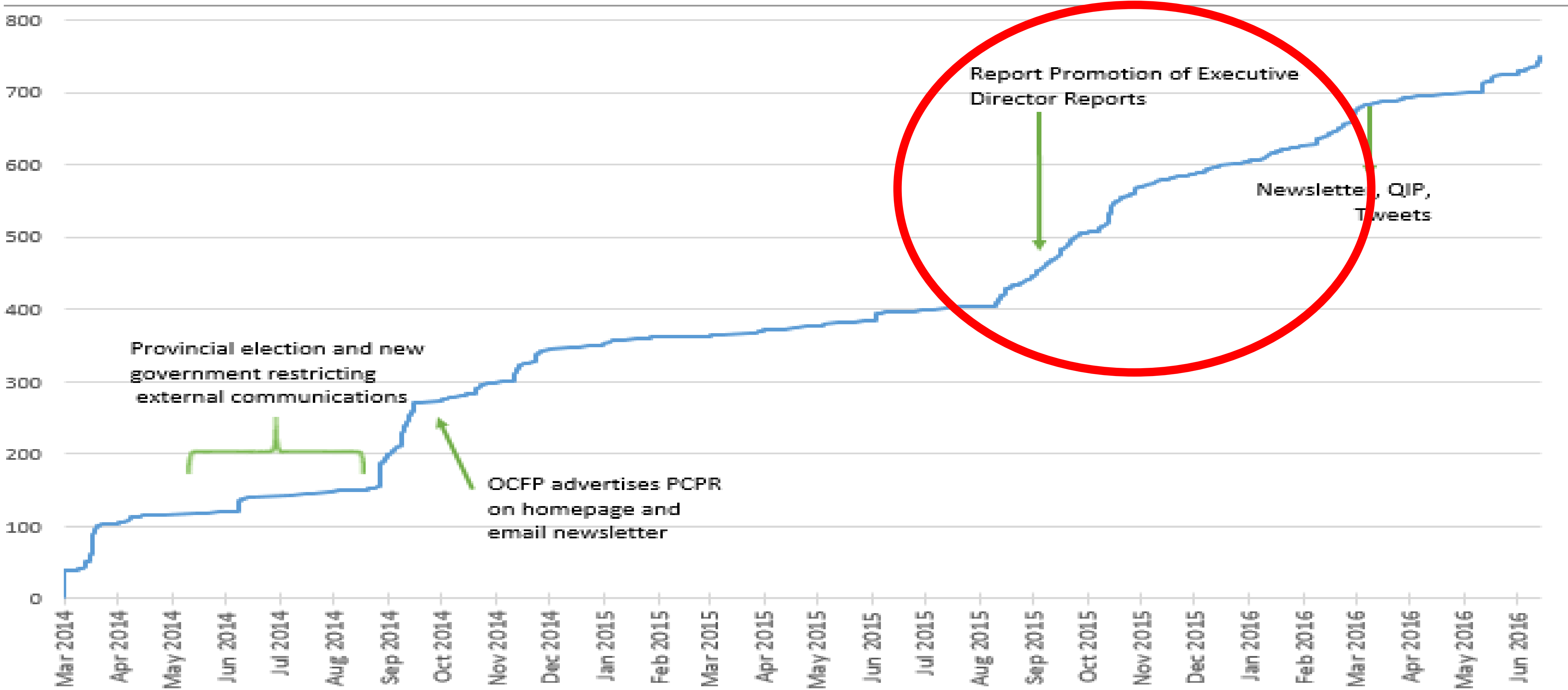
Evaluation: conversations with physicians



Evaluation: team-level QI activity



Evaluation: physician QI activity



Evaluation: system-level measurement

- Demonstrate value of teams: Quality composite indicator
- Team accountability: Ministry contract indicators
- Sector-wide measurement:
  - Mandatory Quality Improvement Plans
  - Prioritization of provincial performance measurement framework
- EMR evolution: provincial “proof of concept” EMR dashboard

Evaluation: performance

- Better cancer screening
- Faster improvement in diabetic management
- Timing:
  - After launch of team-based models
  - Before launch of D2D

Selected characteristics of D2D

- People characteristics
  - Voluntary
  - Of the people, by the people, for the people
  - Actual AND perceived control by front line providers
  - “good soldiers”
- Measurement characteristics
  - Comprehensive view of quality vs “body part” focus
  - Small number of indicators
  - Comparability of measures
  - Patient focus
- External characteristics
  - Availability of support to access data
  - Timing: evaluation of teams, introduction of “Patients first”
- Others characteristics?

Pair-and-share

- Which characteristics were most attractive to you?
- Which characteristics do you think would be most attractive to your constituents?
- Which would help you get started/change gears?

Next steps

- Usefulness of Quality roll-up indicator at the front-line
- More conversations:
  - Measurement beyond AFHTO (25% of sector)
  - Beyond measurement to improvement
- Hypothesis testing: what makes the most difference?

Thank you!