

# Learning How to Get Lucky: Enablers of High-Performing Teams

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## Purpose

Ontario's primary care teams have built a measurement culture through high and sustained voluntary participation in Data to Decisions (D2D) a performance measurement report. This study leverages this measurement capacity to identify enablers of high performance.

## Methodology

Observational study of interdisciplinary primary care teams, members of the Association of Family Health Teams of Ontario, serving approximately 25% of Ontario. D2D data include measures of patient experience, preventive measures, healthcare utilization and team characteristics such as patient socioeconomic status and quality improvement activities, among others. The main outcome was associations with a composite measure of quality and healthcare system costs.

## Results

Multivariate regression for 68 rural and 100 urban teams showed quality was related to panel characteristics (size, percent of seniors, low-income patients) and electronic information integration with hospital (R-square 0.409 -0.617, urban & rural teams respectively). Healthcare costs (especially for diagnostic testing and home care services etc) were related to the factors above, quality, number of sites and physician-based board (R-square 0.551-0.659, rural & urban teams respectively). Relationships with quality improvement activities, physician engagement and interdisciplinary staff complement were weak, possibly due to lack of power.

## Conclusions

Teams with high performance are not just lucky. While some factors may be out of the team's control, factors like single vs multi-site design, EMR management and governance are amenable to change. At the very least, these associations can focus exploration on how teams achieve high performance and thus learn to be lucky in achieving better performance.