

DATA TO DECISIONS (D2D) 4.1: A QUICK LOOK

The needle is starting to move



- AFHTO members average levels of performance are holding steady so far.
- The good news: Variation among teams seems to be dropping. Reducing variation is an important goal in quality improvement, so this is an early and encouraging sign that the performance needle is starting to move in response to measurement.
 - True for teams in D2D from the start as well as for the entire set of teams in each iteration.
 - True of individual indicators and, to a small extent, for the composite Quality roll-up indicator.

More new contributors, more data



- The number of teams contributing to D2D 4.1 is holding at nearly two-thirds of members. As in D2D 4.0, several teams contributed for the first time, bringing the total number of teams contributing to ANY iteration to 85%.
- Participating teams contributed 5% more data for the core D2D indicators this time.
- Changes coming soon to further encourage participation include:
 - Change comparator to 75th percentile instead of average values.
 - Emphasize value of ongoing/continuous measurement.
 - Encourage use, not just contribution, of D2D data for improvement.
 - Clearly communicate updates in PCR (now every 6 months) and other sources.
 - Highlight value of D2D to collective as well as team-level efforts to improve.

Drilling down and working together



- 100% of teams provided information about their LHIN location.
- Teams are working with peers in their LHINs to unmask themselves to each other.
 - This helps make comparisons more meaningful.
 - It makes it easier to work with policy-makers on primary care transformation.
 - It helps keep the focus of measurement on the comprehensive generalist, nature of high-quality primary care.

AFHTO (and by extension D2D) is guided by Barbara Starfield's four Cs of primary care:

- Continuity (through better relationships),
- Coordination (e.g. better transitions),
- first Contact (measured in a variety of ways that matter to patients)
- and Comprehensiveness (by including data from and about a broad scope of care).

A CLOSER LOOK: D2D 4.1 BY THE NUMBERS

90.1%

Patients involved*

Patients who say they're as involved in decisions about their care as they want to be.
Compare to: 85.9% (provincial rate from Health Quality Ontario's (HQO) Measuring Up report of Patient Experience (2016).

Why it matters: 2/3 of patients say they want at least an equal partnership with their physician when it comes to making decisions about their care (AFHTO/Patients Canada 2015).

76.5%

Reasonable wait*

Patients who say they can book an appointment within a reasonable time.
Compare to: 79% from D2D 4.0 (no other source available as not included in other reports).
Why it matters: Timely access to care is important to patients – and timely clearly means different things to different people as evidenced by the difference between this measure and % of people able to get an appointment on the same or next day (51.7 %). Access is one of Starfield's 4Cs

5.7%

Readmission*

Patients readmitted to hospital within 30 days of discharge.
Compare to: 5.5% for the whole province, according to Institute for Clinical and Evaluative Sciences (ICES).
Why it matters: Readmission is a measure of overall system integration and coordination of care between hospitals, community services and primary care providers. Coordination is another of Starfield's 4 Cs of primary care.

74.5%

Continuity of care*

Visits by patients with their own primary care provider.
Compare to: 75.4% for the whole province, according to ICES.
Why it matters: This indicator demonstrates continuity of care with a primary care physician. This helps build better patient-provider relationships and is one of the indicators that matters most to patients and another of Starfield's 4Cs.

66.1-68.5%

Cancer screening*

Eligible patients screened for cervical and colorectal cancer.
Compare to: 58.9 – 64.2% for the whole province according to ICES.
Why it matters: Early detection of cancer can save lives.

62.5%

Childhood immunization*

Eligible children immunized according to public health recommendations.
Compare to: 73-91% as stated in the Public Health Agency of Canada – Vaccine Coverage in Canadian Children: Results from the 2013 Childhood National Immunization Coverage Survey, depending on whether all immunizations recommended by the Public Health Agency of Canada (PHAC) are included, as they are for D2D measure but not other reports such as preventive care bonuses.
Why it matters: Immunization is essential to population health and is particularly important for infants and young children, who are most susceptible to vaccine-preventable diseases.

89.9%

Courtesy of office staff*

Patients who say they're satisfied with the courtesy of office staff.
Compare to: 63-75% from Conference Board of Canada FHT evaluation (2014).
Why it matters: Courtesy of office staff is a driver of quality of primary care, according to the Conference Board of Canada (2014).

63.7%

Diabetes care

Diabetes care composite indicator – average score.
Compare to: 63.3% from D2D 4.0 (no other source available as not included in other reports).
Why it matters: Management of chronic conditions involves tracking more than one process or outcome of care

\$2,472

Cost per patient

Total healthcare system cost per patient.
Compare to: \$2,392 for the whole province, according to ICES.
Why it matters: Starfield observed that high quality comprehensive primary care is the foundation of a sustainable healthcare system D2D data shows the link between high quality care and lower per-capita healthcare cost.