DATA TO DECISIONS 5.1: A QUICK LOOK

We're more open to opening up

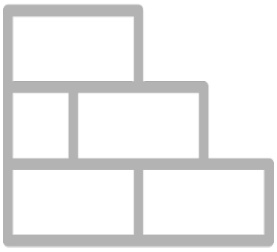
Teams have more opportunity than ever to learn from their peers!

- 43 teams chose to unmask themselves to their peers – up from 36 in D2D 5.0.
- All 111 participating teams shared their LHIN and 107 shared their LHIN sub-region.
- Teams are even starting to share their data with patients on websites and social media.

We're setting our course by the stars

Shining examples show us where measurement leads.

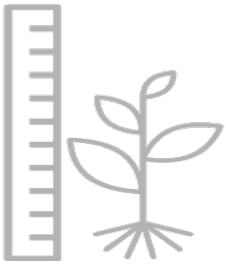
- The North East is our North Star! 17 of their 27 teams contributed data. Now they're working together to get all 27 to the same level in technical tools and training so every person in the region can get the same quality care.
- Teams in the HNHB region are collaborating in their 2018 Quality Improvement Plans, with a common opioid indicator and a shared strategy to support their physicians.
- The 9 Erie St. Clair teams are sharing data about their improvement projects, so they can compare progress and learn from each other.
- The 21 Champlain LHIN teams are sharing their program-level data with one another.



We're building on a solid foundation

By building relationships, we've laid the groundwork for improvement.

- AFHTO's ten leadership committees have brought together teams from all over Ontario. These long-standing relationships are the basis of our collective improvement efforts.
- We're partnering with other organizations to build leadership capacity in our teams.
- AFHTO members and research partners are working together to find out what makes a high-performing team. What we learn will help all teams get better at getting better.



We'll keep growing and measuring

Measurement shows room for growth and gets us started.

- Our members are proud that they've built measurement into their culture.
- They're also dissatisfied that measurement has not yet led to across-the-board improvement.
- D2D got started because AFHTO made it a strategic priority to demonstrate the value of team-based care. Now it's time to take on the improvement challenge in earnest.

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

- **C**ontinuity through better relationships between patients and providers.
- **C**oordination, including better transitions between providers.
- First **C**ontact to ensure access to care in ways that matter to patients.
- **C**omprehensiveness of care for all of the patient's needs.

For more information about Data to Decisions, visit the AFHTO web page:
http://www.afhto.ca/highlights/d2d-5-1-getting-started-and-changing-gears/

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A CLOSER LOOK: D2D 5.1 BY THE NUMBERS

89.8% Patients involved*	**Patients who say they're as involved in decisions about their care as they want to be.** ***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).*
78.1% Reasonable wait*	**Patients who say they can book an appointment within a reasonable time**. ***Why it matters:*** *Timely access to care is important to patients. The difference between this and % of people able to get an appointment on the same or next day (51.7 %) suggests that "timely" means different things to different people. Access is one of Starfield's 4Cs.*
6.0% Readmission*	**Patients readmitted to hospital within 30 days of discharge.** ***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.*
75.1% Continuity of care*	**Visits by patients with their own primary care provider.** ***Why it matters****: This indicator demonstrates continuity of care with a primary care physician. This helps build better patient-provider relationships. It is one of the indicators that matters most to patients and another of Starfield's 4Cs.*
68.5-70.0% Cancer screening*	**Eligible patients screened for cervical and colorectal cancer.** ***Why it matters****: Early detection of cancer can save lives.*
88.2% Courtesy of office staff*	**Patients who say they're satisfied with the courtesy of office staff.** ***Why it matters:*** *Courtesy of office staff is a driver of quality of primary care, according to the Conference Board of Canada (2014).*
67.8% Diabetes care	**Diabetes care composite indicator – average score.** ***Why it matters:*** *Management of chronic conditions involves tracking more than one process or outcome of care. This composite indicator includes regular blood-sugar testing, appropriate blood-sugar levels, and the appropriate use of medication to manage cholesterol levels. Over time, the number of measures that make up this indicator is growing to create a more comprehensive picture of diabetes care.*
65.8% Childhood immunization*	**Eligible children immunized according to public health recommendations.** ***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.*
$2,528 Cost per patient	**Total healthcare system cost per patient.** ***Why it matters****: Starfield observed that high quality comprehensive primary care is the foundation of a sustainable healthcare system. D2D data shows this link between high quality care and lower per-capita healthcare cost.*

***Indicator is part of the Primary Care Performance Measurement Framework (PCPMF).**
Data as of February 8, 2018
The indicators above are ranked according to their importance to patients, as determined through patient surveys and focus groups conducted in 2015 and 2017. We use the same principle to calculate the Quality Roll-Up composite indicator. Check out the link below to learn more:

- www.afhto.ca/measurement/quality-roll-up-indicator-measuring-the-quality-of-comprehensive-primary-care/

To help you put these numbers into context, we've compiled a list of province-wide comparative rates for each of these indicators and their sources, along with their highest, lowest, and mean values in each iteration of D2D. You can find it here:

- www.afhto.ca/wp-content/uploads/D2D-5.1-Handout-Comparator-data-for-public.pdf