

BACKGROUND: DATA TO DECISIONS

Data to Decisions (D2D) is a voluntary summary of performance of AFHTO members produced by AFHTO members. It shows performance on a small number of measures that members felt were meaningful and possible to measure. To learn more, go to www.afhto.ca/measurement/afhto-members-making-progress-on-primary-care-measurement or www.afhto.ca/wp-content/uploads/What-and-How-is-D2D-infographic-FINAL.pdf.

D2D measurement reflects the four **C**'s of primary care identified by Barbara Starfield: **C**ontinuity, **C**oordination, **F**irst **C**ontact, and **C**omprehensiveness. These are the principles that guide AFHTO. To learn more about Dr. Starfield's work and how it has informed AFHTO's approach to primary-care measurement, visit www.afhto.ca/highlights/evidence/the-starfield-model-measuring-comprehensive-primary-care-for-system-benefit/.

LHIN-SPECIFIC PERFORMANCE

Table 1 (over) shows the average performance for all teams in each LHIN region on the core D2D 6.0 indicators. They are presented in descending order of patient priority. The full labels and definitions of the indicators are described in the D2D Data Dictionary which is available to members by clicking on the links in the table. Non-members may access an offline copy by contacting improve@afhto.ca.

Performance is highly affected by rurality, patient complexity, geographical dispersion, proximity to other services and many other factors. These characteristics must be taken into account in LHIN-to-LHIN comparisons to avoid the risk of comparing "apples to penguins!" Data is suppressed where fewer than six teams responded, except where those teams have expressly granted permission to share it.

Performance is changing over time. Some of this is due to changing numbers of teams participating in each LHIN. Please consider that when reviewing the data. Cells coloured in **red** indicate that the performance for an indicator in that LHIN has decreased since D2D 5.1 by 10% or more. Cells coloured in **green** indicate that performance has improved by the same amount.

Indicator	1-Erie St. Clair	2-South West	3-Waterloo Wellington	4-HHHB	5-Central West	6-Miss-Halton	7-Toronto Central	8-Central	9-Central East	10-South East	11-Champlain	12-NSM	13-North East	14-North West	All D2D Contributors
Contribution: % of teams	73%	70%	89%	36%	83%	71%	54%	58%	70%	20%	38%	50%	59%	20%	51%
Rural: % of teams	50%	57%	50%	20%	Data Suppressed	0%	0%	0%	57%	Data Suppressed	43%	Data Suppressed	87%	Data Suppressed	44%
SAMI score	1.09	0.97	0.91	1.10		1.10	1.11	1.09	1.10		0.99		1.05		1.04
Total healthcare system cost (adjusted for age/sex/complexity)	2527	2554	2581	2440		2532	2564	2350	1843		2610		2607		2490
% of patients involved in decisions about their care as much as they want to be	88	90.3	87.9	89.7		91.7	91.9	90.2	93.2		93		88.6		89.9
% of patients who can book an appointment within a reasonable time	79.5	80	76.3	74.9		73.1	81.4	76.9	65.2		75.1		75.2		77.2
% of discharged patients with readmission < 30 days	4.9	6.2	5.3	5.5		5.7	5.9	5.5	5.9		5.9		6.6		5.8
% of visits to patients' regular primary care team	73.5	81.2	84	79.4		69.3	65.5	63.6	74.1		79.8		77.2		76.3
% of patients satisfied with courteousness of office staff	84.6	89.9	86.6	80.5		84.5	84	89.5	n/a		95.7		89.7		88.2
Diabetes Care (composite score)	63.6	75.4	69.1	72.6		62.4	70.2	68.5	59.9		69.9		62.3		67.2
% of eligible patients screened for colorectal cancer	73	68.8	67.1	68		70.7	71.7	78.3	63.5		72.5		70.8		70.1
% of eligible patients screened for cervical cancer	68	69	68.3	68.1		65	68.8	73.6	69.2		74.3		66		68.1
% of eligible children immunized according to the PHAC recommendations	59	76.5	64.3	76.2		74.4	53.4	67.9	44.9		64		53.7		64.9
% of patients able to get an appointment on same or next day when sick	51.6	45.8	49.6	56.8		49.1	65.6	51.5	62.7		56.2		41		52.6

Table 1. LHIN-Specific D2D Data Summaries. Data as of D2D 6.0, October 2nd, 2018. For more information contact improve@afhto.ca.