

Self-assessment of a composite measure of quality of primary care using National Quality Forum evaluation criteria

North American Practice-Based Research Group Annual Meeting
Chicago, Illinois | November 9-13, 2018

Carol Mulder and Rick Glazier

Context:

Measuring quality in primary care is hard. Tracking too many indicators takes time away from the care that measurement was meant to support. Focusing on a small number of indicators creates risk of unintended distraction of attention and resources from other aspects of care. Anyway, agreement on a few truly meaningful measures has not yet happened. The response of Ontario's primary care teams to this challenge is a composite measure of quality. This study evaluates the composite measure to understand its potential usefulness beyond the teams with whom it was developed 4 years ago.

Objective:

Demonstrate alignment of the composite with the National Quality Forum (NQF) evaluation framework.

Study Design:

mixed methods evaluation. Qualitative data of the experience of participating teams. Quantitative analysis of performance data contributed by primary care teams and comparable providers in UK.

Participants:

184 interdisciplinary primary care teams, members of the Association of Family Health Teams of Ontario (AFHTO), serving approximately 25% of the population of Ontario, Canada.

Setting or Dataset:

Data contributed by Ontario teams to Data to Decisions (D2D) describing patient experience, preventive measures and healthcare utilization, among other indicators (7 iterations over 3.5 years). Comparable data on similar indicators from the UK Quality Outcomes Framework.

Outcome Measures:

Alignment with elements of the NQF composite measure evaluation framework.

Results:

100% alignment on basic considerations (ie is the composite worth examining), importance of the concept being measured and feasibility. Lower scores for usability (especially among front line providers) and scientific acceptability (80 and 60%, respectively).

Conclusions:

Strengths of the D2D composite are feasibility and relevance to policy questions. It is weaker as a tool for provider-level use, a common issue among composite measures. Lack of truly comparable data and consensus on ideal methods for evaluating the validity of an index make demonstrating scientific acceptability difficult. A related but unintended observation was the practical usefulness of the NQF evaluation framework.

Learning objectives

1. Describe advantages and disadvantages of composite measures as part of the solution for the challenge of meaningful measurement in primary care
2. Describe components of the NQF framework for evaluating composite measures
3. Describe strengths of the composite measure of quality used by Ontario primary care teams