

WHAT IS D2D & WHY?

D2D is a voluntary summary of performance of AFHTO members by AFHTO members. It shows performance on a small number of measures that members felt were **meaningful and possible to measure.**

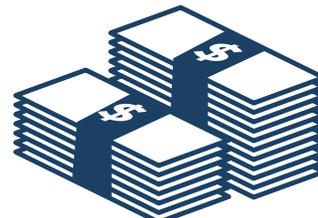


D2D is a conversation starter.

It's a way for you to get into the conversations involved in measuring quality of primary care and making it even better.



D2D is a way to see how you stack up against your peers - however that makes sense to you. You can compare to teams in your LHIN or across the province in terms of size, rurality, teaching status. More options may be available in future iterations.



D2D is the first (and so far only) primary care report in Canada to report healthcare cost directly to providers. D2D has shown that higher quality care from teams is associated with lower overall healthcare costs.



D2D bakes the relationship between patients and providers right into the measurement of quality. These long-term relationships are what make primary care work!



D2D demonstrates the value of team-based primary care. It helps teams celebrate achievements and set focus for getting even better. It helps the system do the same.



D2D reports on several aspects of how patients feel about their ability to get care they need from their providers when they need it in the way they want it.



D2D reports on quality at the level of the team to help improve quality locally and at the system level.

It aligns with Ontario's Primary Care Performance Measurement Framework wherever that makes sense for front-line providers.

AFHTO (and by extension D2D) is guided by **Barbara Starfield's 4 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).

**LEARN MORE:
AFHTO.CA/D2D**

afhto : D2D: DATA TO DECISIONS ▶

YOU CAN DO D2D!



Here's the recipe. Do it little by little, only as much as you can.

THE INGREDIENTS

COMPILE YOUR TEAM'S DATA:

Your patients: Data from your patient experience surveys

Your EMR: Use standardized queries and other helpful tools

Your admin data: HQO PCPR, MOHLTC data branch portal, CCO Screening Activity Report

TALK ABOUT:

What data **you can get** and what it means to your team.

How your team is doing (over time or compared to your teams).

What **you can do** to get even **BETTER** than you were yesterday.

THE METHOD

GET READY

We've created tools to help you talk gather your data.

- afhto.ca/members-only/planning-and-preparation-for-d2d

ADD YOUR DATA TO THE MIX

Submit your data to be included in the Data to Decisions report. Add only as much as you can or want to.

- afhto.ca/members-only/measure-and-quality-improve/d2d/d2d-data-submission/

THE TASTE TEST!

Compare your team to your peers or to previous iterations. See how well AFHTO members are doing as a whole.

- afhto.ca/members-only/d2d-interactive-report/
- afhto.ca/wp-content/uploads/D2D-4.0-Results-Summary.pdf

THE RESULTS:

EVEN BETTER PATIENT OUTCOMES

Better relationships with providers (Continuity), better transitions in care (Coordination), better access & experience (Contact)

EVEN BETTER TEAMS

Better collaboration, better governance, easier access to better data

AN EVEN BETTER SYSTEM

Better quality measured broadly (Comprehensive), lower overall per-capita cost, spread team-based care everywhere, measure from the ground up

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