

D2D 2.0 Indicators

Background

D2D 2.0 is the second iteration of the Data to Decisions initiative. It is a summary of primary care data that are currently available, comparable and mean the most to members in advancing quality of care for their patients. It builds on the process and progress with the first iteration of the report, released October 2014.

Consultation in the selection process

The selection process included several consultations, in response to input from members regarding the indicators and selection process for D2D 1.0. Although the consultations built on each other, some indicators were recommended for inclusion, even if they did not surface as a priority in all discussions. This flexibility was intentional. There is no formally accepted process for indicator selection so it was not appropriate to apply it with unrelenting rigidity. These consultations involved in selecting indicators for D2D 2.0 included:

- D2D 2.0 selection survey of members, which received responses from approximately 76 teams and 200 people for a response rate of 42% of teams, similar to that for D2D 1.0 at 46%
- Indicators working group, considering input from members and others on a monthly basis before and after the launch of D2D 1.0
- Advisory panel of administrative and clinical champions, providing advice on the selection process and nature of indicators and presentation that was needed to support use by members
- Host ED forum, providing advice on feasibility and practical considerations for D2D production
- EMR DM, advising on technical solutions for problems with access, definitions and/or data quality associated with some indicators
- QIDSS providing ongoing advice about the feasibility, accessibility and interest in data for various measures
- Pre-D2D 1.0 survey, providing a baseline measure of interest in, orientation to and use of data for improvement
- Comments from members post D2D 1.0, compiled through direct input with members as well as via surveys and other related forums
- Joint QIDSS Physician networking session at AFHTO annual conference, providing feedback directly from the hands on introduction to and use of D2D 1.0

Selection Criteria

The selection criteria that emerged from the consultations and subsequently used by the Indicators Working Group in generating this proposed set of indicators were to select indicators that

- Already included in D2D 1.0 unless there is a clear indication against including them again, maintaining as small a number of indicators as possible
- Addressed a clear and important-to-members gap among D2D 1.0 indicators
- Were possible for majority of AFHTO members to access data with reasonable effort
- Aligned as much as possible with sector wide reporting processes/capacity (ie to facilitate inter-model comparisons)
- Were among the top-weighted indicators in the Starfield Primary Care Index (to extend capacity to measure quality of comprehensive, patient-centered care aligned with patient expectations)

Recommended indicators

The AFHTO Board has endorsed the following indicators for inclusion in D2D 2.0 (see table). Comments and explanations related to data sources and rationale are included. Of special note is the “developmental” indicator. Follow-up after hospitalization is widely recognized as a critical component of comprehensive primary care. However, the indicator was not included in D2D 1.0 due to issues with the definition of the indicator (type of follow-up care for which patients by whom when?) and timely access of primary care providers to useful hospitalization data. In spite of concerted efforts of the QIDSS with the support of the EMR Data Management sub-committee, these challenges remain now, almost a full year later. This indicator is presented as a “developmental” indicator in the second iteration to acknowledge importance of the concept of “follow-up” and generate dialogue to advance resolution of persistent challenges with measurement. As a developmental indicator (as distinct from the other two types of indicators which can more truly be framed as performance indicators or explanatory indicators), the nature of the 7-day follow-up indicator will be likely be more qualitative. It will include the descriptions of approaches used by those teams actively engaged in monitoring it, each in their own way. It may include quantitative measures of progress which will certainly not be comparable between teams, given the diversity of approaches in use to define and measure the concept of follow-up. The goal is not to compare *performance* but rather to compare *approaches*, with the eventual outcome of building consensus on a manageable and meaningful way to track this important concept in time for its inclusion as a performance indicator in D2D 3.0.

Table 1: Indicators for D2D 2.0

type	indicator	Comments	Data source	Alignment			
				Carry forward from D2D 1.0	QIP (suggested)	MOHLTC Schedule A (suggested)	System-level priority (HQO)
Performance	colorectal screening	EMR query definition pending input from QIDSS via CCO regional sessions	TBD (EMR, SAR or ICES)	Yes	yes		yes
	cervical screening			Yes	yes		no

	patient involved in decisions	Highly correlated with “opportunity to ask questions” and “time spent with provider” questions so these were not carried forward	patient experience survey	Yes	yes		yes
	readmissions	Most useful for tracking impact of primary care on “system” level outcomes; limited ability to change performance at the local team level; cost to be adjusted for morbidity and broken down into sub-categories of costs	ICES	Yes	yes		yes
	Cost			Yes	no		yes
	childhood immunizations	Inclusion/exclusion criteria for EMR data extraction pending QIDSS input; presented for rostered only and all patients (ie two rates)	EMR	Yes	no		no
	Same/next day appointment	Additional measure of access that, in combination with existing D2D 1.0 indicator, allows comparison to other models AND tracking of patient expectations for access	patient experience survey	Yes	yes		yes
	Reasonable wait for appointment			No	no		no
	regular care provider	May be possible to measure at the individual AND team level (ie regular care TEAM)	ICES	Yes	no		yes
	Courtesy of office staff	Additional measure, reflecting input from patients and FHT evaluation on importance of office staff in patient experience of primary care	patient experience survey	No	no		yes

Explanatory	rural/urban	No change from D2D 1.0	ED self-report	Yes	n/a		n/a
	Number of patients served by team	Total as well as break-down of rostered and non-rostered to allow calculation of performance on basis of both denominators	ED self-report	Yes	n/a		n/a
	access to hospital data	Definition refined as “enrolment in HRM, SPIRE, POI, TDIS, clinicalconnect or similar service”	ED self-report	Yes	n/a		n/a
	teaching status	Extended to 3 categories (academic, teaching and non-teaching) which may be collapsed in analysis or presentation to avoid suppression of data due to small cell sizes	ED self report	No	n/a		n/a

	data quality measure	Extent of match between EMR and central “gold standard” data sources for a similar measure eg screening rates for colorectal and cervical cancer	EMR and SAR	No	n/a		n/a
Developmental	7-day follow-up after hospitalization	Intended to acknowledge importance of the concept of “follow-up” and to generate dialogue to advance resolution of persistent challenges regarding definition (type of follow-up care for which patients by whom when?) and timely access of primary care providers to useful hospitalization data	various	No	yes		yes
Work in progress	diabetes outcome measure	Additional measure to fill gap in “clinical” data in D2D 1.0; inclusion pending QIDSS assessment of accessibility of consistent EMR data	EMR	No	no		yes
	FTE of doctors and NP	Intended as additional measure of team size and to support measurement of capacity; inclusion pending resolution of outstanding questions regarding on-call and off-site hours and time spent by other disciplines	ED self report	No	n/a		n/a