

Step-by-Step Guide for Participating in Data to Data to Decisions (D2D) 3.0

(Version 6.4 – updated November 20, 2015)

Purpose

The purpose of this guide is to help members compile and contribute data to D2D 3.0 by the January 15th, 2016 submission deadline.

The D2D 3.0 indicators (core and expanded) are based on data from the following sources: self-report from teams, patient experience surveys, EMRs, Quality Improvement Plans (QIPs), Ministry of Health and Long-Term Care (MOHLTC), [HQO Primary Care Practice Report](#) (ICES), and Cancer Care Ontario Screening Activity Reports (CCO SAR).

The process for accessing and submitting data for the D2D 3.0 indicators is described in detail on the following pages.

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Preparing your team to contribute to D2D 3.0

D2D 3.0 is the third of a series of reports that AFHTO has developed in partnership with Family Health Teams (FHTs) and Nurse Practitioner Lead Clinics (NPLCs) in Ontario. It is the continuation of a conversation around data, quality, and primary care. Some of the most important actions coming out of the first two iterations (D2D 1.0 and 2.0) were positive changes in the number of teams contributing and the quality of data, therefore adding to the conversation to advance comparable, manageable, meaningful measurement in primary care. We expect the same to be true of D2D 3.0. Your peers thank you for joining the conversation!

Contributing data to D2D 3.0 is **voluntary**. You may decide this is a good choice for your team, however even if your team chooses not to contribute this time, you will still be able to view the D2D 3.0 report when it is released on February 1st, 2016. Many teams who did not contribute data to the first two reports found that viewing it was helpful in preparing them to contribute to the next iteration. So, even if you are not sure about contributing, please consider reviewing this guide and discussing the various steps with your team.

Contributing data to D2D 3.0 is not an “all or nothing” exercise. Please feel free to contribute data for as many or as few indicators as makes sense for your team. For example, you may decide to contribute just the descriptive data about your team to help you find similar peers for comparison.

If you have any questions about D2D or any of the steps below, please contact [Carol Mulder](#). Additionally, please login in to the member’s only section of the AFHTO website and check out the [D2D webpage](#) for extensive background information.

Participating in D2D 3.0 - the short cut

If you are familiar with the process and just need a quick reference, please use this short list to guide you.

1. Sign up your team’s [intent to participate in D2D 3.0](#)
2. Access your Primary Care Practice Reports on the [HQO portal](#)
3. Access your [CCO Screening Activity Reports](#)
4. Use these tools to help you assemble the data for D2D 3.0 (core & expanded indicators):
 - [D2D 3.0 Data Dictionary](#)
 - [D2D 3.0 Data Input Toolkit](#)
5. Review your data with your team
6. Attend a webinar to learn how to submit data for D2D 3.0 on **Dec. 2, 2015**
 - Option 1 – [EDs who have QIDSS support, 1:00-2:00pm](#)
 - Option 2 – [EDs who do not have QIDSS support, 3:00-4:00pm](#)
7. Submit your data via [D2D 3.0 submission platform](#) between Dec. 3, 2015 and Jan. 15, 2016
8. Attend a webinar to learn how use the D2D 3.0 report and view your team data – TBA February 2016
9. Are there areas you’d like to improve? Talk with your team about next steps...

Participating in D2D 3.0 – the long cut

Please refer to the instructions below to guide you through the process of contributing as much data to D2D 3.0 as is possible for your team.

1. Sign up your intent to participate in D2D 3.0

WHY: The purpose of this step is to start or continue the D2D conversation with your team; to register a team code for access to the D2D 3.0 submission platform and interactive report; and to ensure your team has direct support throughout the process - including team code retrieval.

WHAT:

To start or refresh your conversations about D2D before submitting data:

- Consider showing the [D2D video](#) to help EDs, physicians, Boards and QIDSS start discussing D2D and how your team can participate.
- Log onto the AFHTO website and go to the [D2D page](#) for background information.
- Review [reports from previous iterations of D2D](#).

HOW: Sign up for D2D 3.0 using [this online form](#). You can still participate in D2D 3.0 without completing this step. If this is the case go directly to the [D2D 3.0 data submission platform](#) and enter your team code. New teams will be prompted to register a team code.

WHEN: Signup your intent to participate in D2D 3.0 any time before the data submission platform closes on January 15th, 2016.

2. Sign up for the HQO Primary Care Practice Report (PCPR)

WHY: To ensure you have access to all ICES data for D2D 3.0 indicators

WHAT: Two Primary Care Practice reports are available via the [HQO website](#): 1) Physician's Report and 2) Group Report. Please note that 3 additional indicators from ICES (SAMI score, Cost, Regular primary care provider – team) will be available through the [HQO portal](#) in an additional separate excel worksheet (i.e. addendum to the core Primary Care Practice Report)

HOW: Only Executive Directors can sign-up for the Primary Care Practice Group Report. To do this, please:

- Consult with your physicians to ensure all are on board to receive team-level data from HQO. Consider showing the [D2D video](#) to inform this conversation and obtain necessary approvals. **(Start those discussions now).**
- **Sign up for the group report by following these steps:**
 - Go to <http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care>
 - Click on the consent button and select the consent option for Executive Directors of Family Health Teams
 - Complete the consent form by:
 - Selecting your FHT from a dropdown menu

- De-selecting any PEM groups for physicians who have objected to the ED’s request for this data (like D2D - the consent requires EDs to inform all physicians and only request data for groups that did not object)
- Providing names and email addresses (please use your formal organizational emails)
- Read the consent form
- Check the “I agree” box
- Click submit
- Verify the email addresses

WHEN: Sign up for the **Practice Care Practice Group Report** in time to contribute to D2D 3.0 took place from September 15th to Nov. 4th, 2015. For those teams who did not sign-up for the Primary Care Practice Group Report by November 4th, 2015 please consider doing so [here](#) so that you can contribute all ICES data in future iterations of D2D.

3. Sign up for the CCO SAR and access cancer screening data

WHY: To ensure you have access to cervical and colorectal cancer screening rates in order to contribute to the EMR Data Quality indicator in D2D 3.0, should you choose to do so.

WHAT: Cancer screening rates from [Cancer Care Ontario’s Screening Activity Report \(SAR\)](#) are one important component of the EMR Data Quality indicator. Please refer to the AFHTO website [EMR Data Quality Resources](#) and the [D2D 3.0 Data Dictionary](#) for more information about the EMR Data Quality indicator.

HOW: Sign up for a Screening Activity Report from CCO for one physician (at minimum) in your team.

- **Physicians can sign up** for the CCO Screening Activity Report through eHealth Ontario ONE ID.
 - Get an eHealth Ontario ONE ID for each interested physician.
 - See [SAR website](#) to register. *It takes up to 2 weeks to process the request to create an account.*
 - Ask physicians to give you delegate access or get the SAR data directly from your physicians.
- **Find the colorectal and cervical screening rates on the SAR**
 - The up-to-date screening rates are on the bar chart (dark blue bars). [Click here](#) to learn more about the SAR or watch this [video on using the SAR dashboard](#) for more help.
 - Consider saving your data in the [D2D 3.0 Data Input Toolkit](#)
 - Set the data aside and continue to collect data for the EMR Data Quality indicator.

WHEN: ASAP - turnaround time for ONE ID and SAR report can be up to two weeks.

4. Assemble team descriptive data

WHY: To prepare your team to contribute data that will help you and others do a peer comparison.

WHAT: See [D2D 3.0 Data Dictionary](#) for details about team descriptive data such as e.g. setting, teaching status, and access to hospital discharge data.

HOW: Consider saving your data in the [D2D 3.0 Data Input Toolkit](#). To submit your data to D2D 3.0 see the data submission instructions [below](#).

WHEN: before January 15th, 2016

5. Assemble data from the Primary Care Practice Report (ICES data)

WHY: To prepare your team to contribute data for indicators found in the Primary Care Practice Reports.

WHAT: Two reports are available via the [HQO website](#): 1) Physician's Report and 2) the Group Report.

1. EDs who gained physician approval and signed up for the Primary Care Practice Group Report by Nov. 4th, 2015 can use [the group report](#) to access ALL the ICES data for D2D 3.0.
2. Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the [individual reports](#) can be aggregated, averaged and entered into the D2D platform.

HOW:

- Assemble the following indicators from the HQO Primary Care Practice Report (see [D2D 3.0 Data Dictionary](#)):
 - Patients rostered
 - Emergency department visits
 - Hospitalizations for ambulatory care sensitive conditions
 - Readmissions to hospital
 - Regular primary care provider – individual
 - Diabetes management assessment – Billing code K030
 - Cervical cancer screening
 - Breast cancer screening
 - Colorectal cancer screening
- The following indicators will be available through the [HQO portal](#) in an additional separate excel worksheet (i.e. addendum to the core Primary Care Practice Report)
 - Regular primary care provider - team
 - Cost
 - SAMI Score
- Consider saving your data in the [D2D 3.0 Data Input Toolkit](#). Set the data aside for submission to D2D 3.0.

- To submit your data to D2D 3.0 see the data submission instructions [below](#).

WHEN: The Primary Care Practice Group Reports will be available via HQO by mid-December 2015. For those teams who did not sign-up for the Primary Care Practice Group Report by November 4th, 2015 please consider doing so [here](#) so that you can contribute all ICES data in future iterations of D2D.

6. Assemble data from patient experience surveys

WHY: To prepare your team to contribute data for the patient experience indicators from patient experience surveys.

WHAT: Review the [D2D 3.0 Data Dictionary](#) to see which questions from your patient surveys are included in D2D 3.0. Do any questions match your patient survey?

HOW:

- **If your patient survey questions match** any of those in D2D 3.0, consider saving your data in the [D2D 3.0 Data Input Toolkit](#). Set the data aside and see data submission instructions [below](#).
- **If your patient survey questions do not match** those in D2D 3.0 you will not be able to contribute data for these indicators. Consider adding these questions to future patient experience surveys.
- HQO has a [Primary Care Experience Survey: Support Guide](#) that provides helpful information for those new to (and even experienced with) patient experience surveys. It includes information about frequency of running surveys (page 9) and sample size calculations (page 10).

WHEN: Please use your patient experience survey responses gathered between **April 1, 2015 and September 30, 2015**.

7. Assemble data for core D2D indicators from EMR

WHY: To prepare your team to contribute EMR data for the following core indicators:

- Patients served
- Childhood immunizations
- Diabetes care
- EMR Data Quality
 - Cervical cancer screening
 - Colorectal cancer screening
 - Smoking status complete

HOW: Use [standard EMR queries](#) to generate data for submission by:

- Reviewing the [D2D 3.0 Data Dictionary](#) for the indicator definition and detailed criteria.
- Accessing [standard EMR queries](#) developed by QIDS Specialists and the various EMR CoPs.
- Running the queries to generate the numbers, rates, numerators and/or denominators.

- Consider saving your data in the [D2D 3.0 Data Input Toolkit](#). It will help you calculate and/or prepare data for submission to the D2D 3.0 platform.
- See the data submission guide [below](#) to submit your data to D2D 3.0.
- Please contact [Carol Mulder](#) for help if your EMR is not listed and/or you don't have access to a QIDS Specialist.

WHEN: before January 15th, 2015

8. Assemble data for the *Exploratory* indicator: Time spent delivering primary care

WHY THESE DATA ARE NEEDED: This information is needed to make sure that decisions about how much capacity exists in teams is based on what we actually do. Without this information, decisions will continue to be informed primarily by beliefs, data about physician head counts and POSITION counts, among other things. This is not good enough AND AFHTO can do better.

WHAT DATA ARE NEEDED: Three numbers from as many clinicians (physicians and IHPs) as possible to indicate how much time is spent IN A TYPICAL WEEK on the following:

- 1) Office appointments with patients
- 2) Other activities defined as: Patient-specific work done outside of office appointments, including but not limited to, LTC or home visits (including travel), EMR documentation, reviewing lab results, phone calls to coordinate care for patients, QI efforts etc.
- 3) Specialized clinical services defined as: Shifts in emergency department, obstetrics, anaesthesiology, hospitalist, coroner, locums in other settings etc. (i.e. not your team)

HOW CAN THESE DATA BE CAPTURED:

- 1) Ask clinicians to send an email with these numbers
- 2) Ask clinicians to complete the following table (paper or electronically, yours and their choice)

Data element	Response
1. Clinician type	physician or IHP
2. Hours in office appointments with patients	###
3. Hours OUT OF OFFICE delivering primary care	###
4. Hours in specialized care	###
5. Total hours in a typical week	Tip: 7x24=168 , 7x18 =126

Suggestion: Ask clinicians to complete an online survey (e.g. survey monkey) based on the above 5 data elements to help you gather the data in one place

- 3) Compile the data using the [D2D 3.0 Data Input Toolkit](#)

HOW GOOD ARE THESE DATA:

They're an important, valuable and shaky first step ONLY. Therefore, they will be presented as an "exploratory" indicator in D2D 3.0 so there can be no mistake that they represent a starting point ONLY. They are better than what is currently being used simply because they are informed by what actually happens on the front lines. The data are estimates by volunteers so they are undoubtedly

biased. Time tracking would generate more accurate data, however AFHTO has chosen not to do this. By taking time away from patient care, time tracking could paradoxically make things worse in our attempt to make them better. So as always, we all do our best. With these rudimentary data in hand, we can recalibrate existing data that are in use NOW to make better decisions about primary care capacity.

WHEN: before January 15th, 2015

NEED MORE INFORMATION? Please contact

- Carol Mulder (Carol.mulder@afhto.ca), Quality Improvement and Decision Support for AFHTO
- Dr Sean Blaine (blaines@sympatico.ca), president of AFHTO and family doctor with STAR FHT.

9. Participate in the quality roll-up indicator

WHY: The D2D quality roll-up indicator is intended to better reflect the comprehensive nature of primary care through a single measure; a measure that reflects what matters to patients in a way that also considers what is important to providers.

WHAT: If your team chooses to participate in the Quality Roll-up indicator, both the core and expanded indicators contributed by your team will be used in the calculation of a composite score. The weighting of the indicators in the Quality Roll-up indicator is determined by patient priority. The 14 indicators **highlighted in yellow** in the [D2D 3.0 Data Dictionary](#) represent those that emerged from the analysis of D2D 2.0 data as being the most important in the calculation of the Quality roll-up indicator (i.e. they appear to be driving the score). However, we encourage teams to contribute data for as many of the D2D 3.0 indicators as possible to help refine this measure.

HOW:

- Consult internally with the most appropriate member(s) to decide if your team is interested in contributing to the quality roll-up indicator.
- Review the [Quality Roll-up FAQs](#) with those interested.
- Compile data for the all D2D 3.0 indicators (core and expanded) that your team is able to contribute
- Consider saving your data in the [D2D 3.0 Data Input Toolkit](#). It will help you prepare data for submission to the D2D 3.0 platform.
- See the data submission [guide below](#) to submit your data to D2D 3.0.
- For further information, please contact [Carol Mulder](#).

WHEN: By January 15th 2016

10. Review team-level data prior to contributing to D2D 3.0

WHY: To ensure your entire team is aware of team-level performance and will not be “surprised” at the release of D2D 3.0 report in February 2016.

HOW:

- Preview D2D 3.0 data collected with practice decision-makers (e.g. physicians, staff, Board, etc.)
- Decide which data to contribute to D2D 3.0.
- Consider showing your team the [D2D video](#) to inform this conversation.
- Review the data submission [guide below](#) to submit your data to D2D 3.0.

WHEN: December 3rd- January 15th, 2016

11. Complete your data submission

WHY: Ensure all data are submitted according to the guidelines presented here and in the [D2D 3.0 Data Dictionary](#) to allow for comparison between teams in the D2D 3.0 report.

HOW:

- Enter data into the data submission form for all the indicators your team has selected.
- See detailed instructions for using the data submission platform [below](#), ask a QIDS Specialist, or if you don't have access to a QIDS Specialist, contact [Carol Mulder](#) for help.

WHEN: By January 15th, 2016

12. Guide to submitting data using the D2D 3.0 submission platform

The [D2D 3.0 data submission platform](#) will be live on the AFHTO website and ready for data submission on Dec. 3, 2015.

HERE'S HOW:

1. Visit the [D2D 3.0 data submission platform](#)
2. Enter the **Team code** that you [registered above](#), and select the "D2D 3.0" iteration in the drop down menu (*Please note that the team code field is case sensitive).
 - a. If you do not have a team code, you will be able to register a new code with this form. Simply input the code you would like to use and follow the prompts to register.
3. Click "Load new data"
4. Enter your team's descriptive data in the drop down menu. Refer to the [D2D 3.0 Data Dictionary](#) for further information on each descriptive indicator.
5. Select "Yes" from the drop down menu if your team is interested in participating in the quality roll-up indicator.
 - Please note: you do not have to contribute to the Expanded Data Submission to participate in the quality roll-up indicator.
6. **Scroll past the Expanded Data Submission button in order to submit Core D2D and Exploratory Indicators first.** Core indicators can all be found on the first page; they start with "cost" and end with "EMR data quality", followed by the exploratory indicator "time spent delivering primary care (pre-cursor to capacity)."
7. Input your team's agreed-upon core/exploratory D2D indicators, by entering data for each indicator in the appropriate box.

- a. For the majority of the core indicators, there is a distinction between rostered patients and all patients served. Make sure you are inputting data under the appropriate columns.
(E.g. patient experience survey information will likely go in the “all patients served” boxes as many teams survey all patients, regardless of roster status).
- b. You can enter the numerator and denominator OR just the rate for each indicator.
 - If you are entering the rate, please make it a number from 0-100
 - The tool will automatically calculate the rate when you enter the numerator and denominator **AFTER the form is saved**. You will not see the rate calculate as you are entering the data.
- c. Enter as much data as you have. It is okay to leave some indicators blank if you do not have the information available.

NOTE: Save early; save often by clicking the ‘Save this data’ button. You can always go back and edit saved data - nothing is “locked-in” until you click ‘Submit final data’. You will be able to return to the submission form, login using the SAME code, and continue where you left off.

8. Scroll up and click on the Expanded Data Submission button if your team is interested in contributing to the expanded data submission (apologies for having this section out of order). Recall that expanded data submission is not necessary to participate in the Quality roll-up indicator -- teams can receive a score based on the core D2D 3.0 indicators, if they choose.
 - a. Follow the same process outlined in step 6 to input your expanded data

NOTE: Save early; save often by clicking the ‘Save this data’ button. You can always go back and edit saved data - nothing is “locked-in” until you click ‘Submit final data’. You will be able to return to the submission form, login using the SAME code, and continue where you left off.

9. Submit your data.
 - a. Review all the data entered.
 - b. Ensure that the appropriate people in your team have approved the data for submission.
 - c. Click on the **‘Submit final data’** button and follow the prompts. You will NOT be able to edit the data once submitted but you will be able to view the data you submit at any time by logging in to the submission platform using your team code.

13. Review the D2D 3.0 report!

WHY: To compare your team’s progress to peers. Is there room for improvement?

HOW: Use the team code that you registered during the [D2D signup or submission process](#) to access the final D2D 3.0 report via a members-only page on the AFHTO web site. Stay tuned – a link to the report will be available in February 2016.

Teams not contributing data to D2D 3.0 can still view aggregate results in the D2D 3.0 report and compare to their own local sources of team data (e.g. QIP, annual report etc.).

WHEN: February 1st, 2016