Step-by-Step Guide for Contributing Data to Data to Decision (D2D) 2.0

Purpose

The purpose of this guide is to help members compile and contribute data to D2D 2.0 by the May 28th, 2015 submission deadline.

There are 15 core D2D 2.0 indicators based on data from three sources: your team's patient experience survey, administrative data (mostly OHIP billing) available from ICES or from HQO Primary Care Practice Reports portal, and your EMR. The process for accessing and submitting the data for each of these is described in detail on the following pages.

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Getting your team prepared to contribute to D2D 2.0

D2D 2.0 is a report – and it is also a conversation starter. Some of the most important actions coming out of the first iteration (D2D 1.0) were conversations to advance comparable, manageable, meaningful measurement in primary care. We expect the same to be true of D2D 2.0. Your peers thank you for joining the conversation!

Contributing data to D2D 2.0 is voluntary. As of early May 2015, **over 55% of AFHTO members** are intending to contribute data. You may decide this is a good choice for your team. Even if your team chooses not to contribute this time, you will still be able to view the D2D 2.0 report when it is released mid-June 2015. Many teams who did not contribute data to the first report 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 2.0 is not an all or nothing affair. 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 descriptive data about your team to help you find similar peers for comparison.

If you have any questions about the process or purpose of D2D 2.0 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.

Contributing to D2D 2.0: the short list

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

1. Sign up for D2D 2.0
2. Request data from ICES (OHIP billing data)
3. Assemble data:
    o patient experience survey data
    o childhood immunization data
    o "data quality" data
    o team descriptive data
4. Tell your "follow-up" story
5. 7-day follow-up after hospitalization (exploratory indicator)
6. Participate in quality roll-up indictor and assemble expanded data
7. Review team-level data prior to contribution to D2D 2.0
8. Submit data via D2D submission form

Detailed instructions

Please refer to the instructions below to guide you through the process of contributing as much data to D2D 2.0 as is possible for your team.

1. **Sign up for D2D 2.0**
   WHY: To ensure your team has direct support throughout the process

   WHAT:
   - Complete and submit form to indicate ***intent*** to contribute data (*not binding*).
   - Consider showing the D2D video to help EDs, physicians, Boards and QIDSS start discussing D2D and how your team can participate.

   WHEN: no later than May 19, 2015

2. **Request and Review data from ICES (OHIP billing data)**
   WHY: To ensure you get team-level data from ICES to review and contribute to D2D 2.0, if you choose to do so.

   WHAT:
   - Consult with physicians to ensure all are on board to submit team data to D2D. Consider showing the D2D video to inform this conversation.

   - The deadline for requesting your OHIP billing data from ICES via AFHTO has passed. You can still access a portion of the indicators for D2D 2.0 from the HQO Primary Care Practice Report (in collaboration with team physicians) or contact Carol Mulder for other options.

   - If you requested your OHIP billing data from ICES via AFHTO you will receive your data on May 19, 2015. They are being sent ONLY to the people indicated on the data request form, which for most teams is the ED and/or Medical Lead. The data were received from ICES and parsed into team-specific files by Carol Mulder of AFHTO (as per request). As per confidentiality agreement, identified-team-specific data was, is not, and will not be available to anyone else. Teams with more than one physician group will receive FHO and FHN specific rates once all team-level data are distributed, in respect of the D2D 2.0 data submission deadline.

   - The ICES data file is laid out for use by someone comfortable with using Excel at a moderately technical level. The layout is ***not conducive to presentation*** or collaborative decision-making with non-technical staff. For example, the rates are presented with far more decimal places than is necessary, an artifact of the analysis process. D2D 2.0 is intended to be the more user-friendly vehicle to view of the data.

   - The indicators are sorted in the order they appear on the data submission form. There is one indicator (Review of patients in registries: diabetes registry) which can be entered in the EMR section of the Expanded data submission, even though it comes from ICES rather than EMR data. There are also a few additional indicators not needed for D2D 2.0 (eg adjusted and unadjusted rates for some indicators). This for information only and not for D2D 2.0 submission. See D2D Data Dictionary for more details on the data. Please refresh cookies to get the most recent version if you have accessed it before.

- The ICES data are presented as rates (no numerator or denominator data). They are also based on Rostered *and* Virtually rostered clients, and are therefore more appropriately considered as rates for *all patients*, not just rostered patients.

- Your team's rates are presented in the column headed "V##" where ## is a meaningless number generated by ICES to ensure anonymity through the data processing and management process.

- Set data aside for submission to D2D 2.0 (see data submission guide below).

WHEN: ASAP

3. Assemble patient experience data

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

WHAT:

- Review D2D Data Dictionary to see which of the questions from your patient survey are needed for D2D 2.0. Do any questions match your patient survey?
  - o **If yes:** set data aside for submission to D2D 2.0 (see data submission guide below).
  - o **If no:** you will not be able to contribute data for these indicators. Consider asking these questions in future patient experience surveys.

WHEN: before May 28, 2015

4. Assemble childhood immunization data

WHY: To prepare your team to contribute data for the childhood immunization indicator.

WHAT:

Option 1: EMR query
- AFHTO has compiled sample queries and other methods for various EMRs. Please contact Carol Mulder for help if your EMR is not listed and/or if you don't have access to a QIDSS. See D2D Data Dictionary for more detailed descriptions.
- Run the query to generate the number of children immunized.
- Record number of children rostered as well as the number of "active" children in the EMR. See D2D Data Dictionary for more background information.
- Set data aside for submission to D2D 2.0 (see data submission guide below).

Option 2: Alternative to EMR query
- Find the childhood immunization rates from physician incentive reports for your team or possibly your team's annual report.
- Set data aside for submission to D2D 2.0 (see data submission guide below).

WHEN: before May 28, 2015

5. Assemble "data quality" data

WHY: To prepare your team to contribute data to estimate the quality of the data in your EMR.

WHAT: *To contribute data for this indicator, you **must have a Screening Activity Report from CCO** for one physician (at minimum) in your team.*

- Physician signs up for the CCO Screening Activity Report (SAR) 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 delegate access to you.
  - OR get the SAR data directly from your physicians.
- Find the screening rate 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.
- Extract colorectal and cervical screening rate data from your EMR.
  - Contact your QIDSS or Carol Mulder for more information about how to run a query to obtain this data. Sample EMR queries will soon be available on the AFHTO website.
  - Extract the denominator (the number of eligible patients who should be screened) and the numerator (the number of patients in the EMR that were screened). Calculate the screening rate by dividing the numerator by the denominator.
- Generate the data quality indicator.
  - Calculate the ratio of EMR to CCO screening rates (click here for sample calculation).
- Set data aside for submission to D2D 2.0 (see Data submission guide below).

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

6. **Assemble team descriptive data**
   WHY: To prepare your team to contribute data that will help you and others do a peer comparison with other teams.

   WHAT:
   - See D2D Data Dictionary for details on team description data e.g. rural, teaching status etc.
   - Consult with team to decide how best to describe your team.
   - Set data aside for submission to D2D 2.0 (see data submission guide below).

   WHEN: Before May 28, 2015

7. **Exploratory indicator: 7-day follow-up after hospitalization**
   WHY: To prepare your team to tell your "follow-up" story about how 7-day follow-up after hospitalization data is collected and tracked. These stories will help develop consensus on a more manageable, meaningful way to do and track follow-up after hospitalization. These locally derived follow-up rates *will not be comparable* between teams. They will be used to inform consensus-building only to improve the indicator for the future.

   WHAT: If your team is not formally tracking follow-up rates, you will not be able to contribute data for this indicator.

   - Find out if your team is tracking "follow-up after hospitalization" in a formal way.
   - Get data for your locally-derived follow-up rates for the most recent time period, whatever that may be for your team.
   - Get details on the story of exactly how follow-up is done and what data are captured by whom to generate the follow-up rate.

- Get data on the follow-up rate from [MOHLTC Health Data Branch (HDB) report](#) (for comparison to locally derived rates).
- Set your locally derived rate, your MOHLTC rate and your story aside for submission to D2D 2.0 (see data submission guide [below)](#).

WHEN: Before May 28, 2015

8. **Participating in the quality roll-up indicator (beyond core D2D 2.0 indicators)**
   WHY: To prepare your team to contribute data to the quality roll-up indicator.

   WHAT: *If you choose to opt in to calculating your quality roll-up indicator this can be done with your core D2D 2.0 indictors. If your team has the resources and information readily available you may also choose to participate in the expanded data submission for the quality roll-up indictor.*

   - See [Quality 'roll-up' indicator](#) for more information about the purpose and structure of the indicator.
   - Review list of additional data (see table on next page) which can be submitted for the expanded data submission of the roll-up indicator.   They are organized according to data source. The high-priority indicators (beyond the core D2D 2.0 and ICES data indicators) are shown in **bold italics**. The lower priority indicators are the remainder in normal type-face.

Additional Data for Expanded Data Submission for Quality Roll-up Indicator

- **Core D2D 2.0 indicators**:
  - Readmissions to hospital
  - Regular care provider - individual
  - 7-day follow-up
  - Cervical cancer screening
  - Colorectal cancer screening
  - Reasonable wait for appointment
- **Data from ICES**
  - Ambulatory care sensitive hospitalizations
  - Emergency department visits
  - breast cancer screening
  - diabetic management and assessment
- **Health Data Branch portal**
  - *Emergency department visits for conditions best managed elsewhere*
- **Data from EMR**
  - *Review of registries of specific chronic conditions*
  - *reconciliation of diagnoses*
  - *medication reconciliation*
  - *Diabetic blood sugar management*
  - *Coumadin management*
  - *Hypertension screening*
  - *Diabetes screening*
  - *Diabetic cholesterol management*
  - Influenza immunization
  - smoking status
- **Direct input from team**
  - *direct office access*
  - *Primary care record included in hospital admission record*
  - 24/7 coverage for palliative patients
  - 24/7 coverage for long-term care patients
- **Patient experience survey data**
  - Personal problems related to health condition
  - Opportunity to ask questions
  - Spend enough time
  - Find out your concerns
  - Say what was important
  - Take your concerns seriously
  - Concerned about your feelings

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- Determine how much of that additional data is available, how much effort it would be to access it and the potential increased reliability of the roll-up indicator. See Figure 1 (below) to estimate the incremental increase in reliability with additional data entry. Reliability is measured with a statistic called Cronbach alpha, the most important characteristic of which is that higher values are better.
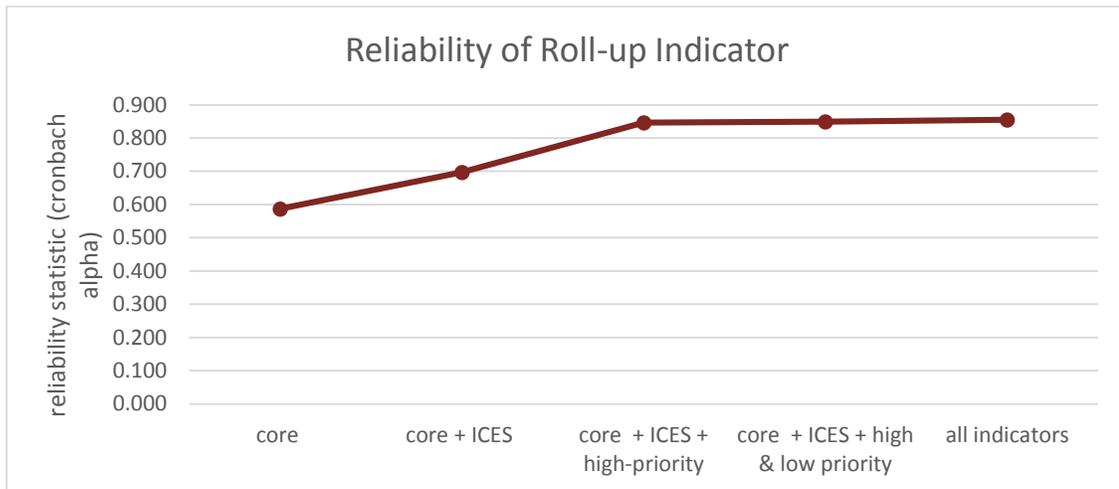

Figure 1: Reliability of roll-up indicator (source: Patients Canada survey, n= 200, pat weights 4.sav)

Figure 1 shows that the roll-up indicator has some reliability even with just core D2D 2.0 indicators (0.587). This increases to 0.697 with the addition of the ICES data from the expanded set of measures listed below. Since these additional indicators are already available to any team that has requested ICES data for D2D 2.0, contributing them may generate increased value in the roll-up indicator without much additional effort. The reliability of the roll-up indicator increases to 0.846 with the addition of the "high priority" indicators listed below. This increase in reliability may need to be balanced by the extra effort associated with getting access to these data. Contributing data from the lower-priority set of indicators does not increase reliability much at all (i.e. increase to 0.855), something teams might weigh against what might be considerable extra effort to access and contribute these data.

- Consult internally with the most appropriate member(s) to decide if your team is interested in contributing to the quality roll-up indicator.
- Compile data for the additional indicators your team is able to contribute.
- Set data aside for submission to D2D 2.0 (see Data submission guide below).

WHEN: May 19 – May 28, 2015

9. **Preview team-level data prior to contribution to D2D 2.0**
   WHY: To ensure entire team is aware of team-level performance and will not be "surprised" at the release of D2D 2.0.

   WHAT:
   - Preview D2D 2.0 data with practice decision-makers (e.g. physicians, staff, Board, etc.).

- Decide which data to contribute to D2D 2.0.
- Consider showing the D2D video to inform this conversation.

WHEN: May 19 – May 28, 2015

10. Complete data submission

WHY: Ensure all data are submitted according to the guidelines presented herein to allow for comparison between teams

WHAT:

- Enter data into the data submission form for all the indicators your team has selected.
- See instructions for using the data submission tool below, ask a QIDSS or, if you don't have access to a QIDSS, contact Carol Mulder for help.

WHEN: May 28, 2015

11. Review D2D 2.0

WHY: To compare progress to peers, using your team's code (entered during the data submission process).

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

- Review final D2D 2.0 report via Members-only page of AFHTO web site.

WHEN: Mid-June 2015

Guide to submitting data via the D2D submission form

The D2D data submission tool is now live on the AFHTO website and ready for data submission.

1. Sign into the AFHTO Members Only website.
2. Visit the Data to Decisions: Advancing Primary Care page to access the D2D submission form.
3. Enter the **Team code** that you used to sign up for D2D, and select the "D2D 2.0" iteration in the drop down menu.
   a. Please note that the team code field is case sensitive.
   b. 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.
4. Enter your team's descriptive data in the drop down menu. Refer to the Data Dictionary for further information on each descriptive indicator.
5. Click the box if your team is interested in participating in the quality roll-up indicator.
   a. You do not have to contribute to the Expanded Data Submission to get a score for (ie participate in) the quality roll-up indicator.
   b. Scroll past the Expanded Data Submission button in order to submit the Core D2D Indicators first.
6. Input Core D2D indicators first starting with Cost all the way down to the Data Quality Indicator. Enter your team's information for each indicator in the appropriate box.
   a. For the majority of the indicators, there is a distinction between rostered patients and all patients served. Make sure you are inputting the appropriate data in the column. Patient experience survey information, for example, 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.
      i. 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 your data by pressing 'enter' or clicking on the 'Save this data' button**: This will save your information for future logins. It is recommended you do this a few times during the data input process.

7. Scroll up and click on the Expanded Data Submission button if your team is interested in contributing to the expanded data submission for the quality roll-up indicator (apologies for having this section out of order). Recall that expanded data submission is not necessary to participate in the roll-up indicator -- teams can receive a score based on the core D2D 2.0 indicators, if they choose.
   a. Follow the same process used for input of the Core D2D Indicators outlined in step 6.

NOTE: **Save your data by pressing 'enter' or clicking on the 'Save this data' button**: This will save your information for future logins. It is recommended you do this a few times during the data input process.

8. 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 button and follow the prompts. You will not be able to edit the data once submitted. You will be able to view the data submitted at any time.