

Measuring Quality in Primary Care: How do we know what we're doing is working?

North American Primary Care Research Group – Practice Based Research Network
June 25-26, 2018 | Bethesda, MD

Presenting author: Carol Mulder DVM MSc DBA CUTL – Provincial Lead, Quality Improvement and Decision Support, Association of Family Health Teams of Ontario

Author #2: Ross Kirkconnell, Executive Director, Guelph Family Health Team

Author #3: Allan Macpherson MA, MRes, PhD, MD, Senior Lecturer (Associate Professor), Entrepreneurial and Organizational Learning, University of Liverpool

Other authors: Rob Annis (MD, North Perth Family Health Team); Alan Maclean (MD, Superior Family Health Team)

Background

The Association of Family Health Teams of Ontario (AFHTO) voluntarily launched an ongoing performance measurement process called “Data to Decisions” (D2D) in 2014, to achieve the organization’s strategic direction to improve care and demonstrate value of team-based, patient-centered comprehensive primary care. D2D included a novel composite measure of quality based on what matters to patients, providers and the system. The 7th iteration was released in March 2018.

Methods

Developmental evaluation using an action research approach. Operational documents (minutes, performance reports, conversations via email etc) were considered. The experience of primary care teams was described using template analysis, from which emerged enablers for participation and changes to make subsequent iterations of D2D easier and/or more meaningful.

Setting

Interdisciplinary primary care teams who are members of the Association of Family Health Teams of Ontario (AFHTO) which provide care to approximately 25% of Ontarians (184 teams).

Results

D2D was considered successful based on high and sustained voluntary participation (at least 60% of members over 7 iterations), increasingly frequent conversations about QI and performance, increased EMR maturity and finally, persistent demonstration of Starfield’s observation that higher quality *primary* care is related to lower *healthcare system* cost. Nevertheless, overall performance on quality and cost measures remained unchanged over the 7 iterations.

AFHTO's experience suggested that conversations were both the vehicle and data source for supporting and learning from the experience of D2D. Among these learnings was an awareness of divergence in the perceived priority of D2D and the capacity for problem-solving. The experience of members also pointed to enablers for performance measurement such as the strength of relationships and a philosophy of getting started in small safe ways. Notably, the novel composite measure of quality was not apparently a driver for participation even though it was instrumental in demonstrating that higher quality is related to lower cost.

Conclusion

Conversations were both a means and an end in efforts to improve performance measurement. Conversations supported the philosophy of getting started with small steps with an overt intention to learn and change the NEXT small step. This, in turn, facilitated ongoing voluntary participation and evolution towards an increasingly meaningful measurement process. The next phase in AFHTO's "always-already changing" journey is yet another conversation. Deep dialogue is underway from front line providers up to the Board to confirm and redefine the priority and purpose of measurement, especially in the context of improvement. All of which goes to show that AFHTO members have learned that when it comes to performance measurement in primary care, "Honey, we NEED to talk!"