Measuring quality in primary care: how do we know what we're doing is working?

Carol Mulder (AFHTO)
Anna Greenberg, David Kaplan (HQO)

On behalf of and with thanks to the members of the

Association of Family Health Teams of Ontario

Jun 2018

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Disclosure

- Presenters: Carol Mulder
- No relationships with commercial interests
- No commercial support
- Conflict of interest: On staff at AFHTO, member of Reporting Alliance

Goal

- Generate and prioritize practical measures of success in efforts to measure quality in primary care.
- Develop a manuscript to inform and subsequently share Ontario's next steps in measuring quality in primary care

Objectives: participants will be able to

1. List 3 measures they can track to monitor their success in measuring quality
2. Estimate how well their own efforts to measure quality are working based on these measures
3. Better evaluate the potential usefulness of new approaches to measuring quality

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Agenda

- Context: measuring primary care quality in Ontario
- Examples of measurement efforts
- Defining success in measuring primary care quality
- Prioritize elements of success
- Implications for measurement: Locally, Ontario

Context: rationale for measuring quality

- There is a need to improve quality in primary care
  - Safety: Canada is at or near ***the bottom*** of international comparisons
  - Efficiency: Canada is near ***the top*** in health system costs
  - Patient-centeredness: How do we know?
  - Provider burnout: Epi- or en- demic?
- Measurement is an important prerequisite in improvement

Current state: Ontario

- 7 different independent reporting initiatives
- Increasing number of indicators overall
- Clinicians feel some data is relevant and timely
- Some clinicians have access to practice improvement supports/capacity
- Some reports use leading practices in audit and feedback

Question: How many reports do YOU get?

So what's the problem?

- Does measurement always support the Quadruple Aim?
  - Does it help to enhance patient experience?
  - Does it contribute to improved population health?
  - Does it lead to reduced costs?
  - Does it improve the work life of providers?

Measuring primary care quality in Ontario

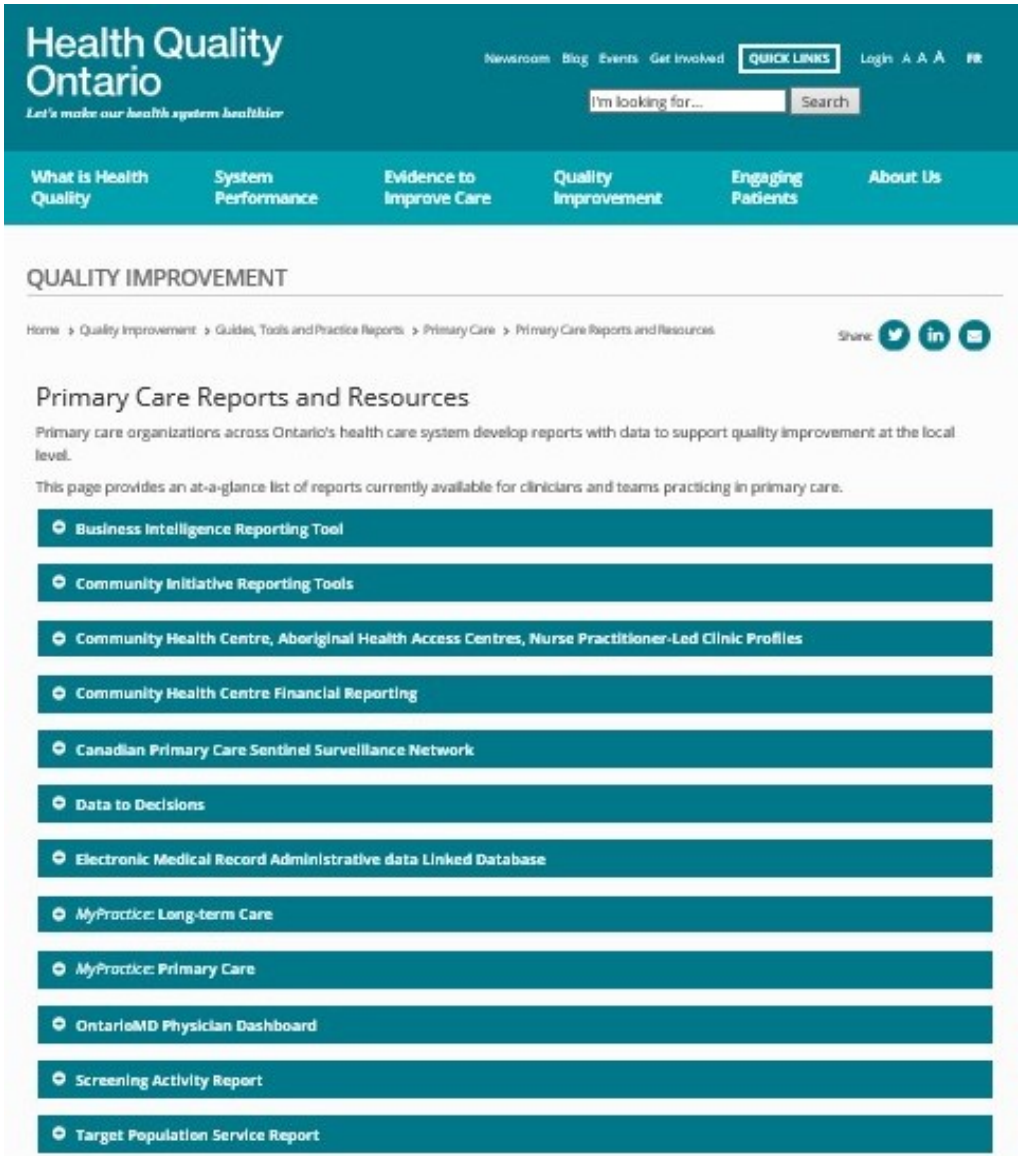
Primacy Care Reporting Alliance

Convened by Health Quality Ontario,

the provincial advisor on the quality of health care in Ontario

About the Ontario Primary Care Reporting Alliance

- Who: 14 partner organizations who produce and/or use 7 different reports
- When: Fall 2017-Jun 2018 (8 months)
- Why: DO SOMETHING!!!



Link to live page http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Primary-Care/Primary-Care-Reports-and-Resources

Optimizing Effectiveness of Practice Feedback
(Brehaut et al., 2016)

- Recommends actions
- Includes recommendations for improvement
- Includes recommended actions providers can take
- Co-designed with end users
- Provides information as soon as possible
- Repeatedly provides measurement
- Provides comparator(s)
- Provides summary messages
- Messages are close to the data
- Messages are simple
- Feedback via multiple modes
- Addresses credibility concerns
- Guides non-judgemental reflection
- Customize content to the report user
- Provides suggestions to overcome barriers
- Iterative assessment of report usefulness

Brehaut, J.C., Colquhoun, H.L., Eva, K.W., Carroll, K., Sales, A., Michie, S., Ivers, N., Grimshaw, J.M. (2016) "Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness", *Ann Intern Med.*, 164(6), pp. 435-441.

Brehaut et al., 2016

Recommends actions consistent with established goals/priorities of patients, primary care providers and health system
Includes specific recommendations for improvement
Includes recommended actions under the control of the person who actually views the feedback (where this is not a clinician, includes recommendations and/or supports to ensure those who carry out the relevant processes of care are engaged)
Is co-designed with end users
Provides information as soon as possible such that the data are viewed as credible and relevant to current performance on a given indicator
Repeatedly provides measurement on indicators at a frequency informed by the number of new patient cases or by the time required to see a change in performance on a given indicator
Provides comparator(s) that reinforce desired behaviour(s) such as the performance of higher performers in the peer-group, rather than average performance
Provides short, clear, actionable summary messages that highlight the key points of the report
Actionable messages are in close proximity to the visual display
Key summary messages are simple to understand, with optional details readily available
Provides feedback in more than 1-way (e.g. text, numerical, graphical, etc.)
Addresses credibility concerns that users may have about the data and the goals of the initiative through acknowledging limitations of data sources and risk adjustment and/or relevant peer-group comparators
Guides reflection and makes explicit a non-judgemental, quality improvement-oriented approach to prevent defensive reaction to feedback
Provides data customized to the report user with clinician-specific data for each clinician and team-level data for administrators

Timely data: self assessment

- "Provides information as soon as possible such that the data are viewed as credible and relevant to current performance on a given indicator"
- Rate on scale of 1 (strongly agree) to 7 (strongly disagree)

1 • Last month's Chronic Disease Management screening update
2 • Summary of 6-18 months old administrative data
1 • EMR dashboard based on yesterday's data
1 • Summary of quarterly EMR extracts

Ontario Primary Care Reporting Alliance Recommendations

1. Make it easier for family physicians, nurse practitioners and primary care teams to get the information they need by moving from 7 to 2 reports

    - Consolidate 6 reports into a single, aligned report
    - Maintain 1 separate report as an incubator for new measures and innovation

2. Adopt a common approach to clinical engagement so measurement & improvement priorities reflect leading practices and what matters most to clinicians & teams

    - Meaningful, timely measures
    - Aggregated & patient-level data
    - EMR, patient experience, administrative data

Ontario Primary Care Reporting Alliance Recommendations

3. Be more inclusive of what matters to patients/clients and their caregivers

   - Including a cost-efficient, sustainable patient experience measurement approach that is meaningful to practices & patients with a mechanism for timely feedback to practices/clinicians

4. Offer coordinated capacity-building and support for quality improvement

   - Determine resources needed/technical requirements including for those who have not participated in quality improvement to date
   - Develop a plan to coordinate training and deployment of existing frontline quality improvement and change management support

Next steps

- Hand off recommendations to Primary Care ***Quality*** Advisory Council
- Adjourn the committee

Data to Decisions

Produced by and on behalf of members of

Association of Family Health Teams of Ontario

Data to Decisions (D2D)

- Summary of performance on ***small number*** of measures
  - Selected by members
- Designed as a tool to "***Get started***!"
  - Intended to change conversations and thus, evolve
- ***Voluntary*** contribution of data by teams from
  - Patient experience survey, administrative data and EMR
- Results available to ***all members***, regardless of contribution of data
- ***Support*** for data access via Quality Improvement specialists

DATA TO DECISIONS 5.1: A QUICK LOOK

We're more open to open

Teams have more opportunity than ever to learn fr ers!

- 43 teams chose to unmask themselves to their peers – up from 0.
- participating teams shared their LHIN and 107 shared their LH
- are their data with patients on websites and s

We're setting our cours

Shining examples show us where measurement leads.

- The North East is our North Star! 17 of their 27 teams contributed data. Now they're working together to get all 27 to the same level in technical tools and training so every person in the region can get the same quality care.
- Teams in the HNHB region are collaborating in their 2018 Quality Improvement Plans, with a common opioid indicator and a shared strategy to support their physicians.
- The 9 Erie St. Clair teams are sharing data about their improvement projects, so they can compare progress and learn from each other.
- The 21 Champlain LHIN teams are sharing their program-level data with one another.

We're building on a solid foundation

By building relationships, we've laid the groundwork for improvement

- AFHTO's ten leadership committees have brought together teams from all o tario. These long-standing relationships are the basis of our collective improve forts.
- We're partnering with other organizations to build leadership capacity teams.
- AFHTO members and research partners are working together to find at makes a high-performing team. What we learn will help all teams get bett tting better.

We'll keep growing and measu g

Measurement shows room for growth and gets us d.

- Our members are proud that they've built measurem their culture.
- They're also dissatisfied that measurement has not to across-the-board improvement.
- D2D got started because AFHTO made it a st iority to demonstrate the value of team-based care. Now it's time to take on th ovement challenge in earnest.

AFHTO (and by extension D2D) is guided by Barbara Starfield's four Cs of primary care:

- Continuity through better relationships between patients and providers.
- Coordination, including better transitions between providers.
- First Contact to ensure access to care in ways that matter to patients.
- Comprehensiveness of care for all of the patient's needs.

For more information about Data to Decisions, visit the AFHTO web page:
http://www.afhto.ca/highlights/d2d-5-1-getting-started-and-changing-gears/

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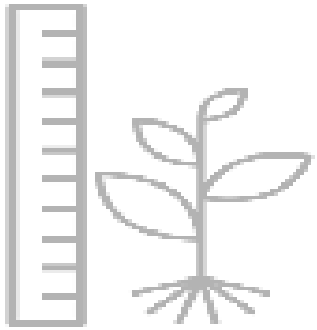
Link to live site:
http://www.afhto.ca/wp-content/uploads/D2D-5.1-Infographic-Results.pdf and
http://www.afhto.ca/wp-content/uploads/D2D-5.1-Handout-LHIN-Specific-Summary.pdf

high-performing team. What we learn will help all teams get better at getting better.



We'll keep growing and measuring

Measurement shows room for growth and gets us started.

- Our members are proud that they've built measurement into their culture.
- They're also dissatisfied that measurement has not yet led to across-the-board improvement.
- D2D got started because AFHTO made it a strategic priority to demonstrate the value team-based care. Now it's time to take on the improvement challenge in earnest.

AFHTO (and by extension D2D) is guided by Barbara Starfield's four Cs of primary care:

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D2D next steps

- Move ***beyond measurement*** to improvement
- QI enablers study
- Collective focus to demonstrate
  - Higher performance
  - Sustained improvement

What does “getting it right” look like?


What is the one most important thing our society needs?

The 36-year-old World Peace returned to the Lakers [in 2016] after winning a title during his first four years.

World Peace has played in 991 games for six NBA teams during his career.

Clinical example: getting it right with CDM

- Everyone healthy and happy and whole?
- Longer life?
- Better life?
- Decreased healthcare costs?
- Better health?
- Less disease?
- Joy in work?
- Lower provider workload?
- More patient control over symptoms?

If we got measuring right, what would it look like?

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Sharing

Prioritizing:
What's the most important thing to get right?

- For yourself?
- For your practice?
- For Ontario?

WHAT can we do to “Get it right”?

- Suggestions for each element of success in measuring quality

What is the most important thing to do?

- Rank actions to achieve success in measuring quality

Next steps

- Share visions of “getting it right” with providers via PCQAC and AFHTO
- Refine efforts to achieve the (refined/confirmed) vision
- Track our progress

Thank you!

- Carol Mulder: carol.mulder@afhto.ca
- Anna Greenberg: anna.greenberg@hqontario.ca
- David Kaplan: david.kaplan@hqontario.ca