

## Background: Data to Decisions

**Data to Decisions (D2D)** is a voluntary summary of performance of AFHTO members produced by AFHTO members. It shows performance on a small number of measures that members felt were meaningful and possible to measure. For more information, go to: [www.afhto.ca/measurement/afhto-members-making-progress-on-primary-care-measurement/](http://www.afhto.ca/measurement/afhto-members-making-progress-on-primary-care-measurement/).

Approximately 85% of AFHTOs 186 members have contributed data to D2D. These 155 Family Health Teams and Nurse Practitioner-Led Clinics are spread across Ontario. They reflect our diversity: large and small, urban and rural, academic and not. In our fifth iteration (D2D 4.1), released in March 2017, we are starting to see decreases in variation among teams, an important signal of improvement. There were eight teams participating in D2D 4.1 for the first time, with the overall number of teams in any one iteration holding steady at nearly two-thirds participation. At the same time, teams are contributing data for more indicators.

Some teams have taken steps to improve performance in response to D2D. Others have not done so yet. Regardless, members remain committed to continuous, ongoing measurement that meets both the need for and effectiveness of our improvement efforts.

## Higher Quality, Lower Cost

With D2D 4.1, we saw further evidence that high-quality care is associated with lower system costs.

**How do we measure quality?** In D2D 2.0, AFHTO introduced the Quality Roll-up Indicator to better reflect the comprehensive nature of primary care through a single measure. This measure reflects what matters to patients while also considering what is important to providers. It is a composite measure based on pioneering work on the Starfield Model by George Southey, family physician and AFHTO member.

Through the quality roll-up indicator, we are now able to compare quality to cost. This provides concrete evidence that higher quality, comprehensive, patient-centered care is correlated with lower healthcare costs per person. Figure 1 is a simple representation of this correlation, based on the most complete record from each of the 155 teams who have contributed data to D2D.

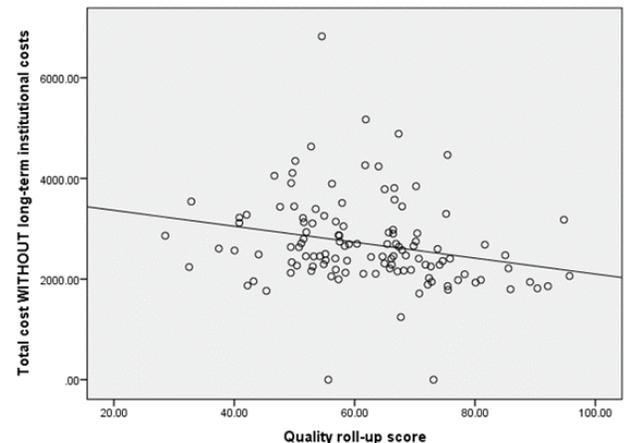


Figure 1: Relationship between overall team quality score and average health care costs for each patient in the team.

## LHIN-Specific Performance

**Table 1 (over)** shows the average performance for all teams in each LHIN region on the core D2D 4.1 indicators. They are presented in descending order of patient priority. The full labels and definitions of the indicators are described in the D2D Data Dictionary which is available to members by clicking on the links in the table. Non-members may access an offline copy by contacting [improve@afhto.ca](mailto:improve@afhto.ca).

Performance is highly affected by rurality, patient complexity, geographical dispersion, proximity to other services and many other factors. LHIN-to-LHIN comparison without considering these factors is inappropriate. Data is suppressed where fewer than six teams responded, except where those teams have expressly granted us permission to share it.

Indicator	1-Erie St. Clair	2-South West	3-Waterloo Wellington	4-HNHB	5-Central	6-Miss-Halton	7-Toronto Central	8-Central	9-Central East	10-South East	11-Champlain	12-NSM	13-North East	14-North West	All D2D Contributors
Contribution: % of teams in LHIN	73	75	100	53	17	71	77	50	100	60	40	50	67	40	<b>62</b>
Rural: % of teams contributing	50	73	44	25		20	-	-	60	22	50		89	100	<b>49</b>
<a href="#">SAMI</a>	1.04	0.89	0.86	1.02		0.98	1.07	1.08	1.01	0.95	0.96		0.97	1.05	<b>0.98</b>
<a href="#">% of patients involved in decisions as much as they want to be</a>	89.7	88.2	87.0	92.3		93.8	92.2	91.3	92.2	88.5	91.2		91.3	84.3	<b>90.1</b>
<a href="#">% of patients able to get appointment in a reasonable time</a>	80.9	72.5	69.9	74.6		73.5	80.1	76.3	86.4	82.9	87.2		72.1	50.4	<b>76.5</b>
<a href="#">% of discharged patients with readmission &lt;30 days</a>	4.8	5.6	5.4	5.3		5.1	5.8	5.1	6.2	5.9	5.6		6.4	5.9	<b>5.7</b>
<a href="#">% of primary care visits to patient's regular provider TEAM</a>	75.8	79.6	83.5	74.8		59.0	64.4	63.0	65.5	76.4	77.6		80.4	72.2	<b>74.5</b>
<a href="#">% of patients satisfied with office staff courtesy</a>	87.2	86.9	91.8	87.5		90.3	86.0	92.0	92.9	92.5	94.2		93.0	79.9	<b>89.9</b>
<a href="#">Diabetes Care (composite score)</a>	60.7	69.2	68.7	65.7	Data Suppressed	46.0	70.2	64.9	63.0	62.7	63.2	Data suppressed	67.3	56.0	<b>63.9</b>
<a href="#">% of eligible patients screened for colorectal cancer</a>	68.4	65.2	64.8	67.6		74.0	71.7	75.9	69.4	64.5	72.5		70.5	58.2	<b>68.5</b>
<a href="#">% of eligible patients screened for cervical cancer</a>	63.0	65.8	65.7	67.7		70.7	68.8	71.2	65.9	65.4	75.0		62.7	62.0	<b>66.1</b>
<a href="#">% of eligible children meeting PHAC immunization guidelines</a>	35.9	74.9	55.2	62.2		100.0	65.8	77.8	72.0	79.0	32.1		61.9	43.4	<b>62.5</b>
<a href="#">% of patients able to get appointment on same/next day when sick</a>	54.3	44.3	53.3	65.7		52.5	53.2	66.2	49.4	53.5	62.8		40.4	46.6	<b>51.7</b>
<a href="#">Total healthcare system cost (adjusted: age/sex/complexity)</a>	2479	2548	2468	2486		2359	2650	2390	2244	2506	2154		2498	2850	<b>2472</b>
<a href="#">EMR data quality (composite score)</a>	0.74	0.74	0.87	0.76		0.94	0.83	0.78	0.84	0.63	0.66		0.91	0.65	<b>0.78</b>

Table 1: LHIN-Specific D2D Data Summaries. Data as of D2D 4.0. – 06 April, 2017.  
For more information contact [greg.mitchell@afhto.ca](mailto:greg.mitchell@afhto.ca)