Primary Care Performance Measurement: Why Bother?

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AFHTO annual conference

Conflicts of interest

Presenter Disclosure

- **Presenters:**
  - **Rick Glazier: physician with St Michael FHT and ICES researcher**
  - **Monique Hancock: Executive Director, STAR FHT**
  - **George Southey: physician with Dorval FHT**
  - **Carol Mulder: AFHTO staff**
- **Relationships with commercial interests:**
  - **Grants/Research Support**
    - **Rick Glazier: multiple research grants related to performance measurement and reporting**
  - **Speakers Bureau/Honoraria: none**
  - **Consulting Fees: none**
  - **Other: none**

Disclosure of Commercial Support

- In kind support
  - This project has received in-kind support from Ontario MD in the form of support in the design and production of the D2D 1.0 report
  - This project has received in-kind support from ICES in the form of support in providing access to team-level data
- Mitigating Potential Bias
  - OntarioMD's contribution clearly indicated on the D2D 1.0
  - ICES role is clear to teams contributing data and for teams considering contributing to subsequent iterations via the data request form

Agenda

- Why bother?
- Getting started
- Now what?
- Next steps

Learning objective:
Participants will be able to

- Explain to their peers why performance measurement is worth the bother
- Describe how to measure performance in a way that balances the tension between focusing on medical outcomes and the relationship between patients and providers
- Get started in membership-wide performance measurement by reviewing and responding to D2D 1.0
- List what they need to do to be part of AFHTO's next steps in manageable meaningful measurement ie D2D 2.0

Why bother?

- Primary care has historically not had routine measures or accountability
- Based on international evidence, we believe that we make the health system more effective, efficient and equitable
- In Ontario (and most Canadian jurisdictions) we have little demonstrated basis for those beliefs
- International comparisons show Canada to be near the bottom of 11 developed countries in access, chronic disease management, meaningful EMR use and quality improvement
- Compared with other provinces, Ontario is in the middle of the pack
- New resources have built Family Health Teams across Ontario – this model may not extend further until it demonstrates its value

Why membership-wide measurement?

- We measure to fulfill our commitment to our patients
  - Measurement helps us find the gaps locally so we can identify our priorities and do our quality improvement work
- We measure to demonstrate the value of patient-centered, relationship-based comprehensive primary care
  - To provide evidence for the value we create for the system and to effectively advocate for our needs
- We measure to fulfill our commitment to each other as Ontarians
  - Measurement helps us use our resources (especially QIDSS) to develop processes and tools that can help ALL primary care providers use manageable and meaningful measurement to improve quality

AFHTO Strategic priorities

- 1. Work with the Ministry of Health, other partners and AFHTO members to ensure our members are supported to succeed in:
  - 1.1. Governing and leading high-quality, comprehensive, well-integrated interprofessional primary care organizations.
  - ***1.2. Measuring and improving the quality of care they deliver.***
  - 1.3. Achieving more seamless integration of health care and other supports required by their patient populations.
  - 1.4. Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.
- 2. ***Promote value*** delivered by interprofessional primary care teams and the role they could play in expanding patient access to high-quality, comprehensive, well-integrated interprofessional primary care.
- 3. Engage with AFHTO members to ensure AFHTO continues to reflect their aspirations, respond to their priority needs, and ***leverage their collective knowledge and capacity for the benefit of all members***.

http://www.afhto.ca/wp-content/uploads/AFHTO-Strategic-Direction-2013-03-06.pdf

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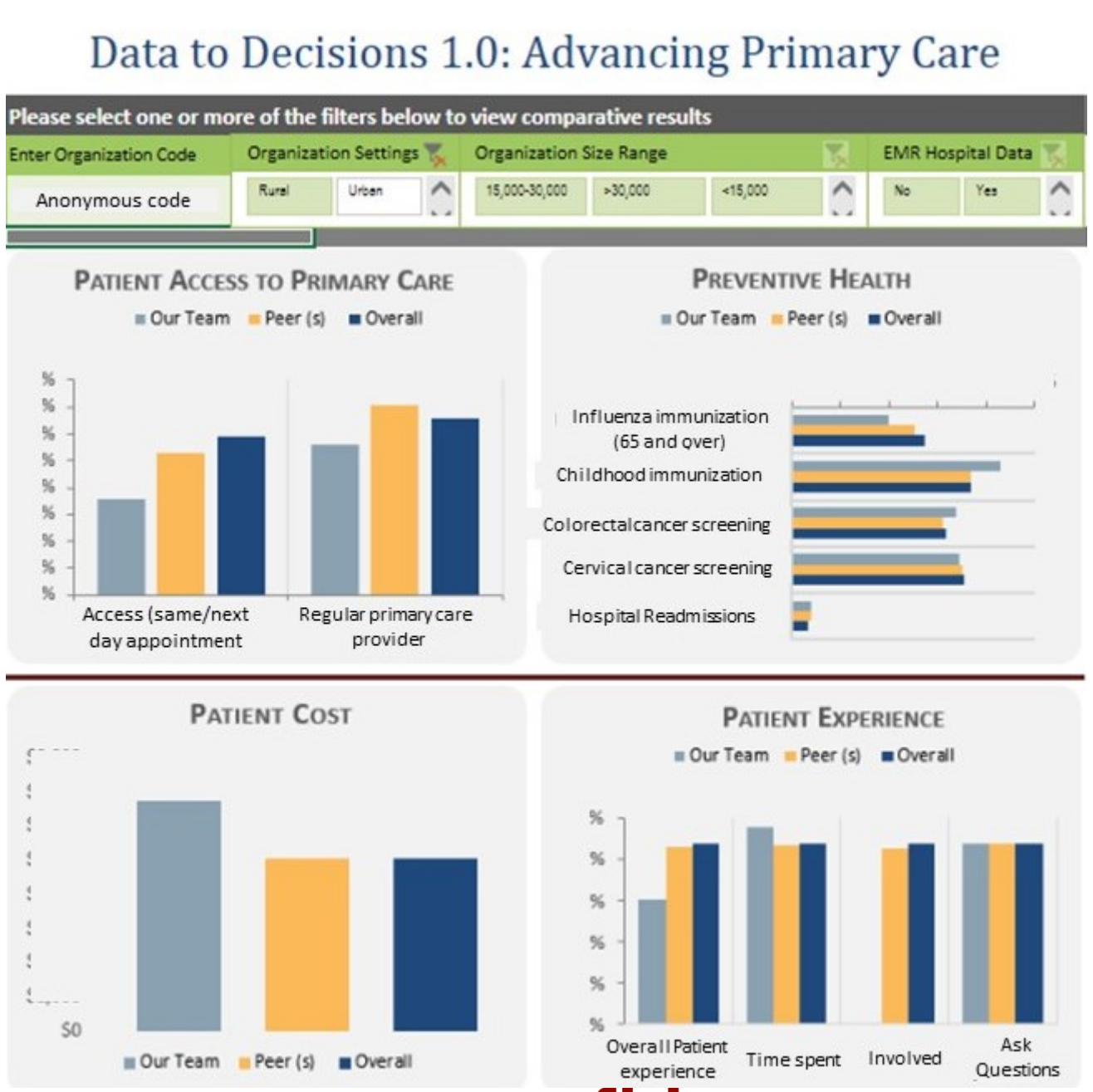
It’s just the beginning

What is D2D 1.0?

- Summary of data from 50 teams on 11 indicators that were
  - Possible to measure (ie data currently available)
  - Meaningful
- An attempt to “get started” at ***membership-wide*** (vs local) reporting



Orientation to D2D 1.0

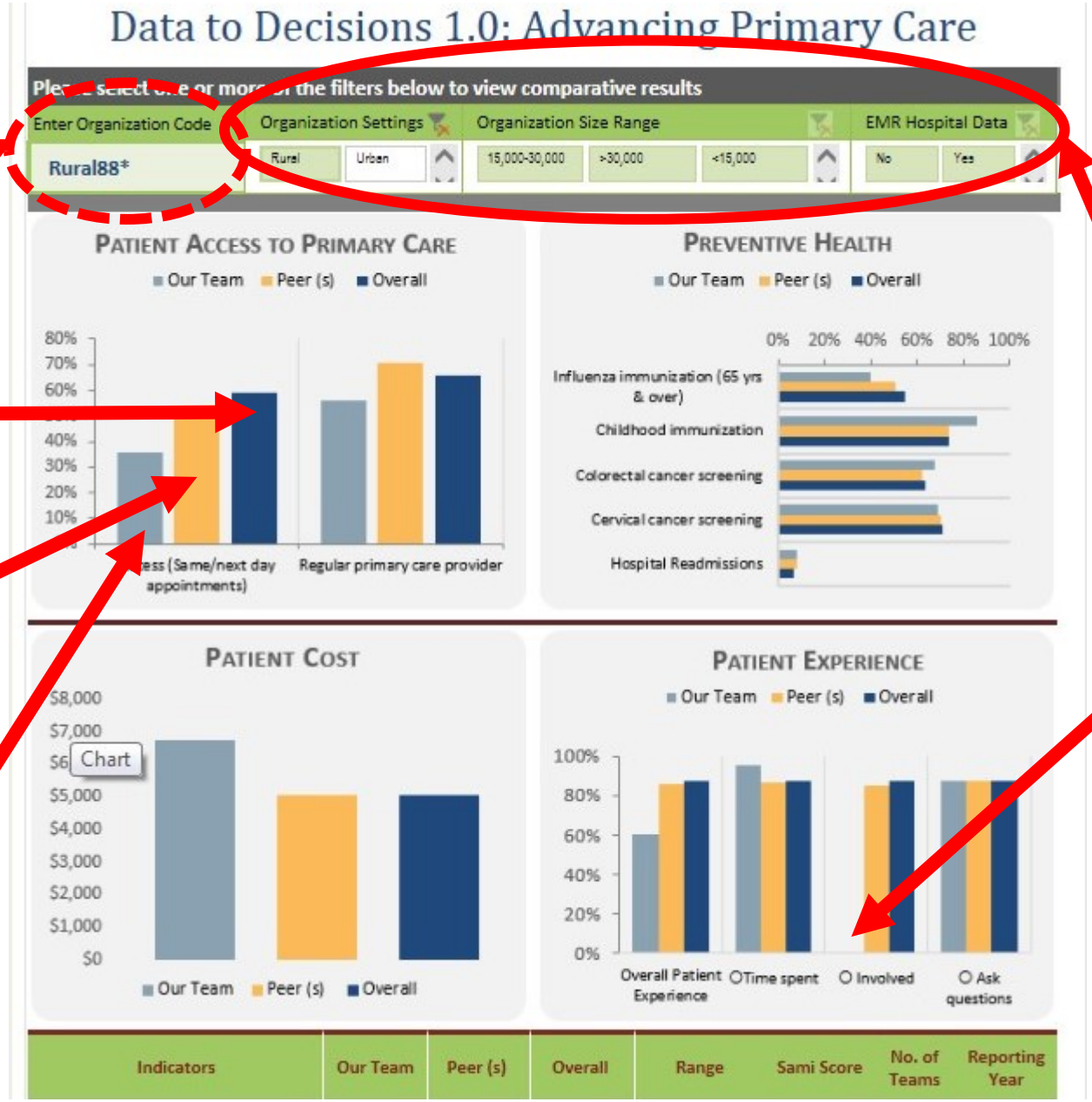
- Click on link:
  - http://www.afhto.ca/members-only/d2d-1-0/

The anonymous, 8-digit identifier code your team used to submit your data to D2D 1.0. If your team did not submit data, you will not have a code

Performance for all teams submitting data for this indicator. See table below for information about how many teams contributed data to each indicator.

Performance for "peer" group selected on the criteria in the top bar of the D2D report (solid circle above)

Performance for your team, if your team contributed data to D2D 1.0. If not, compare the peer and overall rates to data in your own data in documents such as QIP or MOHLTC reports.



Criteria for selecting peer groups. There are three characteristics to choose from: location (ie rural or urban), size (number of patients) and access to timely hospital information in your EMR. When one or more characteristics are selected, the bar graphs and data table (see next figure) change to illustrate the performance among the teams that have the characteristics you have selected.

There was no single team that contributed data for ALL the indicators. The graphs and data table will have "blanks" for "our team" performance for any indicators not submitted by that team.

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Peer performance will be the same as "Overall" performance until a peer group is selected (see figure above)

SAMI score applies to the peer group. SAMI score was included in data received from ICES as part of the D2D 1.0 data submission process. Teams that did not request these data can do so in the next iteration. Click the link for more information.

Indicators, with hyperlinks leading to more detailed information about definition, considerations for interpretation, suggestions for evaluating and improving data quality and resources for improving processes of care.

Overall patient experience is the average value of the 3 patient experience indicators listed below the heading: time spent, involved and ask questions. See descriptions of individual indicators for more details.

The "Our Team" column will be blank until the team enters its anonymous 8-digit code (see figure above). Teams that did not submit data to D2D 1.0 can refer to their own local reports in lieu of referring to the "Our Team" column for comparison purposes.

Indicators	Our Team	Peer (s)	Overall	Range	Sami Score	No. of Teams	Reporting Year
Access (Same/next day appointments)		59%	59%	16% - 100%	1.06	33	2014
Regular primary care provider		66%	66%	28% - 84%	1.02	28	2013
Overall Patient Experience		87%	87%	0% - 100%	1.08	34	2014
oTime spent		87%	87%	67% - 99%	1.07	34	2014
o Involved		88%	88%	79% - 99%	1.08	33	2014
o Ask questions		87%	87%	70% - 100%	1.08	35	2014
Influenza immunization (65 yrs & over)		55%	55%	17% - 84%	1.07	40	2014
Childhood immunization		74%	74%	21% - 100%	1.03	31	2014
Colorectal cancer screening		64%	64%	50% - 77%	1.04	31	2013
Cervical cancer screening		71%	71%	31% - 82%	1.04	32	2013
Hospital Readmissions		6%	6%	3% - 20%	1.04	18	2013
Cost per patient		$5,047.77	$5,048	$2473 - $7175	1.03	28	2013

Because the data came from different sources, they reflect different fiscal years. 2014 refers to the fiscal year ending in 2014 (ie Apr 1 2013-Mar 31, 2014).

Although 50 teams submitted data to D2D 1.0, not all teams submitted data for all indicators. The number of teams refers to the "Overall" performance and does not change as peer groups are selected.

The range represents the minimum and maximum values observed among all teams submitting data

AFHTO's valued partner in producing the inaugural Data to Decisions report

Now what?

"Now just hold your horses, everyone… Let's let it run for minute or so and see if it gets any colder."

Last HgA1c - 7.8%

Last LDL - 2.8

Last BMI - 31

Last Flu shot - Jan 10 2014


Do you see the
Forest or the Trees?

It is much more important to know what sort of a patient has a disease
than what sort of a disease a patient has.
William Osler

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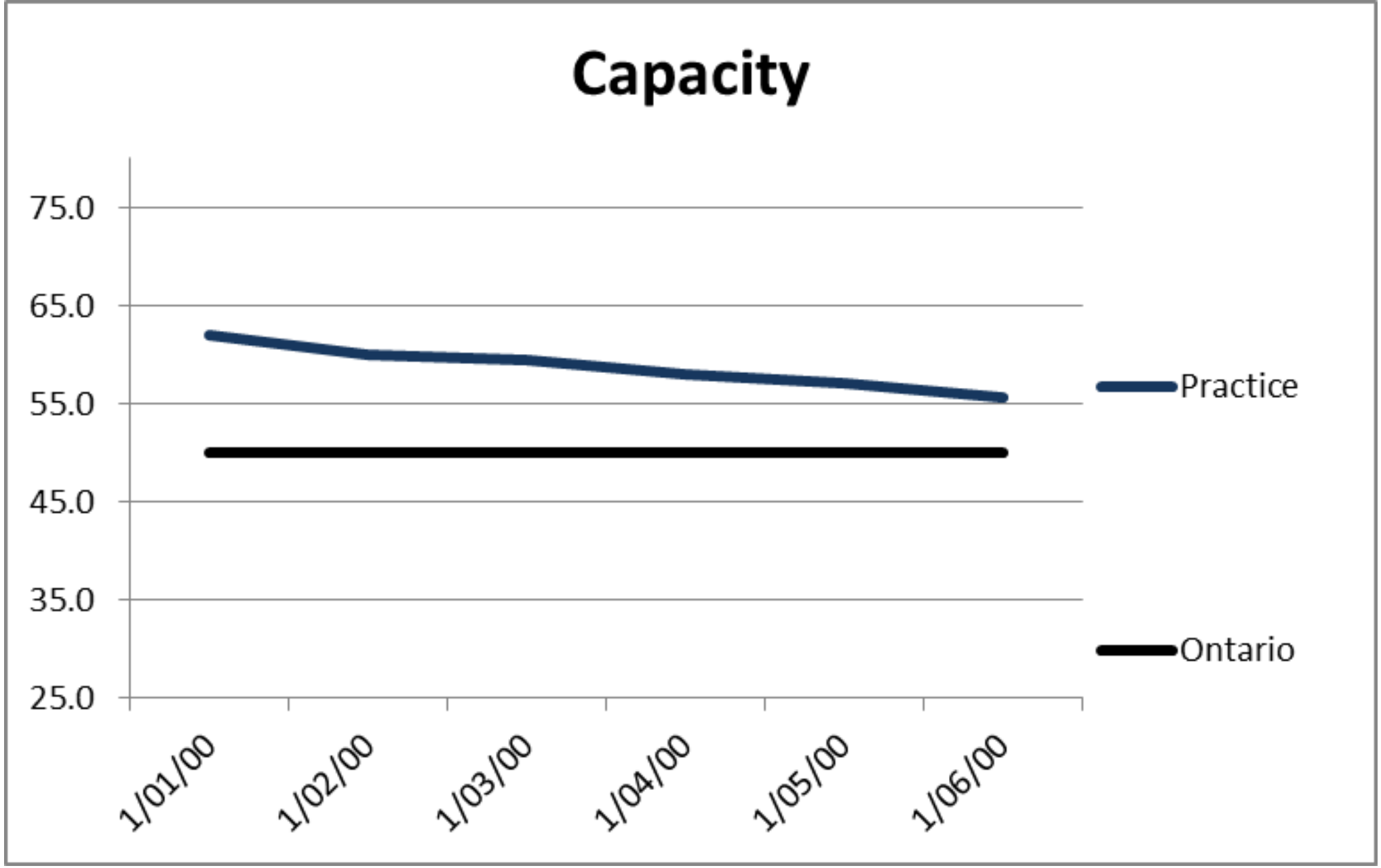
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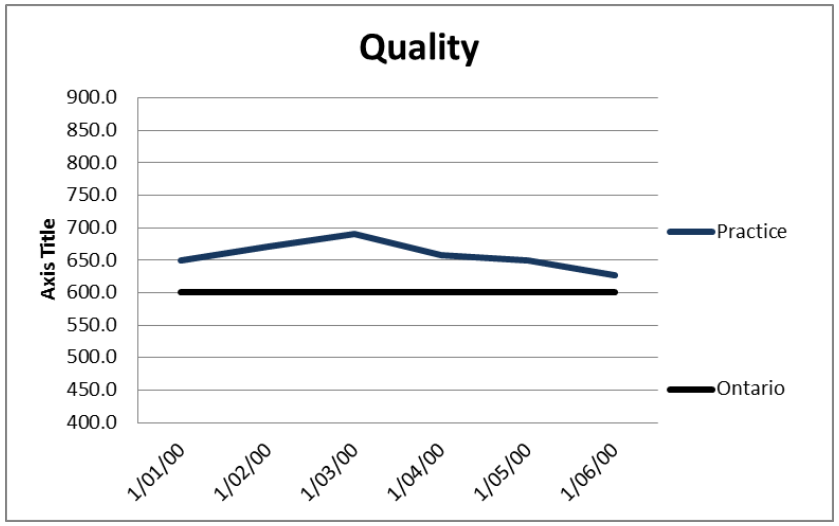
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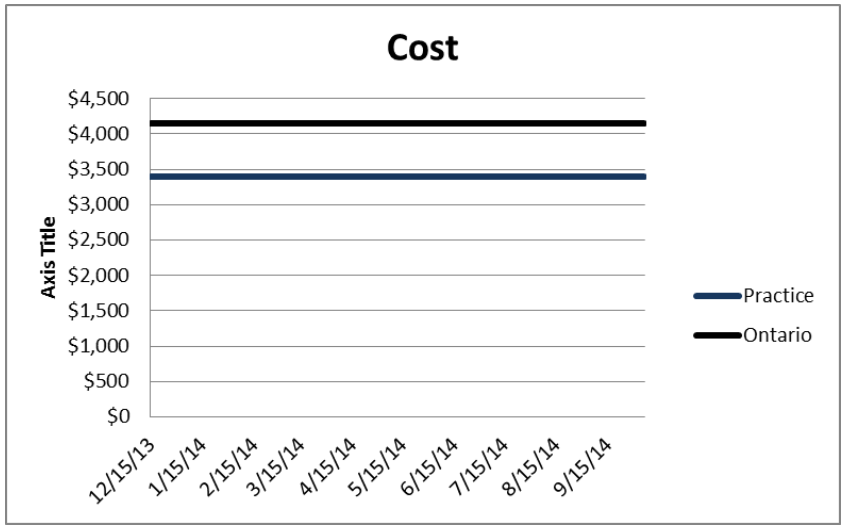
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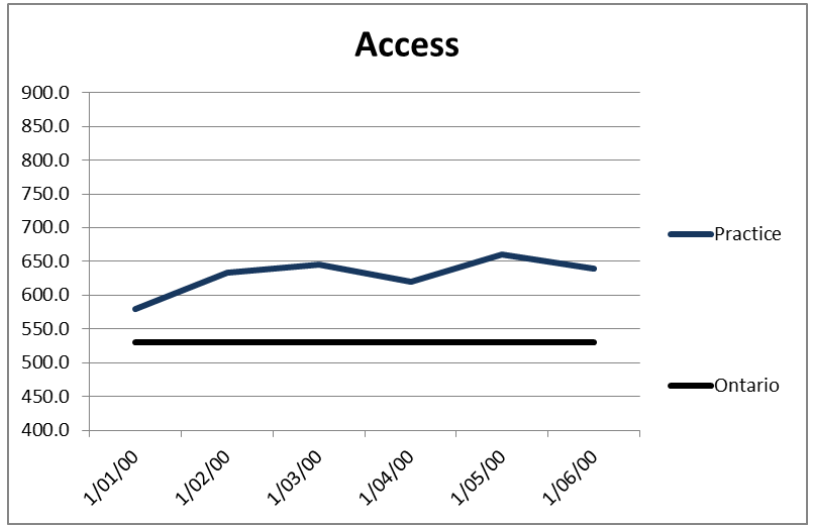
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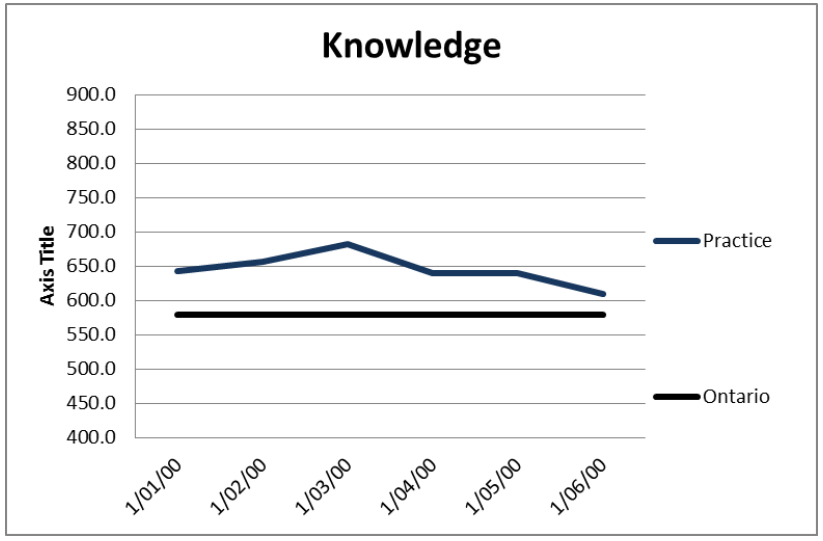
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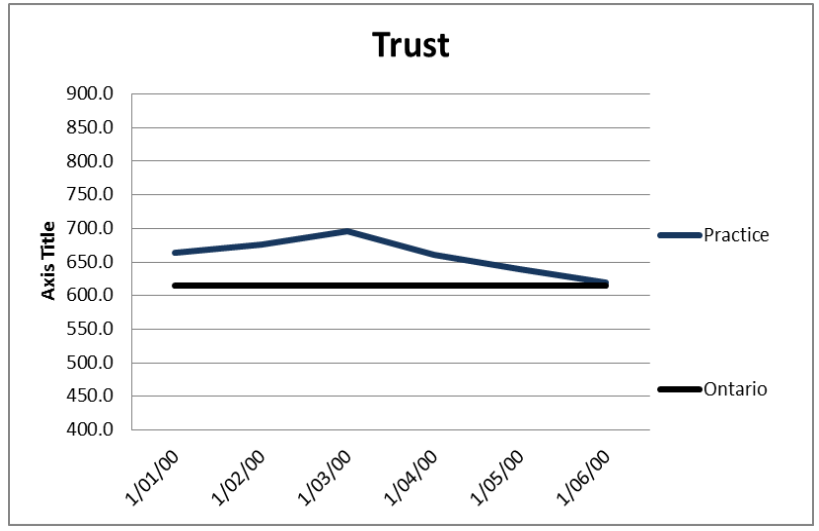
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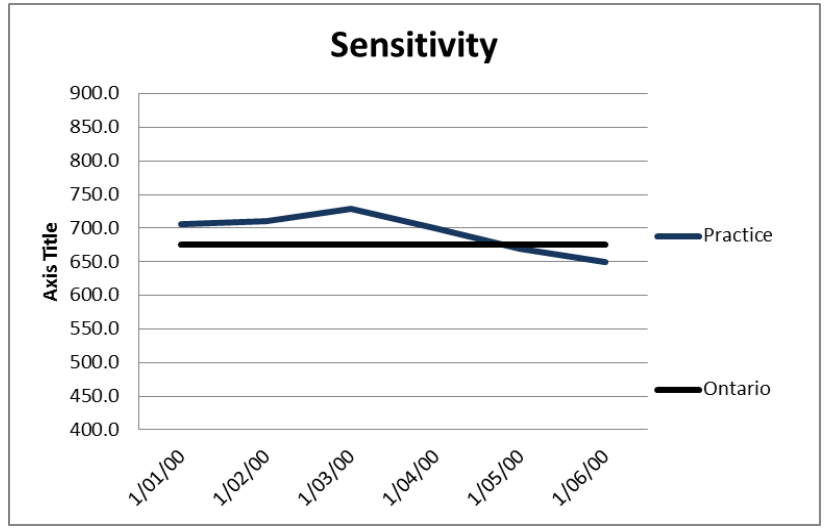
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Next steps

Questions:

- Ground-up?
- Patient centered?
- Relationship-based?
- Comprehensive?

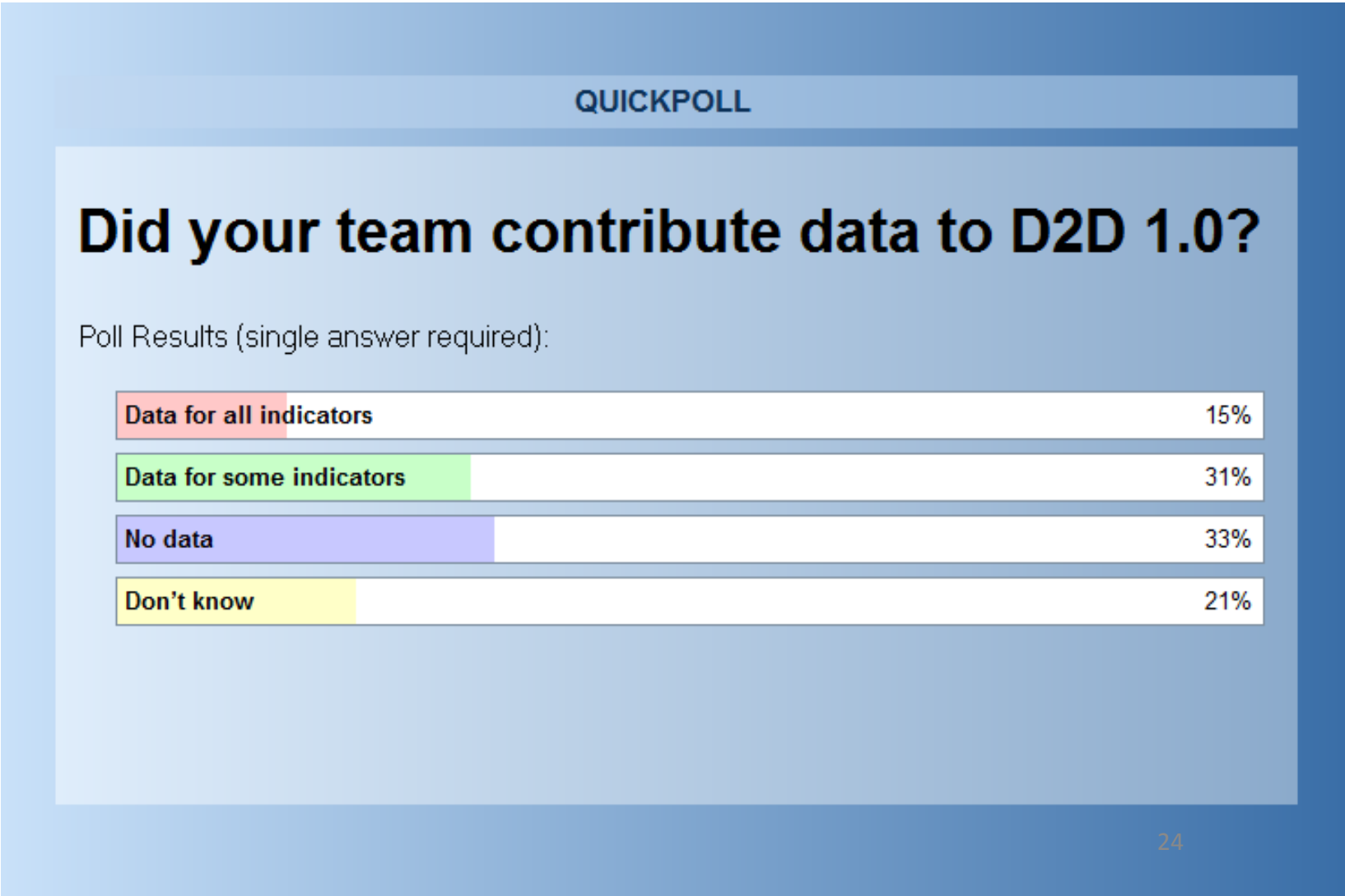
Answer:

More meaning,

not more measures

More manageable

- Easier to access the data
- Small number of measures



More meaningful

Category	Indicator	QIP	D2D 1.0	D2D 2.0	MOHLTC
Priority Indicators	Timely Access to Primary Care When Needed	x	x	x*	
	Patient Experience	x	x	x	
	Primary Care Visits Post-Discharge	x		x*	
Additional Indicators	Emergency department visits for conditions Best Managed Elsewhere (BME)	x		x*	
	Hospital Readmission rate for primary care patient population	x	x	x	
	Percentage of patient/client population over age 65 that received influenza immunization	x	x	x	
	Percentage of patient/client population who are “up to date” in cancer screening.	x	x*	x*	
Other	cost		x	x	
	regular care provider		x	x	
	childhood immunization		x	x*	

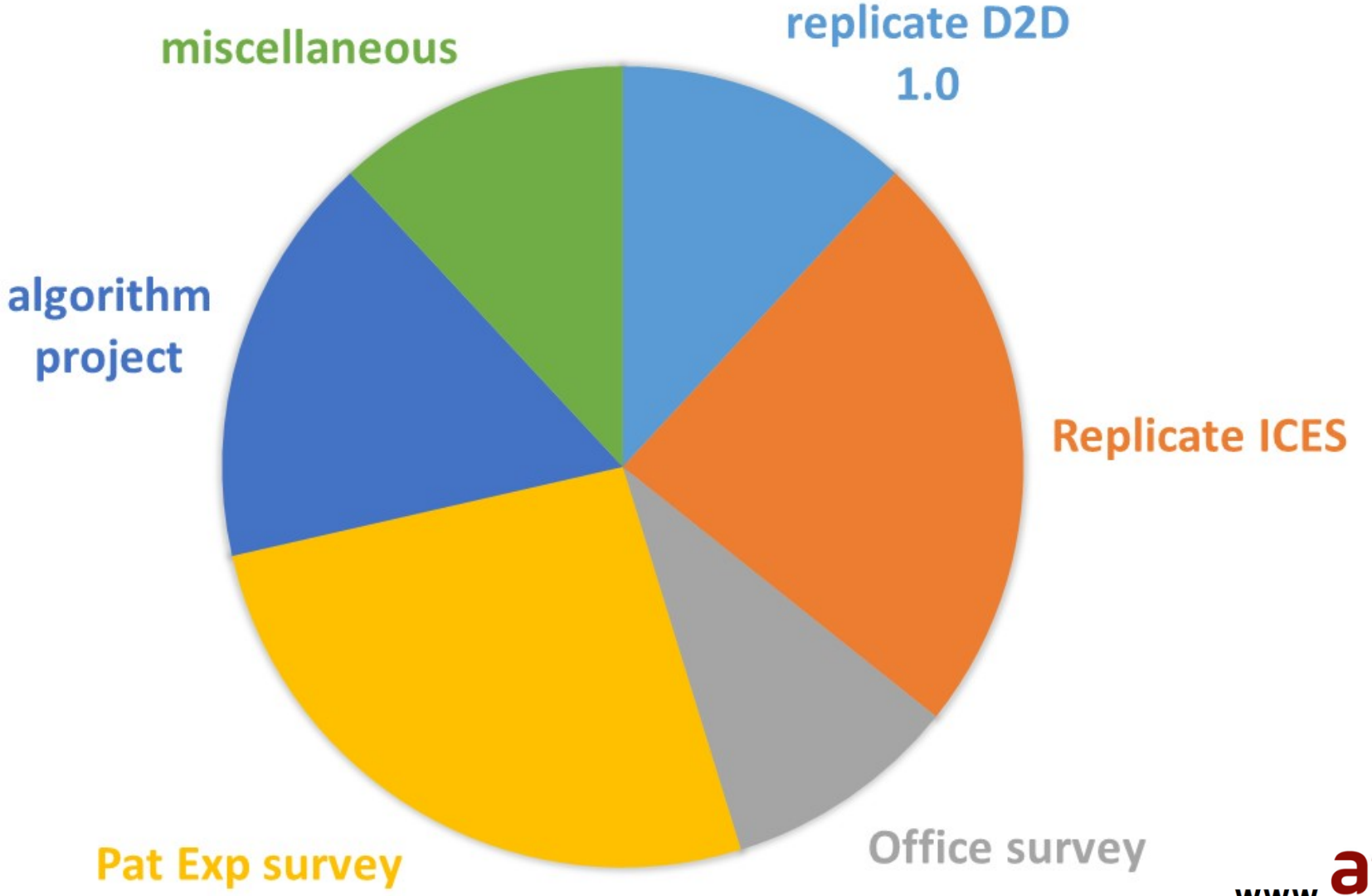
* Denotes different definition based on input from AFHTO members to make the indicator more meaningful to front line primary care providers

But NOT more measures!!

AFHTO's next steps: manageable, meaningful measurement

- Consult with membership re: increasing "ground-up" orientation
- Develop a 'composite' measure that balances the relationship between providers and patients and clinically important outcomes
  - Partner with the Research Advisory Team for Starfield (R.A.T-S.)
- Increase access to team-level external data (ER and hospital discharges, administrative data, cancer screening)
- Increase consistency/decrease effort in
  - EMR data extraction, especially for chronic conditions and follow-up after hospitalization
  - EMR data entry, especially for follow-up
  - patient experience surveys

Next steps
manageable, meaningful measurement



Potential next steps for AFHTO members

- Review D2D 1.0
- Tell your stories on AFHTO's web forums or the online survey about if or how it was useful
- Improve your data quality, where necessary
- Take advantage of the work of the QIDSS
  - increase consistency and decrease effort in EMR data entry and extraction, patient experience surveys
- Ask for your team's data from HQO, CCO and/or ICES
- Volunteer to have your team's data compiled into a "composite" indicator

Additional information

- Visit members only page on AFHTO web site
- Contact
  - Rick Glazier, ICES
  - Monique Hancock, Chair, Indicators Working Group
  - George Southey, Dorval FHT
  - Carol Mulder, QIDS provincial lead
  - Ross Kirkconnell, Chair, QSC
  - QIDSS: they're EVERYWHERE!
  - Each other

Questions and comments

Thanks!

"So what?"

Indicators are Road Signs

What is our destination?

1. **How well do we provide care for the practice?**

   Quality > "good enough – great"

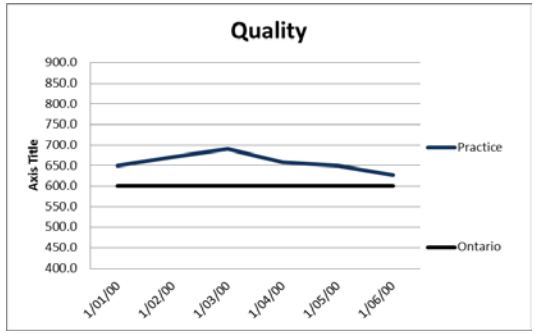
2. **How well do we provide system stewardship?**

   A. Do we care for our share of patients?

      Capacity > 53

   B. Do we conserve system resources?

      Cost < $3,400 / patient / year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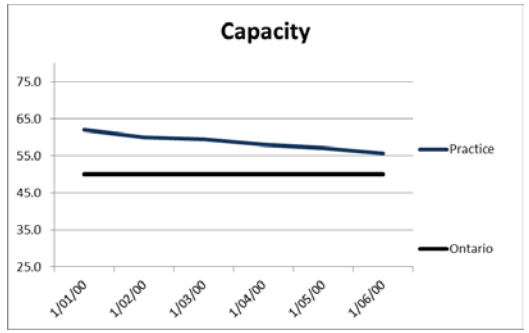
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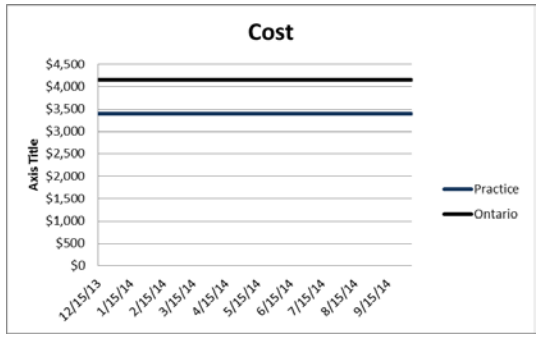
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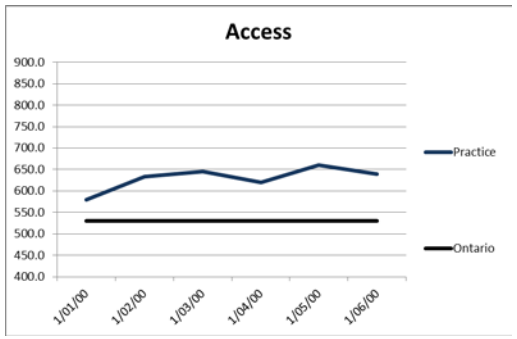
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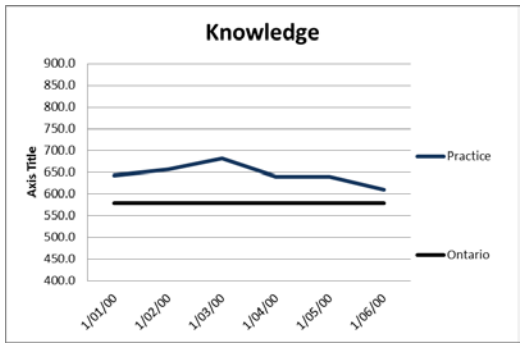
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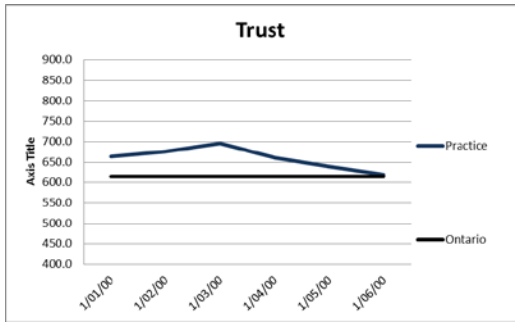
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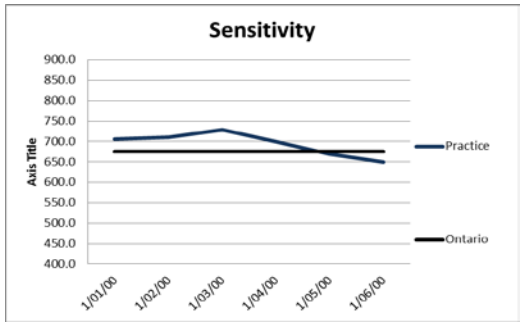
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Indicators of Sensitivity

		Domain Expectations		
			Total	100.0%
			Access	20.6%
			Knowledge	26.2%
			Trust	28.0%
			Sensitivity	**25.2%**

#	Quality Indicators	Sensitivity	Practice Score
4	QIP Guide - 3: When you see your doctor or nurse practitioner, how often do they, or someone else in the office, involve you as much as you want to be in decisions about your care and treatment? Always / Often / Sometimes / Rarely / Never / Not applicable / (Don't know/refused)	17.7	10.0
15	% of Palliative Pts. with coverage 24/7	15.4	9.0
2	HQO-11(i): Please think of the main person with whom you most recently had an appointment. How would you rate the doctor/healthcare provider you saw on knowing important information about your medical history? poor / fair / good / very good / excellent	14.5	6.0
13	7 QIP-House Calls	13.4	13.4
3	HQO-7 (g): Again, thinking of your most recent appointment, how would you rate your overall experience from when you arrived at the office to when you started your consultation with the doctor/healthcare provider: poor / fair / good / very good / excellent	11.8	5.0
5	QIIP 1: for your last appt., were you able to get an appt on the day of your choice? yes / no	11.6	10.0
7	2 QIP-% Admitted Pts. seen in office within 7 days	10.4	0.0
1	CIHI 71: How confident are you that your health care provider will look after you no matter what happens with your health? a) Not very confident at all b) Only somewhat confident c) Moderately confident d) Very confident e) Completely confident	9.8	9.8
8	3 QIP-ACSC_Hospitalization	8.5	8.5
22	18 Month Development Check	8.2	8.2
18	Pap Smears	7.5	6.0
16	% of week with direct office access	7.1	7.1
19	Mammograms	6.9	5.0
35	Registry Review in last year ofBipolar Affect Disease	6.6	4.0
20	Kids Shots	6.6	6.6
36	Registry Review in last year of Schizophrenia	6.6	4.0
9	1 QIP-ED_for_conditions_BME	6.3	6.3

Improvement Choices

		Domain Expectations			
			Total		100.0%
			Access		20.6%
			Knowledge		26.2%
			Trust		28.0%
			Sensitivity		**25.2%**
#	**Quality Indicators**	**Sensitivity**	**Practice Score**	**Potential Gain**	
4	QIP Guide - 3: When you see your doctor or nurse practitioner, how often do they, or someone else in the office, involve you as much as you want to be in decisions about your care and treatment? Always / Often / Sometimes / Rarely / Never / Not applicable / (Don't know/refused)	**17.7**	10.0	43.4%	
15	% of Palliative Pts. with coverage 24/7	**15.4**	9.0	41.7%	
2	HQO-11(i): Please think of the main person with whom you most recently had an appointment. How would you rate the doctor/healthcare provider you saw on knowing important information about your medical history? poor / fair / good / very good / excellent	**14.5**	6.0	58.5%	
13	7 QIP-House Calls	**13.4**	13.4	0.0%	
3	HQO-7 (g): Again, thinking of your most recent appointment, how would you rate your overall experience from when you arrived at the office to when you started your consultation with the doctor/healthcare provider: poor / fair / good / very good / excellent	**11.8**	5.0	57.8%	
5	QIIP 1: for your last appt., were you able to get an appt on the day of your choice? yes / no	**11.6**	10.0	13.6%	
7	2 QIP-% Admitted Pts. seen in office within 7 days	**10.4**	0.0	100.0%	
1	CIHI 71: How confident are you that your health care provider will look after you no matter what happens with your health? a) Not very confident at all b) Only somewhat confident c) Moderately confident d) Very confident e) Completely confident	**9.8**	9.8	0.0%	
8	3 QIP-ACSC_Hospitalization	**8.5**	8.5	0.0%	
22	18 Month Development Check	**8.2**	8.2	0.0%	
18	Pap Smears	**7.5**	6.0	19.6%	
16	% of week with direct office access	**7.1**	7.1	0.0%	
19	Mammograms	**6.9**	5.0	27.9%	
35	Registry Review in last year ofBipolar Affect Disease	**6.6**	4.0	39.8%	
20	Kids Shots	**6.6**	6.6	0.0%	
36	Registry Review in last year of Schizophrenia	**6.6**	4.0	39.0%	

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4	QIP Guide - 3: When you see your doctor or nurse practitioner, how often do they, or someone else in the office, involve you as much as you want to be in decisions about your care and treatment? Always / Often / Sometimes / Rarely / Never / Not applicable / (Don't know/refused)

2	HQO-11(i): Please think of the main person with whom you most recently had an appointment. How would you rate the doctor/healthcare provider you saw on knowing important information about your medical history? poor / fair / good / very good / excellent