Laying the Foundation for Primary Care Performance Measurement in Ontario

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GOAL

Health Quality Ontario (HQO) is collaborating with others through the Ontario Primary Care Performance Measurement Steering Committee to provide leadership on a coordinated and sustainable approach to measure and report on primary care performance. Our objective is to determine what aspects of primary care performance are most valuable to measure on a regular basis and the data sources and infrastructure required.

Agreement on these measures and support for their collection, analysis and reporting will drive system improvements, track the impact of policy changes and investments, and inform service planning, performance monitoring and quality improvement at the practice level.

APPROACH

In 2012, HQO and the Canadian Institute for Health Information, in collaboration with their partners, held an invitational meeting of senior leaders from key primary care data partners and information users in Ontario. This meeting, the Ontario Primary Care Performance Measurement Summit, resulted in the preliminary identification of primary care performance measurement priorities in Ontario and commitment from participating organizations to engage in ongoing collaborative work on primary care performance measurement. To inform performance measurement efforts in Ontario, the meeting proceedings were widely circulated.

In addition, the 15 organizations represented on the Steering Committee circulated the primary care performance measurement stakeholder survey in spring 2013 to engage their members and solicit their views on the aspects of primary care performance that would be most valuable to measure. Informed by the Summit results and over 850 responses received from the stakeholder survey, the Steering Committee identified a set of measurement priorities for the Primary Care Performance Measurement Framework.

Primary Care Performance Measurement Framework

(Ontario Primary Care Performance Measurement Steering Committee, June 2013)

Access

- Extent of (avoidable) emergency department, walk-in clinic, urgent care centre use *(Integration) S
- Access to a regular primary care provider S+P
- Access to an inter-professional primary care team S+P
- Timely access at regular place of care S+P
- Access to after-hours care (telephone and in-person) S+P
- Access to non face-to-face care (e.g., telephone, email, etc.) S+P
- Access to home visits for target populations S+P

- Patient access to their own health information *(Efficiency)

Integration

- Information sharing across the continuum of care including patients and family caregivers S+P
- Care coordination with other health and community care providers and services *(Efficiency and Patient-Centredness) S+P
- Time to referred appointment with medical/surgical specialist or other specialized services *(Access) S+P
- Hospital admissions and readmissions *(Effectiveness) S+P
- Follow-up with regular primary care provider post hospital discharge S+P
- Waiting time for community services S+P

- Primary care providers' access to specialist advice via telephone, email, etc.
- Time to referred diagnostic test (e.g., CAT scan, MRI, etc.)
- Shared care arrangements for patients to see a specialist in their regular primary care setting

Efficiency

- Per capita health care cost (primary care, specialist care, hospital care, diagnostics, pharmaceuticals, long-term care, community care) S
- Support for family caregivers S+P
- Unnecessary duplication of diagnostic tests/imaging S+P
- Implementation and meaningful use of Electronic Medical Records/Electronic Health Records *(Integration) S+P
- Self management support and collaboration with patients and families *(Patient-Centredness and Effectiveness) S+P
- Patient wait times in office P

- Extent of generic prescribing

Effectiveness

- Management of chronic conditions including people with mental health and addictions and multiple chronic conditions S+P
- Advanced disease/palliative care S+P
- Symptom management *(Patient-Centredness) S+P
- Negotiated care plan for patients with chronic conditions *(Patient-Centredness) S+P

- Shared clinical decision-making *(Patient-Centredness)

Focus on Population Health

- Preventive care for infants and children (beyond immunization) S
- Health and socio-demographic information about the population being served (including health status) S+P
- Immunization through the life span S+P
- Screening and management of risk factors for cardiovascular disease and other chronic conditions. (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours) *(Effectiveness) S+P
- Chronic disease screening (e.g. cancer, diabetes, hypertension, asthma, depression, dementia) *(Effectiveness) S+P
- Prenatal care S+P

Safety

- Infection prevention and control S
- Medication management, including medication reconciliation S+P
- Recognition and management of adverse events including medical errors S+P

- Injury prevention *(Focus on Population Health)

Patient-Centredness

- Respect for patients' and families' values, culture, needs and goals S+P
- Process to obtain patient/client and care-giver input regarding health care services S+P
- Respectful and understandable communication with patients S+P
- Coordination of care within the primary care setting S+P
- Process for addressing suggestions/ complaints S+P

- Privacy and confidentiality

Appropriate Resources

- Funds received by primary care practices (by category) S
- Human resources availability, composition (skills mix) and optimized scope of practice S+P
- Healthy work environment and safety S+P
- Funding and use of electronic systems to link with other settings *(Integration) S+P
- Practice improvement and planning P
- Human resources training and professional development, including patient- and family- centred care P

- Provider remuneration methods
- Total cost of care *(Efficiency)
- Availability of information technology systems
- Information technology investment and expenditure
- Provider satisfaction (employee engagement culture)

Legend

- * = Also relevant to mentioned domain
- ····· = Measurement area for future consideration
- S = System level priority
- S+P = System & Practice level priority
- P = Practice level priority

Equity

Equity is a cross cutting domain and will be assessed in relation to a variety of economic and social variables such as income, education, gender, urban/rural location, age, sexual orientation/identity, language, immigration, ethno-cultural identity and Aboriginal status.

NEXT STEPS

Working groups will select specific performance measures corresponding to the measurement priorities and will recommend methodology and infrastructure for data collection, analysis and reporting.

Over time, the framework will be revised in response to changing performance measurement priorities and enhanced data collection capacity.

CONCLUSION

The emerging set of performance measures, developed through broad stakeholder engagement, will be an important step toward a comprehensive, coherent performance measurement framework to support the planning, management and continuous improvement of primary care in Ontario at both the practice and system levels. Over time, the framework will be updated in response to changing performance measurement priorities and significant changes in the province's strategic direction.

For more information, please visit:
http://www.hqontario.ca/public-reporting/primary-care

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