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MEASURING AND IMPROVING THE PERFORMANCE OF PRIMARY HEALTH CARE IN CANADA

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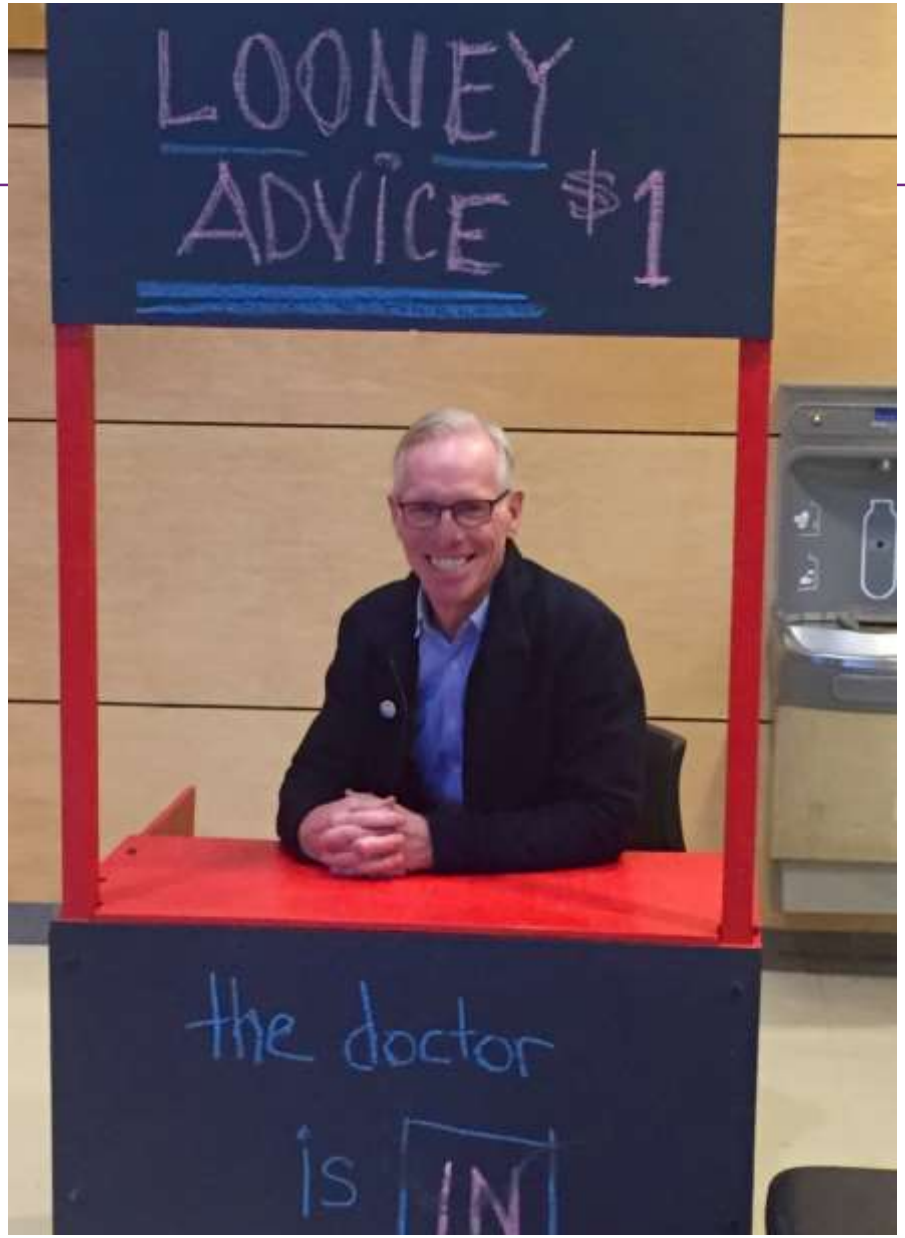
TRANSFORMATION Study

Primary care information system for performance measurement and reporting

Fred Burge, Sabrina Wong, William Hogg

March 10, 2017, PHC Reform Symposium

Halifax, NS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PHC Performance Measurement & Reporting

- PHC performance measurement
  - Helps to better understand innovations associated with higher equity and quality CBPHC
  - Comparisons of PHC systems to stimulate improvement and learnings from each other
  - Requires comprehensive data sources and perspectives
- Performance reporting
  - Currently a lack of actionable information on the functioning of PHC in Canada
  - Format, audience (e.g. health authorities, clinicians, patients) and content should be considered in creating actionable performance portraits

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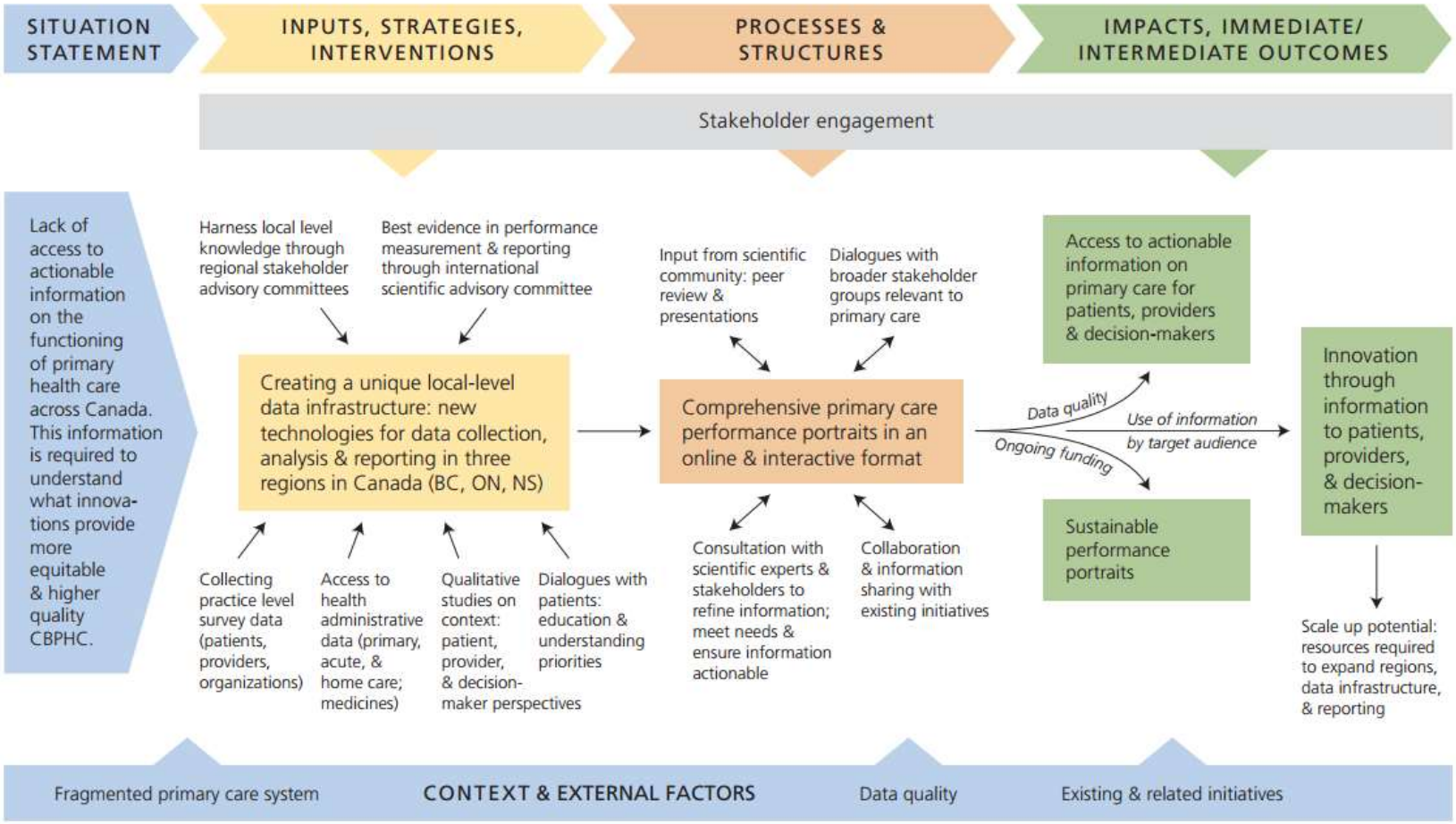

ASSUMPTION Providing access to actionable information on the functioning of primary care will result in innovation in primary care delivery

Practice Surveys

- Patient surveys
  - Patient experiences of care with their practice and with the overall health system; general demographic and health questions
- Provider surveys
  - Structure and organization of the practice; service delivery; team functioning
- Organizational surveys
  - Vision and values; organizational, economic and technical resources; organizational structures; service provision and clinical practices; organizational context
- Team Climate Inventory (TCI) surveys
  - Team functioning at the practice
- Automation of surveys
  - Piloted a system for automated patient surveys (APS) in email/phone formats
- Update:
  - Data collection completed; 87 practices participated (BC=22, ON=26, NS = 39)
  - Preliminary analyses have been run on a subset of the surveys

Some Key Considerations Informing Our Work

- Context
  - Regional case studies
- Regional performance portrait
  - Framework - Primary Medical Home
- Content refinement
  - Psychometric analysis to get at patient reported dimensions of primary care performance

Case Studies

- Incorporates context to describe strategies enacted to improve PHC
- Also looks at spread and uptake of these strategies
- Data sources:

Number of data sources in each case

	Documents	Key-Informant Interviews	Clinician Focus Group Participants	Patient Focus Group Participants
BC	95	6	6	5
ON	64	6	6*	7
NS	46	8	15	5

*semi structured interviews

Early case study results

PHC HR implementation/investment

	BC	ON	NS
Inter-Professional Teams	Minimal implementation/ investment. Specific population focus e.g. at risk children; rural maternity care.	Considerable implementation/investment in teams within PHC practices. Provincially defined team structures with accountabilities e.g. family health teams (FHT); community health centres (CHC). Province wide since 2005 ~150 new FHTs. Are also ~50 CHCs some predating 2005.	Some implementation of community-based teams with health promotion focus external to PHC practices. Some implementation/investment in IP teams within PHC practices in province but minimally in case study region. Collaborative Emergency Centres are a new model with a PHC component.
Provider Pool Expansion: New Roles	Some implementation/ investment in NPs. NP legislation/regulation 2005 ~500 NPs province wide. Most in acute care or community-based settings serving specific population e.g. elder care, high risk mothers. Few in generalist PHC practices.	Considerable implementation/investment in NPs. NP legislation/regulation 1995. 2587 NPs province wide: 58% in community[8] Many NPs within PHC generalist practices including NP-led Clinics, also other LTC and community-based settings serving specific populations e.g. palliative care. Recent new investments.	Some implementation/ investment in NPs. NP legislation/regulation 2002. ~150 NPs province wide. ~Half within PHC generalist or LTC practices and half in acute care. Recent new investments.
Provider Pool Expansion: Optimizing Existing Roles	Minimal use of existing roles in generalist PHC practices. RN role expanded in rural/remote areas.	Some integration of pharmacists, RNs, OT and other roles in PHC generalist practices. Pharmacist role expanded.	Some integration of RNs in PHC. generalist practices. Pharmacist and paramedic role expanded.
Physician Group Practices and Networks	Considerable implementation/investment at provincial (General Practice Service Committee) and regional level (12 divisions). Focus includes governance/policy, quality improvement, and service delivery.	Considerable implementation/investment at local practice level e.g. (Family Health Organization, Family Health Network). Focus is mainly service delivery.	Some implementation/investment at regional level (e.g. District Department of Family Practice). Focus is mainly governance/policy and quality improvement.

Portrait of Performance in Primary Care

The Patient's Medical Home (PMH) is the Canadian College of Family Physicians vision for the what the future family practice in Canada will be. (1) The information provided in this portrait shows your results compared to other participating practices in Central Zone, NS and to all other practices in similar sites: Fraser East, BC and Eastern Ontario, ON. In order to become a PMH, family practices must strive to meet the following ten goals:

1. *Patient-Centered Care*
2. *Personal Family Physician*
3. *Team-Based Care*
4. *Timely Access*
5. *Comprehensive Care*
6. *Continuity of Care*
7. *Electronic Medical Records*
8. *Education, Training, & Research*
9. *Evaluation & Quality Improvement*
10. *Internal & External Supports*

- Create **regional** level performance portraits using case study, survey, administrative data

Patient data; team based care: practice data

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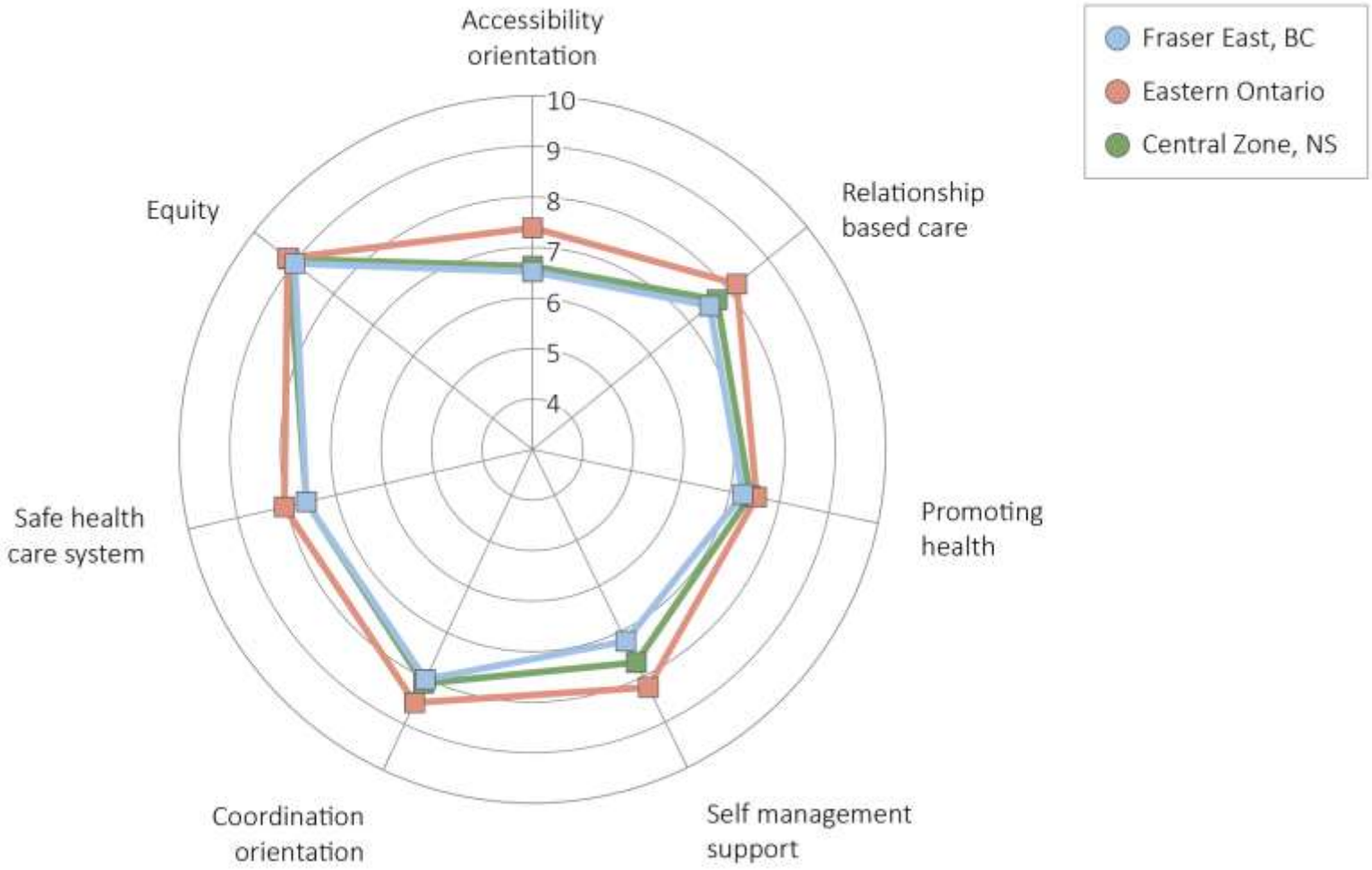
Construction of patient reported dimensions of primary care performance

- Iterative, theory-driven process
- Simplify reporting of a large patient survey dataset
- Seven patient reported dimensions of primary care performance:
  - Accessibility orientation
  - Relationship based care
  - Promoting health
  - Self management support
  - Coordination orientation
  - Safe care
  - Equity orientation

Mean clinic scores, by dimension and region



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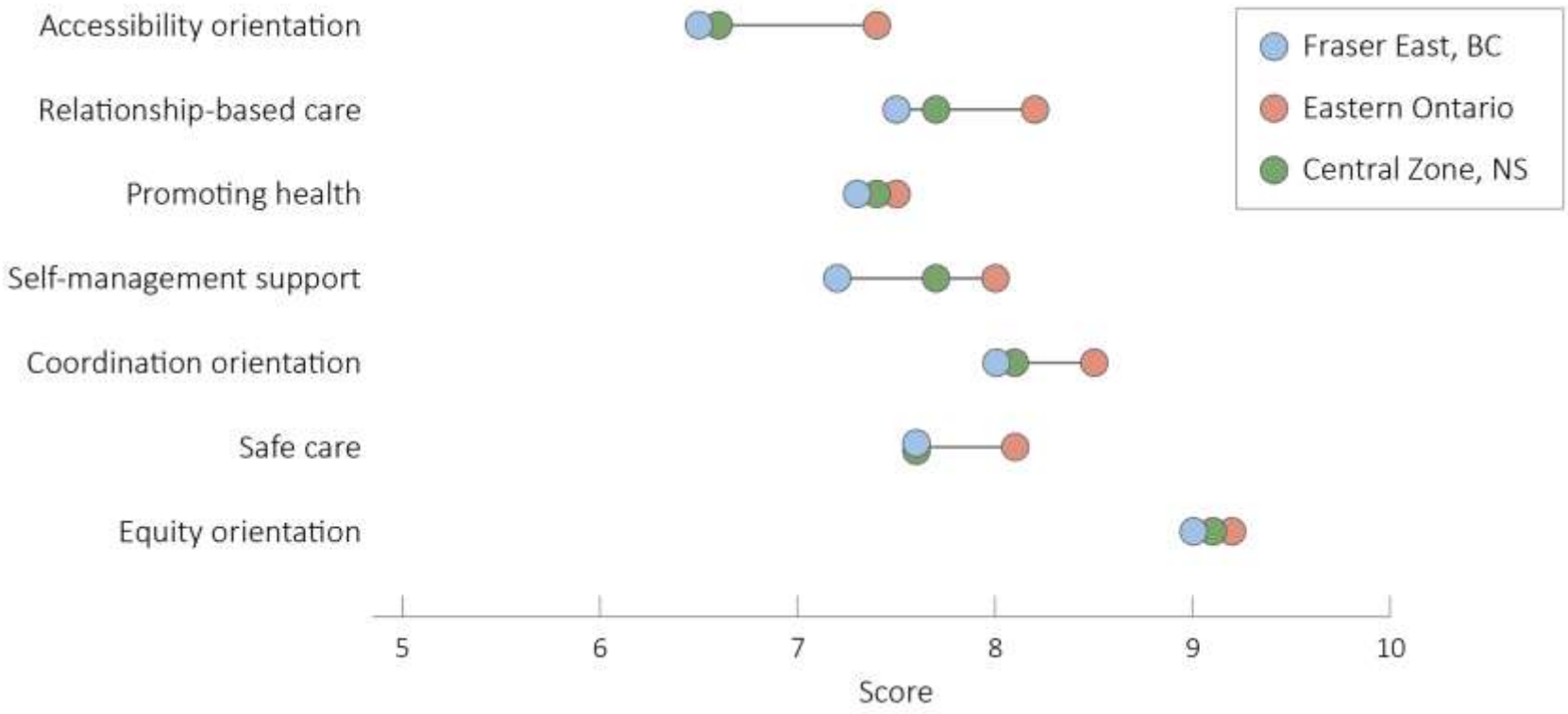

Mean, min and max clinic scores, by dimension

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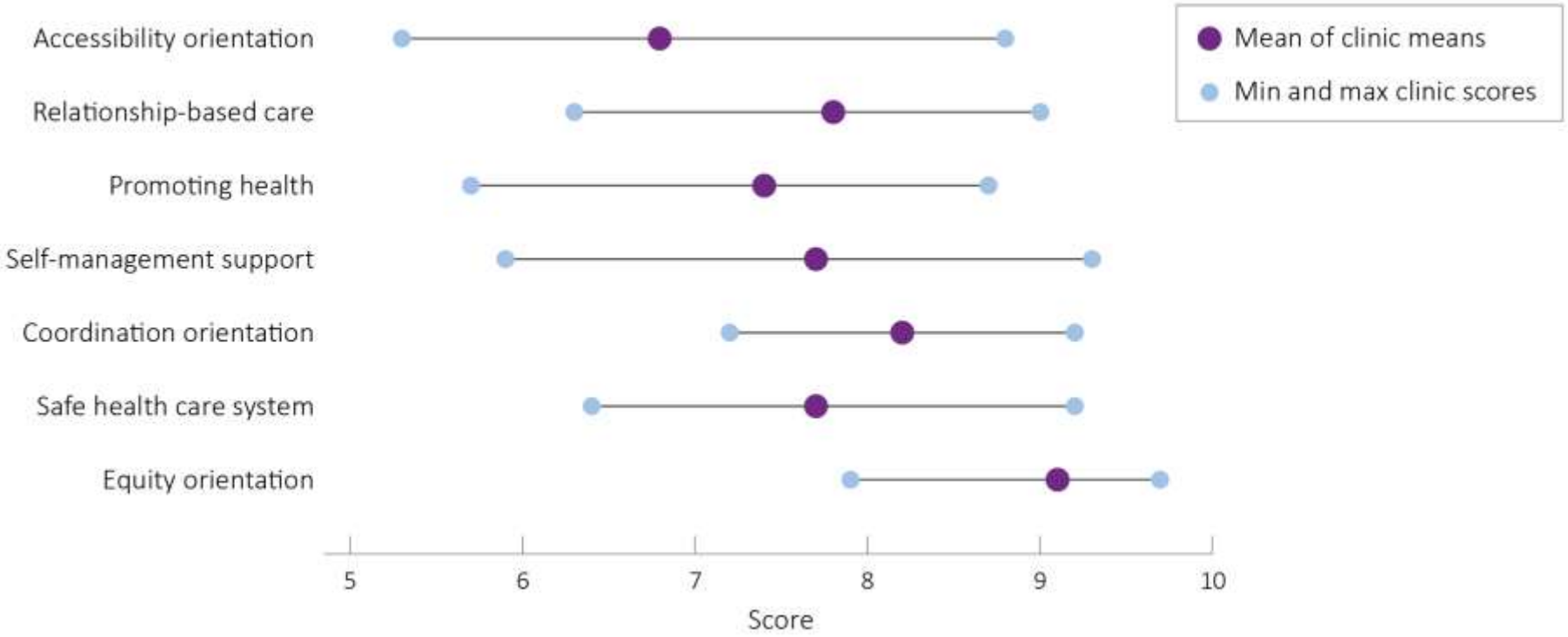
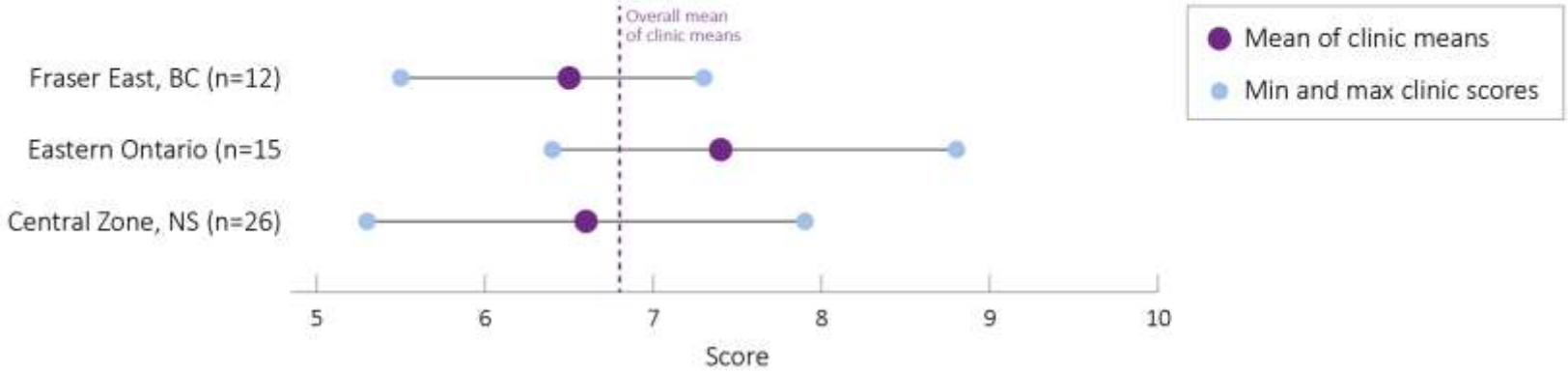


A closer look: Accessibility and relationship-based care

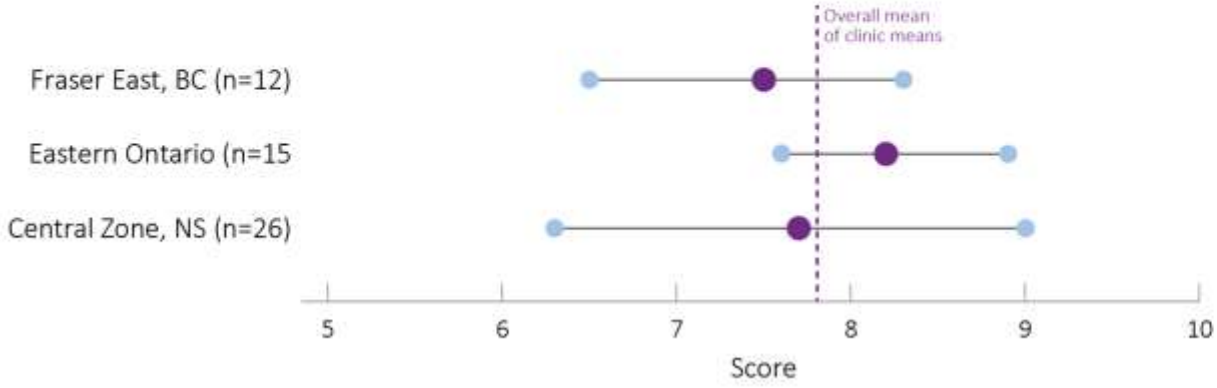
Accessibility orientation

The clinic's organizational procedures make it easy for patients to get information (and advice) by telephone and consistently provide timely visits for new, urgent problems or prescription renewal and patients don't report frequent difficulties in accessing care.



Relationship-based care

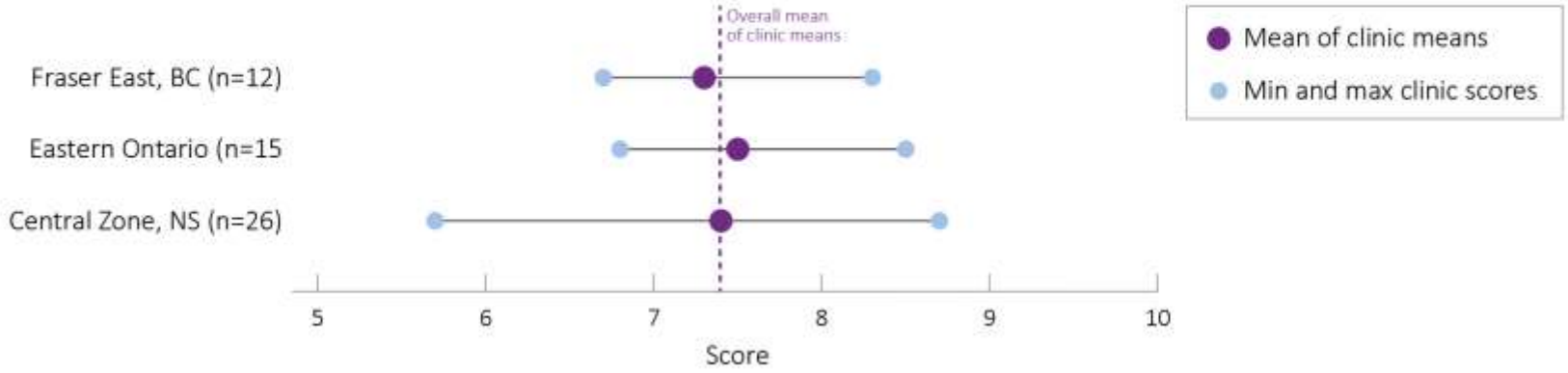
The clinicians demonstrate whole-person knowledge of their patients, are willing to talk about sensitive issues and listen well during visits.



A closer look: Promoting health and self-management

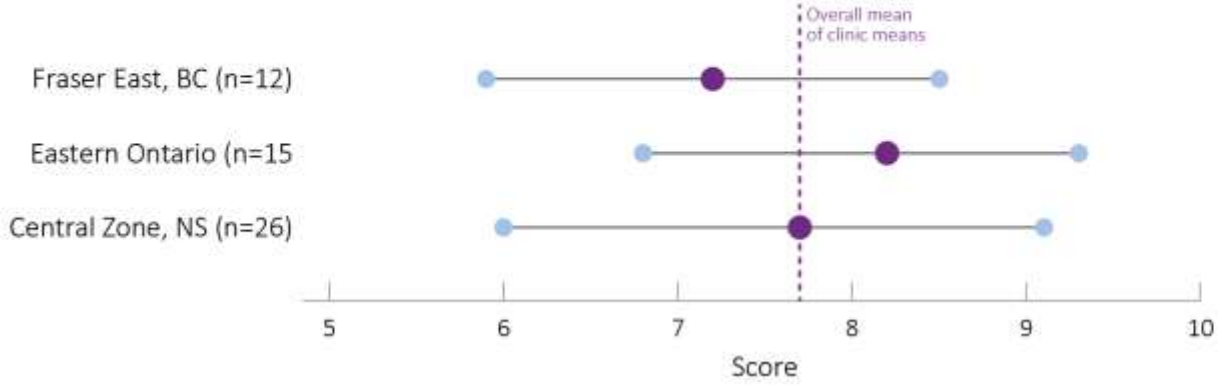
Promoting health

Patients receive health advice and health promotion appropriate to their life context and staff actively encourages patients to attend groups or classes to help manage their health concerns.



Self-management support

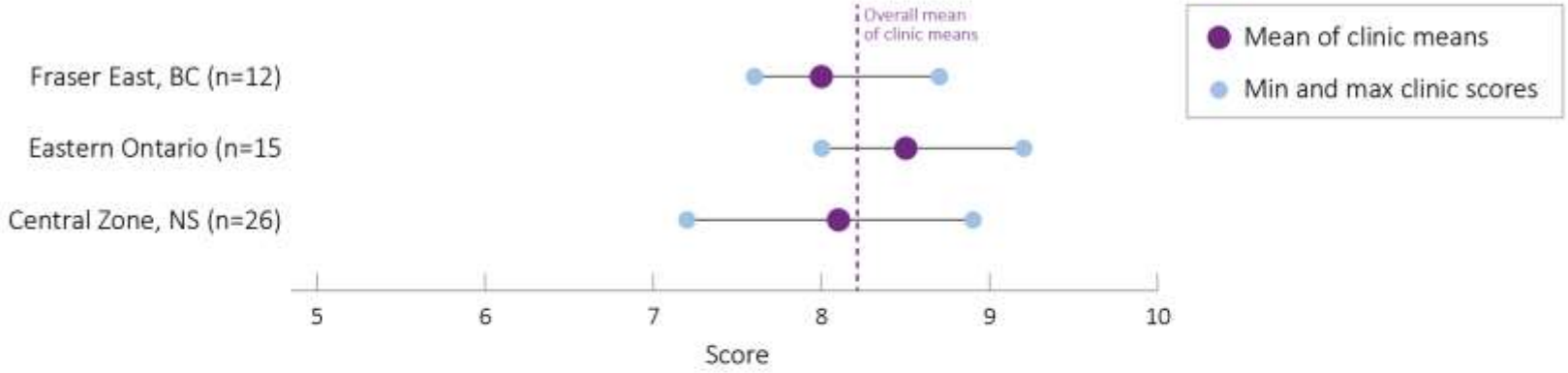
For patients undergoing treatment. Clinicians engage in shared decision-making with patients receiving treatment and patients consistently report feeling better enabled to stick to treatment and care for their health.



A closer look: Coordination and safe care

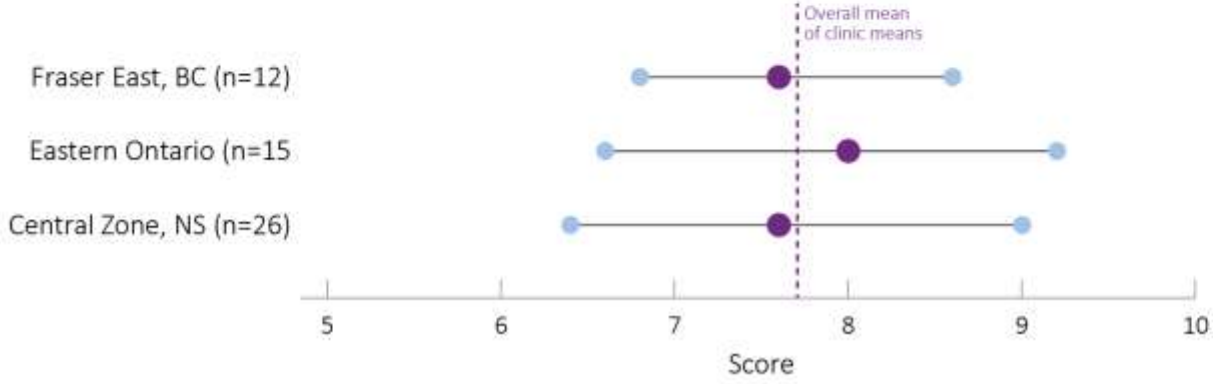
Coordination orientation

The clinicians have a robust role in initiating and following the care that patients receive from other providers and patients do not report incidents of the care team at the clinic being disorganized or giving conflicting recommendations.



Safe health care system contribution

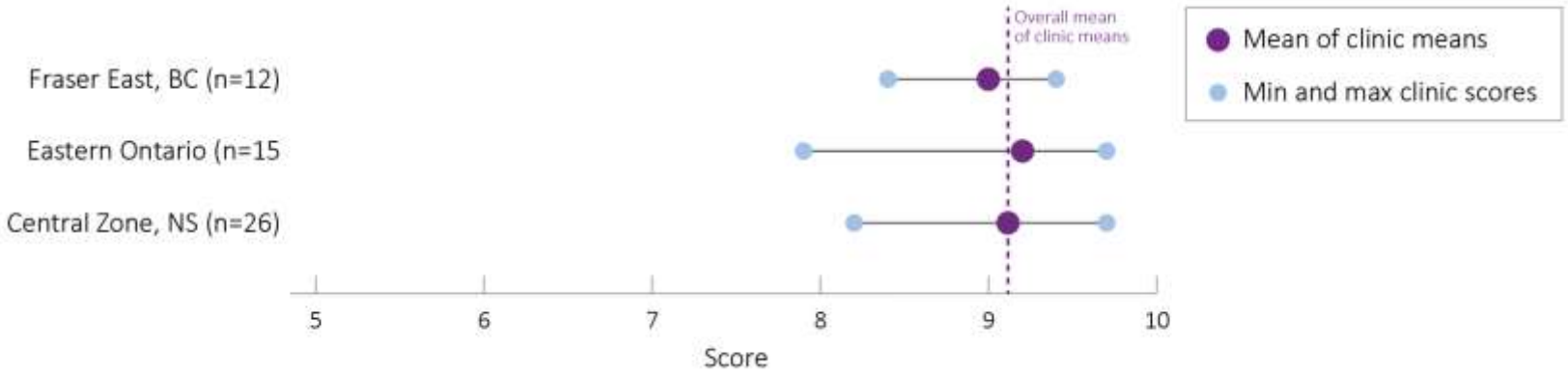
For patients who receive from other providers clinicians inform patients about risks associated to prescribed medicines and patients do not experience gaps in the flow of information between providers nor report medical errors.



A closer look: Equity

Equity orientation

Patients experience respectful treatment from front office staff. Clinicians respect the patient's autonomy and dignity and protect patients from incurring additional payments or having unmet needs due to cost.



A closer look: Example showing all clinics

Accessibility orientation

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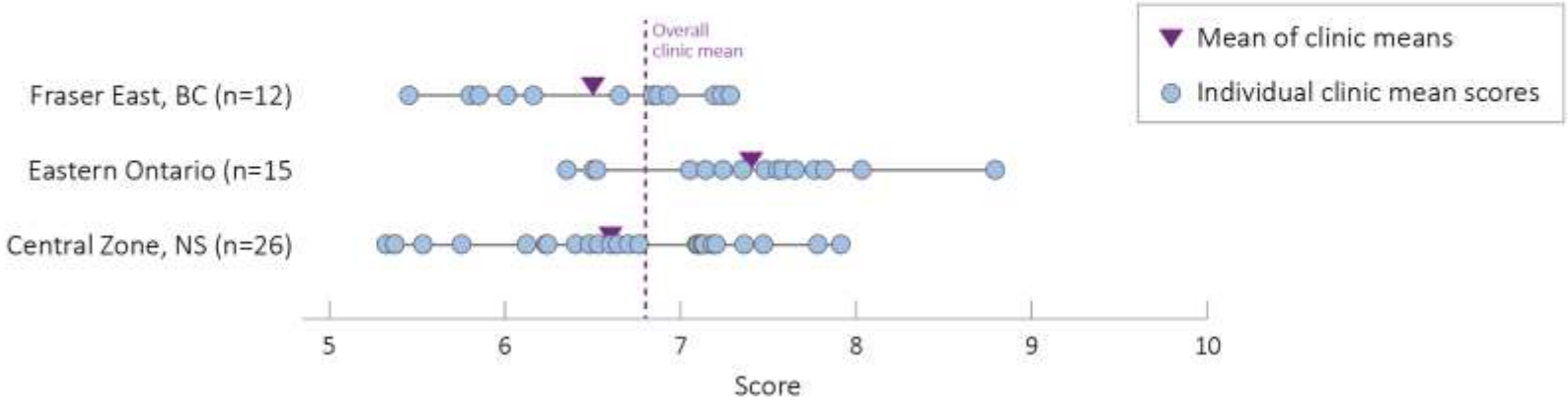

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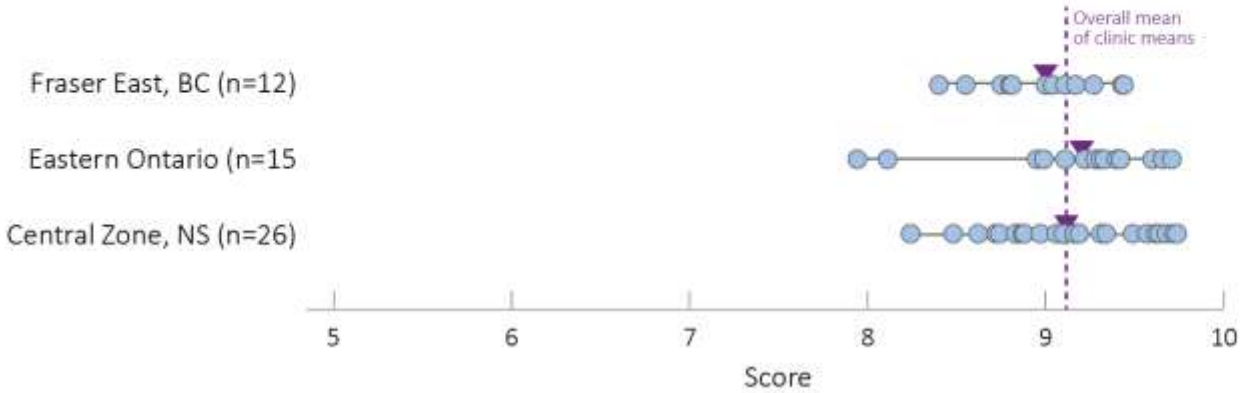
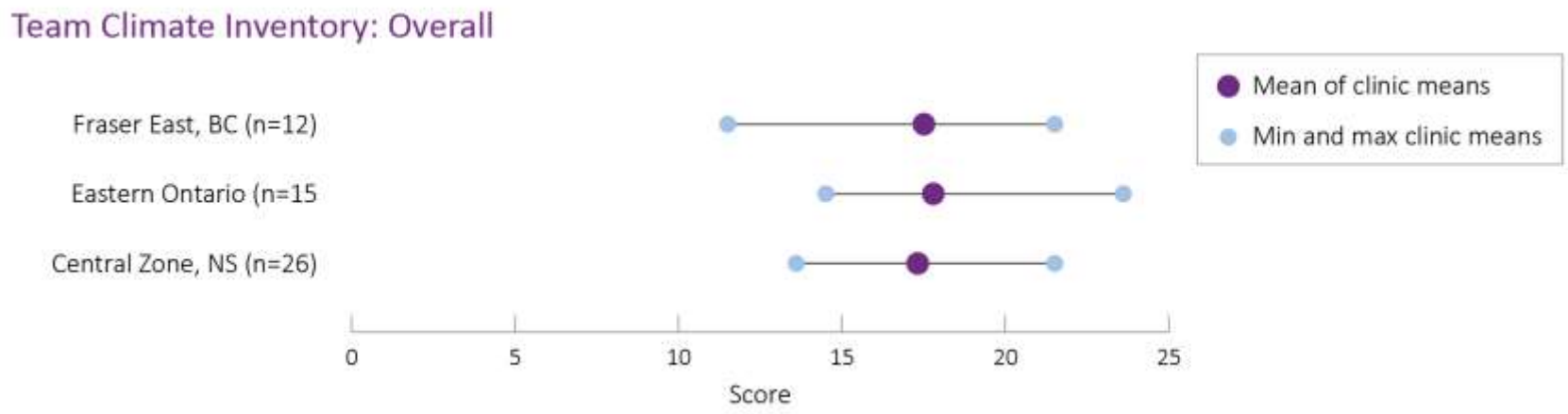


Team Climate Inventory: Mean, min and max clinic scores



TCI: Mean, min and max clinic scores, by scale

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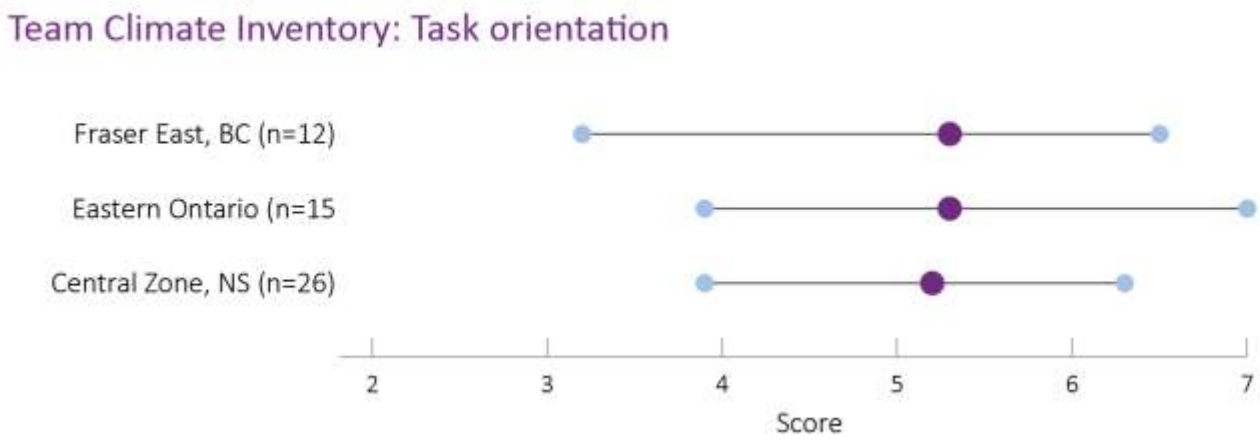

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Next Steps

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- Group indicators and scales from the provider and organizational surveys into dimensions
- Create **regional** level performance portraits using case study, survey, administrative data
- Create **practice** level portraits where we have reliable data

Patient and practice data

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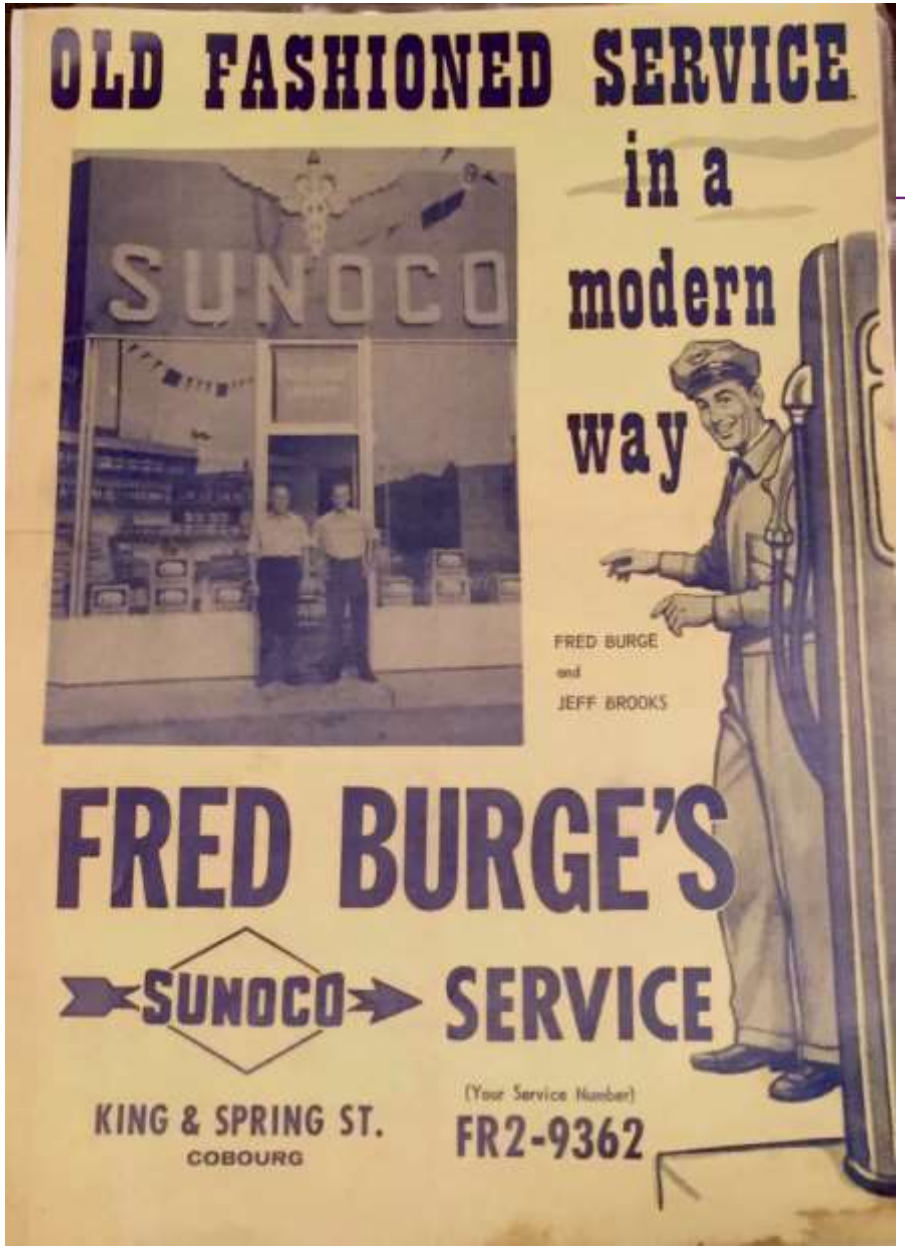

The important items to measure, the ways to measure them, the ways to see and understand them and the way to act on them are all under construction.

Transformation is pleased to be playing an important, leading role in supporting the move to modern service in a modern way.

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