



MAKING SENSE OF MEASURES OF SUCCESS IN PRIMARY CARE PROGRAMS

A VOLUNTARY GROUND-UP CONSENSUS DEVELOPMENT PROCESS DRIVEN BY FRONT LINE PROVIDERS

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WHO ARE WE?

- The Association of Family Health Teams of Ontario (AFHTO) is the advocate, network and resource for team-based primary care in Ontario
- 186 Family Health Teams & Nurse Practitioner Led Clinics across Ontario
 - Providing care for over 3 million patients
- Quality Improvement Decision Support (QIDS) Program
 - Includes ~35 QIDS Specialists
- Catherine Donnelly- Researcher and Clinician from Queen's FHT




TRUE OR FALSE

- Consistent indicators are locally relevant indicators
- Top-down centralized indicator selection generates locally relevant indicators
- Front-line ground up indicator selection generates consistent indicators
- Top-down centralized indicator selection requires effort to generate buy-in from front-line providers
- Front-line ground-up indicator selection requires effort to generate buy-in from front-line providers
- Local relevance helps support efforts to improve



PROGRAM PERFORMANCE MEASURES CATALOGUE:

- 180 primary care teams pooled measures used for mandatory reporting into a catalogue.
- The Program Performance Measures Catalogue (PPMC) is sorted according to:
 - Program area: Example- Diabetes Management
 - Level of standardization: Example- formal standard definition
 - Type of measure: Example- outcome measure



Program Area	Heart Health			
Availability of Standard Definition	Type of Measure	Measure	Source of Definition	# of times Measure used
☐ formal standard definition	☐ outcome measure	⊕ blood pressure within individualized target		61
		⊕ inr target achieved		40
		LDL, HDL and/or Total Cholesterol within their individualized target		32
		⊕ follow up after hospitalization (7 days)		9
		⊕ improved BMI/weight loss		7
		⊕ HbA1c within individualized target		4
		⊕ Time in therapeutic range (TTR) for INR		3

SCREENSHOT OF PPMC



HOW IS THE PPMC USED?

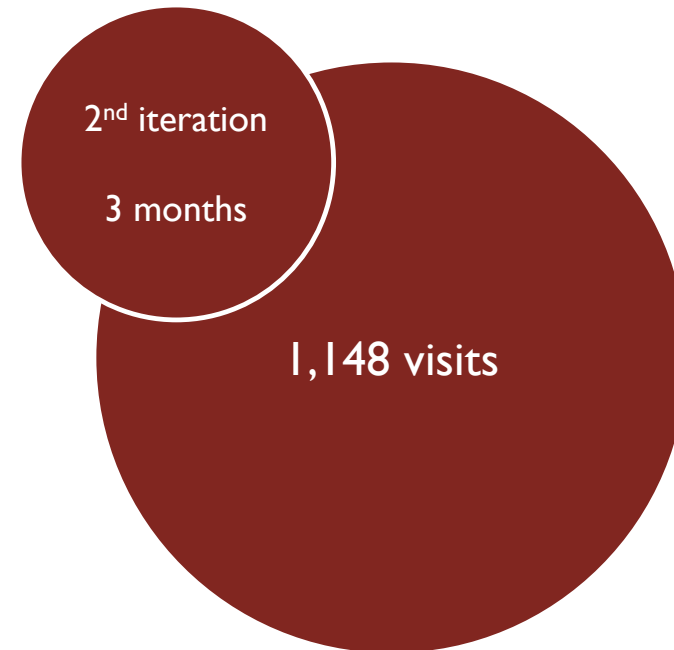
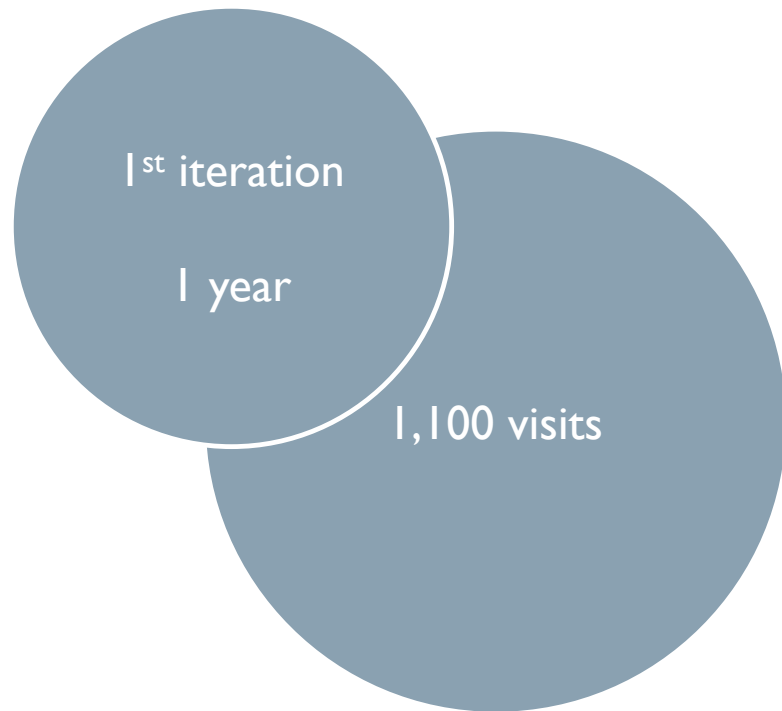
- Teams review the catalogue to select measures for program planning, evaluation and mandatory reporting.
- IHP networks and CoPs use the catalogue to facilitate discussion on which measures accurately reflect their contribution to the team and are evidence-based.
- CoPs use it to identify measures that can be applied consistently across programs and FHTs – this helps unify delivery and evaluation.

Program Area		Chronic Pain		
Availability of Standard Definition	Type of Measure	Measure	Source of Definition	# of times Measure used
<input type="checkbox"/> formal standard definition	<input type="checkbox"/> outcome measure	<input type="checkbox"/> ED visit		3
		<input type="checkbox"/> improved PHQ, GAD7 or Beck Anxiety scores		2
	patient-reported			
	<input type="checkbox"/> experience measure	<input type="checkbox"/> same/next day appointment		1
	<input type="checkbox"/> process/activity measure			7
<input type="checkbox"/> informal/variable definition	<input type="checkbox"/> outcome measure	set or achieved a personal or self-management goal		1
	patient-reported			
	<input type="checkbox"/> experience measure	<input type="checkbox"/> satisfied with service		3
<input type="checkbox"/> no definition found	<input type="checkbox"/> outcome measure	<input type="checkbox"/> decreased/altered medication		5
		<input type="checkbox"/> improved outcomes		5
		<input type="checkbox"/> patients have an action plan		3
		<input type="checkbox"/> decreased in severity or frequency of symptoms		3
		<input type="checkbox"/> patients have coordinated care plans		2
		<input type="checkbox"/> referrals		2
		<input type="checkbox"/> improved ability to cope with pain		1
		<input type="checkbox"/> increased activity		1
		<input type="checkbox"/> improved self management		1

SCREENSHOT OF PPMC

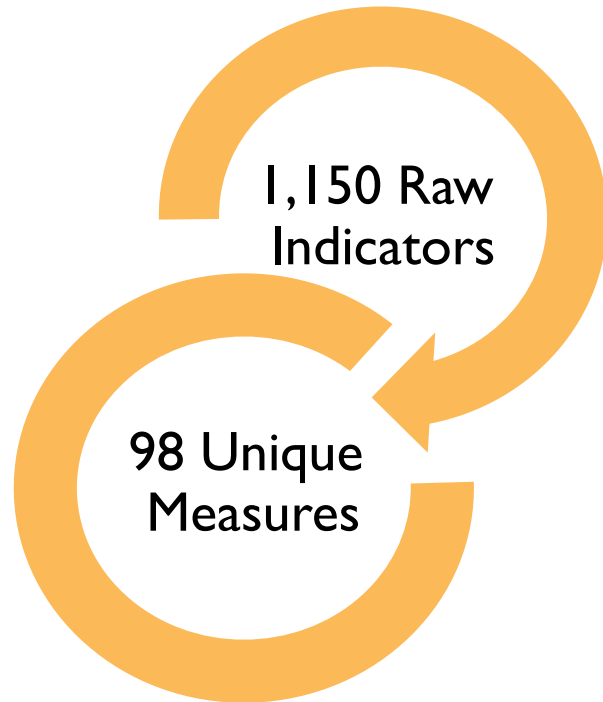
IMPACT: Uptake is increasing-

- More hits in the first 3 months than in the whole year for the first iteration

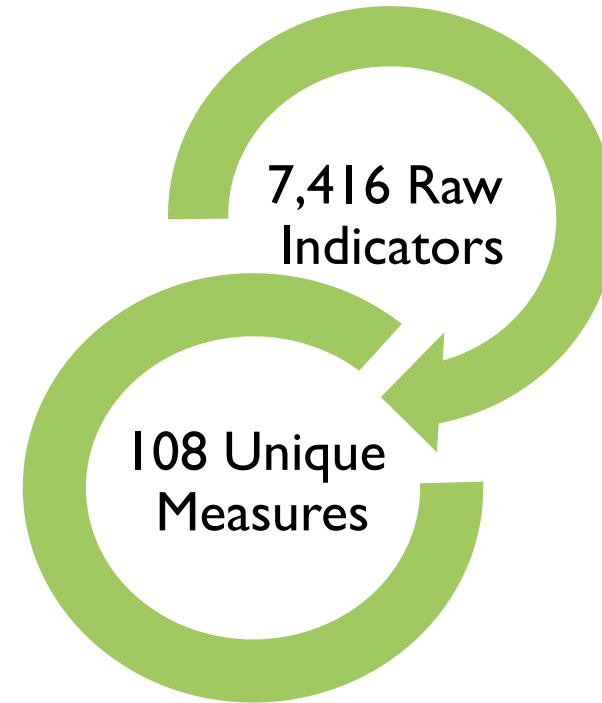


IMPACT: Consensus is emerging-

1st iteration



2nd iteration





NEXT STEPS:

- Refresh
 - 18 teams have sent in their measures
- Add team names so teams can connect and learn from each other.
- Collaborate with clinicians to update the evidence base for measures.

TRUE OR FALSE - REVISIT

- Consistent indicators are locally relevant indicators ✓
- Top-down centralized indicator selection generates locally relevant indicators ✓
- Front-line ground up indicator selection generates consistent indicators ✓
- Top-down centralized indicator selection requires effort to generate buy-in from front-line providers ✓
- Front-line ground-up indicator selection requires effort to generate buy-in from front-line providers ✓
- Local relevance helps support efforts to improve ✓



CONCLUSIONS

- A ground-up approach makes it possible to balance consistency and relevance in primary care measurement.
- Retains focus on improvement rather than compliance.
- Eliminates the buy-in effort as the measures are already being used.



QUESTIONS?