

# Tying it all Together: Learning How to use Practice-Level Data to Improve Quality in Primary Care

10:45-11:45AM



# The Provincial Advisor on the Quality of Health Care in Ontario



# Welcome

From HQO facilitating today's workshop:

- Maria Krahn – Clinical Adoption team
- Dave Zago - Clinical Adoption team

From AOHC facilitating today's workshop:

- Mark Mycyk – Business Intelligence Report Tool

# Faculty/Presenter Disclosure

- No relationship with commercial interests

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# Disclosure of Commercial Support

- No financial support
- No in-kind support
- No known conflict of interest

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# Mitigating Potential Bias

- No plan to mitigate potential bias as none are known

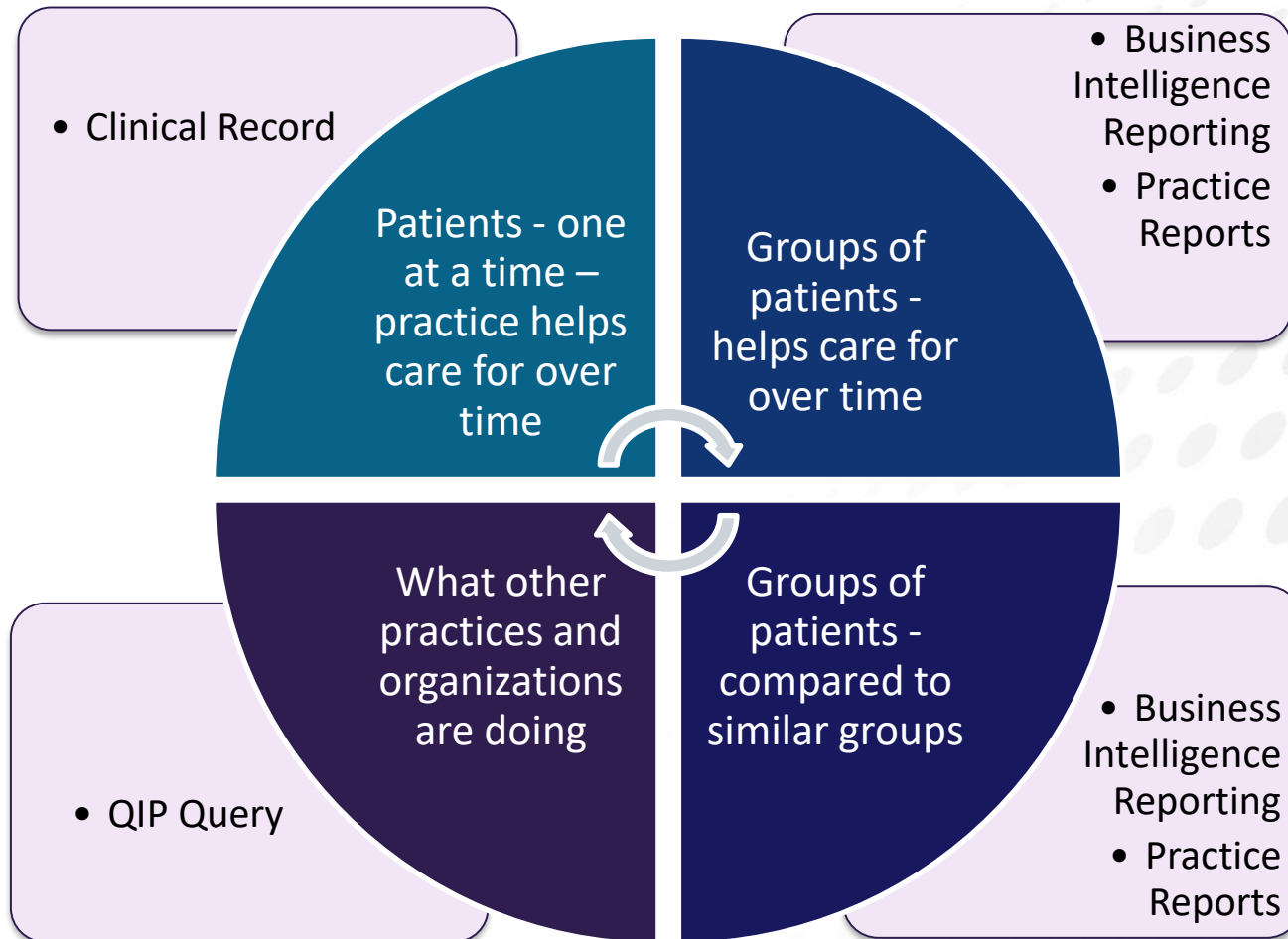
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# Learning Objectives

By the end of this interactive session attendees will be able to:

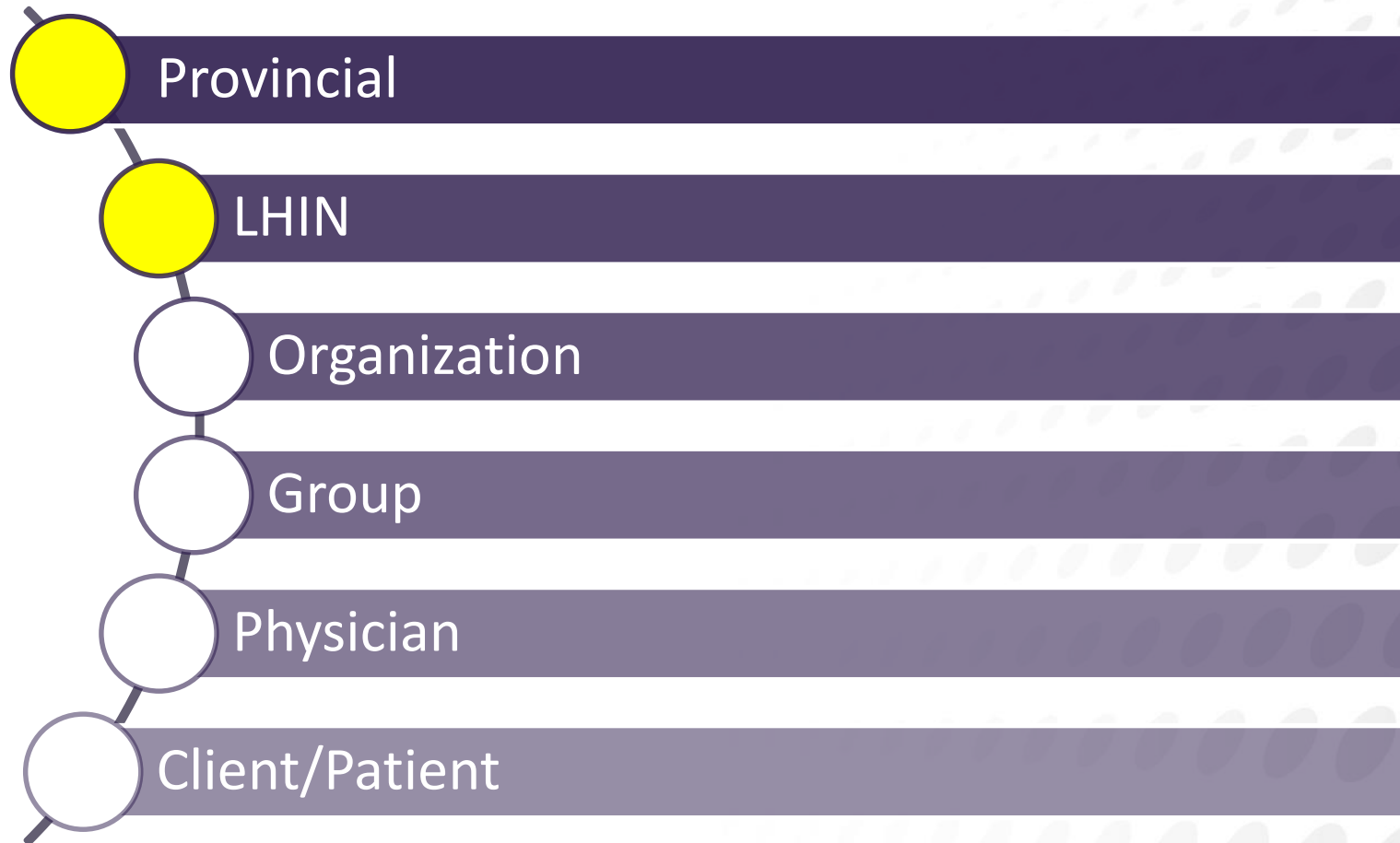
- ✓ Describe the various data sources available to primary care providers
- ✓ Understand how different primary care quality improvement activities, such as, HQO's Primary Care Practice Reports and Quality Improvement Plans (QIPs), can work together synergistically
- ✓ Use the HQO QIP Query tool to discover valuable insights and change ideas that can be used to fuel quality improvement efforts
- ✓ Dialogue with peers and facilitators to share experiences with using data to drive improvement

# Some Information Sources for Practice Reflection





# Data for Improvement: HQO Online Reporting



# Primary Care Sector Performance

If you have a question about system performance in primary care, please email us at [SystemPerformance@HQOntario.ca](mailto:SystemPerformance@HQOntario.ca)



## PRIMARY CARE QUALITY INDICATORS

View and compare the data of the nine primary care quality indicators

[Learn more »](#)

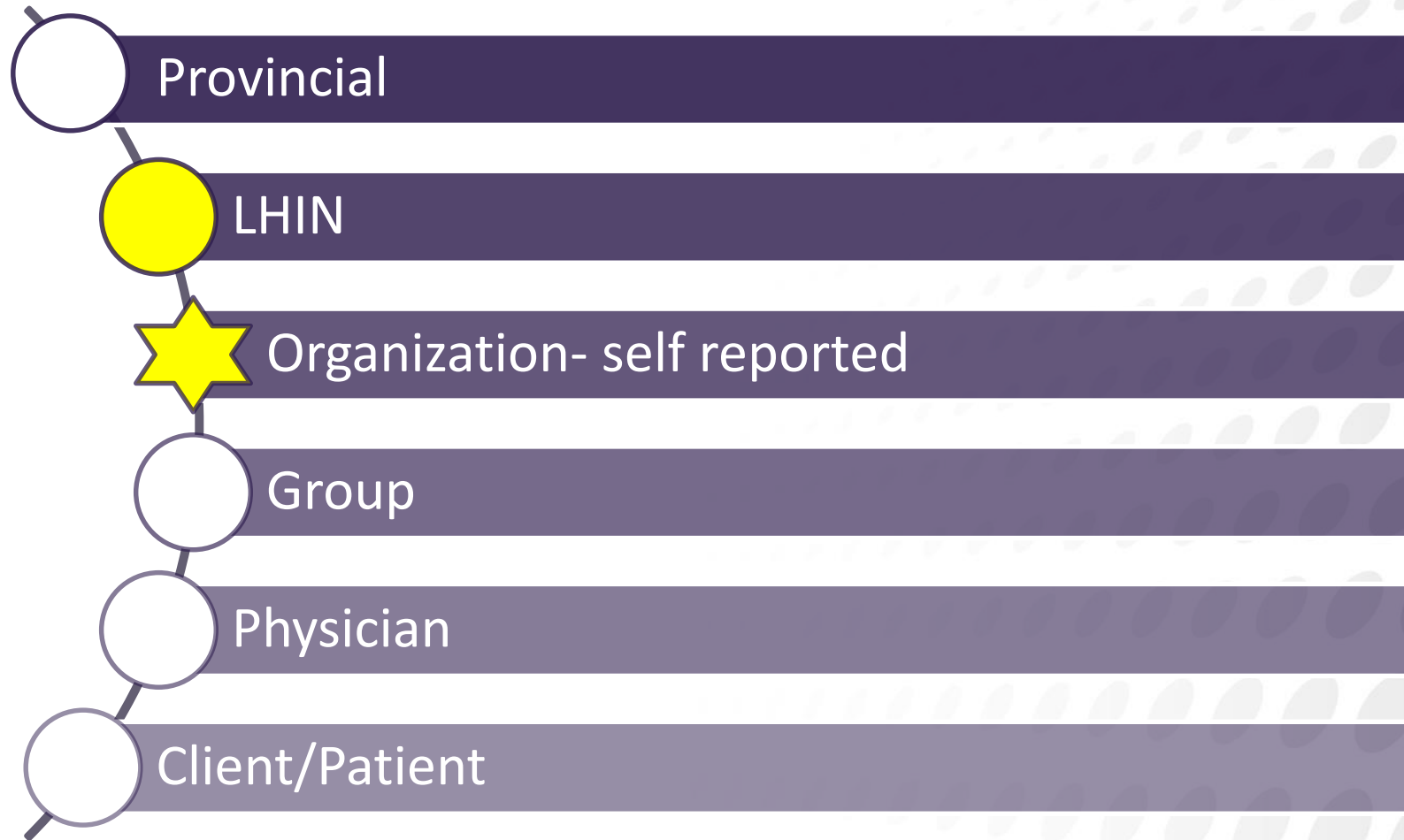


## GUIDE TO PRIMARY CARE REPORTING

Learn more about how we report on performance in the primary care sector

[Learn more »](#)

# Data for Improvement: HQO Navigator QIP Query



# Quality Improvement Plans

## A QIP is...

- a **commitment** that a health care organization makes to its patients, staff, and community and to the Ontario public as a whole to improve quality through focused targets and actions.
- a way **to focus** organizations, sectors and the system as a whole on key priorities and to collectively address system-wide needs and priorities through cross-cutting metrics
- a way of **harmonizing dialogue** and encouraging peer-to-peer sharing and benchmarking
- one means to help entrench **quality improvement culture as a system-wide standard**

# Transparency: All QIPs are Publicly Accessible & Searchable

<https://qipnavigator.hqontario.ca/QIPReports/Reports.aspx>



The screenshot shows a web browser window with the URL <https://qipnavigator.hqontario.ca/QIPReports/Reports.aspx>. The page features the Ontario Health Quality Ontario logo and a navigation menu with options: HOME, RESOURCES, SECTOR QIPS, and QUERY QIPS. The 'QUERY QIPS' option is selected, and the page title is 'Query QIPs'. The main content area displays 'QUERY QIPS' in large orange letters and a list of query options:

- Run Indicator Query: Workplan
- Run Indicator Query: Progress Report
- Run Text Query: Narrative Report
- Run Text Query: Workplan
- Run Text Query: Progress Report

# Live Demo: QIP Query

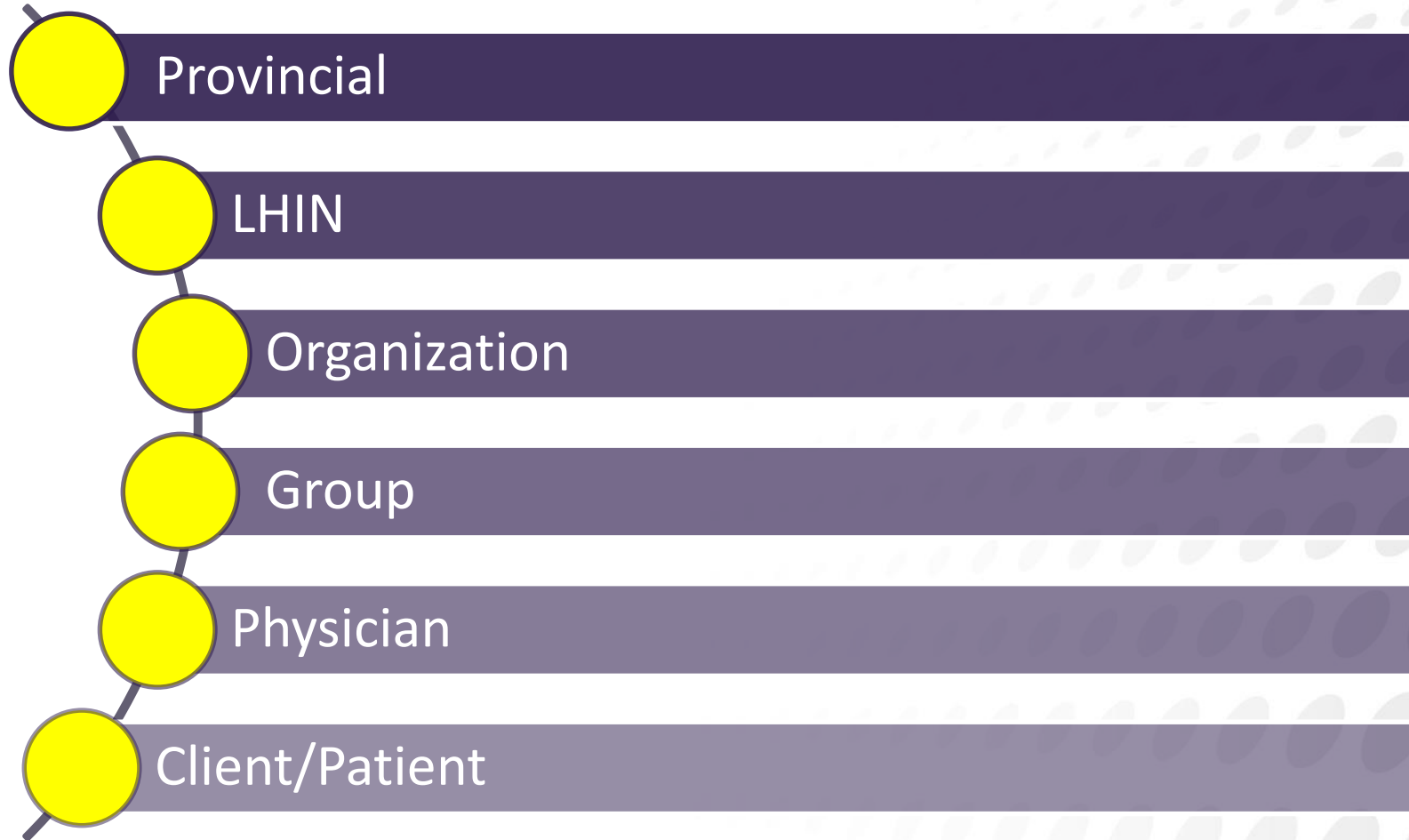
QIP Navigator X <https://qipnavigator.hqontario.ca/>

<https://qipnavigator.hqontario.ca/QIPReports/ReportDialog.aspx?rn=WorkplanIndicatorReport>

*Sector	Primary Care	*Model	Community Health Centre	View Report
*Fiscal Year	2016/17	*LHIN	1. Erie St. Clair, 2. South West, 3. V	
*Organization		*Domain		
*Indicator	<input type="checkbox"/> (Select ALL) <input type="checkbox"/> Access Alliance Multicultural H	*Custom measure		
*Current Performance Operator	<input type="checkbox"/> Anishnawbe Health Toronto	Current Performance		
*Target Performance Operator	<input type="checkbox"/> Anne Johnston Health Station <input type="checkbox"/> Barbara Black Centre for Your <input type="checkbox"/> Barrie Community Health Cent <input type="checkbox"/> Belleville and Quinte West Cor	Target Performance		



# Data for Improvement: CHC system - BIRT



# Purpose of BIRT

- Sector's single comparative reporting source
- Combine Purkinje and Nightingale EMR data sources including all History, fully auditable and verified
- Consistent for all CHCs and soon AHACs
- Consistently applied definitions for Accountability Reporting for
  - MSAA and soon OHRS
- Ad Hoc capabilities
  - High level summary & specific client/encounter/provider specific analysis
- Shareable among all CHCs
- Full Business Intelligence capability
- Designed for future expansion and enhancement





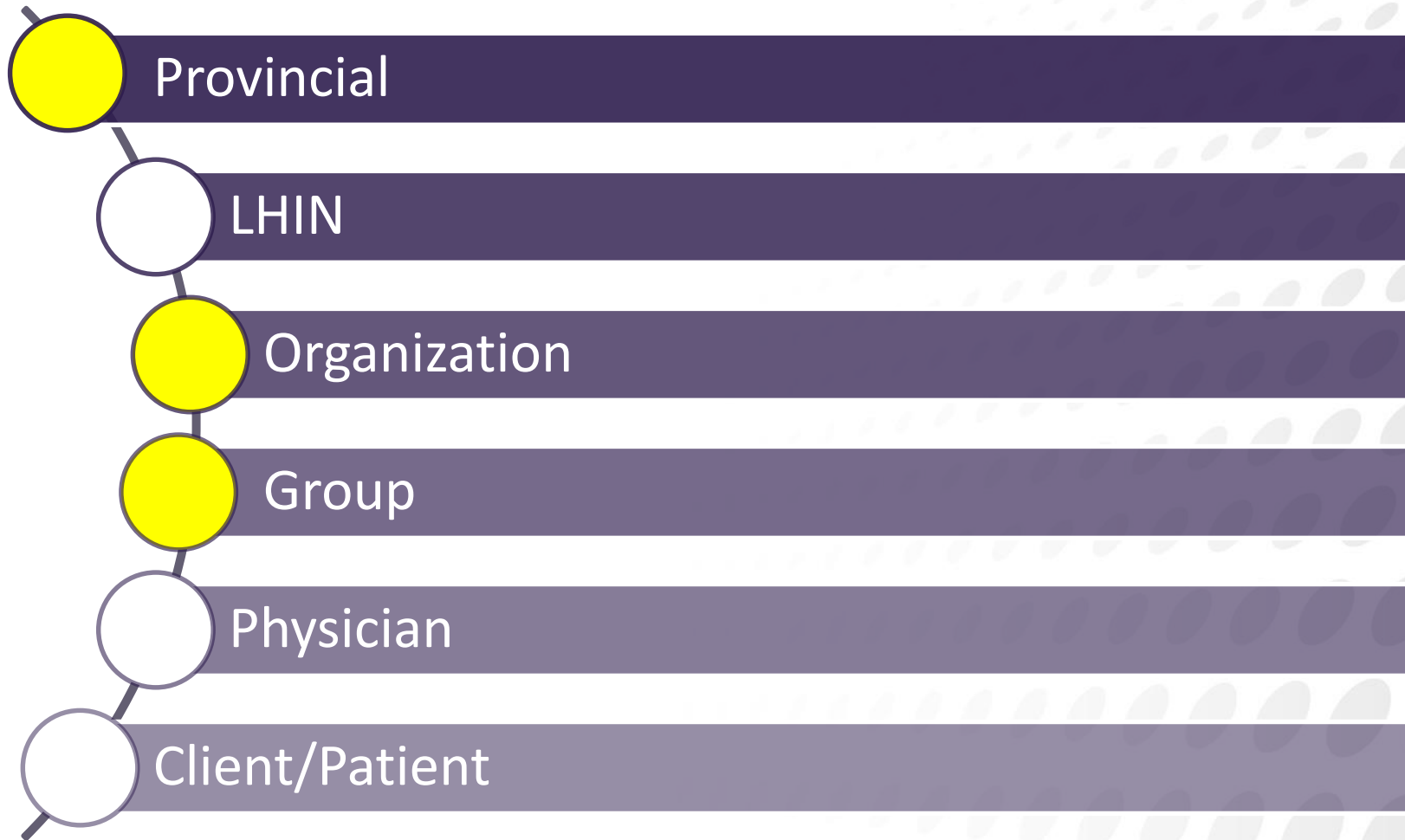
# BIRT – NORA Strategy & 3-D Purpose “Discover Demonstrate Deliver”

- EMR data from 73 CHCs
- EMR data from Purkinje Dossier and Nightingale On Demand
- All Historical PHI Content for up to 25 years
  - Client Demographics
  - Inter-professional Provider – Client Interactions
  - Diagnosis (ENCODE-FM, ICPC, ICD10-CA)
  - Procedures
  - Immunizations
  - Referral activities
  - Group activities



# BIRT Live Demo

# Data for Improvement: HQO Practice Reports



# Overview of the Practice Reports

- The Primary Care Practice Report provides cross-sectional and longitudinal data on practice demographics and case mix, patterns of service use, chronic disease prevention and management, and the health status of the practice population.

### Dashboard

Data reporting period ending: March 31, 2014

My Primary Care Enrollment Model (group type): XXXX  
 My Group Number: Group Ag.  
 My LHIN: LHIN Ag.  
 My Rurality Index of Ontario Score: 0 - Major Urban (0 to 9)

#### How well are we doing?

Change from Sep 13 to Mar 14 (practice)

Pap smear testing Pa.31: -0.2%  
 Mammogram testing Pa.32: -7.8%  
 Any colorectal screening Pa.7: -0.4%

% of eligible screening patients up-to-date with...

HbA1C testing Pa.33: -0.9%  
 LDL testing Pa.32: 1%  
 Retinal exam testing Pa.33: 1.1%

#### Who am I caring for?

Pa.28: 1587 # patients, 41.4 Age (mean)  
 Pa.29: # patients, 42.9 Age (mean)  
 Pa.30: 47.3 % male, 8.7 % rurality

#### What resources are our patients using?

Change from Sep 13 to Mar 14 (practice)

Less/ Non-Urgent ED Visits (rate per 1,000) Pa.39: -4.3

My Practice: 160.0, My XXX: 172.4, Ontario: 148.4

To find out more information about any particular indicator, please click on the page number links located under each indicator

\*Adjusted for age, sex and morbidity.

Health Quality Ontario Primary Care Practice Report 4

#### Pap smear: Percentage of your screening-eligible female patients aged 23 to 69 who had a Pap test within the previous three years

Month	My Practice	My XXX	LHIN	Ontario
Sep 10	73.8%	73.7%	73.5%	73.3%
Mar 11	73.7%	73.5%	73.3%	72.9%
Sep 11	73.5%	73.3%	73.1%	71.9%
Mar 12	73.3%	73.1%	72.9%	71.7%
Sep 12	73.1%	72.9%	72.7%	71.5%
Mar 13	72.9%	72.7%	72.5%	71.3%
Sep 13	72.7%	72.5%	72.3%	71.1%
Mar 14	72.5%	72.3%	72.1%	70.9%

§ data suppressed, physician group size <6

#### Mammogram: Percentage of your screening-eligible female patients aged 52 to 69 who had a mammogram within the past two years

Month	My Practice	My XXX	LHIN	Ontario
Sep 10	73.0%	74.3%	73.5%	73.8%
Mar 11	74.3%	73.5%	73.8%	71.8%
Sep 11	73.5%	73.8%	71.8%	71.8%
Mar 12	73.8%	71.8%	71.8%	71.8%
Sep 12	71.8%	71.4%	69.9%	69.9%
Mar 13	71.4%	69.9%	69.9%	61.8%
Sep 13	71.4%	69.9%	69.9%	61.8%
Mar 14	71.4%	69.9%	69.9%	61.8%

§ data suppressed, physician group size <6

Data interpretation considerations: The data exclude patients with a history of breast cancer. Historical data points from March 2011 through March 2013 have been updated to include the Ontario Breast Screening Program data, and to reflect the addition of OHIP fee codes (X175 and X176) from 2010 onwards.

What are the data showing me? As of March 2014, 338 of your patients had an up-to-date Pap test. Your percentage is 71.5%, higher than the provincial percentage of 63.4%. To help improve your Pap test rates, review the change ideas on page 3.

What are the data showing me? As of March 2014, 126 of your patients had an up-to-date mammogram. Your percentage is 64%, higher than the provincial percentage of 61.5%. To help improve your mammography rate, review the change ideas on page 3.

- Are you able to identify the patients due/overdue for cancer screening in your practice?
- Do you have a reminder system and a process to recall your patients?
- Do you have a tool to keep track of your patients who are eligible for screening and follow-up on tests and referrals?
- Have you and your team mapped your clinic's current cancer screening process to identify potential gaps and test improvements?

- Change ideas to identify your patients
  - Download the report and compare the information with your clinic's patient records. Notify or make your report more consistent with your own patient records. Register for and view your Cancer Care Ontario Screening Activity Report (SAR) to find the screening status of your enrolled patients. <https://www.cancerscreen.on.ca/patientscreening/>
  - Use the query/reporting function in your EHR to search for screening-eligible patients and check documented screening status.
- Change ideas to develop a recall system
  - Identify number of screening-eligible patients not up-to-date and issue patient reminder/follow-up.
  - Consult templates provided by Cancer Care Ontario. <https://www.cancerscreen.on.ca/onlineuser/doc/mailed/13774pages/070248>
  - Update EHR with reminder notices completed.
  - Update EHR if screening status is up-to-date.
- Change ideas to track your cancer screening process
  - Set up a team to regularly review screening status report and current baseline, generate notice completion and identify subset of patients requiring additional follow-up contact.
  - Review current baseline and set improvement target.
- Change ideas to map your clinic's cancer screening process
  - Create a process map that identifies the steps involved in your clinic's cancer screening process.
  - Identify potential gaps and test improvements (i.e., who checks screening status, who updates the patient record, number of reminders who communicates recall or follow-ups, how frequent are screening status reports reviewed, what actions are taken when a patient screening status is not up-to-date following reminders).
  - Map the process for scheduling cancer screening tests, resending screening results and updating the EHR.
  - For normal results, map how the recall/track is updated/used, so that recall notifications are standard and easier to track by the team (e.g., use the EHR task function to trigger a follow-up check if the test was done and if the results were received).

Additional change ideas to help improve cancer screening in your practice

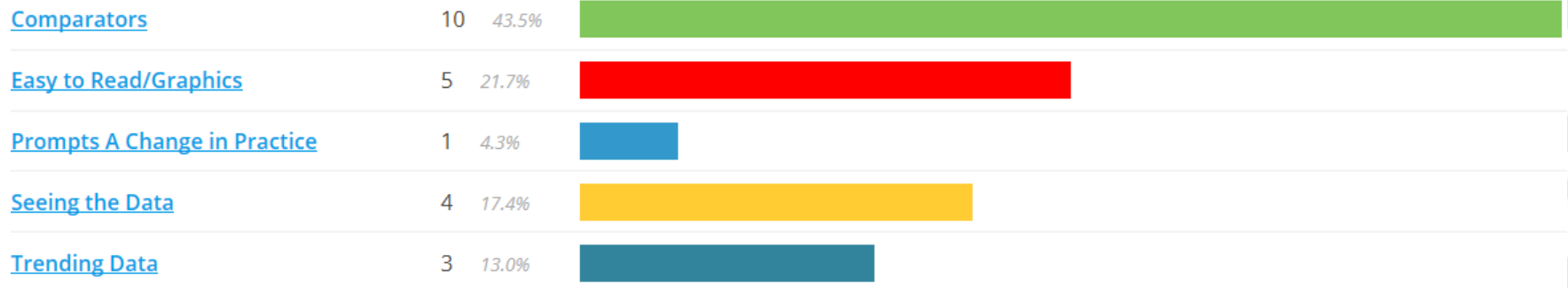
Learn from your peers: Reach out to local family physician leaders working as part of the Provincial Primary Care and Cancer Network. Go to <http://www.cancerscreen.on.ca/One.asp?tab=13774pages/070248>

For additional change ideas, consult Cancer Care Ontario's Cancer Screening Toolkit. <http://www.cancerscreen.on.ca/cscrt/>

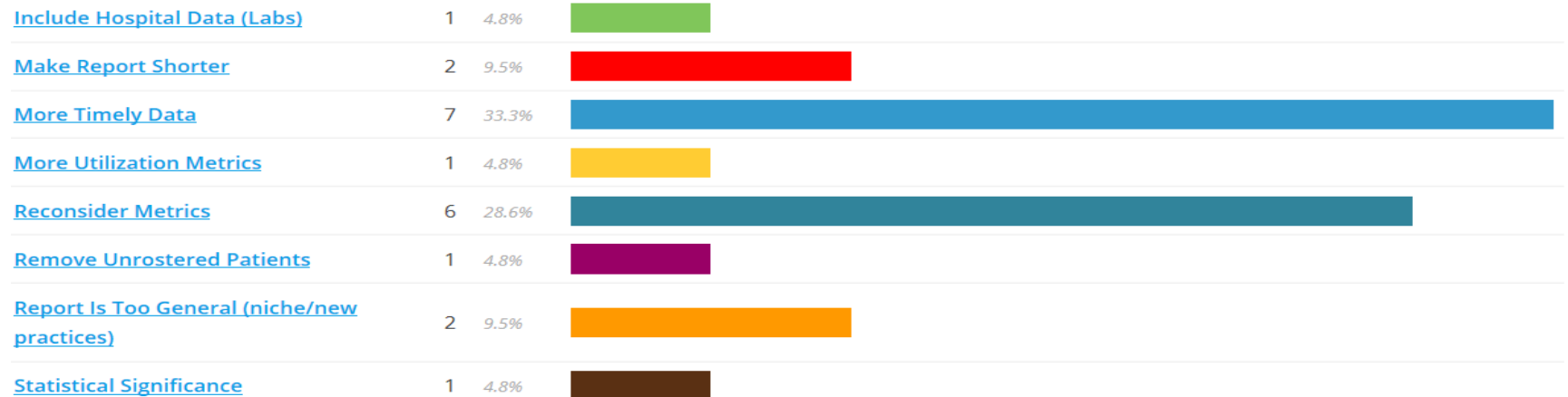
Once you identify the areas you would like to improve, review the change ideas that accompany each question:

# Physician Survey Results (May 2016)

## What do you like most about the report? (23 responses)



## What is one improvement you would like to see? (25 responses)

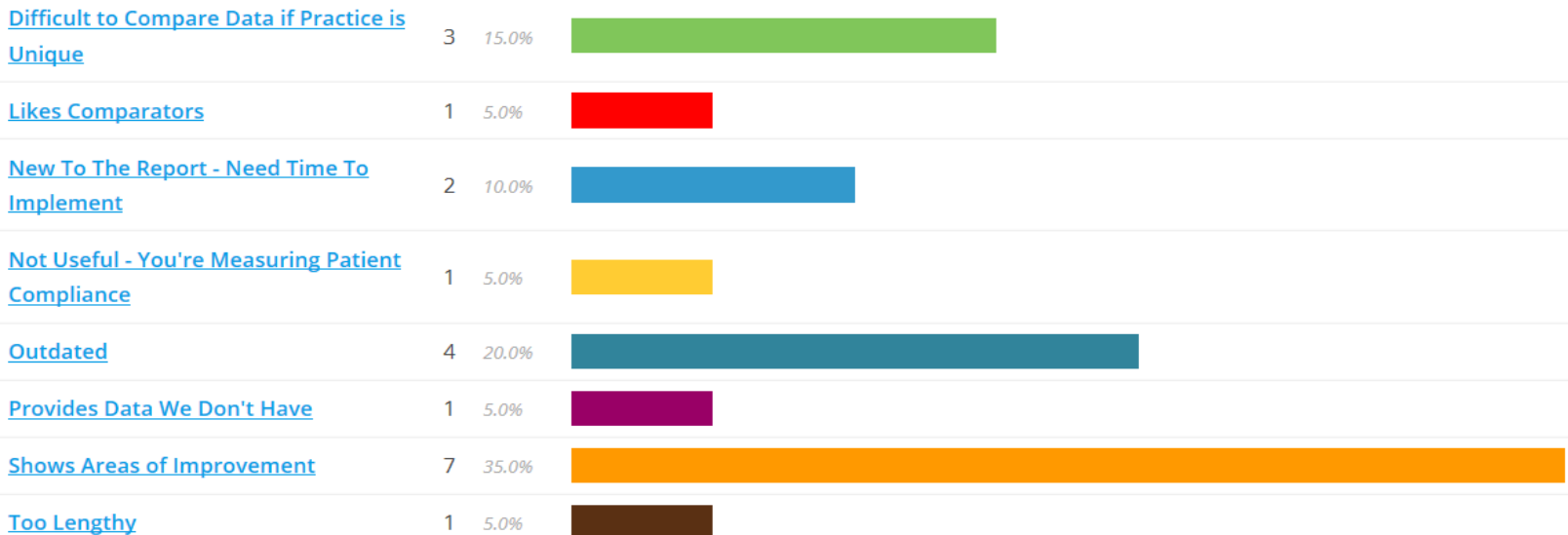


# Physician Survey Results (May 2016)

## Do you find the report useful for QI?



## Why or why not? (20 responses)



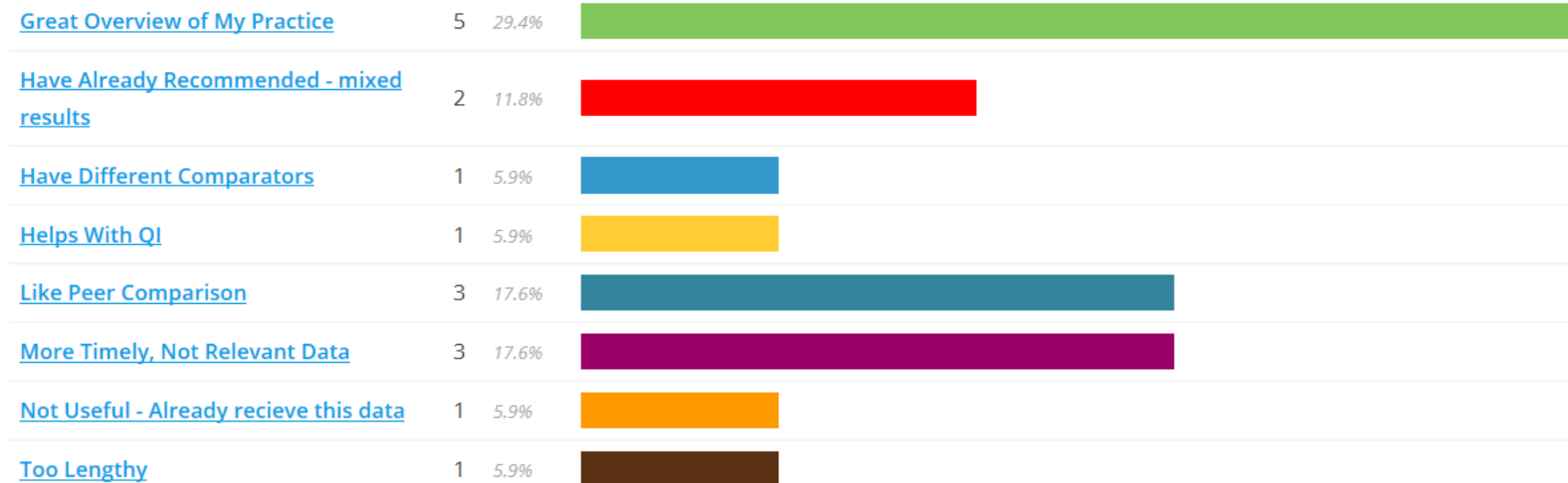
# Physician Survey Results (May 2-16)

## Would you recommend the report to your peers?



Total: 21

## Why or why not?



# Placeholder: Audit and Feedback



# Sign-up for Practice Reports

<http://www.hqontario.ca/quality-improvement/practice-reports/primary-care>

## Login

If you have already verified your consent or if you currently have an Health Quality Ontario account (e.g., Learning Community), log in to access your reports:

Email:

Password:

Remember me?

**LOGIN**

## Sign up

If you do not have an Health Quality Ontario account and would like to receive the Primary Care Practice Report, please click on the link below to provide your consent:

**CONSENT FORM**

## Sample Reports

[Sample Physician Report.pdf](#) 

[Sample Group Report.pdf](#) 

## Technical Appendices

[PCP Report Technical Appendix 2016](#) 

[PCP Report Technical Appendix \(CHC\)](#) 

# Additional Quality Improvement Resources

- <http://qualitycompass.hqontario.ca/portal/getting-started>
- <http://www.ideasontario.ca/>
  - <http://shareideas.ca/>
- IHI Open School: <http://www.hqontario.ca/Quality-Improvement/Health-Links/Learning-Opportunities>

# Thank you!



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