Health Quality Ontario: Optimizing provincial feedback programs

Design Process, Challenges, and Lessons Learned

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Five Strategic Priorities

1. Provide system-level leadership for quality
2. **Increase availability of information to enable better decisions**
3. Evaluate promising innovations/practices, support broad uptake
4. Engage patients in improving care
5. Enhance quality when patients transition between care/settings
HQO Reporting Portfolio

PUBLIC PERFORMANCE REPORTING
• Sets overall quality agenda
• Supports transparency accountability

REPORTING FOR SYSTEM USE
• Enables continuous QI in priority areas
• To regularly provide information, including data* and change ideas, to support practice improvement efforts

• Currently, HQO provides three sets of audit and feedback tools:

  MyPractice: Primary Care
    • Physician
    • Community Health Centre Executive Director
    • Family Health Team Executive Director

  MyPractice: Long-Term Care

  MyPractice: Hospital/Specialist

*Provincial health care datasets are used to generate indicators. Currently, HQO works with the Institute for Clinical Evaluative Sciences to calculate indicators. Data sources may be expanded in the future.
Report Development Process

- Consultations through advisory committees, reference groups and one-on-one usability sessions
- Stakeholders include clinicians, researchers, regional leadership, professional associations and ministry
- Feedback surveys sent to report recipients
- Mixed methods formal evaluation of report impact
Mixed Methods Evaluations

• Critical to program success is report content and format that optimally triggers physician behaviour change

• The Ontario Healthcare Implementation Laboratory supports qualitative and quantitative evaluations:

• Long term care:
  • Positive and negative framing and comparator trials
  • Physician surveys, interviews, administrative data analysis

• Primary care:
  • Physician surveys, interviews on report design opportunities, format changes, topic perceptions and future content
Comparator seems to influence behaviour:

- **Use top quartile comparator**, pursue case mix adjustment to improve credibility

Negative framing perceived as more actionable:

Additional findings:

Physicians value & use the feedback, but report is not the main driver of change

Provide data split by facility and encourage discussion with team members within and across facilities

To maximize engagement with report, indicators should be immediately interpretable
User-centered design approach:
   Conducted 16 think-aloud interviews and refined the design iteratively in cycles

Content and design changes required balancing of:
   1. User input and preferences
   2. Desire to minimize cognitive load and focus attention on actionable items
   3. External evidence on behaviour change
Help clarify what the report does and does not do

Testimonials featured more heavily within the document
Dashboard: old & new

Dashboard

Data reporting period ending: March 31, 2014

My Primary Care Enrollment Model (group type): XXX
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?

- % of eligible screening patients up-to-date with...
  - Pap smear testing: -0.2%
  - Mammogram testing: -7.8%
  - Any colorectal screening: -0.4%

- % of patients with diabetes up-to-date with...
  - HbA1C testing: -0.9%
  - LDL testing: 1%
  - Retinal exam testing: 1.1%

Who am I caring for?

- Overall Performance in Quality Indicators

Primary Care Practice Report

Where can I improve?

- CRC screening
- Pap smear

Average performance

- Mammogram

What am I doing well?

- HbA1C
- LDL
- ACE Inhibitors/ARB
- Statin

Cancer Screening

- Less urgent ED visits
- Urgent ED visits
- ACSC COPD

Diabetes Management

- Hospital readmissions within 30 days
- Hospital readmissions within 1 year
- Visits to own physician

Health Services Utilization

View your patient information and demographics
Provide users with a snapshot of their overall performance. Three performance levels as a compromise. Hyperlinks allow for easy navigation even in a PDF. Quick access to patient demographics.

<table>
<thead>
<tr>
<th>Cancer Screening</th>
<th>Average performance</th>
<th>What am I doing well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC screening</td>
<td>Pop-smear</td>
<td>Mammogram</td>
</tr>
<tr>
<td>HbA1C</td>
<td>Retinal test</td>
<td>Statin</td>
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<td>LDL</td>
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<tr>
<th>Diabetes Management</th>
<th>Health Services Utilization</th>
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<tbody>
<tr>
<td>Total ED visits</td>
<td>Hospital readmissions within 30 days</td>
</tr>
<tr>
<td>Urgent ED visits</td>
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<th>Where can I improve?</th>
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<td>Quick access to patient demographics</td>
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</table>
All colorectal screening: Percentage of your patients aged 52 to 74 who had a FOBT within the past two years, other investigations (i.e., barium enema, sigmoidoscopy) within the past five years or a colonoscopy within the past 10 years.

Data interpretation considerations
A small proportion of FOBTs performed as diagnostic tests could not be excluded from the analysis. FOBTs analyzed in hospital labs could not be captured.

What are the data showing me?
As of March 2014, 297 of your patients were up-to-date with colorectal screening. Your percentage is 67.9%, higher than the provincial percentage of 59.1%.

To help improve your colorectal screening rate, review the change ideas on page 6.
### Primary Care Practice Report

**CRC Screening**

**What percent of my eligible patients aged 52 to 74 are up-to-date with any colorectal screening?**

![Graph showing CRC screening percentage over time (Mar 13 to Sep 16)]

- **What are the data showing me?**
  - As of September 30, 2016, 81.3% of my patients were up-to-date with colorectal screening.
  - My group and LHIN percentages are 64.6% and 69.9%, respectively.
  - My practice is higher than the provincial percentage of 64.5%.

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### Health Quality Ontario

**Data as of September 30, 2016**

**Number of my eligible patients not screened**

- **170**

**How can I improve my CRC screening?** *(page 9)*

**To identify patients requiring follow-up for CRC screening, please access your screening activity report (SAR) through the Cancer Care Ontario Portal**

**SAR Report Portal**

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**Indicator definition:** Percentage of my patients (aged 52 to 74) who had a FOBT within the past two years, other investigations (i.e. sigmoidoscopy) within the past five years or a colonoscopy within the past 10 years.

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**Interpretation written out**

**Absolute # more likely to compel action**

**Key change idea beside the data**
**Change ideas: old & new**

**Identify areas for improvement**

First, identify areas of focus to improve your cancer screening indicators by asking yourself these questions:

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

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

1. **Change ideas to identify your patients**
   - a) Download the report and compare the information with your clinic’s patient records. Modify to 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.cancercare.on.ca/cpc/prm/can/lair

   - b) Use the query/reporting function in your EMR to search for screening-eligible patients and check documented screening status.

2. **Change ideas to develop a recall system**
   - Identify number of screening-eligible patients not up-to-date and follow-up.
   - Consult template Ontario.
     
     https://www.cancercare.on.ca/cpc/prm/can/lair

   - Update EMR with updated dates.

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**Primary Care Practice Report**

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**CRC Screening**

**How can I improve my cancer screening indicator?**

- **Review your HQO practice report**
  
  - Go through the report examine how you are doing in comparison with the Ontario average.

- **Identify the patients due/overdue for cancer screening**
  
  - Register for and view your Cancer Care Ontario Screening Activity Report (SAR) to find the screening status of your enrolled patients.
  
  - Use the query/reporting function in your EMR to search for screening-eligible patients.

- **Establish a process or system to help you keep track of patients who are eligible for screening.**
  
  - Set-up reminders to help track those patients who are due for screening.

- **Follow up on tests and referrals.**
  
  - Regularly review screening status reports and current baseline, reminder notice completion and identify patients requiring additional follow up contact.

- **Identify potential gaps in your clinic’s current cancer screening process.**
  
  - Map the steps involved in your clinic’s cancer screening and follow-up processes.
  
  - Consider who checks screening status, who updates the patient record, who communicates recalls or follow-ups, how frequent are screening status reports reviewed, etc.

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**Additional ways to help improve cancer screening in your practice**

- For additional ideas, consult Cancer Care Ontario’s Cancer Screening Toolkit.
  
  https://www.cancercare.on.ca/cpc/prm/can/lair

- Learn from your peers!

- Reach out to local family physician leaders working as part of the Provincial Primary Care and Cancer Network. Go to:
  
  https://www.cancercare.on.ca/cpc/prm/can/lair

- If you use an EMR and want to maximize its use for cancer screening, contact your OntarioMD peer leader:
  
  https://www.ontarions.ca/report-server/pl/community/peer_leader_program/contact/
Things one can do in one's own practice vs. Provincial resources available to help with these indicators

- Review your HQO practice report
- Go through the report examine how you are doing in comparison with the Ontario average

- Identify the patients due/overdue for cancer screening.
- Register for and view your Cancer Care Ontario Screening Activity Report (SAR) to find the screening status of your enrolled patients
- Use the query or reporting function in your EMR to search for screening-eligible patients.

- Establish a process or system to help you keep track of patients who are eligible for screening.
- Set-up reminders to help track those patients who are due for screening.

- Follow-up on tests and referrals.
- Regularly review screening status reports and current baseline, reminder notice completion and identify patients requiring additional follow-up contact.

- Identify potential gaps in your clinic's current cancer screening process.
- Map the steps involved in your clinic's cancer screening and follow-up processes.
- Consider who checks screening status, who updates the patient record, who communicates recalls or follow-ups, how frequent are screening status reports reviewed, etc.

Additional ways to help improve cancer screening in your practice

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- If you use an EMR and want to maximize its use for cancer screening, contact your OntarioMD peer leader: [https://www.ontariomd.com/portal/server.pt/community/peer_leader_program/contac](https://www.ontariomd.com/portal/server.pt/community/peer_leader_program/contac)
Implication(s):

1. Physicians approve of the new design and view it as a strength.
2. The current design features (e.g. colour, layout, graphics) enhance the usability of the report.
3. Design features will remain a work in progress.

I think it’s a very clear report. It’s pretty simple to read, it’s pretty simple to see where you are, where you compare with the rest of the province. I think all of that is pretty clear. PCP06
Physician Perspective: Indicators

I think, rather than focusing on the percentage of patients that have had recent hemoglobin A1C testing, to me, a better thing to look at would be what are the hemoglobin A1Cs of my patients, like, what are the numbers and how do the overall outcomes, let’s say, compare with other doctors? PCP01

I think the question I have, for Health Quality Ontario, is what you would like physicians in general to do with the report? Because it’s all nice to give people information but if there is no clear direction about what they should do with it... PCP09

Implication(s): Unless the indicators align with physician goals and priorities, and are perceived as actionable, the design doesn’t really matter
Continuing enhancements

• New/revised indicators (e.g. opioid related content)

• Ongoing exploration of:
  • Peer group, risk adjustment
  • Outcome, process + balancing indicators
  • Access to patient level data
  • Easier report access
  • Streamlined reporting in Ontario

• Growing the numbers of registrants and the number who engage with their data…
Continuing evolution… of the reports and the partnership

- Partnership between Ontario Healthcare Implementation Laboratory and Health Quality Ontario supports the continued enhancement of the reports and strengthens their value to physicians.

- Value to HQO: testing strategies to increase report reach and usefulness AND identify opportunities to increase impact.

- Value to scientific community: planned evaluations can advance the science of audit and feedback.