

Describing Quality Improvement Initiatives in Ontario: Results from A Cross Sectional Study on Primary Healthcare Practices



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Background

- Large variability exists in how primary care practices are organized, even in those operating under the same model.
- Quality improvement (QI) is a proven evidence-based strategy that aims to improve work processes to provide better quality healthcare services for patients¹⁻³.
- Community Health Centres (CHCs) and Family Health Teams (FHTs), the two inter-professional primary care practice models in Ontario, are required to demonstrate ongoing investments in QI efforts.
- No previous documentation of the type of activities that practices perform while accounting for organizational attributes to ameliorate quality in their practices exists.

Objective

- To describe QI activities performed by CHCs & FHTs

Methods

Design: Cross-sectional survey

Tool: Adapted from the Canadian Institute for Health Information

Respondents (Inter-professional practices only): CHCs (n=56), FHTs (n=77)

Organizational Attributes Survey Components

Identification of Practices:

Practice Type
Teaching Site
Rurality

Practice Site Resources:

Number and FTE of personnel
Resource Sufficiency

For this Analysis:

Practice Site Structures:

Internal Quality Improvement Processes
Clinical Quality Improvement Initiatives
Audit and Patient Feedback

Service provision and Clinical Practice:

Service Availability
Chronic Disease Management and Education Programs
Walk In visits
Evaluation Time

Practice Site Context:

Coordination with other practices and hospitals

Methods (Cont'd)

Survey delivery:

- Online population-based survey of primary care practices to capture organizational characteristics of practices
- Practices encouraged by Association of Ontario Health Centres (AOHC) and Associations of Family Health Teams of Ontario (AFHTO) to complete survey in Summer 2016

Quality Improvement Domains:

- Internal Quality Improvement Processes (Processes, 8-questions)
- Clinical Quality Improvement Initiatives (Initiatives, 4-questions)
- Audit and Patient Feedback (Feedback, 3-questions)

Organizational Attributes:

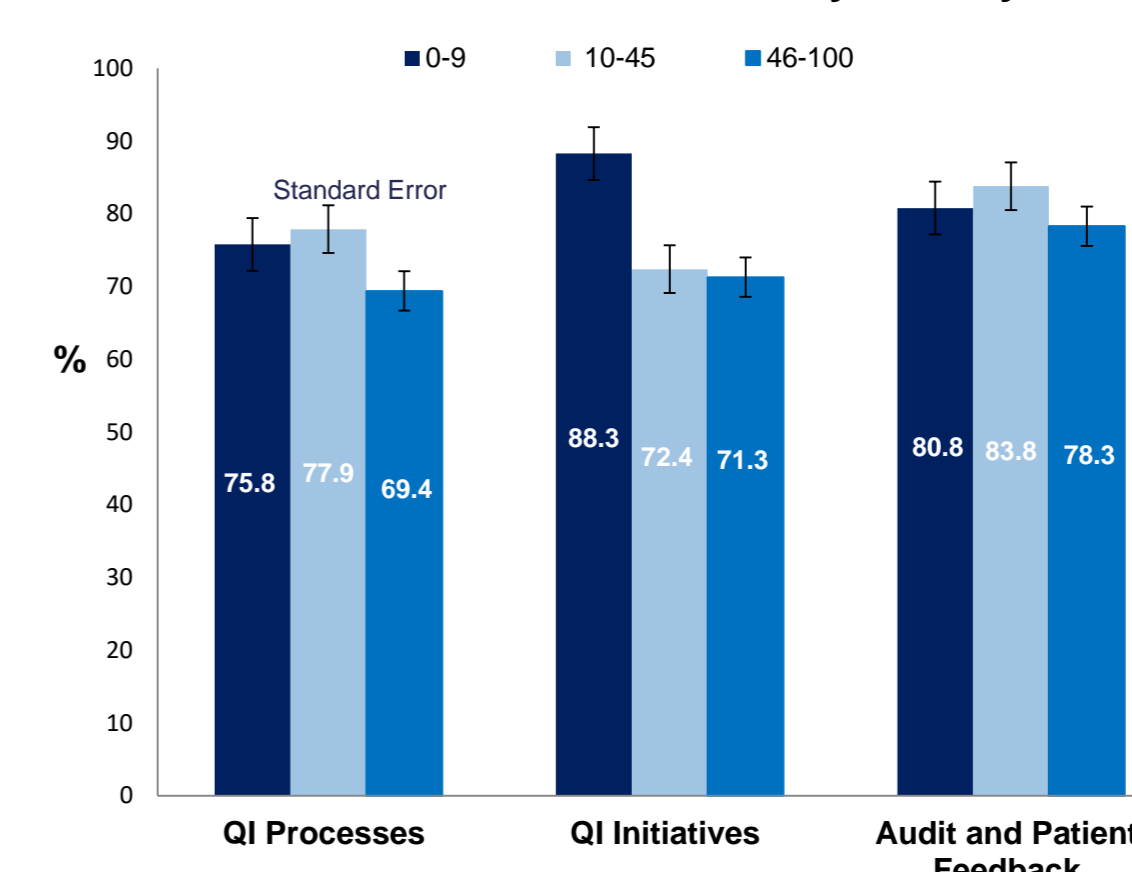
Model Type (CHC/FHT), Training site (Yes/No), Rurality (based on Rurality Index of Ontario), and primary care practice size (sum of FTEs of MDs and NPs).

Statistical Analysis:

- Descriptive statistics:** Distribution of individual QI activities by model, and across organizational attributes calculated
- Linear regression:**
 - Dependent variable: **Overall QI score** across all three domains (average of each domain)
 - Independent variables: Organizational attributes listed above

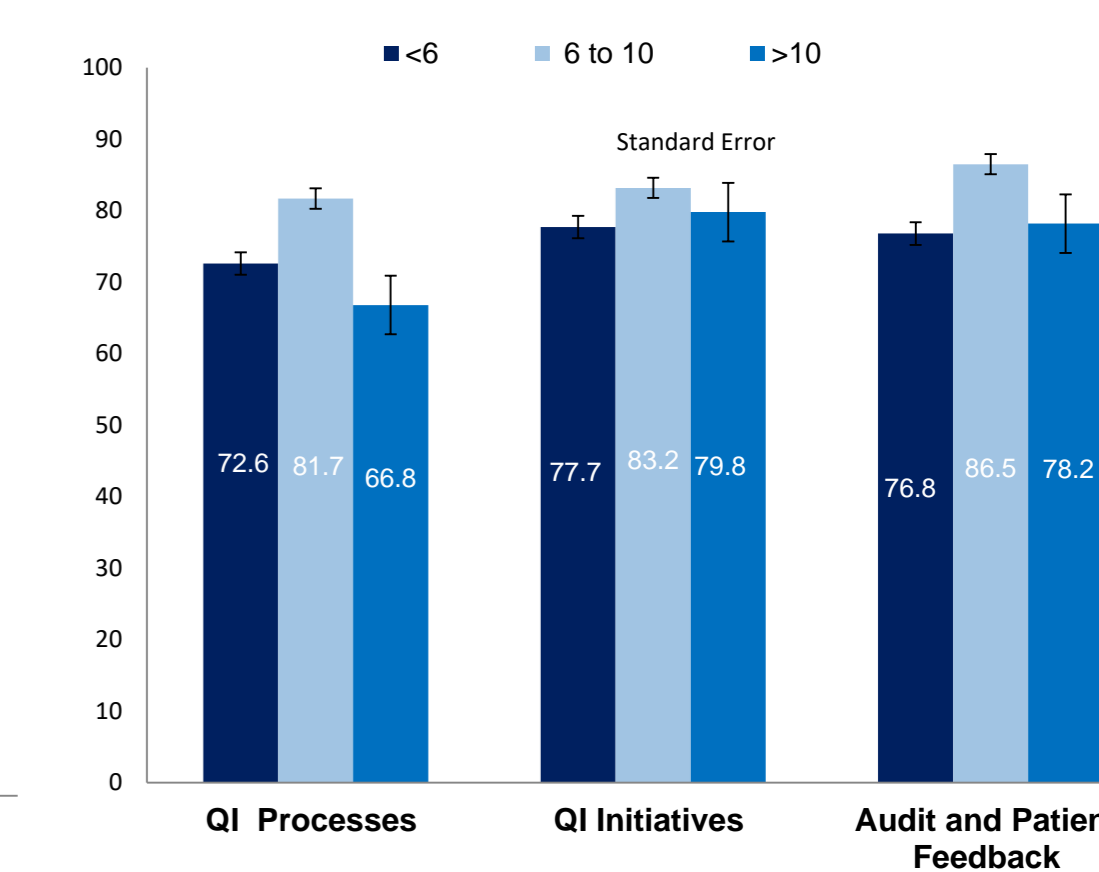
Results (Cont'd)

Distribution of QI Activities by Rurality



Note: Rurality = Rurality Index of Ontario (RIO)

Distribution of QI Activities by Practice Size



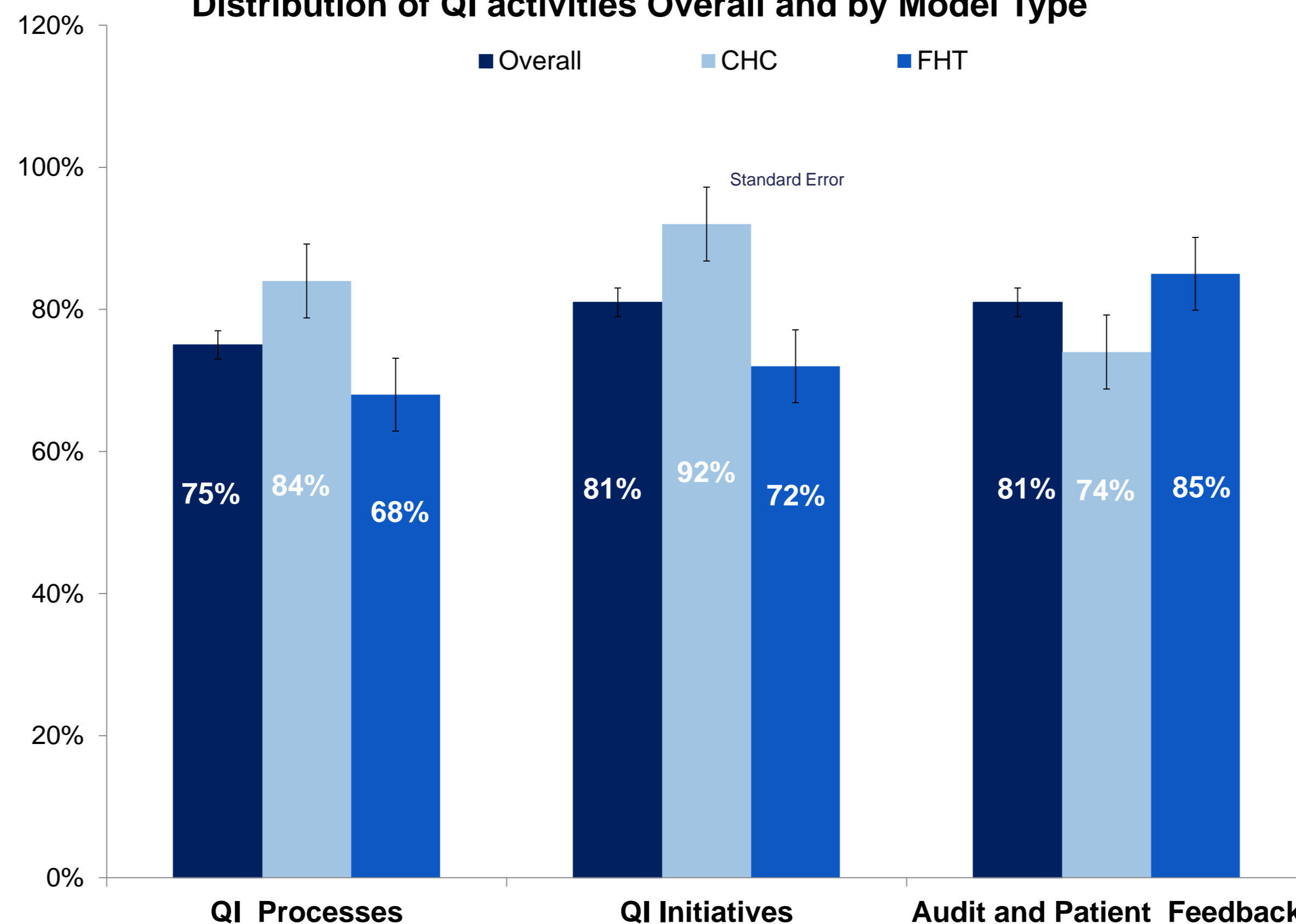
Note: Practice size = sum of FTEs of MDs and NPs

Table 1: Association between Organizational Factors and QI level

Organizational Factors	Beta	95% CI	P-value
Primary Care Model (CHC ref)			
FHT	-0.09	-0.16 ; -0.03	0.005
Practice Size (MD+NP FTE) (6-10 Ref)			
Small-sized: <6	-0.10	-0.20; -0.03	0.006
Large-sized: >10	-0.08	-0.16; 0.005	0.064

Results

Distribution of QI activities Overall and by Model Type



Interpretation

- Considerable variability in the extent practices conducted QI activities existed.
- Overall, CHCs and FHTs appeared to use different strategies to reach their QI goals.
- Consultations with AOHC and AFHTO suggest that variability across models was expected, and is a result of model specific reporting priorities and mandates.
- Mid-sized practices were more likely to have conducted QI activities.

Conclusions & Next Steps

- We will present details of our findings with a hypothesized explanation for variability across other contexts.
- The variability in the extent to which practices carried out QI activities will allow us to understand how that organizational attribute may be related to quality of care measures.
- **Future steps:** Linkage of organizational attributes to ICES data to determine their association with quality of care measures found in health administrative data.

References

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3. Health Quality Ontario (HQO). (2019). *Quality Priorities for the 2019/20 Quality Improvement Plans*.

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