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

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Methods

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:
- i) Internal Quality Improvement Processes (Processes, 8-questions)
- ii) Clinical Quality Improvement Initiatives (Initiatives, 4-questions)
- iii) Audit and Patient Feedback (Feedback, 5-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).

Results

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

Table 1: Association between Organizational Factors and QI level

<table>
<thead>
<tr>
<th>Organizational Factors</th>
<th>Beta</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Model (CHC ref) FHT</td>
<td>-0.09</td>
<td>-0.16 to -0.03</td>
<td>0.005</td>
</tr>
<tr>
<td>Practice Size (MD+NP FTE) (6-10 Ref)</td>
<td>-0.10</td>
<td>-0.20 to -0.03</td>
<td>0.006</td>
</tr>
<tr>
<td>Large-sized: &gt;10</td>
<td>-0.08</td>
<td>-0.16 to 0.005</td>
<td>0.064</td>
</tr>
</tbody>
</table>

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.
- Considerations with AOHC and AFHTO suggest that variability across models was expected, and is a result of model specific reporting priorities and mandates.

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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