

Using Audit and Feedback to improve Performance: The HQO experience

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**Health Quality
Ontario**

Let's make our health system healthier






Disclosure of Commercial Support

- **This program has received no commercial financial support**
- **This program has received no in-kind commercial support**



Disclosure

- Dr. David Kaplan receives salary support from Health Quality Ontario
- Dr. Kaplan is the Medical Director for Telemedicine at Right Health

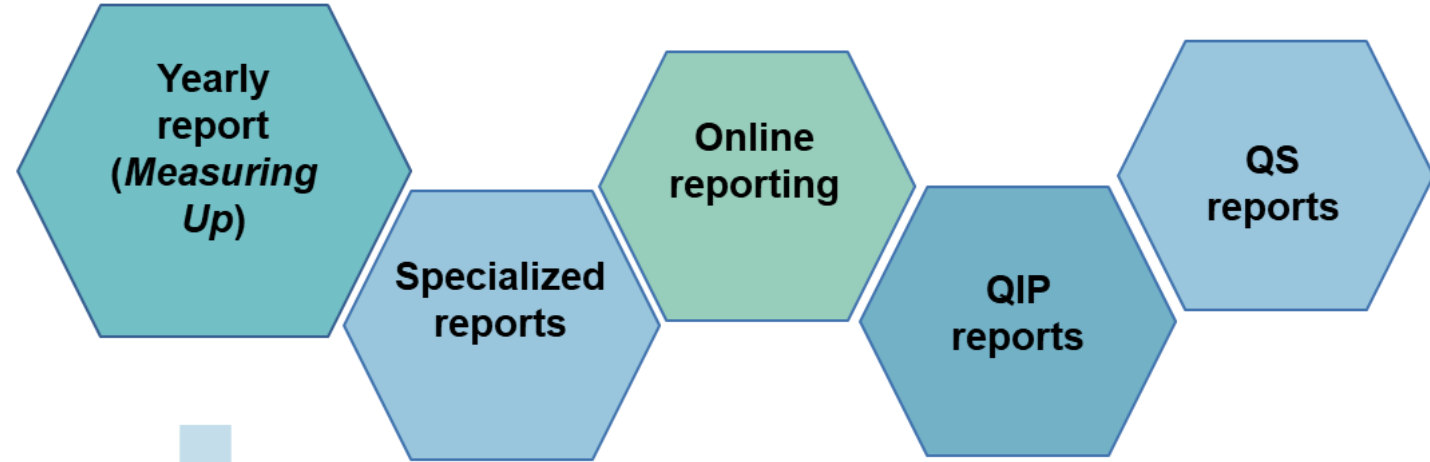


Everyone should
have access
to the data
they need

Health Quality Ontario Reporting Portfolio

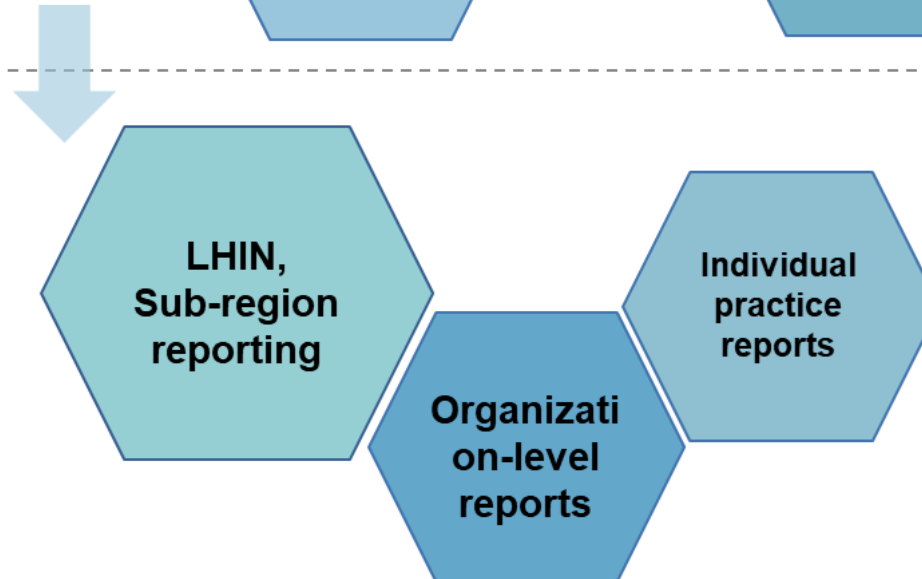
PUBLIC PERFORMANCE REPORTING

- Sets overall quality agenda
- Supports transparency accountability



REPORTING FOR SYSTEM USE

- Enables continuous QI in priority areas



What are MyPractice Reports?

A customized report provided to individual clinicians or organizations with clinical data/indicators and change ideas to support quality improvement.

MyPractice:
Primary Care

MyPractice:
Long-Term
Care

MyHospital:
Choosing
Wisely Canada

MyPractice

A personalized report for quality care

Dr. X
Reporting Period:
Group program type:
Group ID:
Group LHIN:
Group Rurality Index of Ontario Board:

Version Release: X Release: MMM YYYY
PRIVATE AND CONFIDENTIAL



**Health Quality
Ontario**
Let's make our health system healthier

In partnership with:



afhto association of family
health teams of ontario

Centre for Effective Practice
Best Evidence • Best Practices • Better Health

OntarioMD
Empowered Practice. Balanced Care.

Practice Level Data

Dashboard

Data reporting period ending: **March 31, 2014**



What resources are our patients using?

	Change from Sep 13 to Mar 14 (practice)	My Practice	My XXX	Ontario
Less/ Non-Urgent ED Visits (rate per 1,000)* (Pg. 19)	-6.3	160.0	172.4	148.4

Dashboard

Monday, Oct 10

Charge HR
⊞ Syncing...

8 of 9 hours with 250+
● ● ● ● ● ● ● ● ● ●

7,699 steps 10,000
▬

68 bpm resting

5.28 km 8.05
▬

1,966 calories burned 2,191
▬

7 floors 10
▬

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.

Practice Reports are a Cross-HQO Effort

Health System
Performance

Strategic
Partnerships

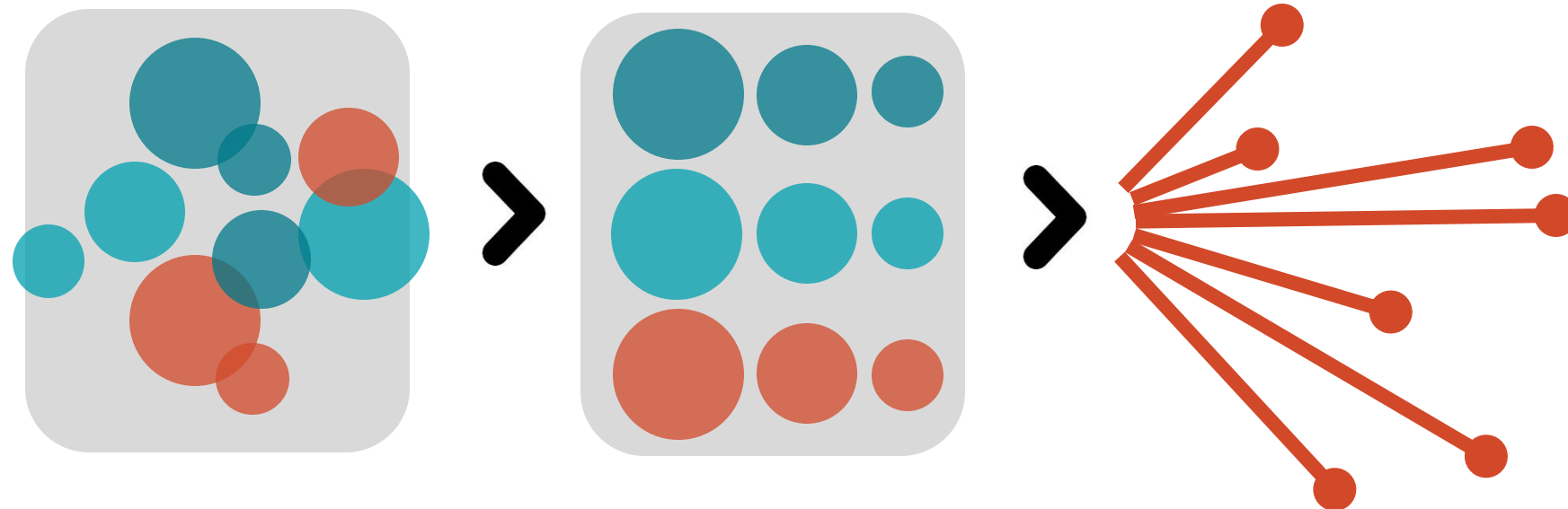
Quality
Improvement

Communications

Digital / BI



Practice Report Process Flow



Content

DATA / QI

DESIGN

DISTRIBUTE

Technical

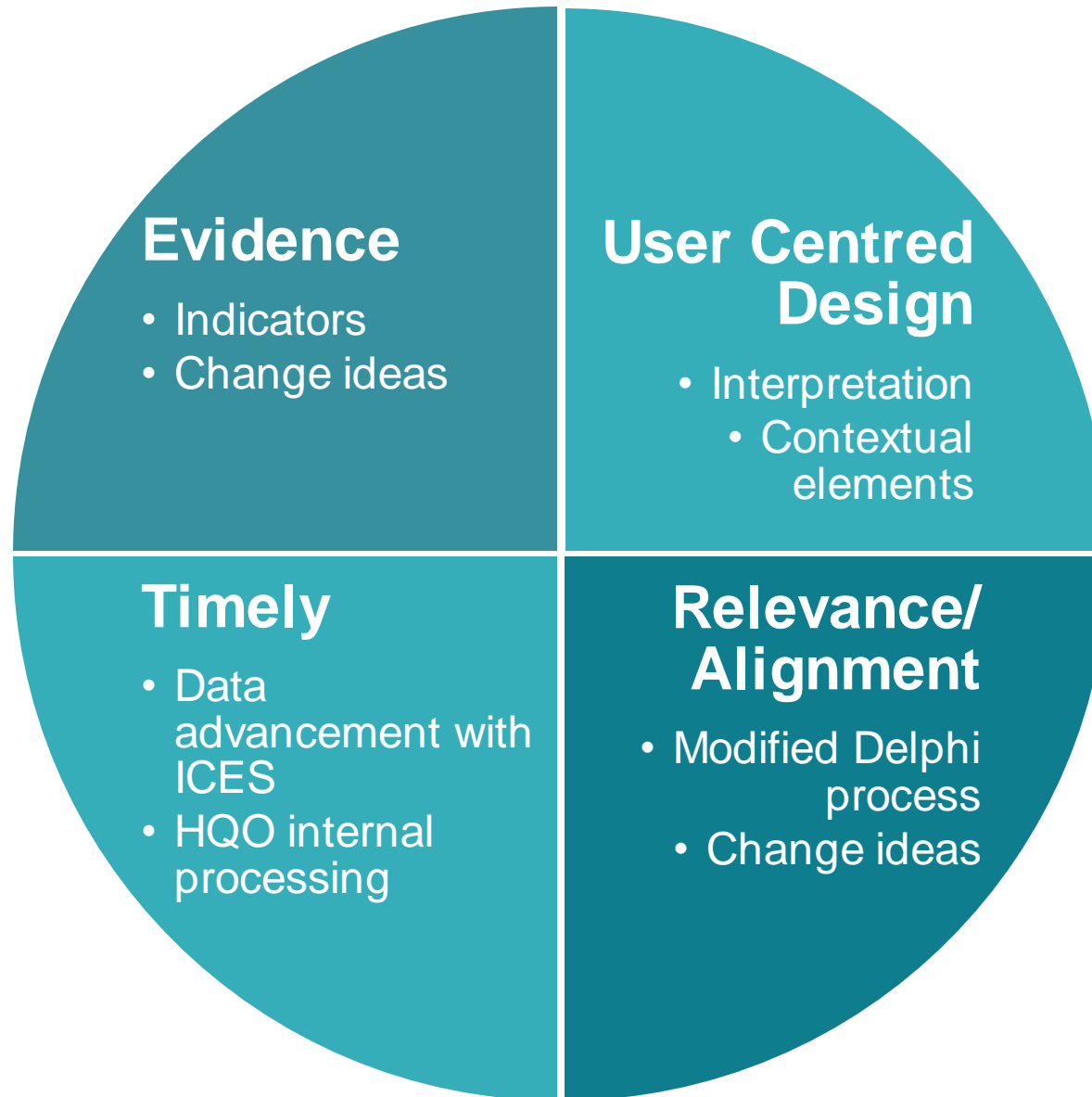
DATA

DESIGN

DISTRIBUTE

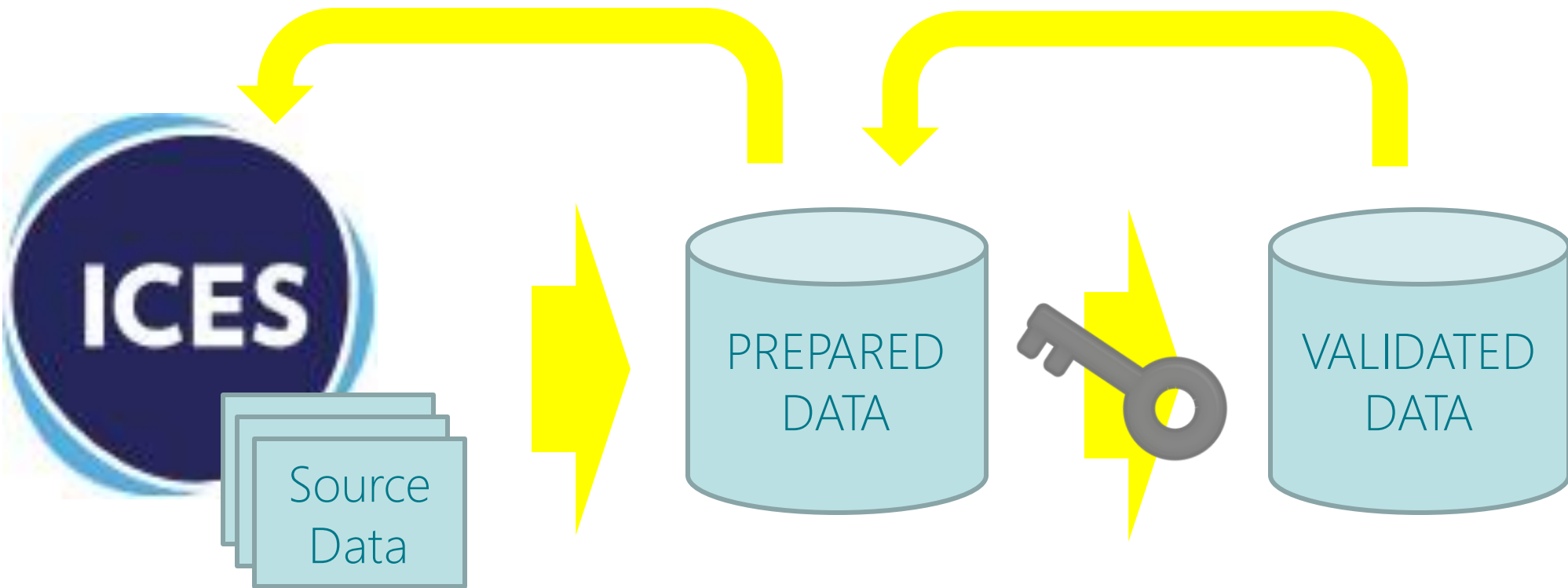


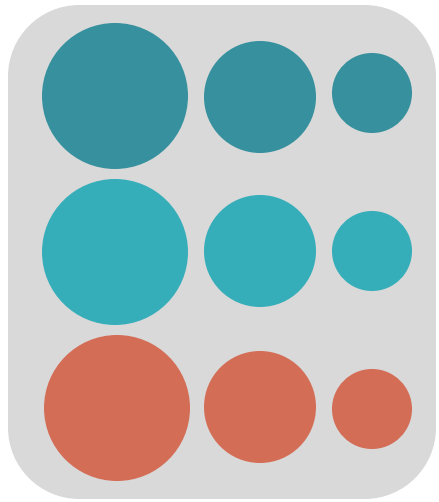
DATA / QI





DATA





DESIGN

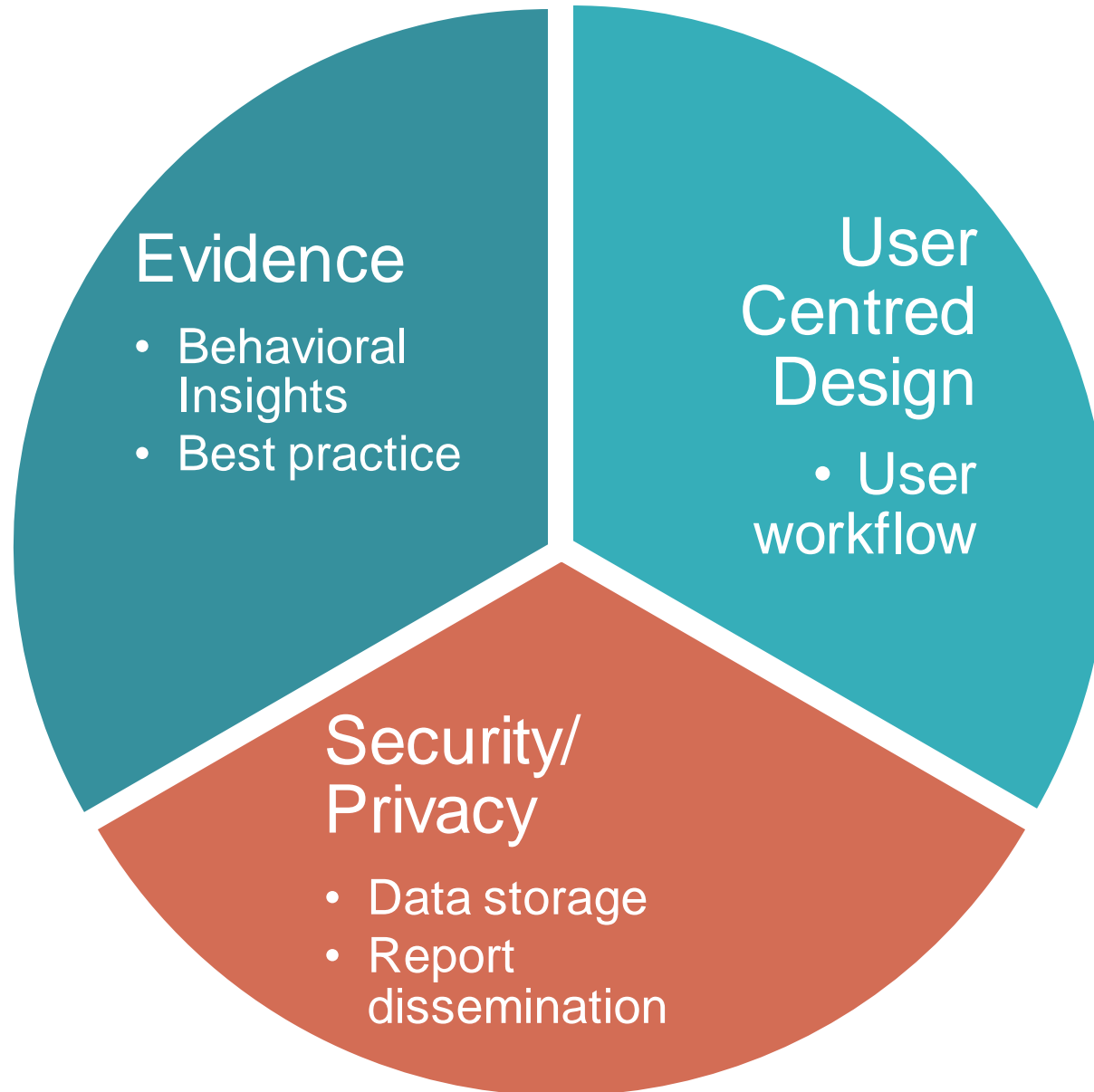
Evidence-based

- Minimize cognitive load
- Graded entry

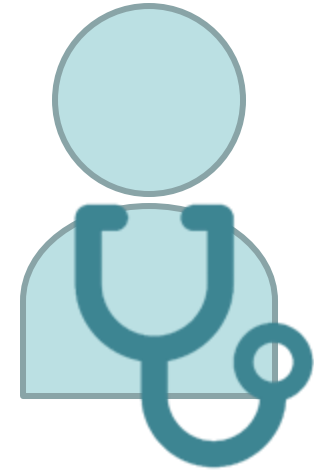
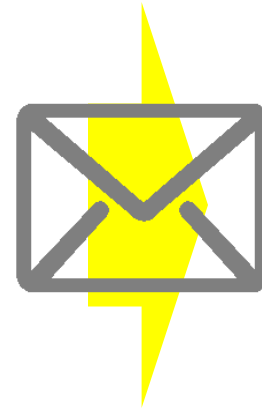
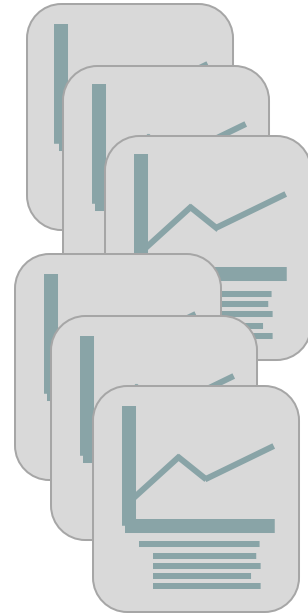
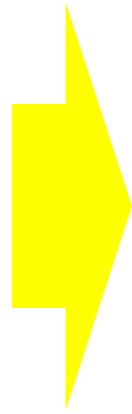
User Centred Design

- Flow
- Clarity

DISTRIBUTE



DISTRIBUTE





Patients whose opioids are suddenly discontinued may begin using opioids erratically, and may be at substantially increased risk of death. Your clinical judgement is paramount to your patients' safety and well-being.

Please note, your report will **not** be shared with any agency or third party; it is for your information and practice improvement.

Please help us in making other family physicians aware of their report by emailing them this link: www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Primary-Care.

And, if you have questions or suggestions for improving these reports please email us at PracticeReport@hqontario.ca.

Kind Regards,

Dr. David M. Kaplan MD, MSc, CCFP

Practicing Family Physician & Clinical Lead, Primary Care, Health Quality Ontario

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Overall Indicators Summary

Data as of March 31, 2017



Opioid Prescribing
(pages 5-9)

# Patients Dispensed an Opioid	# Patients Newly Dispensed an Opioid	# Patients Dispensed an Opioid and Benzodiazepine	# Patients With a High-Dose Opioid >90 mg MEQ Daily
61	47	8	1 to 5

Cancer Screening
(pages 12-15)

Diabetes Management
(pages 17-21)

	My Priority Indicators for Review (below 40th percentile)	My Indicators Around Average (between 40th - 75th percentile)	My Indicators Above Average (above 75th percentile)
Cancer Screening (pages 12-15)	None	<ul style="list-style-type: none"> · Pap smear testing · Mammogram testing · Any Colorectal screening 	None
Diabetes Management (pages 17-21)	None	<ul style="list-style-type: none"> · Retinal Exam testing 	<ul style="list-style-type: none"> · HbA1C testing

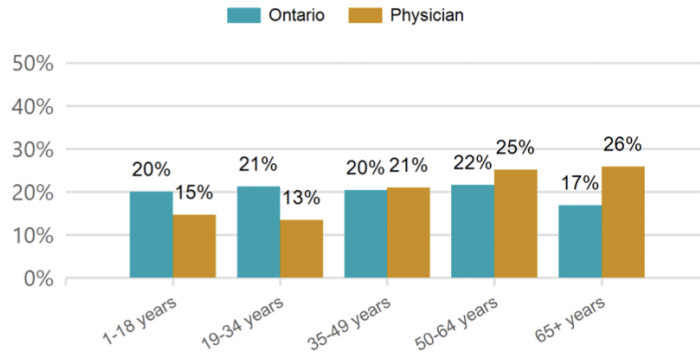
*Percentiles are based on physicians registered for the MyPractice: Primary Care report

Whom am I caring for?

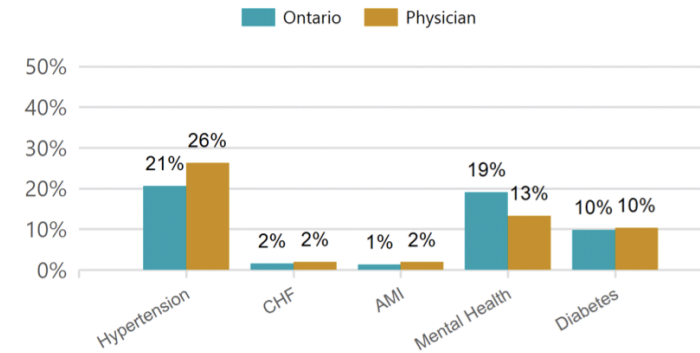
# of Patients	Age (mean)	% Male	% Rural
1,127	48.3	51.2%	1.1%

† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; † Please interpret with caution, denominator ≤ 30

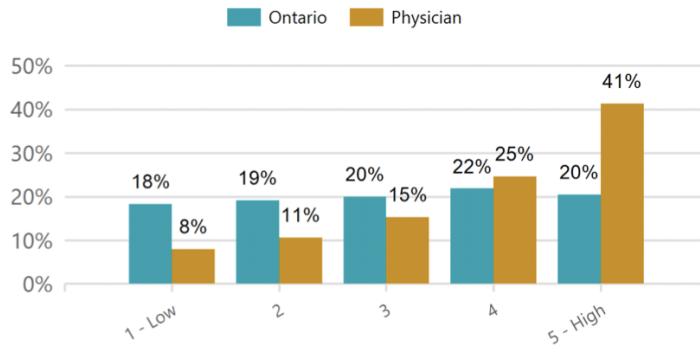
Percent of Your Patients By Age Cohort



Percent of Your Patients with Chronic Diseases



Percent of Your Patients By Income Quintile



*Please note: Chronic Disease Cohort values for the most recent three data points provided are subject to change in future reporting cycles due to updates of chronic diseases datasets.

Patient Profile (March 31, 2017)	
Number of Patients	1,127
% Recent Immigration	1.7%
% Patients Not Enrolled	0.0%
Specialists Visits per 1,000 Patients	
Cardiologist	149.1
Endocrinologist	65.7
Internal Medicine	54.1
Psychiatry	348.7
Respirologist	75.4

† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; * Please interpret with caution, denominator ≤ 30

"I was particularly interested to see the demographics data on my patients, especially the income quintiles. While our EMRs are able to provide us with lots of clinical data, a snapshot of the socioeconomic status of our practices is something completely unique to the Primary Care Practice Reports." - Dr. Mario Elia, London Ontario

Change Ideas for Opioid Prescribing

How can I improve opioid prescribing in my practice?

1. Better understand my practice’s current breakdown of patients being prescribed opioids

- Run a search in the EMR to verify my data and to identify a list of patients being prescribed opioids by me
- Reflect on the reasons why my patients are taking opioids:
 - *How many are taking opioids for a short-term acute use? Longer-term chronic use?*
 - *How many of my patients with chronic non-cancer pain are taking opioids outside of the [recommended use guidelines](#)?*
 - *Are any of my patients at risk for or experiencing opioid use disorder?*
 - *How are my patients having some of their pain needs met via non-pharmacological treatments or non-opioid medications?*

Where can I access EMR queries to generate a list of my patients being prescribed an opioid?

- [AFHTO: Opioid Query](#)

Who can help me make these lists?

- [OntarioMD Peer Leaders](#) or [EMR Practice Enhancement Consultants](#)
- For Family Health Teams: [Quality Improvement Decision Support Specialists](#)
- My office administrative staff

Where can I access other EMR tools or supports?

- [Quorum: Ontario's new health care QI community](#)

2. Map my practice’s current process for managing patients with pain and patients who are at risk for or experiencing opioid use disorder

- For my patients who are taking opioids for the management of **chronic pain**, I can do the following:
 - Consult Health Quality Ontario's draft [Quality Standards for Opioid Prescribing for Chronic Pain](#)
 - Use the Centre for Effective Practice's [Management of Chronic Non-Cancer Pain Tool](#). This tool applies to, but is not limited to pain conditions such as osteoarthritis, low back pain, musculoskeletal pain, fibromyalgia and neuropathic pain
- For my patients taking opioids for the management of **acute pain**, I can do the following:
 - Consult Health Quality Ontario's draft [Quality Standards for Opioid Prescribing for Acute Pain](#)
- For my patients whom I suspect are at risk for or experiencing **opioid use disorder**, I can do the following:
 - Review patient charts for risk factors/behaviours listed in the Centre for Effective Practice's [Opioid Manager](#) or [Management of Chronic Non-Cancer Pain Tool](#): Opioid Manager is also available as an [app](#) for your mobile device.
 - Consult Health Quality Ontario's draft [Quality Standard for Opioid use disorder](#) to better understand what quality care looks like for opioid use disorder.



JOIN GROUP

MyPractice-Opioid Resources to Support Improvement

As of November 30, 2017 family physicians who signed up to receive their confidential MyPractice report can now see their individual opioid prescribing patterns in relation to peers across the province. This group is intended to help you make use of the data available in your MyPractice – Primary Care report by providing you with the following:

- Access to EMR tools to help you break down your practice-level opioid prescribing data to the patient-level
- A document library including clinician resources to help you address a variety of topics and patient-friendly videos/handouts/posters that you can include in the waiting room or examination room to better inform your patients about the use of opioids for pain management.

Our hope is that this group will foster connections among primary care providers who share a common goal of using data to drive practice improvement.

Partnered Supports for Helping Patients Managing Pain





MEASUREMENT AND QUALITY IMPROVEMENT

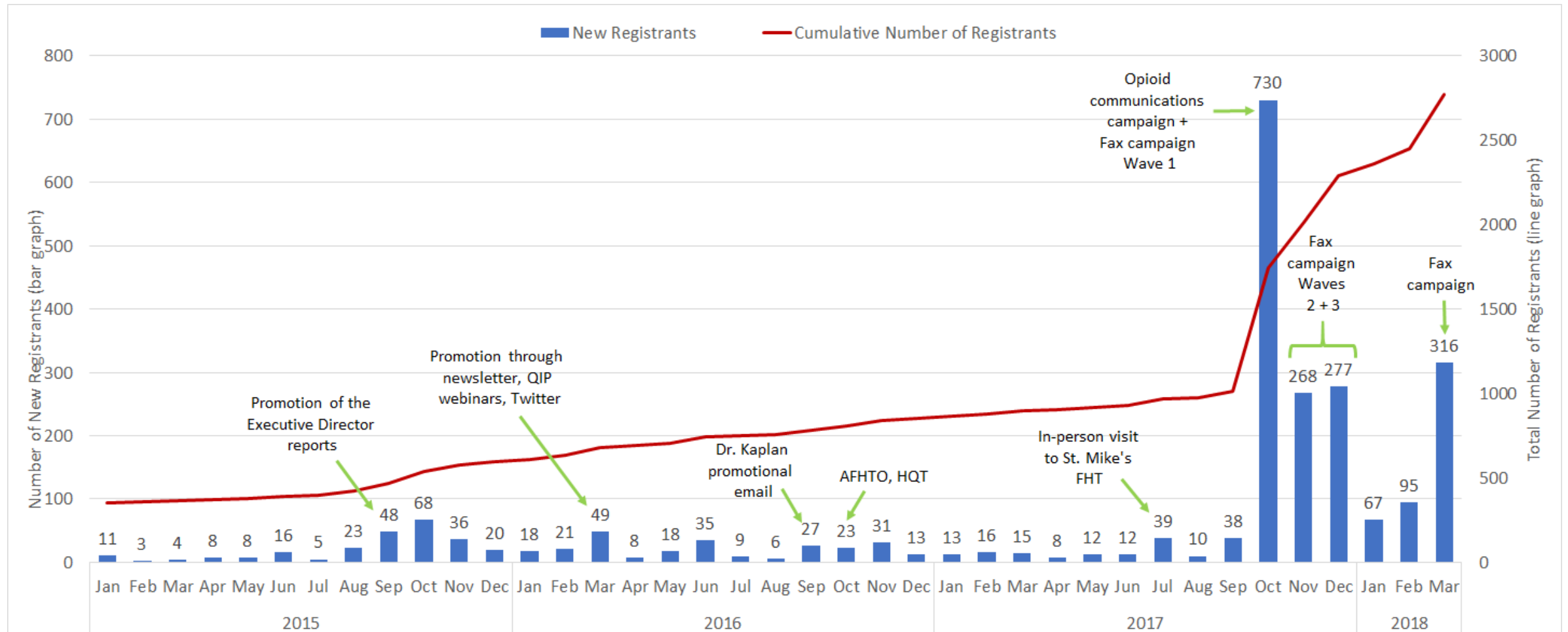
Getting Started with an Opioid Use Registry

OCTOBER 18, 2017

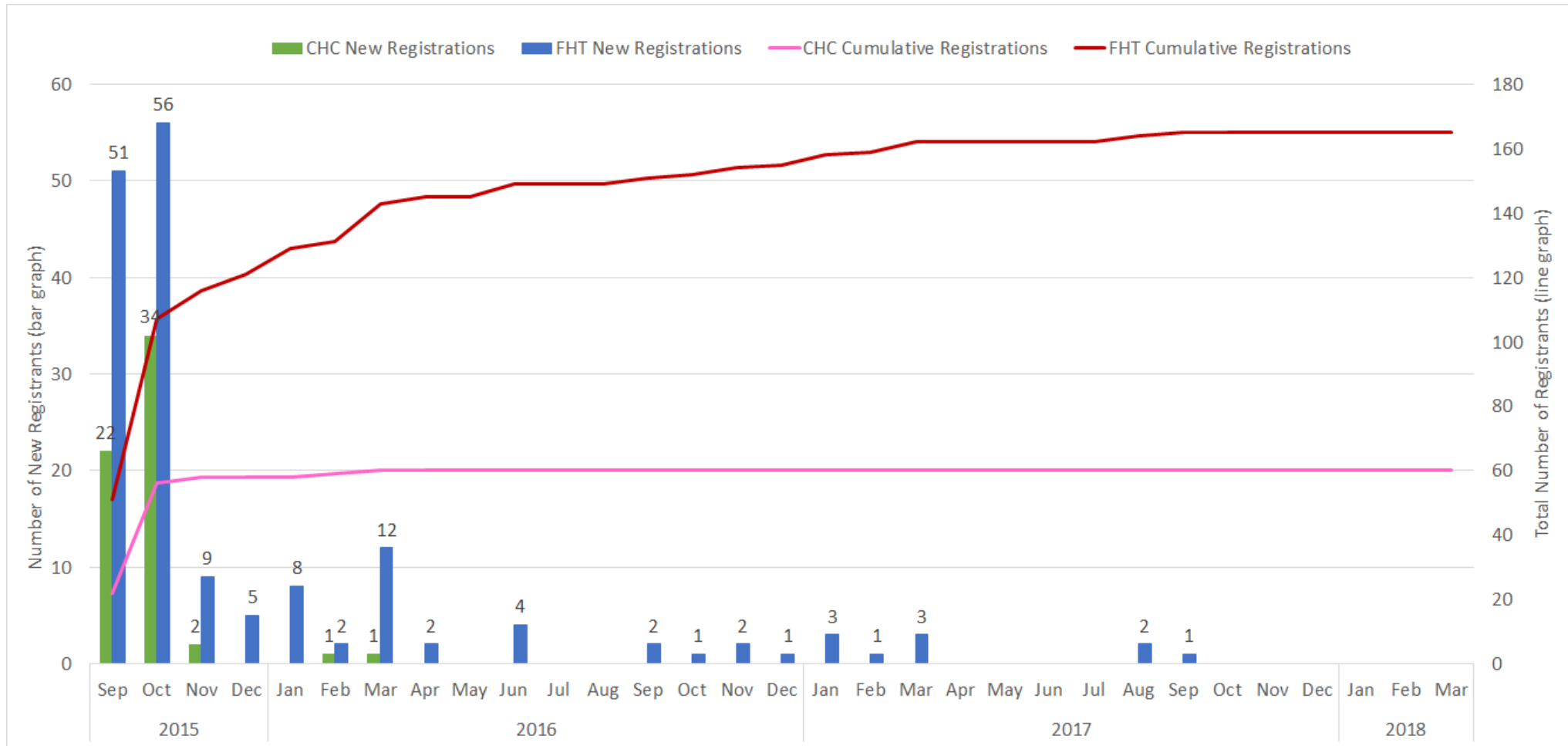
Several queries have developed to help you use your EMR to create registries of patients who use opioids. They will allow you to identify patients:

- > **Who have one or more current prescriptions for opioid use**
 - Currently available for TELUS PS, Accuro, and OSCAR EMRs
- > **Who have concurrent prescriptions for *both* opioid *and* benzodiazepine use**
 - Currently available for TELUS PS, ACCURO, and OSCAR EMRs
- > **Who have one or more current prescriptions for opioid use with high morphine equivalent (MEQ)**

MyPractice: Primary Care (Physician) New and Total Registrations by Month



MyPractice: Primary Care (Executive Directors) New and Total registrations by Month

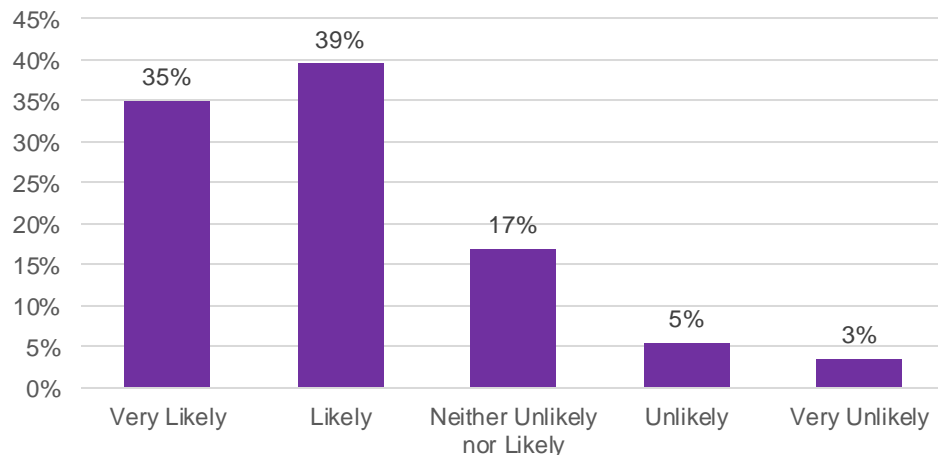


MyPractice: Primary Care

The *MyPractice: Primary Care* report feedback survey was sent to 2,214 physicians. The survey was open from January 18, 2018 to April 4, 2018.

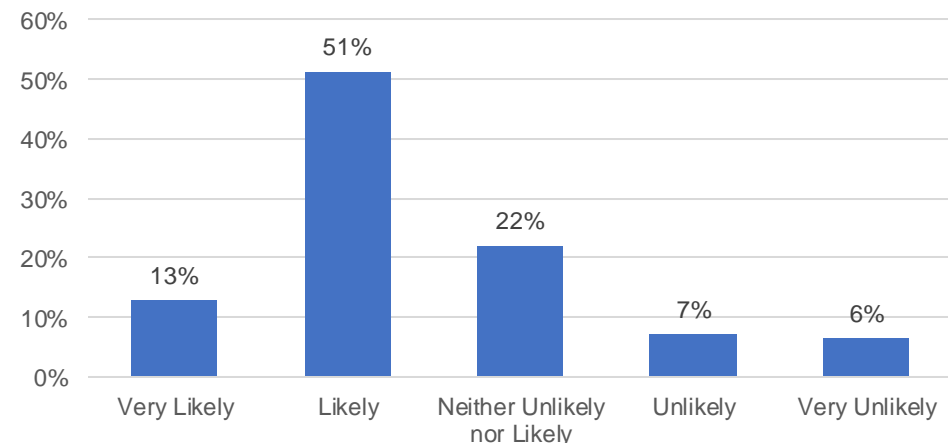
74% of respondents selected "likely" or "very likely" when asked if they would recommend the *MyPractice: Primary Care* report to their peers (N=261)

How likely are you to recommend the *MyPractice: Primary Care* report to your peers?



64% of respondents selected "likely" or "very likely" when asked if they planned to implement at least one change idea or concept from the *MyPractice: Primary Care* report into their practice (N=263)

How likely are you to implement at least one change idea or concept from the *MyPractice: Primary Care* report into your practice?



LET'S CONTINUE
THE CONVERSATION:



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