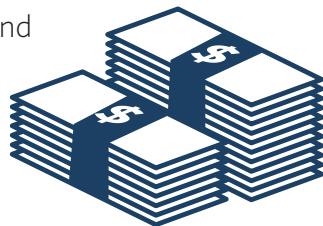


DATA TO DECISIONS (D2D) 4.0: A QUICK LOOK

Higher quality primary care associated with lower health system costs.

- D2D 4.0 has provided more data to further refine Quality Roll-Up scores and extend the analysis of previous D2D iterations showing the link between higher quality care and lower costs.



Participation in D2D is holding steady.

- Little by little, one indicator and one team at a time, AFHTO members continue to contribute as much data as they can for the indicators that are meaningful to them and their patients.
- By the numbers: **2/3** of teams contributed to D2D 4.0, bringing the total of teams who have participated in at least one iteration to 150 (**81%** of teams).



EMR data quality is improving.

- Data quality scores are up to **79%** from **69%** in D2D 3.0.
- Increased EMR data quality means future iterations of D2D can rely more on EMR-based indicators - making D2D more current, locally relevant and clinically meaningful.
- EMR data quality score is based on comparing EMR data to administrative data for cancer screening, smoking status and % of diabetes records with a formally coded diagnosis.



AFHTO Members continue to shine where it matters most to patients.

- D2D 4.0 saw more data being contributed for indicators that matter most for patients, as compared to D2D 3.0.
- By the numbers: On average, **91%** feel they're as involved as they want to be in decisions about their care; **79%** of each team's patients feel they can book an appointment within a reasonable time. **90%** are satisfied with the courtesy of office staff.



A CLOSER LOOK: D2D INDICATORS BY THE NUMBERS

91%

Patients involved*

Patients who say they're as involved in decisions about their care as they want to be.

Compare to: 83% for primary care across Ontario, according to Health Quality Ontario's (HQO) Measuring Up report of Patient Experience (2015).

Why it matters: 2/3 of patients say they want at least an equal partnership with their physician when it comes to making decisions about their care (AFHTO/Patients Canada 2015).

79%

Reasonable wait*

Patients who say they can book an appointment within a reasonable time.

Compare to: 83% from D2D 3.0 – no other source available as not included in other reports.

Why it matters: Timely access to care is important to patients – and this means different things to different people, as evidenced by the difference between this measure and the measure of people able to get an appointment on the same or next day (51.5 %). Access is one of the core measures of primary care performance as defined by the late Barbara Starfield.

5.8%

Readmission*

Patients readmitted to hospital within 30 days of discharge.

Compare to: 5.5% for primary care across Ontario, according to the Institute for Clinical and Evaluative Sciences (ICES).

Why it matters: Readmission is a measure of overall system integration and coordination of care between hospitals, community services and primary care providers. Care coordination is a core function of primary care.

67%

Continuity of care*

Visits by patients with their own primary care provider.

Compare to: 59% for the province of Ontario, according to ICES.

Why it matters: This indicator demonstrates continuity of care with a primary care physician. This helps build better patient-provider relationships and is one of the indicators that matters most to patients.

63-66%

Cancer screening*

Eligible patients screened for cervical or colorectal cancer.

Compare to: 59% for the province of Ontario, according to ICES.

Why it matters: Early detection of cancer can save lives.

Eligible children immunized according to public health recommendations.

Compare to: 73-91% for the province of Ontario. Variation depends on whether all immunizations recommended by the Public Health Agency of Canada (PHAC) are included. All of them are included in the D2D measure, but some are omitted in other reports.

Why it matters: Immunization is essential to population health and is particularly important for infants and young children, who are most susceptible to vaccine-preventable diseases (Government of Canada, Canadian Immunization Guide).

90%

Courtesy of office staff*

Patients who say they're satisfied with the courtesy of office staff.

Compare to: 63-75% from Conference Board of Canada FHT evaluation (2014).

Why it matters: courtesy of office staff is a big driver of quality of care, according to the Conference Board of Canada (2014).

63%

Diabetes care

Diabetes care composite indicator – average score.

Compare to: 65% for D2D 3.0 – no other source available as not included in other reports.

Why it matters: Management of chronic conditions involves tracking more than one process or outcome of care.

\$2743

Cost per patient

Total healthcare system cost per patient.

Compare to: \$2398 for Ontario, according to ICES.

Why it matters: Starfield observed that high quality comprehensive primary care is the foundation of a sustainable healthcare system and that total system cost is a measure of performance. D2D data shows the link between high quality care and lower per-capita cost.

*This indicator is a measurement priority within the Primary Care Performance Measurement Framework.