

Background

Performance measurement in primary care is an ongoing challenge because of the range and complexity of services provided, the heterogeneity of patient populations, and the nascent data collection systems. Comprehensive information systems based on data collected from accurate sources are needed. Key to the success of any information system is the involvement of stakeholders in design, content and implementation.

Our objective was to gain insights from patients, policy makers, clinicians, researchers and health system managers on tailoring a framework for an information system on the functioning of primary care to the British Columbia (BC) setting.

Methods

We held a workshop to seek input from 30 stakeholders on the most appropriate **patient populations** and **performance domains** to measure the functioning of primary care. A generic matrix was used to illustrate the proposed approach (Fig. 1) and participants were asked to tailor this to BC.

The workshop was structured around two small-group exercises and larger group discussions.

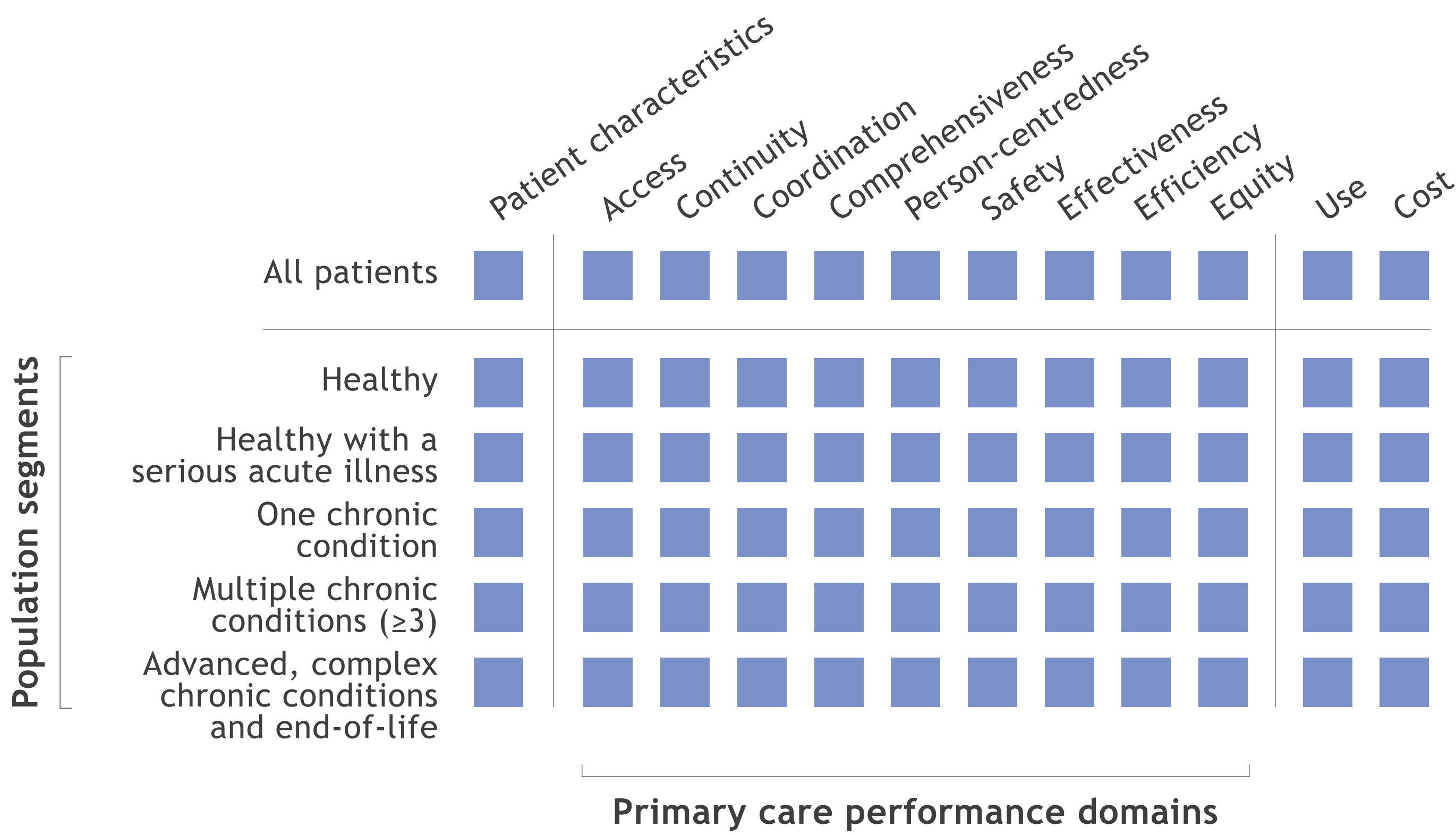
Exercise 1 divided participants into groups with representation from different stakeholder types to discuss appropriate **patient population segments** (columns of the matrix). Each group was provided with 26 segments drawn from relevant literature. Groups were invited to create new and/or modify segments.

Exercise 2 divided participants into homogeneous stakeholder groups (e.g., all patient representatives were in all one group) to identify the five most important primary care **performance domains**. Each group was provided with a list of 14 domains.

Following the workshop, attendees received a summary of the key considerations raised and were asked to complete an online survey. The survey sought feedback on the workshop and the extent that individuals were willing to remain involved in the work.

A Stakeholder Engagement Process

FIGURE 1 Example primary care performance measurement matrix



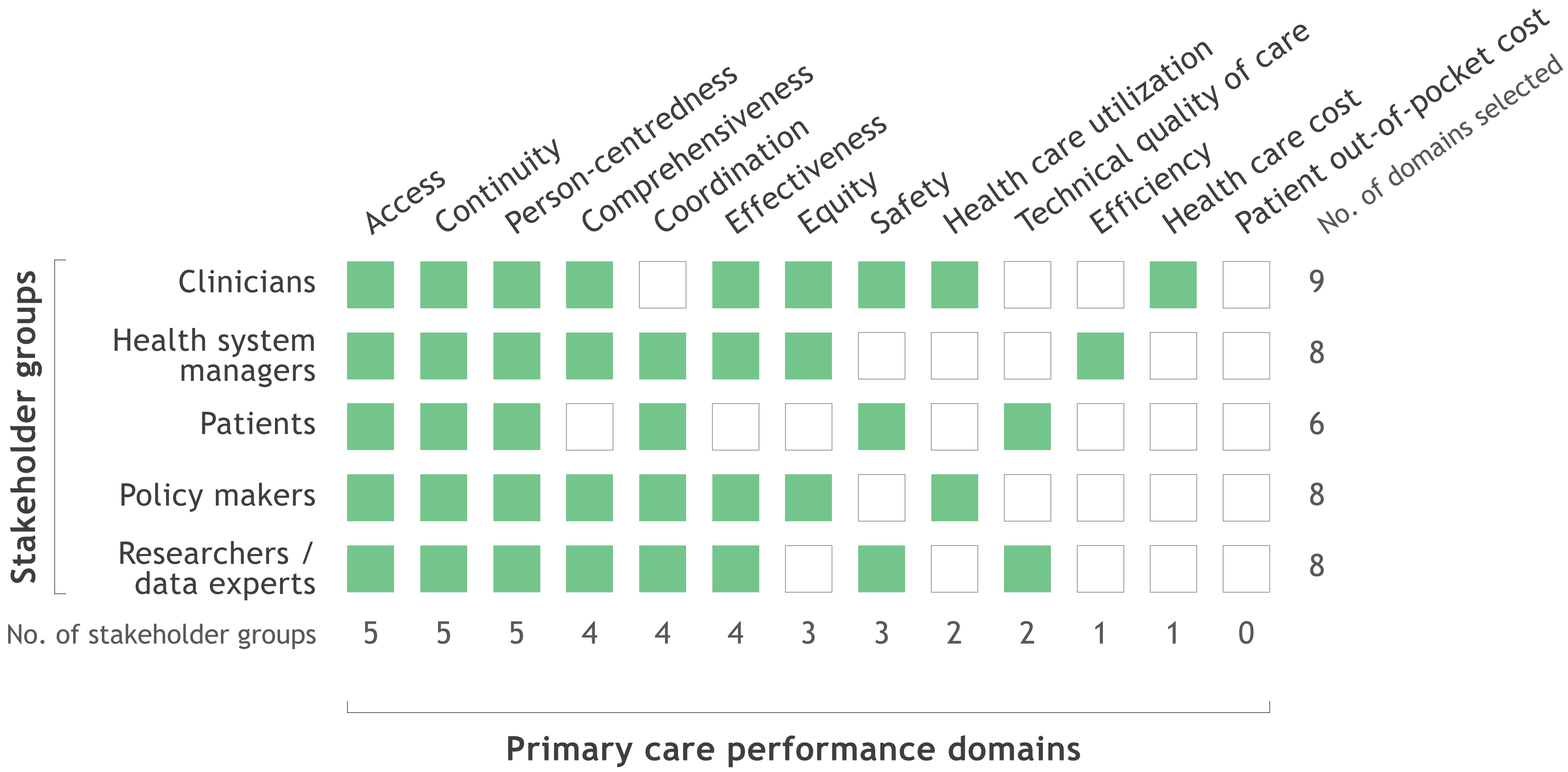
Workshop participants were presented with this matrix as an example framework, and asked to populate it for the BC setting.

TABLE 1 A synthesis of stakeholder considerations for developing population segments

Pregnancy/maternal health Not a disease: should be part of the “healthy” patient group.
Mental health problems and substance abuse Important categories/modifying factors that affect all population segments.
Cancer patients Could be treated as a separate segment; but no consensus on how this segment would be formed.
Incorporate ‘modifiers’ or ‘risk factors’ That cut across the clinical characteristics of all population segments: the framework should be three-dimensional, with ‘modifiers’ cutting across the population segments and performance domains.
Organize segments by degree of patient self-management/role of care providers Depending on the health of an individual patient, primary care involvement can range from needing a single provider to needing a team. E.g., healthy patients are largely self-managed and could be managed by a single provider; whereas, highly complex patients require high continuity and a team that includes a range of clinicians and a method for communication across acute and primary care.
Chronic conditions Different approaches, e.g. some groups decided to group all chronic conditions into one segment while others suggested grouping by patient self-management capability.

These considerations were identified by stakeholders during the workshop.

FIGURE 2 Most commonly endorsed domains to measure primary care performance, by stakeholder group



Workshop participants included representatives from Patient Voices BC, BC Ministry of Health, BC Medical Association, Canadian Institute of Health Information, local family practice divisions, and regional health authorities.

TABLE 2 Stakeholder considerations for developing an optimal primary care information system

Flexible	Comprehensive
Interactive	Accurate
Timely	Easy to access
Support providers & decision makers	Comparative: cross-sectional & longitudinal
Data for learning & action	Integration with other systems e.g. EMRs
Mechanism for user feedback	Support education

These considerations were identified during the workshop and through the post-workshop survey.

Results

Exercise 1: Determining population segments

- Each small group produced different selections; however, there were several common considerations (Table 1).

Exercise 2: Determining the most important primary care performance domains

- Some groups raised concerns about only being asked to choose their top five domains.
- All groups selected the access, continuity, and person-centredness domains (Fig. 2).

Post-workshop survey

- Response rate: 57% (17 of 30 participants).
- 85% of those who completed the survey agreed there was adequate representation from all relevant stakeholders.
- 93% expressed interest in remaining involved.

Overall, we gathered valuable information on features important for the success of a primary care information system (Table 2). Stakeholders suggested such a system would have a range of uses, including:

- Education
- Inform partnerships and collaborations
- Evaluation and monitoring; inform quality improvement; allow comparison with peers.

Conclusions

The outcomes of this stakeholder consultation can be used to form the basis of indicator selection within each domain, data collection and analysis, and presentation of information on the functioning of primary care that is tailored to the BC setting. The workshop can also be replicated in different jurisdictions.

Next steps

With input from specialized reference groups we will:

- Operationalize population segments using BC health administrative data.
- Use the priority measurement domains as a starting point for indicator selection.
- Develop a prototype interactive dashboard to display performance data.