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Developing Regional Performance Portraits for Primary Care Using Health Administrative Data

Julia M. Langton, William Hogg, Claudia Sanmartin, Mehdi Ammi, Sabrina T. Wong, Kimberlyn McGrail
Contact: julia.langton@sydney.edu.au

Background

The field of performance measurement in health care is growing, at least in part because of the potential for comprehensive information on health care to be used for quality improvement and accountability purposes.

Primary care plays a central role in health service delivery; however, performance measurement in primary care lags behind the hospital sector. Existing frameworks used to drive performance measurement efforts tend to have a whole-of-health-system focus and fail to align with the goals of primary care (such as continuity, comprehensiveness and coordination of care). Moreover, frameworks need to account for the heterogeneous patient populations managed by primary care health professionals.

TRANSFORMATION addresses this significant knowledge gap and will design and roll out a pan-Canadian primary care measurement system, making use of multiple data sources (survey data, health organization data, and health administrative data).

Objective

This poster details the development of a primary care performance measurement framework. This work is part of a TRANSFORMATION study focused on developing primary care performance reports using health administrative data from British Columbia.

Methods

To develop our framework, we reviewed literature related to:
- Existing national frameworks and primary care performance reporting systems
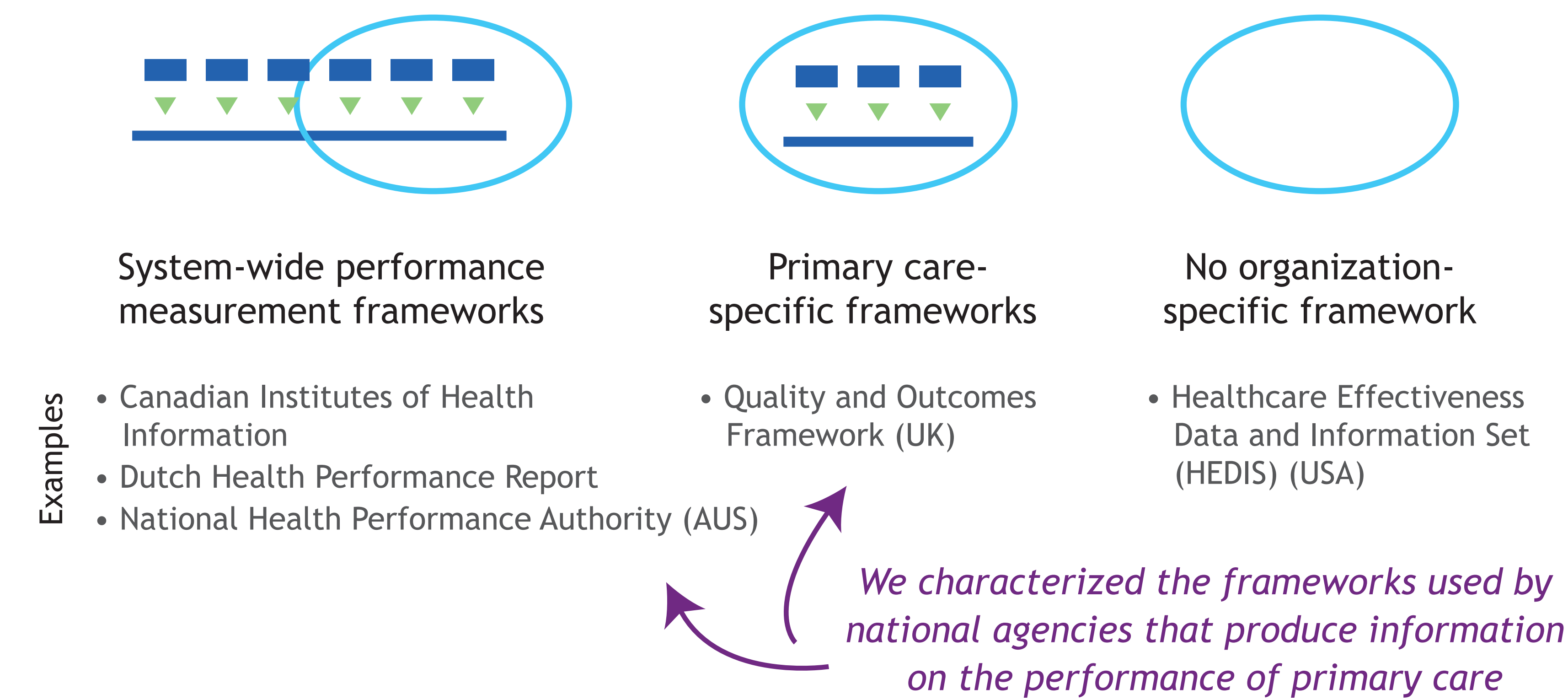- Existing and proposed definitions and models of primary care and primary care service delivery

A conceptual framework for primary care performance measurement

Processes in performance measurement

1. Develop conceptual framework
2. Select indicators
3. Collect and analyze data
4. Report and use information

Adapted from Adair et al, 2006.

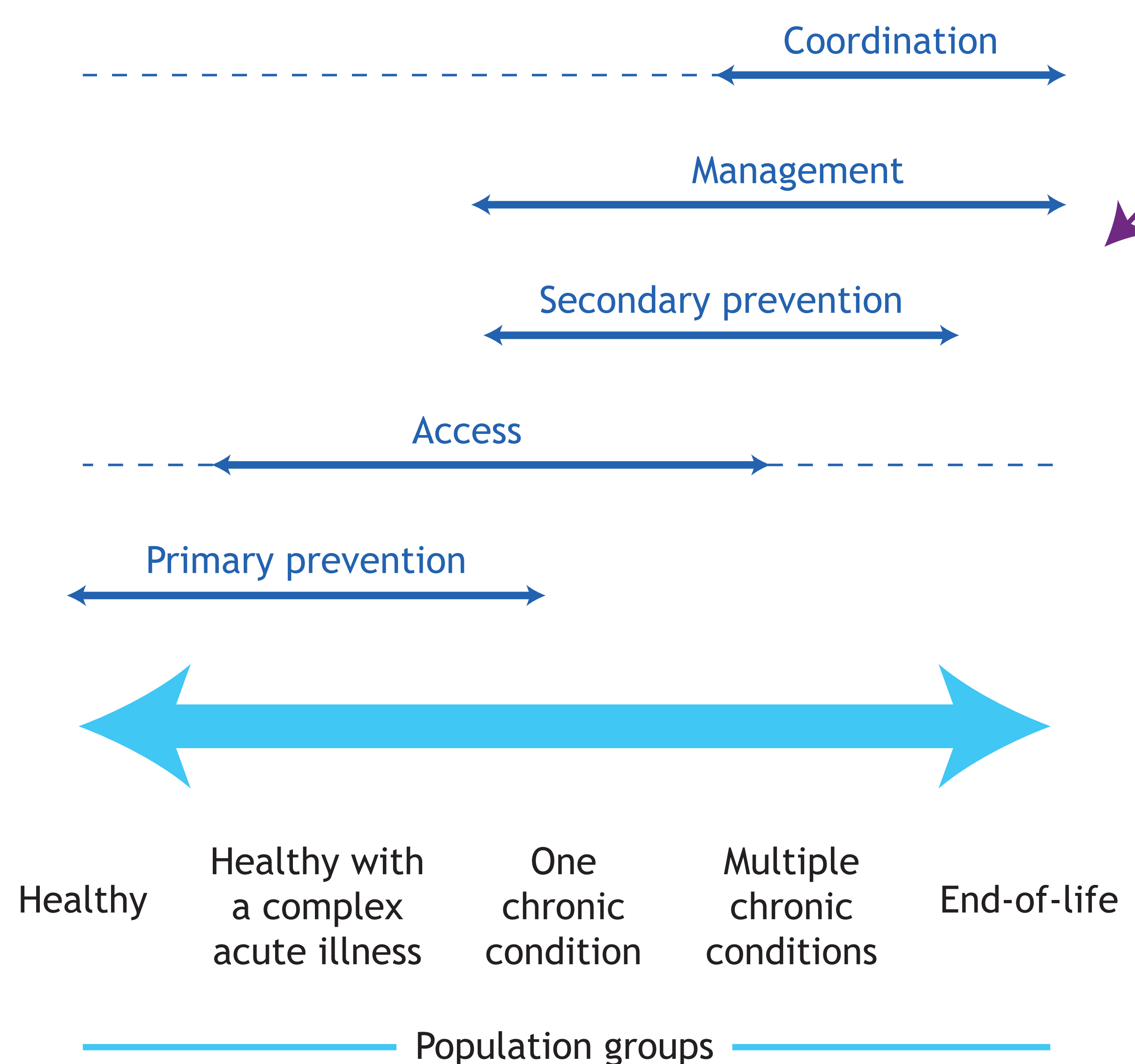*This poster details our process for developing a conceptual framework for primary care performance measurement*

Primary care performance measurement frameworks used internationally

Primary care indicators

System-wide performance measurement frameworks
- Canadian Institutes of Health Information
- Dutch Health Performance Report
- National Health Performance Authority (AUS)

Primary care-specific frameworks
- Quality and Outcomes Framework (UK)

No organization-specific framework
- Healthcare Effectiveness Data and Information Set (HEDIS) (USA)

Examples

We characterized the frameworks used by national agencies that produce information on the performance of primary care

Our proposed framework is a matrix structure designed to measure quality in alignment with definitions of primary care and by the health care needs of different patient groups

Primary care priorities for population groups

Coordination
Management
Secondary prevention
Access
Primary prevention

Healthy | Healthy with a complex acute illness | One chronic condition | Multiple chronic conditions | End-of-life

Population groups

A framework for primary care performance measurement

	Primary care quality domains					Service use & cost	
	Access-ibility	Compre-hensiveness	Coor-dination	Continuity	Person-focused	Use	Cost
Healthy	Indicator 1 Indicator 2 Indicator 3	Indicator 4 Indicator 5 Indicator 6	...				
Healthy with a complex acute illness	Indicator 1 Indicator 2 Indicator 3	...					
One chronic condition	...						
Multiple chronic conditions							
End-of-life							

Stratification by patient populations is an alternative approach to complex risk adjustment methods typically used to produce performance information

Adapted from Lynn et al, 2007; Porter et al, 2012; Starfied, 1998; IOM Committee on the Future of Primary Care, 1996.

- Current discussions and theory about important dimensions for measuring primary care performance.

Results

1. Many frameworks are not tailored for primary care reporting
2. Most primary care reporting systems were not shaped by frameworks
3. Current reporting systems tend to focus on disease specific measures.

Our proposed framework is designed specifically for primary care performance measurement based upon the strengths and limitations of existing systems. We propose a matrix structure that incorporates domains of quality primary care used in traditional performance measurement frameworks with the added dimension of patient health care needs. That is, our framework proposes measurement of primary care performance for specific patient groups understood to have different primary health care priorities. The patient subgroups are designed to be relatively homogenous in relation to their health care needs; this approach has been proposed as a way to provide more tailored and actionable information.

Conclusions

We are seeking input on our preliminary framework from key stakeholders (clinicians, policy makers). Following this, we will select indicators to populate our framework and produce regional performance reports.

Acknowledgements

MEASURING AND IMPROVING THE PERFORMANCE OF PRIMARY HEALTH CARE IN CANADA

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