



Measuring and Rewarding Quality

How EMRs are Helping Manitoba's Physician Integrated Network
Renew Primary Care through Quality-Based Incentive Funding

Presented by: Carlee-ann Dueck, Manitoba Health
Michelle O'Keefe, Sierra Systems



PIN Overview

- Manitoba's Physician Integrated Network (PIN)
 - Focus: Fee-for service physician groups
 - Goal: Facilitate systemic improvements in the delivery of primary care
 - Method: Quality based incentive funding (QBIF) as the catalyst for practice and system change.
 - Means: Quality indicator reporting using EMRs



Objectives

- The objectives of PIN are
 - To improve access to primary care
 - To improve primary care providers access to and use of information
 - To improve the working environment for all primary care providers, and
 - To demonstrate high quality primary care with a specific focus on Chronic Disease Management



Rationale

- Primary Care is important
- Family Physicians need support
 - Support inter-professional collaborative care
- Physician work life needs are changing
 - Health care provider shortage
- Chronic disease management is a priority
- Rewarding both quality and quantity requires a new way of funding.

“They’ve been talking about primary care reform for a long time. We felt if we were part of those changes, we could perhaps help to influence those changes in a positive way.” Dr. Eric Lane, Family Physician, Dr. C. W. Wiebe Clinic.



Key Components

- Funding and Remuneration
 - Quality based incentive funding
- Information Management
- Practice Change
- Evaluation



What is Quality Based Incentive Funding?

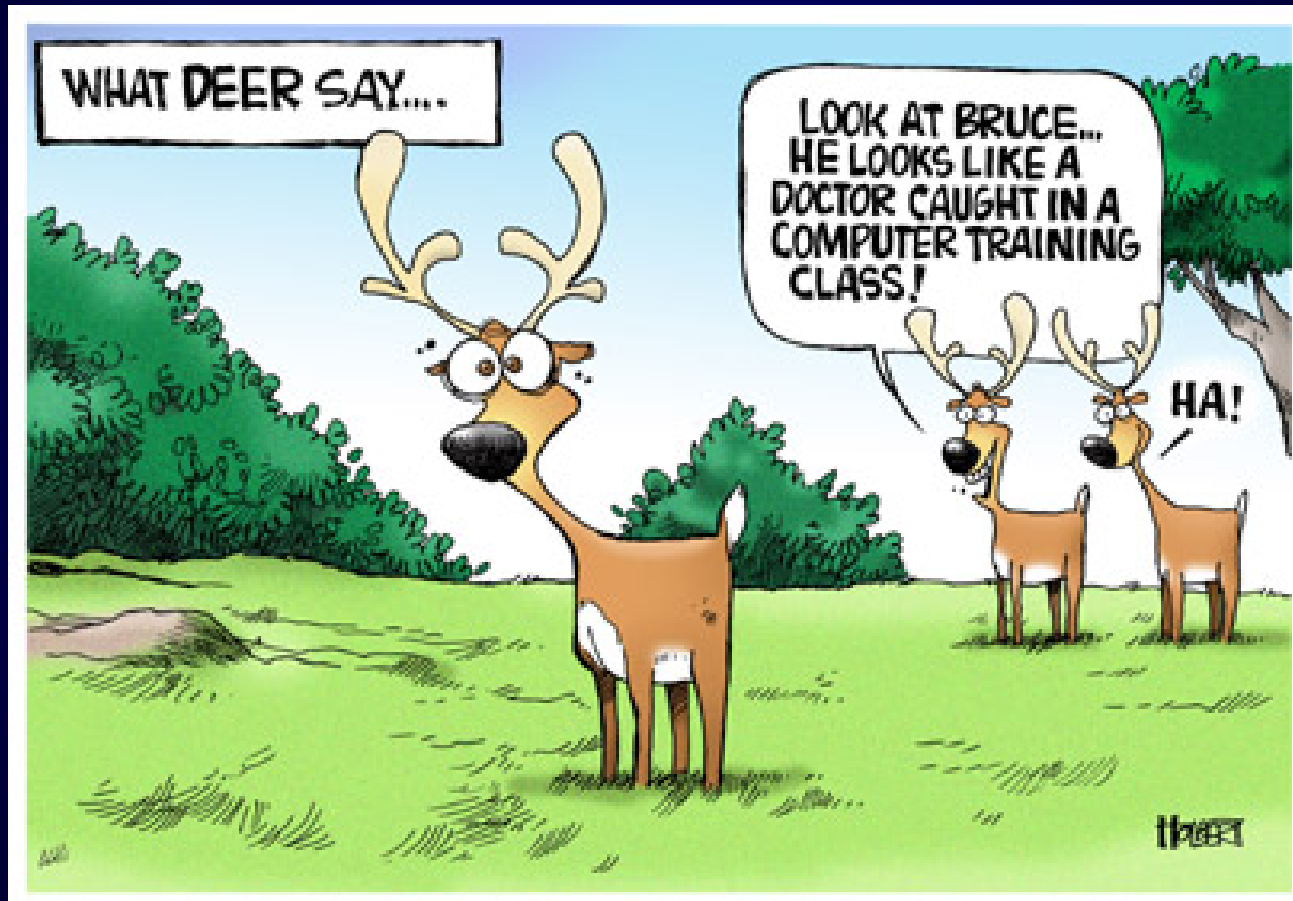
- MB version of pay for performance
- Funding to clinics for achieving quality targets
- Focus is on clinical **process** rather than **outcome** indicators
 - E.g. whether blood pressure testing occurs per clinical guidelines rather than improvement in blood pressure
- QBIF is made available as a supplement to fee-for-service funding (blended funding model), to encourage practice change



Quality Indicators

Indicator Cluster	Example
Health Risk Identification	Tobacco Use
Preventive Screening	Physical inactivity, colon cancer screening
Chronic Disease Management for diabetes, hypertension, coronary artery disease, congestive heart failure, asthma	Diabetes – dilated eye exams Asthma – self-care plans
Depression	Follow up after initial anti-depression medication prescription

Information Management





“Translating” the Indicators

CIHI Definition
Conceptual Level

Operational Definition
Logical Level

Operational Definition
Physical Level

Measure

% of inactive PHC patients, 12 years and over, who received specific help or information on regular physical activity from their PHC provider, over the past 12 months.

Numerator



How will we identify whether patients “received help or information on regular physical activity”?



What fields must be extracted from this specific EMR?

Denominator



How will we identify the “inactive” patients?



What fields must be extracted from this specific EMR?



Indicator Translation Issues

- What is a core patient?
- Who is in the defined population?
- How to determine if the intended care was given?
- How to deal with care provided outside the clinic?



Information Management

$$\text{Quality Measurement} = \frac{\text{Compliant Target Population}}{\text{Target Population}}$$

Data Extract Definition



Consistent methods for data entry



Training for physicians and clinic staff



Feedback to clinics in the form of indicator reports

Definition
Data Extract

data entry
methods for
Consistent

staff
and clinic
physicians
Training for

reports
indicator
form of
clinics in the
Feedback to



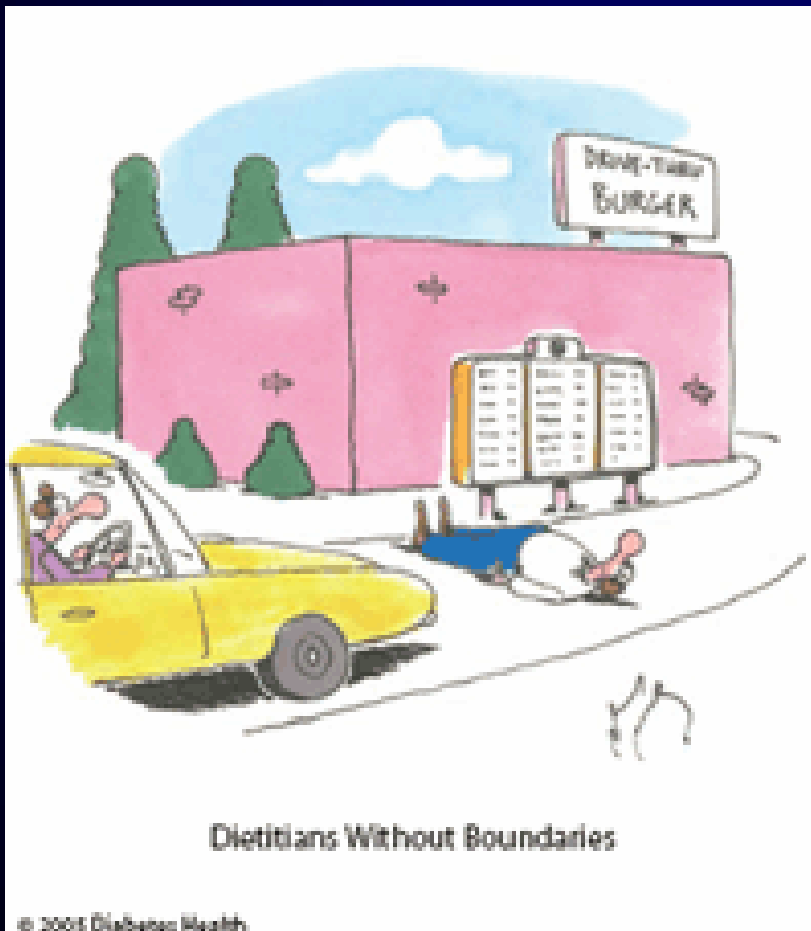
Understanding your patient population

“A success would be the development of data extract and reporting on a population of your patients with chronic disease. We can now use the research function of the EMR to assess the level of screening our patients are getting. This already has lead to increased screening in our patient population.”

Dr. Carol Holmes, Agassiz Medical Centre

Practice Change

- Case #1: The dietitian without boundaries



“We hope to make the access to certain (medical services) easier for patients” Dr. Cornelius Woelk, Family Physician, Dr. C. W. Wiebe Clinic discussing the introduction of new primary care providers.



Practice Change

Case #2: Making teams work – put your best foot forward.

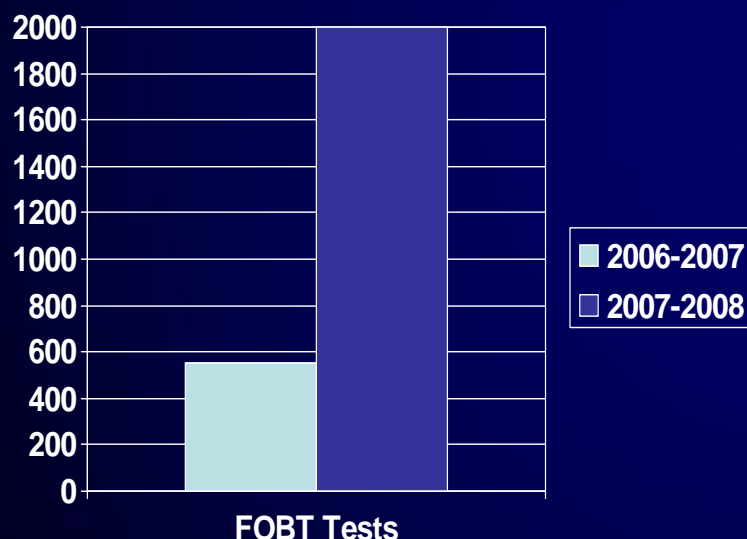
“PIN has changed the way I use the EMR for my diabetic patients. With structured input of information like eye exam and foot exam I can quickly assess if my patients are getting screened appropriately.” Dr. Carol Holmes, Agassiz Medical Centre





Practice Change

Case #3: Opportunities for System Improvement



- Focus on meeting recommended practice guidelines
- Increase number of tests/screenings ordered
- Pressure on lab and follow-up procedures



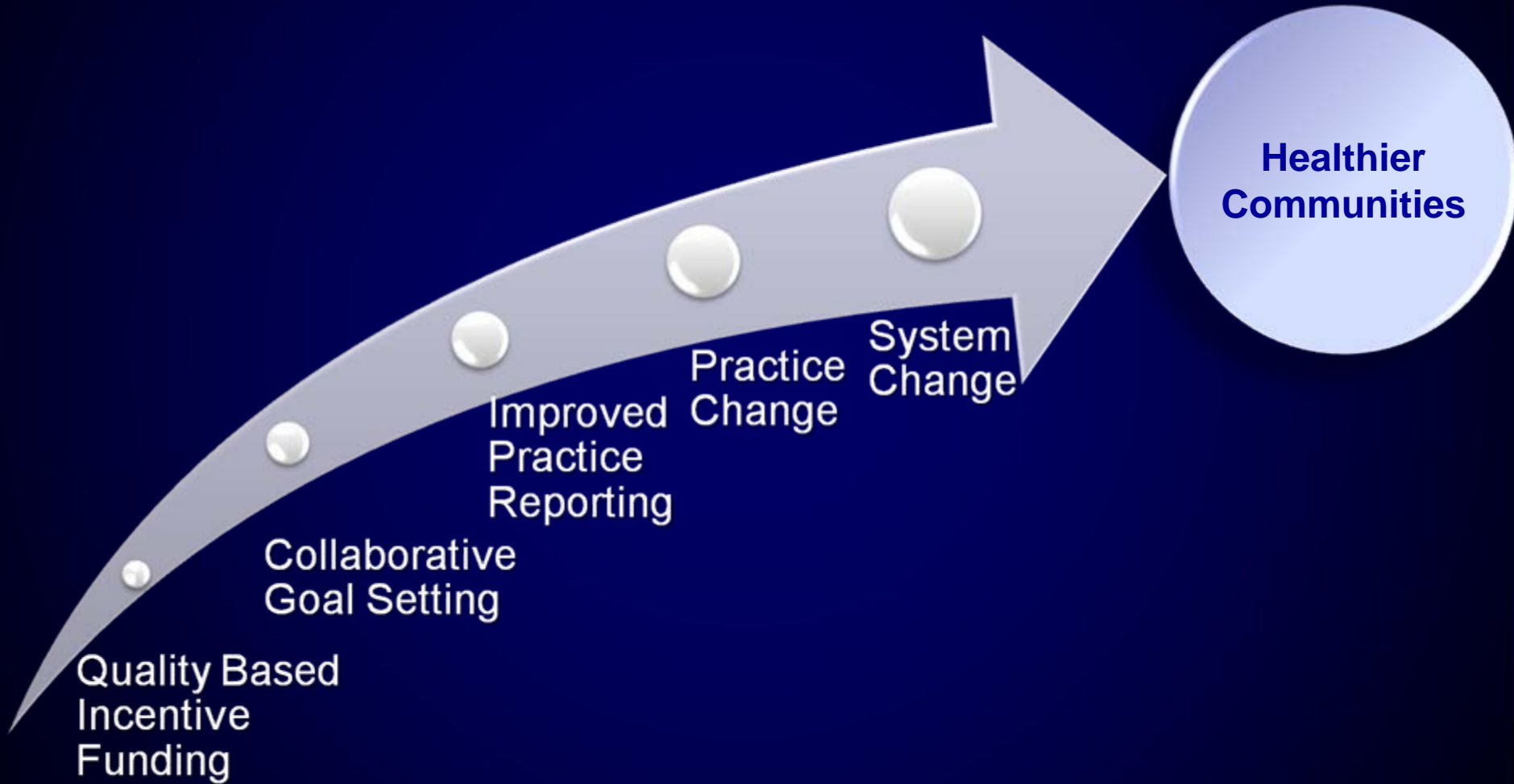
The Promise

- EMRs are a great source of data for quality measurement
 - Best or only source for many of the CIHI primary care indicators
 - EMR usage likely to increase
 - Improved data quality will happen over time
 - Pan-Canadian EMR standards will reduce the cost and effort associated with indicator collection



Critical Success Factors

- Assess true readiness of clinic – practice and culture, not just presence of an EMR
- Introduce changes in data collection early, and allow ample time if “baseline” data collection is desired
- Involve clinicians in the selection and translation of indicators – be pragmatic
- Promote the value of data collection and analysis
- Invest in change management support
- Start small and grow gradually





Questions?