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Dr. Joshua Tepper • TORONTO • ON

QUALITY INDICATORS IN RURAL HEALTH CARE

Quality Indicators in Rural Health Care: Measuring What Matters

@drjoshuatepper

**Health Quality
Ontario**

Let's make our health system healthier



For Starters

- I am not a practicing rural doctor
- Thank several rural doctors who helped
- Measurement and QI is an evolving science
- Costs covered to be here otherwise no financial conflicts related to this presentation
- A lot to cover

Measuring David's Health and Care



Why we measure in health care?



Why we measure influences how we measure:

	Research	Accountability	Improvement
Bias	As close to zero as possible	As close to zero as possible	Consistent bias acceptable
Hypothesis	Pre-specified	No hypothesis	Changes as learning takes place
Testing strategy	One big test	No tests	Many small tests
Is change an improvement?	Traditional hypothesis testing	Usually not done	Run charts (with statistical rules)

Measurement is a cornerstone of QI:

“ Only data can tell whether improvements are made.”

-National Quality Center

“The only way to know whether the quality of care is improving is to measure performance.”

-The Institute of Medicine

Does measuring for improvement work?

*Evidence Report/Technology Assessment
Number 208*

5. Public Reporting as a Quality Improvement Strategy
**Closing the Quality Gap:
Revisiting the State of the Science**

www.HQOntario.org

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Does measuring for improvement work?

MyPractice


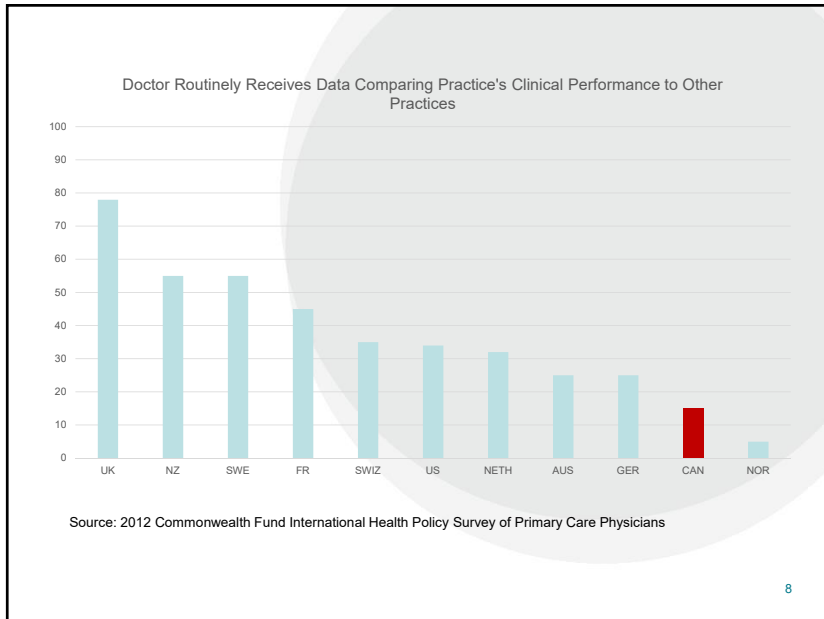
Primary Care

A tailored report for quality care

Version Release: November 2017
PRIVATE AND CONFIDENTIAL

Dr. Joshua Tepper
Reporting Period: March 31, 2017
Release: November 2017
Group program type: FHO
Group ID: BAMY
LHIN: Central
Rurality Index of Ontario Score: 0 - Major Urban (0 to 9)

Health Quality Ontario
Let's make our health system better



“Measurement is best used for learning rather than selection, reward or punishment.”

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Measurement in Rural and Northern health care

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Health in the North

Percentage of the population, aged 12 or older, who have two or more chronic conditions, 2014



Data Source: Canadian Community Health Survey (CCHS), provided by the Institute for Clinical Evaluative Sciences. Results are adjusted for age and sex.
*Chronic conditions include: anxiety, arthritis, asthma, chronic obstructive pulmonary disease, heart disease, hypertension and depression.

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Health in the North

Potential Years of Life Lost, due to avoidable deaths, by LHIN region, per 100,000 population, 2010-2012



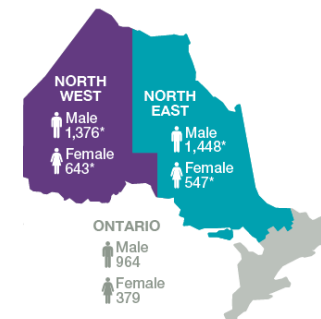
Data Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division. Results are age-standardized.
* Significantly different from the Ontario value.

Health/Health Equity in the North



Due to circulatory diseases

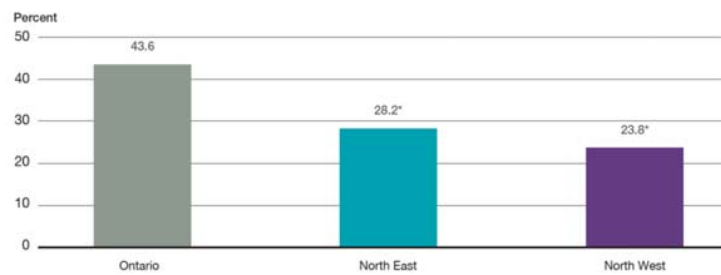
Potential years of life lost per 100,000 people, 2010-2012



Source: Statistics Canada cited in HQO. Health in the North. 2017.

Health in the North

Percentage of adults (aged 16 years or older) who are able to see their primary care provider on the same day or next day when they are sick, by LHIN region, 2015



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Picking Indicators



Structure “Having the right things”

Process “Doing the right things”

Outcomes “Having the right result”

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What Makes a Good Indicator:

Agreement about what is being measured and why

Clear definition of the indicator

Reasonably good quality data (sampling issues, validity, reliability, etc.)

Understanding of the limitations of the indicator

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What Makes a Good Indicator:

Agreement about what is being measured and why

Clear d

Indicators only indicate

No indicator is perfect

Reasonably good quality data (sampling issues, validity, reliability, etc.)

Understanding of the limitations of the indicator

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Indicators for Rural Settings



- Structure** “Having the right things”
- Process** “Doing the right things”
- Outcomes** “Having the right result”

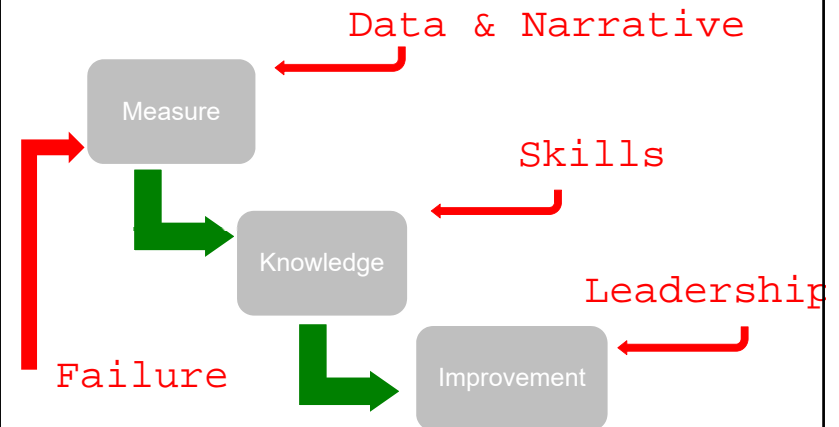


10 Future Trends in Measurement

1. More Individual data, More public data
2. Patient driven measurement
3. Big Data
4. AI/Analytics
5. Fill in gaps
6. Balance: Tyranny of measurement vs working in the dark
7. Population vs Practice vs Individual
8. Patient Experience Measures: Capable, Comfort, Calming
9. Provider well being and intrinsic motivators

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Measurement is not enough



Thank you.

LET'S CONTINUE THE CONVERSATION:

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