

PRIMARY HEALTHCARE PATIENT PANEL REPORTS OPEN DOOR FOR QUALITY IMPROVEMENT

The Health Quality Council of Alberta ([HQCA](http://www.hqca.ca)) is now inviting all family physicians, pediatricians and nurse practitioners to request their individualized Primary Healthcare Panel Report. These standardized reports are a resource for practitioners to focus in on their patient population and can be used for a variety of quality improvement initiatives. More information can be found at: www.hqca.ca/panelreports

Primary Healthcare Patient Panel reports open door for quality improvement

Since 2011, the Health Quality Council of Alberta ([HQCA](http://www.hqca.ca)) has been providing primary healthcare patient panel reports, upon request, to a limited number of family physicians and PCNs. For the first time, the HQCA is now inviting all family physicians in Alberta to request their individualized report.

These standardized reports use health data to provide descriptive aggregate information about the patient panel of a primary healthcare provider and physician practices regarding those patients. They are a resource for physicians to focus in on their patient population and can be used for a variety of quality improvement initiatives.

“Partnering with the HQCA in understanding your panel profiles can assist you to know which patients you might be missing for key preventive interventions. It could help you understand the burdens of disease that your patients are experiencing, and help you understand areas of continuing professional development that might be useful to pursue. It will help you generally compare your own practice and your activities with other similar anonymized practice panels. These reports are provided only to individual physicians. We believe the reports might assist you in maximizing quality of care for your patients, as well as assisting in practice efficiency,” says Dr. Eric Wasylenko, Medical Director Health System Ethics and Policy, HQCA.

What’s in it for you? To learn more and to request a report, visit: [hqca.ca/panelreports](http://www.hqca.ca/panelreports)

We have all this data – now what?

“Knowing your panel well - their characteristics, their behaviors - allows practices to be proactive in their patient care rather than the more reactive chaotic environment we have been used to in the past. This promotes higher satisfaction in providers, staff and most importantly patients,” says Mirella Chiodo, CBAS Director, Quality Supervisor, Department of Family Medicine, University of Alberta. Mirella also works as a quality improvement director for the Royal Alexandra Family Medicine Centre as well as at three other clinics.

“In this ever-increasing climate of public accountability, especially in the healthcare system, many healthcare providers have become uncomfortable with any efforts to create robust measurement systems,” Mirella says. “This is unfortunate, because measurement is absolutely essential for improving processes related to healthcare access and delivery.”

“We have to do more than be smart and work hard. We have to be thoughtful, look at our data and look where we can get better. There is always somewhere that we can improve,” says Dr.

Lee Green, Chair, Department of Family Medicine, University of Alberta Faculty of Medicine and Dentistry and a family physician.

The Department of Family Medicine at the University of Alberta has used the HQCA's reports for some time. As early adopters, many physicians have submitted confirmed patient panel lists to get the detailed reports and truly understand their patient panels. They have been used in several ways, including: determining panel sizes for clinical FTE, severities, evaluating efficiency, time to third next, and continuity. Additionally, the department says the HQCA's reports are crucial to outcome data in measuring and reporting its key performance indicators (KPIs).

"They let us see what we are doing and what we should be doing. We can look at these as measures to see how effective we are," says Dr. Green, who added that reports have let the department determine that they have more high-complexity patients than most practices in their clinics.

Dr. Ben Macedo had a similar experience. He also uses the reports to determine the severity of his patients compared to other patient populations. "You may think you have the sickest group of patients, but these reports help you determine, in fact, if you do."

"You don't want to be an outlier. We can justify why we do things for a number of reasons, but when things stand out, you can look at the reports to see if that is part of the patients you are caring for, or if your own biases and practice habits are coming into play," says Dr. Macedo.

Opening the door for quality improvement

"In terms of quality improvement, we need to get over defensiveness and assumptions. We all will do better if we measure what we are doing and can adjust to do it better – we owe this to our patients. We can always improve and where we improve can be determined through the reports," says Dr. Green.

"If you want to improve your service to your patients, and really understand what level of care you are providing and how you are doing it, you have to look at these reports. I don't know of any better quality data than that from the HQCA reports," Dr. Green says. "The definition and data elements in the reports are the best I have seen in correctly addressing the outcomes in primary care for internal benchmarking and determining KPIs."

"Since information is knowledge, we're committed to providing accurate and reliable information to physicians. To accomplish this, we seek out the 'gold standards' of data and analytics within Alberta, as well as nationally," says Markus Lahtinen, Director, Health System Analytics, HQCA. "We want our reports to represent the best of all the information, and to be viewed as a 'source of truth'."

The reports are delivered via email usually within 48 hours of being requested – and they are only provided to the physician who has requested it, unless a data sharing agreement is also requested by the physician. To ensure the reports continue to be an invaluable resource, the HQCA has established a Reference Committee to review and revamp what they contain. This Committee has representation from Alberta Health, AMA, AHS, CPSA, PCN Executive Directors, researchers, and patients. The input of the reference committee can be seen in the reports released in the 2018 calendar year.

Why the HQCA?

“Through our legislated mandate, the HQCA has unique access to a range of databases that can assist practitioners to better understand their patient panels – including what services are being provided and by whom. The data can be aggregated or individualized. Of course, the use of this data is subject to privacy laws and protections that we all demand to be rigorous. Your participation is entirely voluntary,” says Dr. Wasylenko.

The HQCA is a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. As an objective body, it is legislated under the *Health Quality Council of Alberta Act* to improve both health service quality and patient safety across the province. Additionally, the HQCA is a custodian of health information under the Health Information Act.

The HQCA’s work is guided by a strategic framework that focuses on building capacity, monitoring the health system, measuring for improvement, and engaging the public. It works collaboratively with healthcare providers and partners to drive actionable improvement through a variety of initiatives. To learn more, visit hqca.ca.