

Physician Practice Improvement Program (PIIP) Fact Sheet

What's required?

To meet PPIP's requirements, physicians must complete the following three activities at least once over a five-year cycle:

- A practice-driven quality improvement opportunity **using objective data**
- A quality improvement activity **using CPSA's Standards of Practice** as a benchmark
- A **personal development** activity with mandatory facilitation*

How the HQCA can help?

The Health Quality Council of Alberta provides reliable and objective data to support quality improvement in primary care.

Primary Healthcare Panel Reports

These reports provide family physicians with information on their patients' continuity, as well as valuable data on screening and vaccination rates, chronic conditions, pharmaceutical use, and emergency and hospital visits.

Patient Safety Culture Survey

This survey can raise awareness about patient safety in a physician's clinic, evaluate culture, and identify strengths and opportunities for improvement.

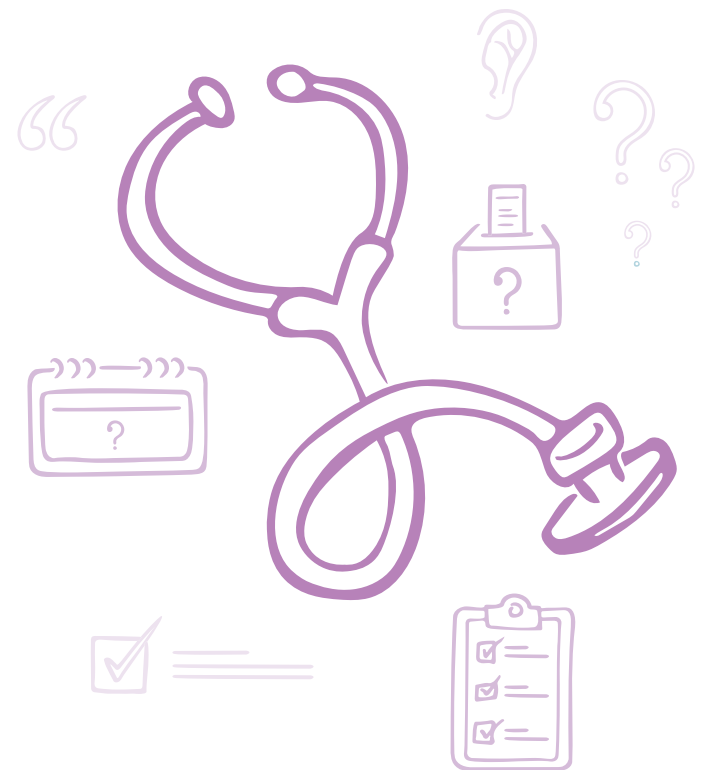
Primary Care Patient Experience Survey

By leveraging a **standardized**, validated tool that is used provincially, family physicians have the opportunity to see their confidential **patient experience information**, compare their data to other physicians within Alberta, and identify QI opportunities.



What is it?

PPIP is a quality improvement and personal development program of the College of Physicians & Surgeons of Alberta.



*Facilitation for personal development activities must be completed with a colleague, formal practice facilitator or other individual as appropriate.

Example QI Action Plan template

1

What is the opportunity or gap?

Colorectal cancer screening rates of 65% compared to 75% in my PCN, as reported in my HQCA Panel Report and EMR.

2

What is the SMART goal?

Improve colorectal cancer screening rates by 10% (to PCN average) over the next year.

3

Who will lead the change?

The physician and practice facilitator will lead the change.



4

Who will help implement the change and how will they need help?

Nursing staff and MOAs. Practice facilitator will help with patient identification.

5

How will you identify the root causes of the issue?

Barriers to complete FIT testing including picking up the kit from the lab, interacting with the stool, dropping the kit off at the lab.



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Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?

Providing FIT test kits in my office could reduce the barrier of picking up the kit from the lab.



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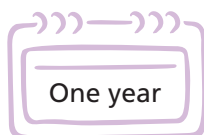
What resources are needed?

FIT kits. A list of patients who need FIT testing. Engagement from MOAs and nurses.



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What is the timeline?



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What barriers may compromise success?

Staff may lose engagement over time. FIT kit supply not be sufficient locally.

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What strategies will you employ to mitigate the barriers identified?

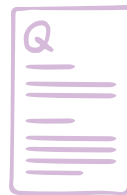
Put up a poster in the break room with FIT test kits distributed. Buy coffee for the clinic staff at 25, 50, 75, and at 100, buy pizza.



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How will achieving the goal be identified or measured?

Practice facilitator will provide quarterly reports on screening which will hopefully show improvement. The HQCA panel report would provide definitive data but it lags the work.



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What strategies will you employ to evaluate and sustain the change?

Weekly team huddles (five minutes) to remind everyone of the project. Praise team members who have identified patients needing FIT testing. Visual reminder (i.e, poster). Will participate in the HQCA survey every 12-18 months to ensure changes are sustained.



Additional resources

- [Physician Practice Improvement -- CPSA \(cpsa.ca\)](https://cpsa.ca)
- [Request your HQCA Primary Healthcare Panel Report \(request.hqca.ca\)](https://request.hqca.ca)
- [Request an HQCA Primary Care Patient Experience Survey \(info@hqca.ca\)](mailto:info@hqca.ca)
- [Request an HQCA Patient Safety Culture Survey \(info@hqca.ca\)](mailto:info@hqca.ca)



The HQCA has excellent resources for physicians to consider for their PPIP requirements. Whether it's their panel reports or the surveys they conduct, there's a wealth of data at your fingertips that can be applied to quality improvement or personal development activity. As physicians, we want to focus on the QI. Let the physicians worry about collecting the data.

— **Dr. Danielle Michaels,**
Senior Medical Advisor, College of Physicians & Surgeons of Alberta

